



**Department
of Health**

Health and Recovery Plan (HARP)

Value Based Payment Quality Measure Set
Measurement Year 2019



INTRODUCTION

The Measurement Year (MY) 2019 Health and Recovery Plan (HARP) Quality Measure Set was created in collaboration with the Behavioral Health/ HARP Clinical Advisory Group (CAG), as well as the New York State (NYS) Value Based Payment (VBP) Workgroup. The goal of this measure set is to align with measures sets put forth in the Delivery System Reform Incentive Payment (DSRIP) Program, for the Quality Assurance Reporting Requirements (QARR), and the Merit-based Incentive Payment System (MIPS), where applicable. The HARP measure set was designed to encourage providers to meet high standards of patient-centered clinical care and coordination across multiple care settings for the HARP population.

MEASURE SELECTION AND FEASIBILITY

During the spring and summer of 2018, the Behavioral Health/ HARP CAG reconvened and made recommendations to the State on quality measures, data collection, data reporting, and support required for providers to be successful in a VBP environment.

Beginning in June of 2017, the State initiated monthly meetings of the VBP Measure Support Task Force and arrangement-level Sub-teams. The goal of the Task Force and Sub-teams is to make recommendations to the State to support and inform the Annual Measure Review Cycle. Members of the Task Force include professionals from various Managed Care Organizations (MCOs), VBP Pilot Contractors, clinical Subject Matter Experts, and State Agencies, along with other professionals who have experience in quality measurement and health information technology. The Task Force provided feedback to DOH on quality measure feasibility, reporting, and calculation.

Upon receiving the CAG recommendations and Task Force feedback, the State defined a final list of measures for inclusion for MY 2019. For MY 2019, five measures have been removed and one measure has been added, culminating in a total of 38 Category 1 and 2 HARP Quality Measures.




MEASURE CLASSIFICATION

Each measure has been designated by the State as Category 1, 2, or 3 with associated recommendations for implementation and testing for future use in VBP Arrangements. The measures below are classified by category based on an assessment of reliability, validity, and feasibility, and according to suggested method of use (either Pay for Reporting (P4R) or Pay for Performance (P4P)).

Category 1

Category 1 quality measures as identified by the CAGs and accepted and deemed reportable by the State are to be reported by VBP

Categorizing and Prioritizing Quality Measures

	CATEGORY 1 Approved quality measures that are deemed to be clinically relevant, reliable, valid, and feasible.
	CATEGORY 2 Measures that are clinically relevant, valid, and reliable, but where the feasibility could be problematic. These measures were investigated during the 2017 & 2018 pilot programs.
	CATEGORY 3 Measures that are insufficiently relevant, valid, reliable and/or feasible.



Contractors to the MCOs. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors are eligible.¹ At least one Category 1 P4P measure must be included in a VBP contract.

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. In other words, these are the measures on which payments in VBP contracts may be based. 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 Care Organizations (MCOs) to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under a VBP contract. Incentives for reporting should be based on timeliness, accuracy, and completeness of data. Measures can be reclassified from P4R to P4P or vice versa through annual CAG and State review or as determined by the MCO and VBP Contractor.

Not all Category 1 measures will be reportable for the measurement year, as reporting on some of these measures will be phased in over the next few years. Please see the *2019 Value Based Payment Reporting Requirements Technical Specifications Manual*² for details as to which measures must be reported for the measurement year. This manual will be updated annually each fall, in line with the release of the final VBP measure sets for the subsequent year.

Categories 2 and 3

Category 2 measures have been accepted by the State based on agreement of clinical importance, validity, and reliability, but flagged as presenting concerns regarding implementation feasibility. These measures will be further investigated in the VBP Pilots. The State requires that VBP Pilots select and report a minimum of one Category 2 measure per VBP Arrangement for MY 2019 (or have a State and Plan approved alternative). VBP Pilot participants will be expected to share meaningful feedback on the feasibility of Category 2 measures when the CAGs reconvene. The State will discuss measure testing approaches, data collection, and reporting requirements with VBP Pilots as a part of the Measure Support Task Force.

Measures designated as Category 3 were identified as unfeasible at this time or as presenting additional concerns including accuracy or reliability when applied to the attributed member population for an arrangement, therefore Category 3 measures are not included in the measure set.

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

² 2019 Value Based Payment Reporting Requirements; Technical Specifications Manual, Nov 2018, File found in the Quality Measures tab ([Link](#))



MEASUREMENT YEAR 2019 QUALITY MEASURE SET

The measures and State-determined classifications provided on the following pages are recommendations for MY 2019. Note that measure classification is a State recommendation and implementation is to be determined between the MCO and VBP Contractor.

Measure sets and classifications are considered dynamic and will be reviewed annually. Updates will include measure additions, deletions, recategorizations, and/or reclassifications from P4R to P4P or vice versa, 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. Please see [Appendix A](#) for a full list of these changes.

Note: Additional changes have been made to the names for some of the measures presented below to ensure alignment with the naming conventions used by the official measure steward. There have not been any changes to the measure specifications associated with these name changes



Category 1

The table below displays the Category 1 MY 2019 HARP Quality Measure Set, arranged alphabetically, and includes measure title, measure steward, the National Quality Forum (NQF) number and/or other measure identifier (where applicable), and State-recommended classification for measure use. The measure set is redlined to highlight changes made between MY 2018 and MY 2019. Additions are made in red text while deletions are made with a strikethrough. There are no changes to the unique, HARP-specific measures for MY 2019 compared to the 2018 measure set.

HARP Measures	Measure Steward	Measure Identifier	Classification
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Centers for Medicare & Medicaid Services (CMS)	NQF 1879	P4P
Asthma Medication Ratio	National Committee for Quality Assurance (NCQA)	NQF 1800	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Chlamydia Screening in Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Foot Exam	NCQA	NQF 0056	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	NQF 0575	P4P



HARP Measures	Measure Steward	Measure Identifier	Classification
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	NQF 0057	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	NQF 0062	P4P
Comprehensive Diabetes Screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	NCQA	-	P4P
Continuity of Care from Inpatient Detox to Lower Level of Care	NYS	-	P4P
Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care	NYS	-	P4P
Controlling High Blood Pressure	NCQA	NQF 0018	P4P
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	NQF 2605	P4P
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	P4P
Follow-Up After Hospitalization for Mental Illness	NCQA	NQF 0576	P4P



HARP Measures	Measure Steward	Measure Identifier	Classification
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	-	P4P
Maintaining/Improving Employment or Higher Education Status	NYS	-	P4R
Maintenance of Stable or Improved Housing Status	NYS	-	P4R
Medication Management for People with Asthma	NCQA	NQF 1799	P4P
No or Reduced Criminal Justice Involvement	NYS	-	P4R
Percentage of Members Enrolled in a Health Home	NYS	-	P4R
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS	-	P4P
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	NQF 0421	P4R
Preventive Care and Screening: Influenza Immunization	American Medical Association Physician Consortium for Performance Improvement (AMA PCPI)	NQF 0041	P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	NQF 0028	P4R
Statin Therapy for Patients with Cardiovascular Disease	NCQA	-	P4R



HARP Measures	Measure Steward	Measure Identifier	Classification
Statin Therapy for Patients with Diabetes	NCQA	-	P4R
Use of Pharmacotherapy for Alcohol Abuse or Dependence	NYS	-	P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	NQF 0577	P4R



CATEGORY 2

The table below displays the Category 2 MY 2019 HARP Quality Measure Set and includes measure title, measure steward, and the NQF number and/or other measure identifier (where applicable). All Category 2 measures are classified as P4R in MY 2019. The measure set is redlined to highlight changes made between MY 2018 and MY 2019. There are no changes to the Category 2 HARP measure set for 2019.

HARP Measures	Measure Steward	Measure Identifier
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	NQF 1880
Asthma Action Plan	American Academy of Allergy, Asthma & Immunology (AAAAI)	-
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	-
Asthma: Spirometry Evaluation	AAAAI	-
Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	NYS	-
Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	NYS	-
Mental Health Engagement in Care 30 Days	NYS	-
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)	NYS	-
Use of Opioid Dependence Pharmacotherapy	NYS	-



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MY 2019 VBP HARP Quality Measure Set

Appendix A



The table below identifies the changes to the Category 1 measures for the MY 2019 HARP Quality Measure Set. There were no changes to the Category 2 measures for the MY 2019 HARP Subpopulation Quality Measure Set.

Category 1 Measure Changes from 2018 to 2019

Measure Name	Change	Rationale for Change
Asthma Medication Ratio	Added	Recommended by the Chronic Pulmonary, Heart, Diabetes, and Primary Care CAG
Comprehensive Diabetes Care: Foot Exam	Removed	Alignment with other quality programs
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	Removed	Alignment with other quality programs
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	Removed	Removed to focus on outcome measures
Comprehensive Diabetes Screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	Removed	Alignment with other quality programs
Statin Therapy for Patients with Diabetes	Removed	Alignment with other quality programs