



**Department
of Health**

Managed Long Term Care Partial Subpopulation

Value Based Payment Quality Measure Set
Measurement Year 2019



The 2019 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 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 2019 MLTC VBP measure set, measures that are used for quality purposes for 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.

MEASURE CLASSIFICATION

Category 1

Category 1 quality measures as identified by the MLTC CAG and accepted by the State are determined to be clinically relevant, reliable and valid, and also feasible for use by VBP Contractors. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors are eligible.¹

The State has further 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 MLTC 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.

¹ New York State Department of Health, Medicaid Redesign Team, A Path toward Value Based Payment: Annual Update, November 2017: Year 3, New York State Roadmap for Medicaid Payment Reform, November 2017. ([Link](#))



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.

MEASUREMENT YEAR 2019 MEASURE SET

The measures and classifications provided on the following pages are recommendations for MY 2019. Note that measure classification is a State recommendation. MLTC plans and VBP Contractors can choose the measures they want to link to payment, and how they want to pay 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 2019, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY 2020.



Category 1

The Category 1 table displays the complete Category 1 MLTC VBP Measure Set 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 2019.

Please note the addition of the measure “Percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days” and the removal of the measures “Percentage of members who did not have an emergency room visit in the last 90 days” for MY 2019 and “Percentage of members who did not have falls resulting in medical intervention in the last 90 days” for MY 2019.

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 have falls resulting in medical intervention 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



Measures	Measure Source/ Steward	Classification
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 or 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
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection [‡]	MDS 3.0 [§] /New York State with linkage to SPARCS data	P4P

* Included in the NYS DOH MLTC Quality Incentive measure set

⁺ UAS – NY denotes the Uniform Assessment System for New York for MLTC members

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

[^] SPARCS denotes the Statewide Planning and Research Cooperative System

[§] MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members



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), and the recommended measure use classification.

Measures	Measure Source/ Steward	Classification
Percent of long stay high risk residents with pressure ulcers [‡]	MDS 3.0+/CMS	P4P
Percent of long stay residents who received the pneumococcal vaccine [‡]	MDS 3.0/CMS	P4P
Percent of long stay residents who received the seasonal influenza vaccine [‡]	MDS 3.0/CMS	P4P
Percent of long stay residents experiencing one or more falls with major injury [‡]	MDS 3.0/CMS	P4P
Percent of long stay residents who lose too much weight [‡]	MDS 3.0/CMS	P4P
Percent of long stay residents with a urinary tract infection [‡]	MDS 3.0/CMS	P4P
Care for Older Adults – Medication Review	NCQA [§]	P4R
Use of High–Risk Medications in the Elderly	NCQA	P4R
Percent of long stay low risk residents who lose control of their bowel or bladder [‡]	MDS 3.0/CMS	P4P
Percent of long stay residents whose need for help with daily activities has increased [‡]	MDS 3.0/CMS	P4P
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



Measures	Measure Source/ Steward	Classification
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
Percent of long stay residents who have depressive symptoms‡	MDS 3.0/CMS	P4P
Percent of long stay residents with dementia who received an antipsychotic medication‡	MDS 3.0/Pharmacy Quality Alliance	P4P
Percent of long stay residents who self-report moderate to severe pain‡	MDS 3.0/CMS	P4P

‡

‡Included in the NYS DOH Nursing Home Quality Initiative measure set
 + MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members
 § NCQA denotes the National Committee for Quality Assurance
 * Included in the NYS DOH MLTC Quality Incentive measure set