



**Department  
of Health**

# Maternity Care

Value Based Payment Quality Measure Set  
Measurement Year 2020

## INTRODUCTION

The Measurement Year (MY) 2020 Maternity Care Quality Measure Set was created in collaboration with the Maternity Clinical Advisory Group (CAG) and the New York State (NYS) Value Based Payment (VBP) Workgroup. The goal is to align with measures sets put forth in the Delivery System Reform Incentive Payment (DSRIP) Program, the Quality Assurance Reporting Requirements (QARR), the Merit-based Incentive Payment System (MIPS), where applicable, and for the State's Vital Statistics maternity care measures. The Maternity measure set was designed to encourage providers to meet high standards of patient-centered clinical care and coordination across multiple care settings throughout the maternity care episode.

## MEASURE SELECTION AND FEASIBILITY

During the spring and summer of 2019, the Maternity Care 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 regular meetings of the VBP Measure Support Task Force. The goal of the Task Force is to make recommendations to the State to support and inform during 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 provides feedback to the Department of Health (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 MY2020. For MY2020, 18 measures have remained unchanged, 2 new measures have been added; culminating in a total of 20 Maternity 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 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<sup>1</sup>. At least one Category 1 P4P measure must be included in a VBP contract.

### 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.

<sup>1</sup> New York State Department of Health, Medicaid Redesign Team, A Path Toward Value Based Payment: Annual Update, September 2019. [\(Link\)](#)



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. 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 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 refer to the *Value Based Payment Reporting Requirements Technical Specifications Manual (MY2020)* 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. Some of these measures have been further investigated in the VBP Pilots. The State required that VBP Pilots select and report a minimum of one Category 2 measure per VBP Arrangement for MY2019 (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 has discussed 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.

### MY2020 MATERNITY QUALITY MEASURE SET

The measures and State-determined classifications provided on the following pages are recommendations for MY2020. 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 reclassifications from P4R to P4P or vice versa, based on experience with measure implementation in the prior year. During 2020, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY 2021. Please see [Appendix A](#) for a full list of these changes.

**Note: Additional changes may 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 MY2020 Maternity Care 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. Between the MY2019 and MY2020 Maternity Measure sets, there were no changes to the Category 1 measures.

Maternity Care Measures	Measure Steward	Measure Identifier	Classification
Contraceptive Care - Postpartum	United States Office of Population Affairs	NQF 2902	P4R
C-Section for Nulliparous Singleton Term Vertex	The Joint Commission (TJC)	NQF 0471	P4R
Exclusive Breast Milk Feeding	TJC	NQF 0480	P4R
Incidence of Episiotomy	Christiana Care Health System	NQF 0470	P4R
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	National Committee for Quality Assurance (NCQA)	NQF 0004	P4P
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	Agency for Healthcare Research and Quality (AHRQ)	NQF 0278 (lost endorsement)	P4R
Percentage of Preterm Births	NYS	-	P4R
Prenatal and Postpartum Care	NCQA	NQF 1517 (lost endorsement)	P4P
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Centers for Medicare & Medicaid Services (CMS)	NQF 0418	P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	American Medical Association Physician Consortium for Performance Improvement (AMA PCPI)	NQF 0028	P4R



**CATEGORY 2**

The table below displays the Category 2 MY2020 Maternity Care 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 MY2020. The measure set is redlined to highlight changes made between MY2019 and MY2020. Additions are made in red text while deletions are made with a strikethrough. Between the MY2019 and MY2020 Maternity Measure sets, 2 measures were added to the Category 2 Maternity Measure set.

Maternity Care Measures	Measure Steward	Measure Identifier
Antenatal Hydroxyprogesterone	Texas Maternity Bundle	-
Antenatal Steroids	TJC	NQF 0476
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	Hospital Corporation of America (HCA)	NQF 0473
Experience of Mother with Pregnancy Care	-	-
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	Centers for Disease Control (CDC)	NQF 0475
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus	Massachusetts General Hospital	NQF 1746
<b>Prenatal Depression Screening and Follow-Up</b>	<b>NCQA</b>	-
Postpartum Blood Pressure Monitoring	Texas Maternity Bundle	-
<b>Postpartum Depression Screening and Follow-Up</b>	<b>NCQA</b>	-
Vaginal Births after Cesarean Section	NYS	-



# Appendix A



The tables below identify the changes to the Category 2 measures for the MY2020 Maternity Care Quality Measure Set.

**CATEGORY 2 MEASURE CHANGES FROM 2019 TO 2020**

Measure Name	Change	Rationale for Change
Prenatal Depression Screening and Follow-Up	Added	Address a gap in care
Postpartum Depression Screening and Follow-Up	Added	Address a gap in care