



**Department  
of Health**

# Managed Long Term Care Subpopulation

Value Based Payment Quality Measure Set  
Measurement Year 2017

The 2017 Managed Long Term Care (MLTC) VBP Arrangement quality measure set was created in collaboration with the MLTC Clinical Advisory Group (CAG) and the New York State (NYS) Value Based Payment (VBP) Workgroup. The measure set is closely aligned with measure sets used in the NYS Department of Health (DOH) MLTC Quality Incentive and the NYS DOH Nursing Home Quality Initiative to reward MLTC plans for performance on quality measures. The MLTC VBP Quality Measure Set is intended to encourage providers to meet high standards of patient-centered care across multiple care settings for members of MLTC plans.

The measure set includes measures classified by category based on an assessment of reliability, validity, and feasibility, and according to suggested method of use, either as Pay for Reporting (P4R) or Pay for Performance (P4P). Although all MLTC plans can use the 2017 MLTC VBP measure set, the partially capitated MLTC plans that cover most MLTC members for Medicaid long-term care services were prioritized during the feasibility review. Efforts to align New York State’s Medicaid VBP arrangements with Medicare, to allow for VBP arrangements to span across the Medicaid–Medicare divide, will continue. As the linkage with Medicare data becomes possible, the MLTC VBP measure set may be expanded.

## MEASURE CLASSIFICATION

In December of 2016, New York State published the recommendations of the MLTC CAG on quality measures and included a review of the types of data needed for the recommended measures. Additionally, the report described the MLTC VBP Arrangement and identified key opportunities to improve care for MLTC members using VBP. The recommendations of the MLTC CAG are reflected in the Category 1 and Category 2 measure set tables included in this document.

Upon receiving the December 2016 CAG recommendations, the State conducted further feasibility review and analysis to define a final list of measures for use during the 2017 VBP Measurement Year (MY). Each measure has been designated by the State as Category 1, 2, or 3 with associated recommendations for implementation.

### Categorizing and Prioritizing Quality Measures



**CATEGORY 1**

Approved quality measures that are felt to be both clinically relevant, reliable and valid, and feasible.



**CATEGORY 2**

Measures that are clinically relevant, valid, and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2017 pilot program.



**CATEGORY 3**

Measures that are insufficiently relevant, valid, reliable and/or feasible.

### Category 1

Category 1 quality measures as identified by the MLTC CAG and accepted by the State are to be reported by VBP Contractors. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors would be eligible<sup>1</sup>.

<sup>1</sup> New York State Department of Health, Medicaid Redesign Team, A Path toward Value Based Payment: Annual Update, June 2016: Year 2, New York State Roadmap for Medicaid Payment Reform, June 2016. ([Link](#))



The State classified each Category 1 measure as either P4P or P4R:

- **P4P** measures are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible. Measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.
- **P4R** measures are intended to be used by the Managed Long Term Care plans to incentivize VBP Contractors to report data on the quality of care delivered to members under a VBP contract. Incentive payments for reporting will be based on the timeliness, accuracy, and completeness of data submitted. Measures can be reclassified from P4R to P4P through annual CAG and State review, or by the MLTC plan and VBP Contractor.

### Categories 2 and 3

Category 2 measures have been accepted by the State based on agreement of measure importance, validity, and reliability, but present implementation feasibility concerns. These measures will be further investigated with VBP program participants.<sup>2</sup>

Measures designated as Category 3 were identified as unfeasible at this time, or presented additional concerns including accuracy or reliability when applied to the attributed member population for the MLTC VBP Arrangement. A number of measures from the original CAG report were removed for this reason and therefore are no longer in the Category 1 or 2 measure list. These measures will not be used in VBP at this time.

### MEASUREMENT YEAR 2017 MEASURE SET

The measures and State-determined classifications provided on the following pages are recommendations for MY 2017. Note that measure classification is a State recommendation. Although Category 1 Measures are required to be reported, MLTC plans and VBP Contractors can choose the measures they want to link to payment, and how they want to pay on them (P4P or P4R) in their specific contracts.

Measure sets and classifications are considered dynamic and will be reviewed annually. Updates will include additions, deletions, reclassification of measure category, and reclassification from P4R to P4P based on experience with measure implementation in the prior year. During 2017, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY 2018.

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<sup>2</sup> Additional guidance on use of Category 2 MLTC VBP measures will be forthcoming.



## Category 1

The Category 1 table displays the complete Category 1 MLTC VBP Measure Set, arranged alphabetically, and includes measure title, measure steward and/or other measure identifier (where applicable), and State determined classification for measure use. All Category 1 measures for use in MLTC VBP are P4P for MY 2017.

Measures	Measure Steward	Classification
Percentage of members who did not experience uncontrolled pain*	UAS – NY/New York State	P4P
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 have falls resulting in medical intervention 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 Nursing Facility Level of Care (NFLOC) score*	UAS – NY/New York State	P4P
Percentage of members who remained stable or demonstrated improvement in pain intensity*	UAS – NY/New York State	P4P

\* Included in the NYS DOH MLTC Quality Incentive measure set



Percentage of members who remained stable or demonstrated improvement in shortness of breath*	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 were not lonely and not distressed*	UAS – NY/New York State	P4P
Potentially Avoidable Hospitalizations (PAH) 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

± SPARCS denotes Statewide Planning and Research Cooperative System



## Category 2

The Category 2 table displays the complete Category 2 MLTC VBP Measure set and includes measure title, measure steward and/or other measure identifier (where applicable). All Category 2 measures are classified as P4R in MY 2017

Measures	Measure Steward <sup>1</sup>
Care for Older Adults – Medication Review	National Committee for Quality Assurance (NCQA)
Percent of long stay high risk residents with pressure ulcers <sup>+</sup>	MDS 3.0/CMS
Percent of long stay low risk residents who lose control of their bowel or bladder <sup>+</sup>	MDS 3.0/CMS
Percent of long stay residents experiencing one or more falls with major injury <sup>+</sup>	MDS 3.0/CMS
Percent of long stay residents who have depressive symptoms <sup>+</sup>	MDS 3.0/CMS
Percent of long stay residents who lose too much weight <sup>+</sup>	MDS 3.0/CMS
Percent of long stay residents who received the pneumococcal vaccine <sup>+</sup>	MDS 3.0/CMS
Percent of long stay residents who received the seasonal influenza vaccine <sup>+</sup>	MDS 3.0/CMS
Percent of long stay residents who self-report moderate to severe pain <sup>+</sup>	MDS 3.0/CMS

<sup>1</sup> MDS 3.0/CMS denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members

<sup>+</sup> Included in the NYS DOH Nursing Home Quality Initiative measure set



Percent of long stay residents whose need for help with daily activities has increased <sup>+</sup>	MDS 3.0/CMS
Percent of long stay residents with a urinary tract infection <sup>+</sup>	MDS 3.0/CMS
Percent of long stay residents with dementia who received an antipsychotic medication <sup>+</sup>	MDS 3.0/Pharmacy Quality Alliance
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
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
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*	MLTC Survey/New York State
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
Use of High–Risk Medications in the Elderly	NCQA

\* Included in the NYS DOH MLTC Quality Incentive measure set

<sup>+</sup> Included in the NYS DOH Nursing Home Quality Initiative measure set