

**2023-2025 New York State Medicaid/Child Health Plus Program Quality Strategy:
Public Comment Responses**

Thank you to all stakeholders who provided thoughtful public comments on the 2023-2025 New York State Medicaid/Child Health Plus Program Quality Strategy. The Department carefully considered each comment for incorporation into the Quality Strategy. The table below summarizes the comments and their responses. Additional comments received were not relevant to the Quality Strategy and are not included in this document. The Department has referred those comments to relevant parties within the Department as appropriate.

The Department will post the final Quality Strategy at https://www.health.ny.gov/health_care/medicaid/data_rpts/quality_strategy.htm. Questions may be directed to qualitystrategy@health.ny.gov.

Comment	Organization	Summary of Commenter’s Feedback	Department of Health’s Response
1	Health First	<p>Objective 5: Asked which entities will be subject to the metric’s target rate and for clarification on what will be measured.</p> <p>Objective 8: Recommended aligning a core set of Healthcare Effectiveness Data and Information Set (HEDIS) measures in the Quality Incentive Program (QIP) with a subset of key objectives in the state’s Quality Strategy and, also consider potential variations in the State’s</p>	<p>Objective 5: Metric 5.1 Social Need Screening and Intervention is <u>not</u> limited to screenings conducted by community-based organizations (CBOs) nor the Accountable Healthcare Communities screening tool used under the New York Health Equity Reform (NYHER) waiver. The Department will calculate the target rate using claims submitted through managed care plans to measure the percentage of members who were screened and who received corresponding interventions if the screening was positive.</p> <p>Objective 8: The Department appreciates your comment in support of the Quality Incentive Program. As the QIP is described as an intervention that helps to meet our objective of ensuring and incentivizing high quality care (Objective 8), we do not feel additional verbiage is necessary to underscore the value of the QIP.</p>

		<p>quality objectives and the QIP based on New York's geographic and demographic differences.</p> <p>Objective 9: Recommended adding measures that assess the quality of behavioral health services delivered in outpatient settings and to convene a stakeholder workgroup to identify measures that are clinically relevant to assessing the quality of outpatient behavioral health services. Noted that Metric 9.1 does not reflect the measure specification changes made by the National Committee for Quality Assurance (NCQA) in Measurement Year 2022.</p> <p>Objective 10: Noted that the Annual Dental Visit HEDIS measure was only specified for children ages 2-20 and was retired by NCQA in Measurement Year 2022. Recommended that the Department leverages its adult dental care Performance Improvement Project to identify the most appropriate metrics.</p> <p>Objective 18: Commented in support of Metric 18.1 (Completeness of Race/Ethnicity Data) as necessary to identify racial health disparities, implement evidence-based interventions to reduce such inequities, and track outcomes.</p>	<p>The Quality Strategy authors will share your comment with relevant parties within the Department for awareness.</p> <p>Objective 9: The Department will consider new measures for the next version of the Quality Strategy. For the 2023-2025 Strategy, in subsequent tracking/reporting, we will note any areas where measures have changed and instances where trending may not be appropriate. For measure 9.1 ("Follow-Up After Emergency Department Visit for Substance Use - 7 & 30 day") the Department will update the baseline rate to reflect 2022 data.</p> <p>Objective 10: The Annual Dental Visit measure selected for objective 10 matches the referenced Performance Improvement Project (PIP) measure. The Department will monitor the rate for this measure over the 2023-2025 Quality Strategy period to help inform dental metric selection for the 2026-2028 Quality Strategy.</p> <p>Objective 18: The Department appreciates your comment in support of Metric 18.1. We agree that comprehensive race and data is instrumental in assessing and improving quality and equity.</p>
2	Forward Leading Independent	<p>Objective 7: Highlighted increasing the number of participating dental providers and overall access to dental care as a priority area and</p>	<p>Objective 7: Dental therapists were not included in the Metric 7.1 as they are not licensed in New York State and are not enrollable in NYS Medicaid at this time. The</p>

	<p>Provider Association</p>	<p>recommended adoption of Dental Therapists as providers in New York State.</p> <p>Objective 11: Noted that the visits included in Metric 11.1 Postpartum Care are paid through bundled payments and negatively impact the provider's ability to receive credit despite the visit occurring.</p> <p>Objective 14: Suggested that the Department establishes a process for timely sharing of data on school-based visits to the managed care organizations (MCOs) to alleviate the administrative burden on providers. Also suggested separating this metric for 3-17 years old vs. 18-21 years old to understand the potentially different gaps and opportunities based on developmental stage.</p> <p>Objective 21: Recommended that the Department does not use proprietary algorithms for quality metrics, such as Metric 21.1 (Potentially Preventable Admissions- rate of hospital admissions per 1,000 enrolled members that could have potentially been preventable with better coordinated care, based on 3M methodology).</p>	<p>Department is aware of legislation aimed at establishing licensure for this provider type; the Quality Strategy authors will share your comment with relevant parties within the Department for awareness.</p> <p>Objective 11: Metric 11.1 Postpartum Care can be reported using a hybrid method to account for any services that would not be counted if relying on administrative data only.</p> <p>Objective 14: The Department will review process for sharing school-based visits with MCOs as it relates to child and adolescent well-care visits. The age stratifications on this metric were selected to match other publicly available stratifications on Health Data NY (age 3-11, 12-17, and 18-21). Stratified baseline rates are available within the Quality Strategy, but an overall statewide rate was used for developing a target rate.</p> <p>Objective 21: By using the 3M Potentially Preventable Admissions measure, we are able to calculate a rate that includes a broader population, including fee-for-service Medicaid members. It is our aim to include the fee-for-service population in the Quality Strategy wherever possible. We understand your concern about the "black box" methodology of the 3M measure and will take that into account when</p>
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			selecting measures for the next Quality Strategy.
3	Primary Care Development Corporation	<p>Objective 11: Commented in support of the Department's increased postpartum Medicaid coverage from 60 days to 12 months for all pregnant patients covered by Medicaid and urged the Department to adopt additional policies that make health insurance coverage accessible to and affordable for as many New Yorkers as possible, including those who are undocumented.</p> <p>Objective 14: Highlighted that children with consistent access to primary care can achieve greater milestones than those who do not, but the shortage of primary care providers makes it difficult for many patients to access the care they need.</p> <p>Objectives 15, 16, 17: Commented in support of these objectives and stated that increased investment in primary care would make care more accessible, increase the number of providers, and support those providers to provide the full range of integrated services most needed in underserved communities, like increased preventative care and chronic disease management, while reducing the overall health costs over the long term.</p>	<p>Objective 11: An individual who is not lawfully present is considered undocumented. An individual who has been admitted on a temporary for a specific purpose and time period is considered a non-immigrant. They may receive Medicaid coverage for the treatment of emergency medical conditions provided they did not enter the state for the sole purpose of obtaining medical coverage.</p> <p>Objective 14: The interventions outlined in objective 7 ("promote a sustainable workforce and capacity") including workforce investments via New York's Health Equity Reform "NYHER" 1115 waiver amendment are expected to expand capacity.</p> <p>Objective 15, 16, 17: The Department appreciates your comment in support of the Strategy's focus on primary care. Some of the initiatives outlined in the Quality Strategy describe recent efforts to increase payment to primary care providers in order to improve access.</p>

4	Healthy Alliance	<p>Recommended that the Quality Strategy aligns with the most current Office and Management and Budget (OMB) race/ethnicity categories.</p> <p>Noted that Metric 18.1 focuses exclusively on race/ethnicity completeness data and recommend setting metrics for other data elements the Department intends to use for analyses, such as primary language.</p> <p>Noted that the Quality Strategy includes sex at birth, but not gender identity and that the Department will be unable to determine gender disparities without collecting the data element.</p> <p>Suggested that the Department looks at the data ecosystem, determines how to avoid redundant demographic data collection for patients, and determine which report will be the source of truth for analysis.</p>	<p>The race and ethnicity categories collected upon enrollment in New York State Medicaid expand beyond accepted minimum category sets. In monitoring measures for the Quality Strategy, the Department categorizes race and ethnicity in alignment with the stratifications used in published Quality Assurance Reporting Requirements (QARR) metric datasets. The Quality Strategy authors will share the recommendation of aligning with OMB race and ethnicity categories with the relevant parties within the Department for awareness.</p> <p>Improving the completeness of race and ethnicity data has been a priority for the Department of Health, but the Department will review completeness of other demographic areas for inclusions in future Strategies.</p> <p>During Medicaid enrollment, the Department collects both member sex and member gender identity (gender identity is an optional field). While gender identity was not a stratified demographic included in this report, the Department is able to stratify by gender, where reported, in internal monitoring of Quality Strategy metrics.</p> <p>We agree that data sharing across ecosystems can help reduce redundancy and help create a singular source of truth. We will share this recommendation with relevant parties within the Department.</p>
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5	Health and Welfare Council of Long Island	<p>Objective 5: Recommended that the Quality Strategy includes additional measures under Metric 5.1 Social Needs Screening and Intervention, such as number of community-based organizations (CBOs), year over year growth of Social Care Network (SCN) participants, percentage of CBOs with closed-loop referral processes.</p> <p>Objective 7: Recommended that the Quality Strategy includes additional measures to assess provider workforce and capacity, such as the size of SCNs, percentage of SCNs meeting network adequacy, and per capita measures based on geography/population.</p>	<p>Objectives 5 and 7: Several of these measures will be monitored by staff outside of the Quality Strategy and will help us mold future versions of the Quality Strategy.</p>
6	New York Health Plan Association	<p>Asked if “sex” is synonymous with “sex assigned at birth” and whether there will be additional options besides male and female.</p>	<p>“Sex” used in the Quality Strategy is synonymous with “Sex Assigned at Birth” and is a required field collected through the Medicaid enrollment process. Options are Male, Female, and X. Male/Female stratification is used in the</p>

		<p>Objective 5: Asked which entities will be subject to the metric's target rate and for clarification on what will be measured.</p> <p>Objective 7: Asked if the Department will share the results of 2023 Dental Provider Survey.</p> <p>Objectives 9, 19, and 20: Noted that these metrics focus on behavioral health follow-up after discharge and recommended adding metrics that assess the quality of behavioral health services delivered in outpatient settings. Also noted that the baseline data for Metric 9.1 does not reflect measures specification changes made by the National Committee for Quality Assurance in Measurement Year 2022.</p>	<p>Quality Strategy in alignment with the stratifications used in published Quality Assurance Reporting Requirements (QARR) metric datasets.</p> <p>The Department has revised the Quality Strategy at first mention of "sex" to clarify "sex assigned at birth."</p> <p>Objective 5: Metric 5.1 Social Need Screening and Intervention is <u>not</u> limited to screenings conducted by community-based organizations (CBOs) nor the Accountable Healthcare Communities screening tool used under the New York Health Equity Reform (NYHER) waiver. The Department will calculate the target rate using claims submitted through managed care plans to measure the percentage of members who were screened and who received corresponding interventions if the screening was positive.</p> <p>Objective 7: The Department is currently reviewing the 2023 Dental Provider Survey and does not have a dissemination plan at this time.</p> <p>Objectives 9, 19, and 20: The Department will consider new measures for the next version of the Quality Strategy. For the 2023-2025 Strategy, in subsequent tracking/reporting, we will note any areas where measures have changed and instances where trending may not be appropriate. For measure 9.1 ("Follow-Up After Emergency Department Visit for Substance Use - 7 & 30 day") the Department</p>
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7	National Committee for Quality Assurance	Highlighted broad alignment between New York's value criteria and NCQA's standards and recommended integration of NCQA accreditations, standards, and distinctions.	The Department thanks NCQA for your comments. The Quality Strategy authors will share your comment with relevant parties within the Department for awareness.
8	Manatt Health Strategies on behalf of the Coalition of New York State Public Health	<p>Recommended that the Department aligns the Quality Strategy with the goals and activities of the 1115 Waiver Amendment.</p> <p>Recommended that the Department expands metric stratification criteria to capture the</p>	<p>The Department thanks you for your comment and will work closely with the 1115 NYHER Waiver Amendment team to ensure alignment between NYHER and Quality Strategy goals.</p> <p>"Sex" used in the Quality Strategy is synonymous with "Sex Assigned at Birth" and is</p>

	<p>Plans and the New York State Coalition of Managed Long Term Care Plans</p>	<p>experience of transgender and non-binary enrollees and collects both sex at birth and gender identity as part of Medicaid/Child Health Plus enrollment.</p> <p>Requested that the Department adopts a regional approach to quality reporting.</p> <p>Recommended adopting metrics for the Managed Long Term Care population that rely on other data sources, such as Medicare claims-based data, to ensure accuracy and reduce reliance on enrollees' memory and self-reporting. Mentioned Metric 6.1 No Falls Injury as an example.</p>	<p>a required field collected through the Medicaid enrollment process. Options are Male, Female, and X. Male/Female stratification is used in the Quality Strategy in alignment with the stratifications used in published Quality Assurance Reporting Requirements (QARR) metric datasets.</p> <p>During Medicaid enrollment, the Department also collects member gender identity (an optional field). While gender identity was not a stratified demographic included in this report, the Department is able to stratify by gender, where reported, in internal monitoring of Quality Strategy metrics.</p> <p>The Department has revised the Quality Strategy at first mention of "sex" to clarify "sex assigned at birth."</p> <p>The Department tracks several demographic stratifications for many quality measures, including those selected for the Quality Strategy. The Quality Strategy authors will consider your comment about regional differences when selecting metrics for the next Quality Strategy.</p> <p>Because most managed long-term care (MLTC) members are dually enrolled in Medicaid and Medicare, it is difficult for the NYS Medicaid program to rely on administrative data to track outcomes, as we do not have access to Medicare claims data. The Uniform Assessment System data allows for a more complete capture of MLTC member outcomes. For measures based on recollection, it is permissible for family and friends to aid in responding. Additionally, the UAS is ultimately based on nurse</p>
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			potentially preventable information due to unknown Medicare claims data.
9	Southern Tier Independence Center	<p>Asked who decides if services are “medically necessary” related to the unacceptable practices outlined for Medicaid and Child Health Plus managed care organizations.</p> <p>Asked if data collection for members’ primary language includes American Sign Language (ASL).</p> <p>Commented that the Medicaid Transportation program needs more resources and better supervision and metrics.</p> <p>Commented that the managed care model does not work in practice.</p>	<p>Medically necessary services are defined in NYS Law as well as the Medicaid model contract.</p> <p>American Sign Language is not currently included in the list of spoken or written languages members can select from in the "language preferences" section of Medicaid enrollment. The Quality Strategy authors will share this comment with the relevant parties within the Department for future consideration.</p> <p>The Medicaid Transportation program recently transitioned to a broker model. This model emphasizes accountability of the broker (Medical Answering Services) and transportation providers within the network to provide high quality services. Enhanced oversight under this model includes data-driven performance standards and penalties, greater customer service efforts to promptly address members' needs, and a process to directly communicate concerns to the Department.</p> <p>The Department acknowledges your concern about the managed care model. However, we disagree that managed care does not work in practice. We believe that our managed care model emphasizes the importance of primary</p>

			care and coordinated services in a way that benefits members while promoting efficiency.
Additional comments received were not relevant to the Quality Strategy and are not included in this document. The Department has referred those comments to relevant parties within the Department as appropriate.			