



**Department
of Health**

**Medicaid
Redesign Team**

Managed Long-Term Care

Clinical Advisory Group Meeting 3

Meeting Date: February 9th

February 2016

Tentative Meeting Schedule & Agenda

Depending on the number of issues address during each meeting, the meeting agenda for each CAG meeting will consist of the following:

Meeting 1

- Clinical Advisory Group- Roles and Responsibilities
- Introduction to Value Based Payment
- Value Based Payment in Managed Long-Term Care
- The Opportunities of Empowering Providers

Meeting 2

- Reviewing key themes of first meeting
- Impressions of Data Available for Value-Based Contracting
- Quality Measures

Meeting 3

- MLTC Total Cost of Care
- Revisiting Themes from Second Meeting
- Selecting Quality Measures
- Pilot Opportunities– Potential Interest

Meeting 4

- Review of selected quality measures
- Additional thoughts of potential VBP arrangements
- Discussion of regulatory and other barriers

Content Overview

Part I:

- A. Review of concept MLTC Total Cost of Care
- B. Potential for VBP

Part II:

- A. Revisiting themes from the Second Meeting
 - 1. Data Impressions – review of nursing home analysis
 - 2. Selecting MLTC Quality measures

Part III:

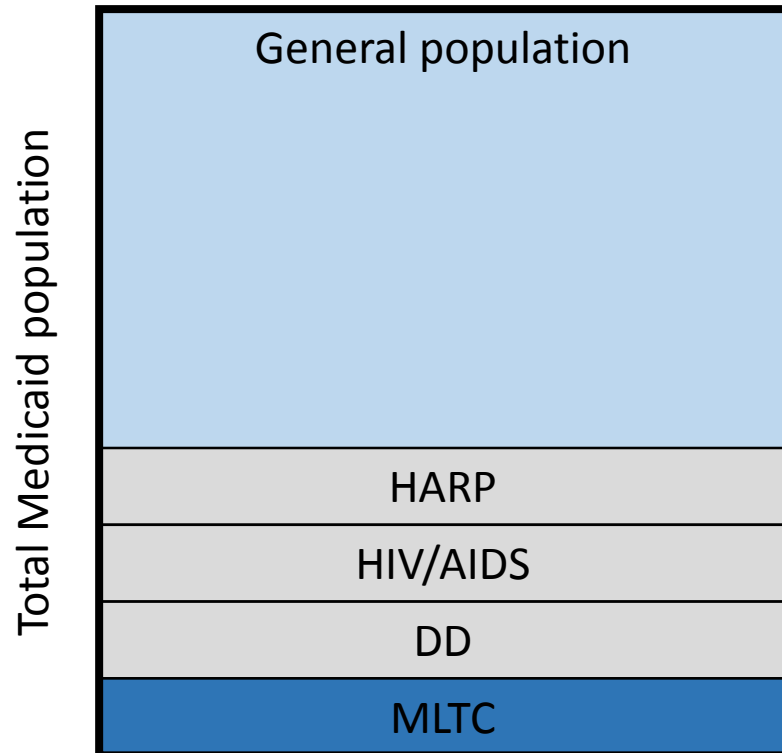
- A. Pilot – Potential Interest
- B. Timeline and next steps

Part I

A. MLTC Total Cost of Care

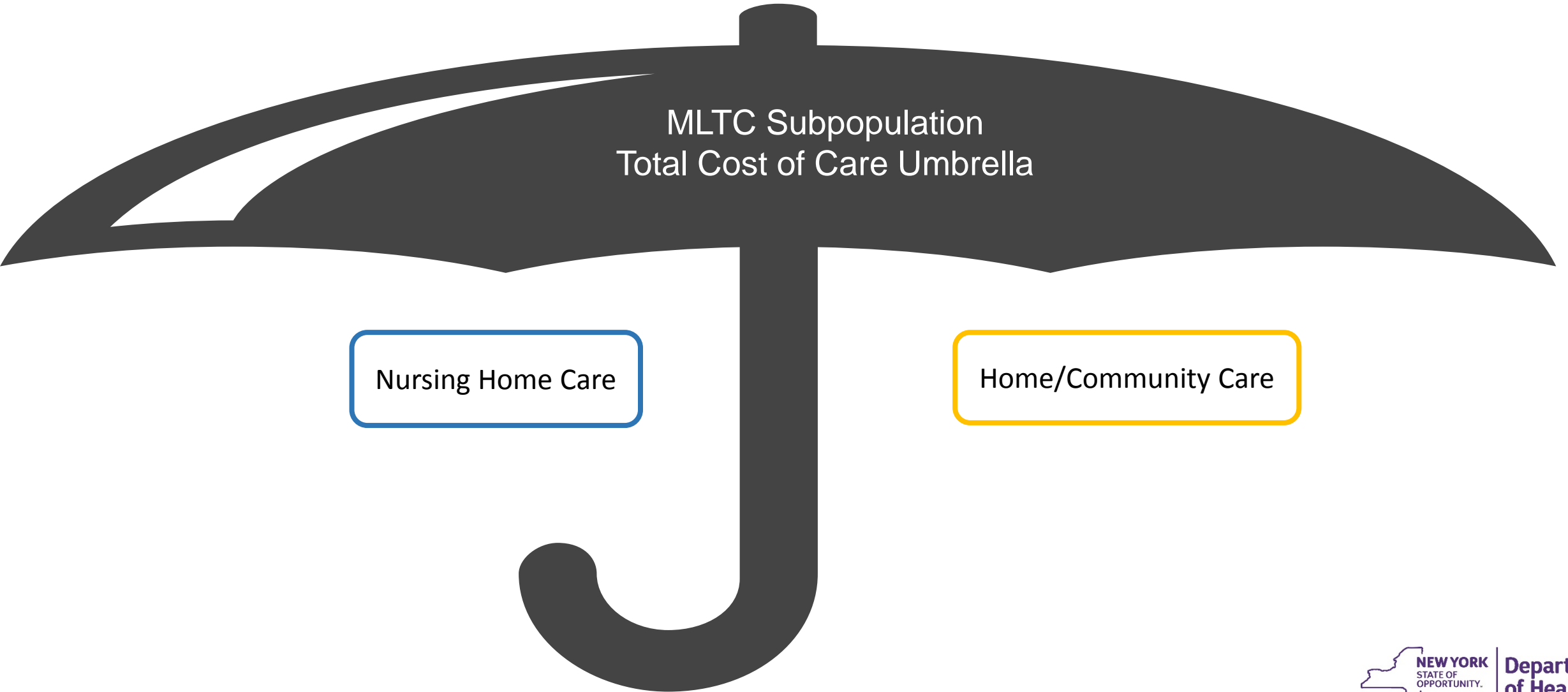
Managed Long-Term Care

The total Medicaid population is divided in four subpopulations and the general population



- Four subpopulations are carved out of the total Medicaid population
- MLTC is one of those subpopulations
- **Subpopulation arrangements are inclusive of *total* cost of care and outcomes are measured at the level of the whole subpopulation**
- **For now MLTC is a Medicaid-only subpopulation for the range of services offered by MLTC plans**
- **We are actively working on alignment with Medicare**
- **As promised in the Roadmap, rewarding MLTC providers for reducing avoidable hospital use will be made possible (P4P) - even if cost reductions occur primarily in Medicare.**

Managed Long-Term Care subpopulation



B. Potential for Value Based Payment (VBP)

Managed Long-Term Care

MLTC subpopulation potential VBP opportunities



New to or currently in a
Nursing Home

- Initial VBP - MLTC Attribution to Nursing Home - Benefit newly covered
 - Possibility to improve range of care to prevent hospital admission
 - Challenge - savings accrue to Medicare
 - Option for P4P incentive fund
 - Could be based on Potentially Avoidable Hospitalizations (PAHS) currently captured in the Nursing Home Quality Incentive Initiative



New to or currently in
Home Care

- Initial VBP - MLTC Attribution to Home Care
 - Home care agency responsible for service continuum to prevent or delay nursing home admission

Opportunities in VBP Medicaid Home Care Arrangement to Generate Shared Savings

- Initial VBP
 - Outperform MLTC assumption of Nursing Home entry – ‘beat the premium’
 - Care models that allow for additional hours and care intensity
 - Plan for complex needs sub-nursing home level
 - Care planning to enhance members activities of daily living (ADLs) and reduce care needs
 - Create self sufficiency
 - Train family to take on some member care needs

Part II:

B. Revisiting Themes from the Second Meeting

1. Data Impressions

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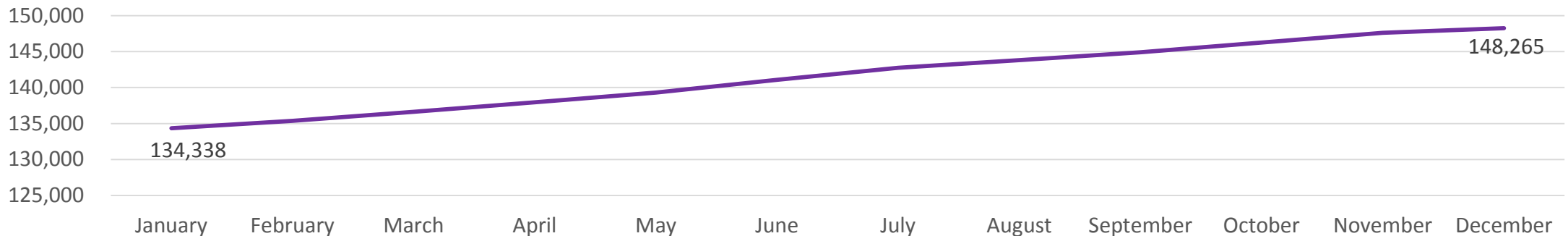
MLTC Plan Enrollment in 2014

A Snapshot of *Actual* 2014 MLTC Plan Growth:

- Based on plan enrollment each month, MLTC expanded from 134,338 members to 148,265 during FY2014.
- Further expansion is anticipated, with members being included through the nursing home transition.

Description	2014
End-of-Year Enrollment	148,265 Enrollees
Implied PMPY (Total Cost / Total Months)	\$ 41,756
Total Cost of Population in 2014	\$ 5,909,506,957

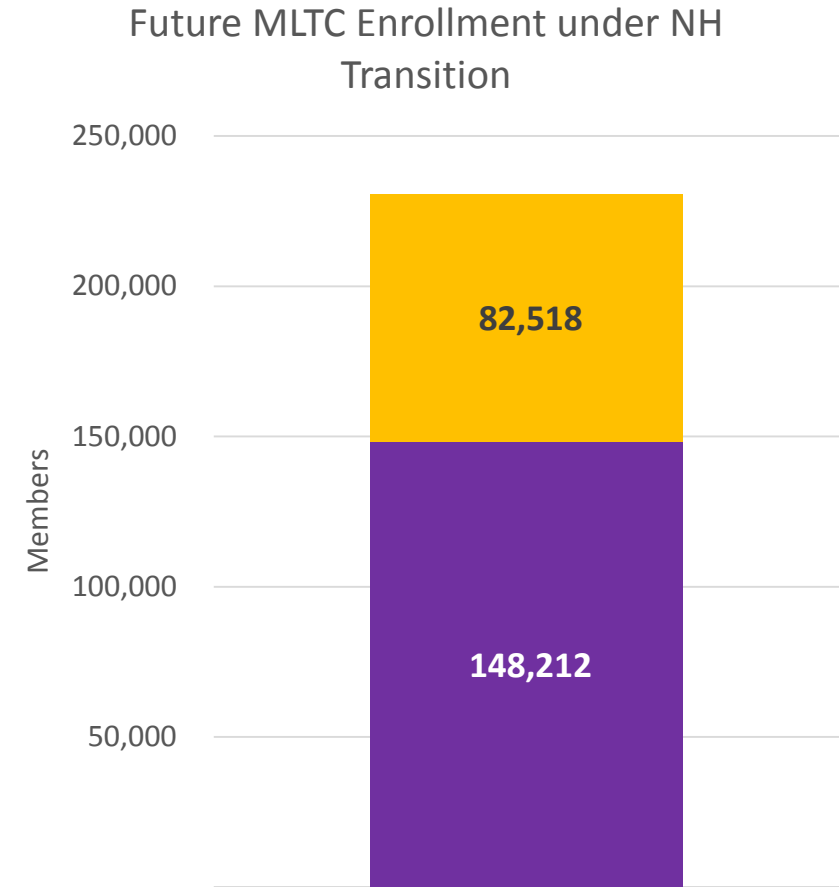
2014 MLTC Enrollment, by Month



MLTC Future State – Full Nursing Home Carve-In

Effects of a Nursing Home Carve-In

- In December 2014, there were **82,518** members in a nursing home. These member's nursing home costs amount to **92%** of their total cost of care.
 - Remaining 8% of costs attributed to Inpatient, Pharmacy, Professional and other services.
- The MLTC population, were nursing home utilizers rolled in, would total **230,783 members** (had the roll-in occurred December 2014).

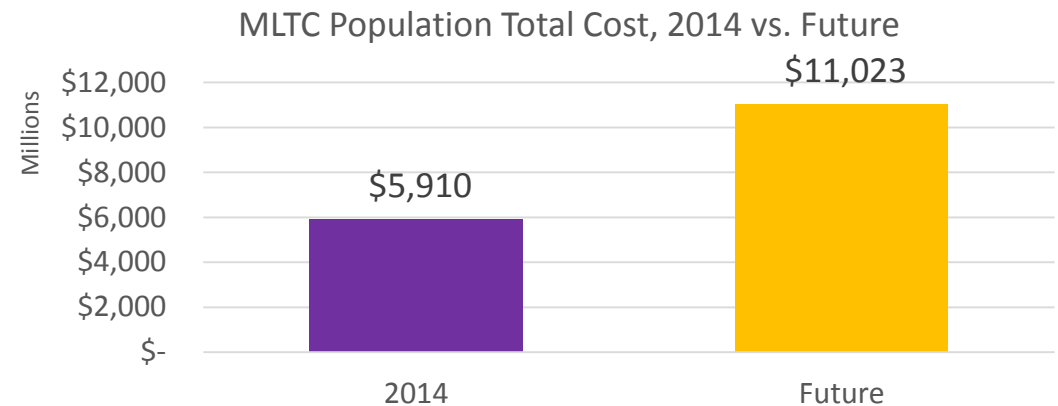
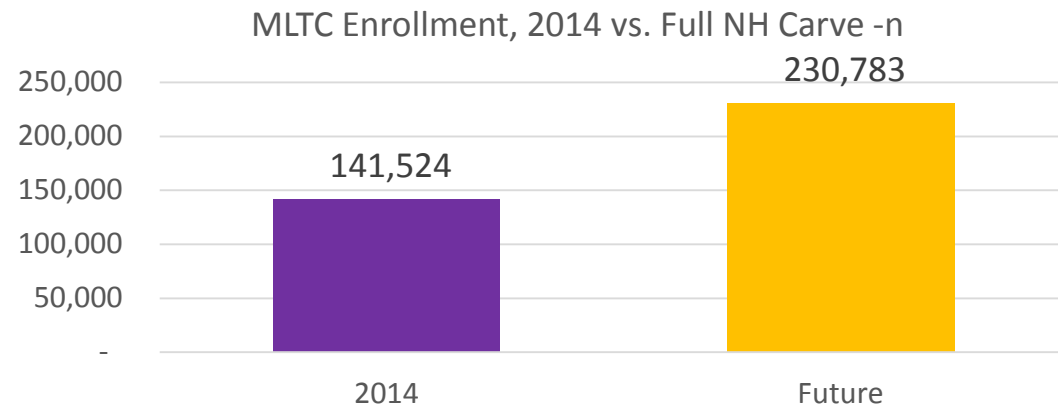


MLTC – Future State Summary- Full NH Carve-In

Estimated MLTC Future State with Full NH Carve-In:

- Upon completion of the NH transition, the average cost per-member has risen to **\$ 47,759**, and enrollment has risen to **230,783**.
- The total cost of the population has risen **87%** as a result of the NH carve-in, from \$5.9b to \$11.0b

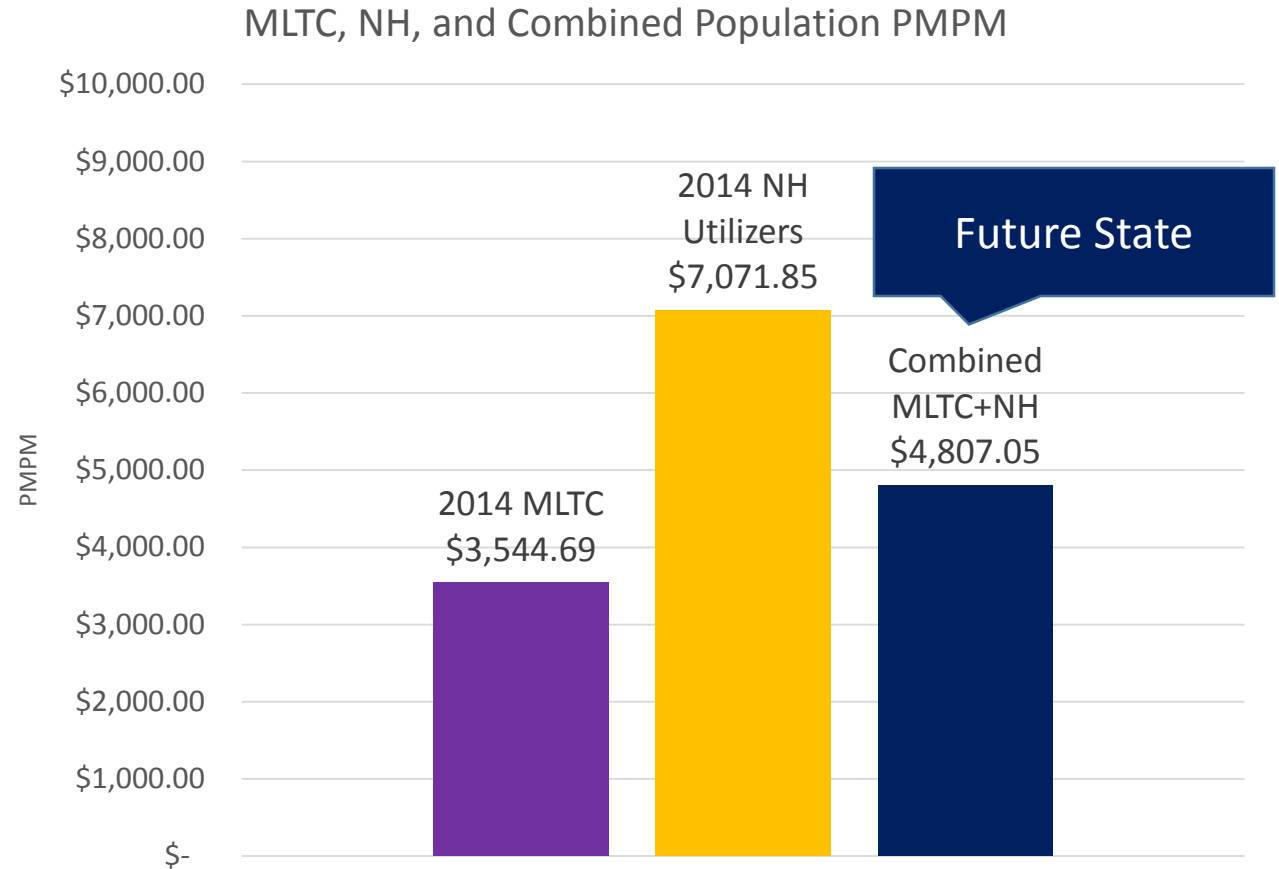
2014 + NH Transition	
End-of-Year Enrollment	230,783
Implied PMPY (Total Cost / Total Months)	\$ 47,759
Estimated Cost w/ Full NH	\$ 11,022,672,690



MLTC Future State – Full Nursing Home Carve-In – Estimated Effects on Cost (PMPM)

Effects of a Nursing Home Carve-In (Continued)

- Nursing home utilizer PMPM is significantly higher than the 2014 MLTC population (\$7,071 vs. \$3,544); as an effect
- The combined population becomes more expensive, with a PMPM of **\$4,807**.
- The total population cost at that PMPM rate would approach **\$11.0b** per year (assuming average Medicaid enrollment of 10 months remains).



Part II:

B. Extension of Second Meeting 2. Quality Measures

Managed Long-Term Care

Discussion and Selection of Measures

- Highest priority among existing measures?
 - Lower priority?
- Areas overlooked in the combination of MLTC Quality Incentive Initiative and Nursing Home Quality Initiative?
 - Other current measures that exist that need to be included?
 - Percent of residents whose need for help with activities of daily living has increased
 - Drug Education on all Medications Provided to Patient/Caregiver
 - Potential Medication Issues Identified And Timely Physician Contact at Start of Episode
 - Percent of Residents Who Lose Too Much Weight
- Other measures that may be worth developing?
 - Longevity or other broad overarching measures?

Considerations for Adding or Creating New Measures

- MLTC is an area that is robust with measurement so careful consideration should be given to adding or creating new measures
- If the CAG decides other measures or necessary the “bucket” lens should be used to assess clinical relevance, reliability and feasibility



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 2016 or 2017 pilot.



CATEGORY 3

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

MLTC Quality Incentive Refresh

- Comprised of four areas:
 1. Quality Measures
 2. Satisfaction Measures
 3. Compliance Measures
 4. Efficiency Measures
- MLTC Quality Incentive is entering it's 3rd year!
- Continuous measure expansion:
 - 5 new quality measures were added for 2015 as point-to-point metrics became available

MLTC Quality Incentive

Quality Measures:

- Percentage of members who did not have an emergency room visit in the last 90 days
- Percentage of members who did not have falls resulting in medical intervention in the last 90 days
- Percentage of members whose pain was controlled
- Percentage of members who were not lonely and distressed
- Percentage of members who received an influenza vaccination in the last year
- 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
- Percentage of members who remained stable or demonstrated improvement in pain intensity
- Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score
- Percentage of members who remained stable or demonstrated improvement in urinary continence
- Percentage of members who remained stable or demonstrated improvement in shortness of breath

MLTC Quality Incentive

Satisfaction Measures:

The satisfaction measures are based on the 2015 MLTC Member Satisfaction Survey results.

- Percentage of members who rated their managed long-term care plan as good or excellent
- Percentage of members who responded that they were usually or always involved in making decisions about their plan of care
- 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
- Percentage of members who rated the helpfulness of the plan in assisting them and their family to manage their illnesses as good or excellent
- Percentage of members who rated the quality of care manager or case manager services within the last six months as good or excellent
- 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 Quality Incentive

Efficiency Measure:

Potentially Avoidable Hospitalization (PAH) is a measure of efficiency. A PAH is an inpatient hospitalization that might have been avoided if proper outpatient care was received in a timely fashion. The hospitalization is identified as potentially avoidable if the primary diagnosis is any one of the following conditions: heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection.

The Uniform Assessment System for New York (UAS-NY) 2014 data will be used for this measure.

Nursing Home Quality Initiative

The 2015 Nursing Home Quality Initiative (NHQI) is comprised of three areas:

1. Quality Measures
 2. Compliance Measures
 3. Efficiency Measures
- The 2015 NHQI is worth a maximum 100 points.
 - Current Status:
 - Assessment is in it's 3rd year, rankings have been posted & Incentive payments are pending
 - Uses MDS data - OPQS has began talks with interRAI to get the nursing home tool online

Nursing Home Quality Initiative

Quality Component:

Quality measures are calculated from MDS 3.0 data, the NYS employee flu vaccination data, nursing home cost report data for the percent of contract/agency staff used, and the CMS five-star quality rating for staffing.

- Percent of contract/agency staff used
- CMS five-star quality rating for staffing
- Percent of employees vaccinated for influenza
- Percent of long stay high risk residents with pressure ulcers
- Percent of long stay residents who received the pneumococcal vaccine
- Percent of long stay residents who received the seasonal influenza vaccine
- Percent of long stay residents experiencing one or more falls with major injury
- Percent of long stay residents who have depressive symptoms
- Percent of long stay low risk residents who lose control of their bowel or bladder
- Percent of long stay residents who lose too much weight
- Antipsychotic use in persons with dementia
- Percent of long stay residents who self-report moderate to severe pain
- Percent of long stay residents whose need for help with daily activities has increased
- Percent of long stay residents with a urinary tract infection

Nursing Home Quality Initiative

Compliance Component:

The compliance component consists of three areas: CMS' five-star quality rating for health inspections, timely submission of nursing home certified cost reports, and timely submission of employee influenza immunization data.

- CMS Five-Star Quality Rating for Health Inspections (regionally adjusted)
- Timely submission of employee influenza vaccination data
- Timely submission of certified and complete nursing home cost reports

Overlapping Quality Incentive Initiative Measures for Community and Nursing Home Care

Measurement overlap affords the opportunity to unify the continuum of care.

- Fall Risk Management
 - MLTC QI: Percentage of members who did not have falls resulting in medical intervention in the last 90 days
 - NH QI: Percent of long stay residents experiencing one or more falls with major injury
- Pain Control (stable or demonstrate improvement)
 - MLTC QI: Percentage of members whose pain was controlled
 - MLTC QI: Percentage of members who remained stable or demonstrated improvement in pain intensity
 - NH QI: Percent of long stay residents who self-report moderate to severe pain
- Lonely, distressed and/or depressive symptoms
 - MLTC QI: Percentage of members who were not lonely and distressed
 - NH QI: Percent of long stay residents who have depressive symptoms

Overlapping Quality Incentive Initiative Measures for Community and Nursing Home Care (continued)

- Influenza vaccination
 - MLTC QI: Percentage of members who received an influenza vaccination in the last year
 - NH QI: Percent of long stay residents who received the seasonal influenza vaccine
- Bowel or bladder continence
 - MLTC QI: Percentage of members who remained stable or demonstrated improvement in urinary continence
 - NH QI: Percent of long stay low risk residents who lose control of their bowel or bladder
- Potentially Avoidable Hospitalizations
 1. Urinary Tract Infections
 2. Respiratory Infections
 3. Heart Failure
 4. Electrolyte imbalance
 5. Sepsis
 6. Anemia

Part III

A. Pilot – Potential Interest

Managed Long-Term Care

Pilot Opportunities

- As the CAG meetings and sub-committees wrap up, the State is beginning the pilot phase for certain VBP arrangements
- Prospective providers and plans are being engaged to discuss potential pilot opportunities
- Organizations that are
 - Motivated
 - Forward thinking
 - Focused on member care quality

Piloting a VBP Arrangement

- Initial VBP
 - A Home Care organization that can employ innovative care models to delay or prevent nursing home admissions
 - Partner with MLTC to provide flexible care that may require more intensive support for individuals as needs increase
 - Partner with other service providers for a more comprehensive care model (Medical day centers? Social day centers? Primary care – Independence at Home?)
 - A nursing home organization willing to engage in P4P around reducing avoidable hospitalizations and possible other key quality measures
- Future VBP
 - Arrangements with more flexible continuum of services to meet individual needs
 - Opportunities for alignment with Medicare may be available

We will explore the best date for the next CAG meeting!

Meeting 4 tentative agenda:

- Review of selected quality measures
- Additional thoughts of potential VBP arrangements
- Discussion of regulatory and other barriers





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Appendix

February 2016

Quality Measures

CMS 5 Star

- Percent of residents whose need for help with activities of daily living has increased
- Percent of residents who received an antipsychotic medication
- Percent of residents who newly received an antipsychotic medication
- Percent of high risk residents with pressure ulcers (sores)
- Percent of residents who have/had a catheter inserted and left in their bladder
- Percent of residents who were physically restrained
- Percent of residents with a urinary tract infection
- Percent of residents who self-report moderate to severe pain (Long Stay)
- Percent of residents experiencing one or more falls with major injury
- Percent of residents with pressure ulcers (sores) that are new or worsened
- Percent of residents who self-report moderate to severe pain (Short Stay)

Quality Measures

CMS 2 Star

- Improvement in Ambulation/locomotion
- Improvement in Bed Transferring
- Improvement in Bathing
- Improvement in Pain Interfering With Activity
- Timely Initiation of Care
- Drug Education on all Medications Provided to Patient/Caregiver
- Influenza Immunization Received for Current Flu Season (Home Health)
- Improvement in Dyspnea (Shortness of Breath)
- Acute Care Hospitalization

Outcome Measures

CMS OASIS

- Improvement in Ambulation/locomotion
- Improvement in Upper Body Dressing
- Improvement in Lower Body Dressing
- Improvement in Grooming
- Stabilization in Grooming
- Improvement in Bathing
- Stabilization in Bathing
- Improvement in Eating
- Improvement in Toilet Transferring
- Stabilization in Toilet Transferring
- Improvement in Bed Transferring
- Stabilization in Bed Transferring
- Improvement in Management of Oral Medications
- Stabilization in Management of Oral Medications
- Improvement in Light Meal Preparation
- Stabilization in Light Meal Preparation

Quality Measures

CMS OASIS (continued)

- Improvement in Bed Transferring
- Stabilization in Bed Transferring
- Improvement in Management of Oral Medications
- Stabilization in Management of Oral Medications
- Improvement in Light Meal Preparation
- Stabilization in Light Meal Preparation
- Improvement in Phone Use
- Stabilization in Phone Use
- Improvement in Pain Interfering with Activity
- Improvement in Speech and Language
- Stabilization in Speech and Language
- Improvement in Toileting Hygiene
- Stabilization in Toileting Hygiene
- Substantial Decline in 3 or more Activities of Daily Living
- Depression Assessment Conducted
- Improvement in Confusion Frequency
- Stabilization in Cognitive Functioning

Quality Measures

CMS OASIS (continued)

- Improvement in Anxiety Level
- Stabilization in Anxiety Level
- Improvement in Dyspnea (Shortness of Breath)
- Improvement in Status of Surgical Wounds
- Improvement in Urinary Tract Infection
- Improvement in Urinary Incontinence
- Improvement in Bowel Incontinence
- Improvement in Behavior Problem Frequency
- Emergency Department Use without Hospitalization
- Emergency Department Use with Hospitalization
- Discharged to Community
- Acute Care Hospitalization
- Timely Initiation of Care
- Physician Notification Guidelines Established
- Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate
- Pain Assessment Conducted
- Pressure Ulcer Risk Assessment Conducted

Quality Measures

CMS OASIS (continued)

- Depression Interventions In Plan Of Care
- Diabetic Foot Care And Patient Education In Plan Of Care
- Falls Prevention Steps In Plan Of Care
- Pain Interventions In Plan Of Care
- Pressure Ulcer Prevention In Plan Of Care
- Pressure Ulcer Treatment Based On Principles Of Moist Wound Healing In Plan Of Care
- Depression Interventions Implemented
- Diabetic Foot Care And Patient/Caregiver Education Implemented
- Heart Failure Symptoms Assessed and Addressed
- Pain Interventions Implemented
- Treatment Of Pressure Ulcers Based On Principles Of Moist Wound Healing Implemented
- Drug Education on High Risk Medications Provided To Patient/Caregiver at Start of Episode
- Drug Education On All Medications Provided To Patient/Caregiver
- Falls Prevention Steps Implemented
- Potential Medication Issues Identified And Timely Physician Contact
- Pressure Ulcer Prevention Implemented
- Potential Medication Issues Identified And Timely Physician Contact at Start of Episode

Quality Measures

CMS OASIS (continued)

- Influenza Immunization Received For Current Flu Season
- Influenza Immunization Offered and Refused
- Influenza Immunization Contraindicated
- Pneumococcal Vaccine Ever Received
- Pneumococcal Vaccine Offered and Refused
- Pneumococcal Vaccine Contraindicated
- Emergent Care for Injury Caused by Fall
- Emergent Care for Wound Infection, Deteriorating Wound Status
- Emergent Care for Improper Medication Administration or Medication Side Effects
- Emergent Care for Hypo/Hyperglycemia
- Development of Urinary Tract Infection
- Increase in Number of Pressure Ulcers
- Substantial Decline in Management of Oral Medications
- Discharged to the Community with an Unhealed Stage II Pressure Ulcer
- Discharged to the Community Needing Wound Care or Medication Assistance
- Discharge to the Community Needing Toileting Assistance
- Discharge to the Community with Behavioral Problems

Quality Measures

Additional Nursing Home Measures

- Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument
- Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument
- Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument
- Percent of Residents Who Have Depressive Symptoms
- Percentage of patients with established set goals for pain relief
- Percentage of patients with documented person-centered inter-professional care plan for acute or chronic pain
- Percentage of patients with chronic pain diagnosis with documentation of a pain assessment completed at initial visit using a standardized tool that addresses pain intensity, location, pattern, mechanism of pain, current functional status and follow-up plan
- Percentage of patients diagnosed with chronic pain with documentation of reassessment of pain at follow-up visits using a standardized tool that addresses pain intensity, location, pattern and current functional status
- Percentage of chronic pain patients who are referred to diagnostic and/or therapeutic procedures if the goals for pain control or functional status have not been met
- Percentage of patients diagnosed with chronic pain with referral to physical rehabilitation and/or behavioral management therapy
- Percentage of patients documented with achieving pain control goals after treatment
- Percentage of patients with adjustments made in treatment plan by practitioner when pain management plan is not effective
- Percentage of patients with documentation by the practitioner that summarizes the characteristics and causes of the patient's pain
- Percentage of patients with documented assessment for pain using standardized tool at each quarterly review

Quality Measures

Additional Nursing Home Measures (continued)

- Percentage of patients with documented assessment for pain using standardized tool on admission
- Percentage of patients with documented assessment of the impact of pain on function and quality of life
- Percentage of patients with documented reduction of pain symptoms
- Percentage of patients with periodic documented assessment by licensed nursing staff of effectiveness of pain management
- Percentage of patients diagnosed with chronic pain with documentation of screening for major depression and chemical dependency
- Percentage of patients diagnosed with chronic pain who are screened for chemical dependency before being prescribed opioid medication
- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine
- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine
- Percent of Residents Who Lose Too Much Weight
- Percent of Residents Who Received the Pneumococcal Vaccine
- Percent of Residents Who Received the Seasonal Influenza Vaccine
- Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine
- Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine
- Percent of Low Risk Residents Who Lose Control of Their Bowels or Bladder (Long-Stay)

Quality Measures

Additional MLTC Measures

- CARE: Improvement in Mobility
- CARE: Improvement in Self Care
- Change in Basic Mobility as Measured by the AM-PAC
- Change in Daily Activity Function as Measured by the AM-PAC
- Home health care: percentage of home health episodes of care during which the patient improved in ability to manage their oral medications
- Physical Activity in Older Adults
- Asthma Medication Ratio (AMR)
- Care for Older Adults (COA) – Medication Review
- Medication Reconciliation Post-Discharge
- Use of High-Risk Medications in the Elderly
- Adherence to Statin Therapy for Individuals with Coronary Artery Disease
- Adherence to Statins for Individuals with Diabetes Mellitus
- INR Monitoring for Individuals on Warfarin
- INR for Individuals Taking Warfarin and Interacting Anti-infective Medications
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder
- Adherence to Antiplatelet Therapy after Stent Implantation

Quality Measures

Additional MLTC Measures (continued)

- Adherence to ACEIs/ARBs for Individuals with Diabetes Mellitus
- Adherence to Oral Diabetes Agents for Individuals with Diabetes Mellitus
- Adherence to Chronic Medications
- Annual Monitoring for Patients on Persistent Medications
- Antipsychotic Use in Persons with Dementia
- Diagnosis and management of chronic obstructive pulmonary disease (COPD): percentage of patients with COPD who are prescribed appropriate therapy
- CARE: Consumer Assessments and Reports of End of Life
- Assessment of Health-related Quality of Life (Physical & Mental Functioning)
- Fall Risk Management
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Adult Kidney Disease : Patients on Erythropoiesis Stimulating Agent (ESA)--Hemoglobin Level > 12.0 g/dL
- Adult Kidney Disease: Hemodialysis Adequacy: Solute
- Adult Kidney Disease: Laboratory Testing (Lipid Profile)
- Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute
- Adult(s) taking insulin with evidence of self-monitoring blood glucose testing
- Adult(s) with diabetes mellitus that had a serum creatinine in last 12 reported months

Quality Measures

Additional MLTC Measures (continued)

- Adult(s) with frequent use of acute migraine medications that also received prophylactic medications
- Advance Care Plan
- Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
- Age-Related Macular Degeneration: Dilated Macular Examination
- Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy
- Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia
- Average-risk residents with pressure ulcers
- Cervical Cancer Screening
- Chronic Stable Coronary Artery Disease: Antiplatelet Therapy
- Chronic Stable Coronary Artery Disease: Lipid Control
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- Hypertension: Blood Pressure Control
- Management of Urinary Incontinence in Older Adults

Quality Measures

Additional MLTC Measures (continued)

- Osteoporosis Management in Women Who Had a Fracture
- Osteoporosis Testing in Older Women
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Pneumococcal Vaccination Status for Older Adults
- Glycemic Control – Hyperglycemia
- Glycemic Control – Severe Hypoglycemia