



**Department
of Health**

Managed Long Term Care (MLTC) Clinical Advisory Group Meeting

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January 2023

Meeting Purpose and Agenda

Purpose:

To provide program updates and discuss the quality measures for Measurement Year 2023

Agenda:

- Welcome, Introductions, and Staffing Updates
- Program Updates
- MLTC VBP Quality Measures for MY 2023
- CAG Feedback and Questions

Welcome, Introductions, and Staffing Updates

Staff Updates

Darcie Hurteau

Director of Alternative Payment Methodologies (APM)

Oversee and manage the NYS Medicaid VBP Strategy

Program Updates

Program Updates - Fully Capitated MLTC

- As of December 2021: Due to COVID-19 public health emergency, the calculation of the MLTC VBP Category 1 measures, except for the Potentially Avoidable Hospitalization (PAH) measure, was not possible for MY 2021. Calculation of rates for PAH and other Category 1 measures (except for the stable/improved over-time measures) will be resume for MY 2022. VBP Category 1 stable/improved over-time measures can be included in contracting starting in 2023.
- The PAH measures used the Department's Statewide Planning and Research Cooperative System (SPARCS) data, due to COVID-19 the compliance enforcement for 2020 was paused, that has now resumed but caused delays. Jan – June 2021 and July – December 2021 rates were released in October 2022.
- Starting with MY2022, quality measures will only be calculated on an annual basis (e.g., MY2022 will reflect a measurement period of January 1st – December 31st, 2022). Results will be distributed in Q3 of the following year (October 2023 for MY2022 results).
- Plans are encouraged to continue to submit VBP arrangements for MAP & PACE consistent with standards outlined in the VBP Roadmap.
- Principles and standards of the VBP Roadmap remain the same.

2023 MLTC Fully Capitated Plans Measure Set – MAP

MAP Required Category 1 Measures – MY 2023

Measures	Measure Source/ Steward	Measure Identifier	Classification
Eye Exam for Patients with Diabetes*^	NCQA/ HEDIS	NQF 0055	P4R
Kidney Health Evaluation for Patients with Diabetes*^	NCQA/ HEDIS	-	P4R
Colorectal Cancer Screening*^	NCQA/ HEDIS	NQF 0034	P4R
Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment*	NCQA/ HEDIS	NQF 0105	P4R
Follow-up After Hospitalization for Mental Illness*^	NCQA/ HEDIS	NQF 0576	P4R
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*	NCQA/ HEDIS	NQF 0004	P4R

* Included in the TCGP measure set

^ Included in the Health and Recovery Plan (HARP) measure set

Acronyms: NCQA denotes the National Committee for Quality Assurance; HEDIS denotes the Healthcare Effectiveness Data and Information Set; NQF denotes National Quality Forum

MY 2023 MLTC MAP and PACE – Category 1 Measures

Measures	Measure Source/ Steward	Classification
Percentage of members who did not have an emergency room visit in the last 90 days*	UAS – NY/ New York State	P4P
Percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days*	UAS – NY/ New York State	P4P
Percentage of members who received an influenza vaccination in the last year*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in pain intensity*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in urinary continence*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in shortness of breath*	UAS – NY/ New York State	P4P
Percentage of members who did not experience uncontrolled pain*	UAS – NY/ New York State	P4P
Percentage of members who were not lonely and not distressed*	UAS – NY/ New York State	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection*	UAS – NY/ New York State with linkage to SPARCS data	P4P

* Included in the NYS DOH MLTC Quality Incentive measure set

‡ Included in the NYS DOH Nursing Home Quality Initiative measure set

Acronyms: UAS – NY denotes the Uniform Assessment System for New York for MLTC members; SPARCS denotes the Statewide Planning and Research Cooperative System

MY 2023 MLTC MAP and PACE – Category 2 Measures

Measures	Measure Source/ Steward	Classification
Care for Older Adults – Medication Review	NCQA	P4R
Use of High–Risk Medications in the Older Adults	NCQA	P4R
Percentage of members who rated the quality of home health aide or personal care aide services within the last 6 months as good or excellent*	MLTC Survey/New York State	P4R
Percentage of members who responded that they were usually or always involved in making decisions about their plan of care*	MLTC Survey/New York State	P4R
Percentage of members who reported that within the last 6 months the home health aide or personal care aide services were always or usually on time*	MLTC Survey/New York State	P4R

* Included in the NYS DOH MLTC Quality Incentive measure set

Acronyms: UAS – NY denotes the Uniform Assessment System for New York for MLTC members; SPARCS denotes the Statewide Planning and Research Cooperative System

2023 MLTC Fully Capitated Plans Measure Set – PACE

PACE Required Category 1 Measures - MY 2023

Measures	Measure Source/ Steward	Measure Identifier	Classification
Percentage of PACE Participants with an Advance Directive or Surrogate Decision Maker Documented in the Medical Record AND Percentage of PACE Participants with Annual Review of their Advance Directive or Surrogate Decision Maker Document	CMS	--	P4R
Percent of Participants Not in Nursing Homes	CMS	--	P4R
PACE Participant Emergency Department Use Without Hospitalization	CMS	--	P4R

MY 2023 MAP and PACE – Category 1 Measures

Measures	Measure Source/ Steward	Classification
Percentage of members who did not have an emergency room visit in the last 90 days*	UAS – NY/ New York State	P4P
Percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days*	UAS – NY/ New York State	P4P
Percentage of members who received an influenza vaccination in the last year*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in pain intensity*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in urinary continence*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in shortness of breath*	UAS – NY/ New York State	P4P
Percentage of members who did not experience uncontrolled pain*	UAS – NY/ New York State	P4P
Percentage of members who were not lonely and not distressed*	UAS – NY/ New York State	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection*	UAS – NY/ New York State with linkage to SPARCS data	P4P

* Included in the NYS DOH MLTC Quality Incentive measure set

Acronyms: UAS – NY denotes the Uniform Assessment System for New York for MLTC members; SPARCS denotes the Statewide Planning and Research Cooperative System

MY 2023 MLTC MAP and PACE – Category 2 Measures

Measures	Measure Source/ Steward	Classification
Care for Older Adults – Medication Review	NCQA	P4R
Use of High–Risk Medications in the Elderly	NCQA	P4R
Percentage of members who rated the quality of home health aide or personal care aide services within the last 6 months as good or excellent*	MLTC Survey/New York State	P4R
Percentage of members who responded that they were usually or always involved in making decisions about their plan of care*	MLTC Survey/New York State	P4R
Percentage of members who reported that within the last 6 months the home health aide or personal care aide services were always or usually on time*	MLTC Survey/New York State	P4R

* Included in the NYS DOH MLTC Quality Incentive measure set

Acronyms: UAS – NY denotes the Uniform Assessment System for New York for MLTC members; SPARCS denotes the Statewide Planning and Research Cooperative System

MLTC VBP Quality Measure Reporting for Full Cap Plans

For all measures specific to MAP and PACE that require Medicare data or follow CMS measure development for PACE

- Category 1 – P4R measures must be reported to the State on an annual basis. For MAP, plans will report measures for Plan/Provider-VBP Contractor attribution combinations.
- For PACE, PACE organizations will report measures for the PACE **ONLY** if the PACE has a VBP contract with an outside contractor.

The instructions for reporting will be added to the 2022-2023 Value Based Payment Reporting Requirements Technical Specifications Manual

For all measures recommended for P4P use for VBP purposes for MAP and PACE

- Category 1 VBP measures selected by MAP and PACE plans and Providers/VBP Contractors from the MLTC VBP Quality Measure set will be calculated by the State for Plan/Provider-VBP Contractor combinations submitted to the State in the plan-submitted attribution file.
- Per the updated VBP roadmap, MAP and PACE arrangements ***must include at least two*** Category 1 P4P quality measures.
- All Category 2 MLTC VBP measures may be used at the discretion of the contractual parties.

CAG Feedback and Questions

CAG Feedback

Please share your thoughts on the VBP quality measure set for Measurement Year 2023.

Please submit your feedback by COB January 27, 2023
to: mltcvbp@health.ny.gov

Next Steps and Closing Remarks

- **Key Milestones**
 - January 2023– MY 2023 Measure Set Released
 - January 2023 – MLTC VBP Reporting Specifications will be released
- Questions and Comments
 - As always, questions and comments may be directed to mltcvbp@health.ny.gov
- Many thanks for participating in the MLTC CAG!

Appendix

