Office of Quality and Patient Safety (OQPS)

- Formed in 2012 by former Commissioner Shah

- Core mission of OQPS is to improve the health, quality of care, and patient safety of all New York State residents
  1. Division of Quality Measurement
     • QARR, DSRIP, MLTC, Health Homes, Nursing Homes, VBP
  2. Division of Information and Statistics
     • All Payer Database, SPARCS, Vital Statistics
  3. Division of Health Care Innovation
     • Statewide Health Information Network of New York (SHIN-NY), Statewide Innovation Model (SIM)
  4. Division of Performance Improvement and Patient Safety
     • Office Based Surgery, Quality Improvement
  5. Office of the Medical Director
     • Sepsis Quality Initiative, Stroke Designation Program
Proposed 2020 MLTC Quality Incentive (QI) Methodology
Proposed 2020 MLTC QI Methodology

Similar to 2019 methodology, with two content changes
  • Resume the compliance measure that was removed for 2019
  • Add one new compliance measure

Four components

<table>
<thead>
<tr>
<th>Component</th>
<th># Measures</th>
<th>Points</th>
<th>Point Assignment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>10</td>
<td>50</td>
<td>percentile rank</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>6</td>
<td>30</td>
<td>significance test</td>
</tr>
<tr>
<td>Compliance</td>
<td>6</td>
<td>10</td>
<td>yes/no</td>
</tr>
<tr>
<td>Efficiency</td>
<td>1</td>
<td>10</td>
<td>significance test</td>
</tr>
</tbody>
</table>

Distribute
  • Methodology document: December 2019
  • Overall summary document: Early 2021
  • Plan specific documents: Early 2021
2020 MLTC QI Structure
Based on 100 points

Quality Component: 50 points
1. Risk-adjusted percentage of members who did not have an emergency room visit in the last 90 days
2. Risk-adjusted percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days
3. Risk-adjusted percentage of members who did not experience uncontrolled pain
4. Risk-adjusted percentage of members who were not lonely or were not distressed
5. Percentage of members who received an influenza vaccination in the last year
6. Percentage of members who responded that a health plan representative talked to them about appointing someone to make decisions about their health if they are unable to do so
7. Risk-adjusted percentage of members who remained stable or demonstrated improvement in pain intensity
8. Risk-adjusted percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score
9. Risk-adjusted percentage of members who remained stable or demonstrated improvement in urinary continence
10. Risk-adjusted percentage of members who remained stable or demonstrated improvement in shortness of breath
## 2020 MLTC QI Structure continued

### Quality Component – Point assignment

<table>
<thead>
<tr>
<th>Plan Rate</th>
<th>Points Awarded for a Measure</th>
<th>Example Based on 5 Points per Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50th statewide percentile</td>
<td>No points</td>
<td>0.00 points</td>
</tr>
<tr>
<td>&gt;= 50th to &lt;75th statewide percentile</td>
<td>50% of the possible points</td>
<td>2.50 points</td>
</tr>
<tr>
<td>&gt;= 75th to &lt;90th statewide percentile</td>
<td>75% of the possible points</td>
<td>3.75 points</td>
</tr>
<tr>
<td>&gt;=90th statewide percentile</td>
<td>100%, full points</td>
<td>5.00 points</td>
</tr>
</tbody>
</table>
2020 MLTC QI Structure continued

Satisfaction Component: 30 points - results held for two years

1. Risk-adjusted percentage of members who rated their managed long-term care plan as good or excellent
2. Risk-adjusted percentage of members who responded that they are usually or always involved in making decisions about their plan of care
3. Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant services were usually or always on time
4. Risk-adjusted percentage of members who rated the helpfulness of the plan in assisting them and their family to manage their illnesses as good or excellent
5. Risk-adjusted percentage of members who rated the quality of care manager/case manager services within the last six months as good or excellent
6. Risk-adjusted percentage of members who rated the quality of home health aide/personal care aide/personal assistant services within the last six months as good or excellent
## 2020 MLTC QI Structure continued

### Satisfaction Component – Point assignment

<table>
<thead>
<tr>
<th>Plan Performance</th>
<th>Points Awarded for a Measure</th>
<th>Example Based on 5 points per Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results significantly lower than the statewide average</td>
<td>No points</td>
<td>0 points</td>
</tr>
<tr>
<td>Results not significantly different from the statewide average</td>
<td>50% of the possible points</td>
<td>2.5 points</td>
</tr>
<tr>
<td>Results significantly higher than the statewide average</td>
<td>100%, full points</td>
<td>5 points</td>
</tr>
</tbody>
</table>
2020 MLTC QI Structure continued

Compliance Component: 10 points
1. No statement of deficiency for failure to submit Provider Network data during the measurement year 2019
2. No statement of deficiency for timeliness or completeness of MEDS III submission for measurement year 2019
3. No statement of deficiency for timeliness or completeness of MMCOR submission for measurement year 2019
4. MEDS vs. MMCOR ratios of at least 75%-encounter data gross dollars must represent at least 75% of MMCOR reported medical expense for measurement year 2019
5. No statement of deficiency for percentage of incomplete assessments exceeding a threshold for acceptable rate for the measurement period July through December 2019 or January through June 2020
6. Proposed – No statement of deficiency for failure to comply with the previous year’s Performance Improvement Project requirement deadlines

Efficiency Component: 10 points
1. Rate of Potentially Avoidable Hospitalizations per 10,000 Member Days
2020 MLTC QI Structure continued

Compliance Component – Point assignment
Full Compliance points for no statements of deficiencies

Efficiency Component – Point assignment

<table>
<thead>
<tr>
<th>Plan Performance</th>
<th>Points Awarded</th>
<th>Example Based on 10 points per Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results significantly higher than the statewide average</td>
<td>No Points</td>
<td>0 points</td>
</tr>
<tr>
<td>Results not significantly different from the statewide average</td>
<td>50% of possible points</td>
<td>5 points</td>
</tr>
<tr>
<td>Results significantly lower than the statewide average</td>
<td>100%, full points</td>
<td>10 points</td>
</tr>
</tbody>
</table>
2020 Proposed PAH Update - Rationale

- The decline in PAH appears related to October 2017 change in ICD coding practices for heart failure, hypertension, and chronic kidney disease

<table>
<thead>
<tr>
<th>SPARCS Time Frame</th>
<th>PAH</th>
<th>Respiratory Infection</th>
<th>Sepsis</th>
<th>UTI</th>
<th>Electrolyte Imbalance</th>
<th>Heart Failure</th>
<th>Anemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 Jul-Dec</td>
<td>4.09</td>
<td>0.15</td>
<td>0.33</td>
<td>0.16</td>
<td>0.08</td>
<td>0.26</td>
<td>0.03</td>
</tr>
<tr>
<td>2015 Jul-Dec</td>
<td>4.25</td>
<td>0.15</td>
<td>0.35</td>
<td>0.15</td>
<td>0.07</td>
<td>0.25</td>
<td>0.03</td>
</tr>
<tr>
<td>2016 Jul-Dec</td>
<td>3.82</td>
<td>0.17</td>
<td>0.39</td>
<td>0.17</td>
<td>0.08</td>
<td>0.17</td>
<td>0.02</td>
</tr>
<tr>
<td>2017 Jan-Jun</td>
<td>3.64</td>
<td>0.21</td>
<td>0.47</td>
<td>0.16</td>
<td>0.08</td>
<td>0.05</td>
<td>0.03</td>
</tr>
<tr>
<td>2017 Jul-Dec</td>
<td>2.50</td>
<td>0.17</td>
<td>0.52</td>
<td>0.18</td>
<td>0.08</td>
<td>0.03</td>
<td>0.03</td>
</tr>
</tbody>
</table>

*Note: These crude rates may be different from reported crude rates because they are not limited to records included in the risk-adjusted PAH model.*
2020 Proposed PAH Update - Methodology

- PAH six diagnosis categories are based on the 2009 CMS Nursing Home Value-Based Purchasing Demonstration (https://innovation.cms.gov/Files/reports/NHP4P-Refinements-Report.pdf)

- Update diagnosis codes regularly using AHRQ PQI or HCUP CCS files

  1. **Heart Failure**: PQI 08 Heart Failure Admission Rate (https://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V2019/Tech Specs/PQI_08_H eart_Failure_Admission_Rate.pdf)

  2. **UTI**: CCS category description “Urinary tract infections”

  3. **Anemia**: MULTI CCS LVL 2 LABEL “Anemia“

  4. **Electrolyte imbalance**: CCS category description “Fluid and electrolyte disorders”

  5. **Respiratory infection**: MULTI CCS LVL 2 LABEL “Respiratory infections“

  6. **Sepsis**: CCS category description “Septicemia (except in labor)” and “Shock” 1 code for ”Severe sepsis with septic shock” (https://www.hcup-us.ahrq.gov/tools_software.jsp)
2020 Proposed PAH Update - Impact

- Increases PAH count and rate
- Proportion of six diagnosis is similar to previous time frames

### Impact of ICD Code Update on PAH Rate and Diagnosis Categories, Jan to June 2017 SPARCS Data

<table>
<thead>
<tr>
<th>ICD codes</th>
<th>PAH Count</th>
<th>PAH Rate</th>
<th>Respiratory Infection*</th>
<th>Sepsis*</th>
<th>UTI*</th>
<th>Electrolyte Imbalance*</th>
<th>Heart Failure*</th>
<th>Anemia*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>10,689</td>
<td>3.64</td>
<td>2,249 (0.21)</td>
<td>5,032 (0.47)</td>
<td>1,755 (0.16)</td>
<td>811 (0.08)</td>
<td>553 (0.05)</td>
<td>289 (0.03)</td>
</tr>
<tr>
<td>Proposed</td>
<td>14,344</td>
<td>4.88</td>
<td>2,114 (0.15)</td>
<td>5,161 (0.36)</td>
<td>1,774 (0.12)</td>
<td>979 (0.07)</td>
<td>3,782 (0.26)</td>
<td>534 (0.04)</td>
</tr>
</tbody>
</table>

* Presented as Count (Proportion of total PAH count)
Proposed 2020 MLTC QI Changes

1. New compliance measure related to PIPs

2. Incomplete assessments compliance measure: No statement of deficiency for percentage of incomplete assessments exceeding a threshold for acceptable rate for the measurement period July through December 2019 or January through June 2020

3. PAH update
MLTC Measures Resources

- July through December 2018 MLTC (and earlier) aggregate rates are available on Health Data NY (https://health.data.ny.gov/)

- January through June 2019 MLTC data should be available on Health Data NY and eMLTC tables in early 2020
Value-Based Payment (VBP)

VBP is transformation in the way we think about health care and Medicaid. It drives us to:

1. Improve the overall quality of care
2. Focus on the root causes of poor health
3. Evaluate appropriate levels of care
4. Improve the patient experience
5. Create a mechanism to reinvest in our health care system
6. Reduce cost and increase efficiency
7. Enable and encourage innovation
MLTC Value-Based Payment (VBP)

- Annually, MLTC plans submit an attribution file to the Department. The attribution file identifies plan members who received 4 or more months of continuous care from a LHCSA/CHHA/SNF or VBP contractor.

- Department calculates all VBP category 1 measures at the LHCSA/CHHA or VBP contractor level and provides rates back to the plans.
MLTC VBP continued

- VBP measure rates may be different from the rates used for the MLTC Quality Incentive which are also presented in the MLTC Report and on Health Data NY.

- Reasons for the difference in rates
  1. VBP rates are based on the subset of the MLTC population included in the plan submitted attribution files
  2. VBP rates are not risk-adjusted
MLTC VBP continued

More information on MLTC VBP measures by product type can be found here:

Partial -

MAP/FIDA –

PACE –
Questions and Comments