



**Department
of Health**

Health and Recovery Plan (HARP) Subpopulation

Value Based Payment Quality Measure Set
Measurement Year 2017

The 2017 Health and Recovery Plan (HARP) Subpopulation quality measure set was created in collaboration with the HARP Subpopulation Clinical Advisory Group (CAG) and the New York State (NYS) Value Based Payment (VBP) Workgroup. The measure set is closely aligned with existing measures sets used in the Delivery System Reform Incentive Payment (DSRIP) Program and the Quality Assurance Reporting Requirements (QARR) measure set. The HARP measure set is intended to encourage providers to meet high standards of patient-centered clinical care and care coordination across multiple care settings throughout the HARP care episode.

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 Pay for Reporting (P4R) or Pay for Performance (P4P)).

To increase alignment with the QARR, one measure relating to statin therapy for those with diabetes has been changed since the March 2017 release of the HARP VBP Measure Set. The change with updated measure steward is notated on pages 4 and 6 of this document.

MEASURE CLASSIFICATION

In April of 2016, the HARP Subpopulation CAG [published recommendations](#) to the State on quality measures, data, and support required for providers to be successful. Additionally, the report addressed other implementation details related to a VBP HARP Subpopulation Arrangement. The HARP Subpopulation CAG reconvened on November 17, 2016 to refine measure recommendations based on feedback from the VBP pilot providers. The final recommendations to the state are aligned with the measures presented in the Category 1 and Category 2 measure set tables included in this document.

Upon receiving the November 2016 CAG recommendations, the State conducted further feasibility review and analysis to define a final list of measures for inclusion during the 2017 VBP Measurement Year (MY). 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.

Categorizing and Prioritizing Quality Measures



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 2017 pilot program.



CATEGORY 3

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

Category 1

Category 1 quality measures as identified by the HARP Subpopulation CAG and accepted by the State are to be reported by VBP Contractors. These measures are also intended to be used



to determine the amount of shared savings for which VBP contractors would be eligible¹.

The State classified each Category 1 measure as either P4P or pay for reporting 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 the Managed Care Organizations (MCOs) to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under the VBP contract. Incentives for reporting will 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.

Categories 2 and 3

Category 2 measures have been accepted by the State based on agreement of measure 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 two Category 2 measures per VBP arrangement (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 approach, data collection, and reporting requirements with VBP pilots at a future date.

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 the HARP Subpopulation arrangement. Several measures in the original CAG report were removed for this reason and therefore no longer in the Category 1 or 2 measure list. These measures will not be tested in pilots or included in VBP at this time.

MEASUREMENT YEAR 2017 MEASURE SET

The measures and State determined classifications provided on the following pages are recommendations for MY 2017. 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 additions, deletions, reclassification of measure category, and reclassification from P4R to P4P based on experience with measure implementation in the prior year. During 2017, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY 2018.

¹ A Path toward Value Based Payment: New York State Roadmap for Medicaid Payment Reform. Annual Update. June 2016.



The Category 1 and 2 measure set listed in the tables below includes a subset of the Integrated Primary Care (IPC) Measure Set as determined by the State to be relevant to the HARP subpopulation². These tables represent the complete HARP measure set for MY 2017.

² The IPC measure set is the same set that will be used for the Total Care for the General Population (TCGP) arrangement in 2017. Therefore, this is referred to as the TCGP/IPC measure set in other VBP related documents.



Category 1

The Category 1 table displays the complete Category 1 HARP Subpopulation 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 determined classification for measure use.

Measures	Measure Steward	Measure Identifier	Classification
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Centers for Medicare & Medicaid Services (CMS)	NQF 1880	P4P
Adherence to Statins for Individuals with Diabetes Mellitus*	CMS	NQF 0545	P4R
Breast Cancer Screening	National Committee for Quality Assurance (NCQA)	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Chlamydia Screening for Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P
Comprehensive Diabetes Care: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	NCQA	NQF #s 0055, 0062, 0057	P4P
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Foot Exam	NCQA	NQF 0056	P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	NQF 0575	P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P

*Measure substituted with NCQA measure 'Statin Therapy for Patients with Diabetes'. See page 6



Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	NQF 0057	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	NQF 0062	P4P
Continuity of Care (CoC) from Detox or Inpatient Rehab to a lower level of SUD treatment (within 14 days) Continuity of Care (CoC) within 14 Days of Discharge from Any Level of SUD Inpatient Care	NYS Office of Alcoholism and Substance Abuse Services (OASAS)	-	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	-	P4P
Follow-Up After Hospitalization for Mental Illness (within 7 and 30 days)	NCQA	NQF 0576	P4P
Initiation of Pharmacotherapy for Alcohol Dependence	NYS OASAS	-	P4R
Initiation of Pharmacotherapy for Opioid Use Disorder	NYS OASAS	-	P4P
Medication Management for People with Asthma (ages 5 - 64) – 50 % and 75% of Treatment Days Covered (<i>Calculation to be constrained to the appropriate age range</i>)	NCQA	NQF 1799	P4P
Percentage of Members Enrolled in a Health Home	NYS Office of Mental Health (OMH) / OASAS	-	P4R
Percentage of Members who Maintained/Obtained Employment or Maintained/Improved Higher Education Status	NYS OMH / OASAS	-	P4R



Percentage of Members who Receive PROS or HCBS for at least 3 Months in Reporting Year	NYS OMH / OASAS	-	P4R
Percentage of Members with Maintenance of Stable or Improved Housing Status	NYS OMH / OASAS	-	P4R
Percentage of Members with Reduced Criminal Justice Involvement	NYS OMH / OASAS	-	P4R
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
Rate of Readmission to Inpatient Mental Health Treatment within 30 Days	NYS OMH	-	P4P
Statin Therapy for Patients with Cardiovascular Disease	NCQA	-	P4R
Statin Therapy for Patients with Diabetes*	NCQA	-	P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	NQF 0577	P4R

*Measure is part of the 2017 QARR measure set and replaces 'Adherence to Statins for Individuals with Diabetes Mellitus' on page 4.



Category 2

The Category 2 table displays the complete Category 2 HARP Subpopulation Measure set and includes measure title, measure steward, the NQF number and/or other measure identifier (where applicable). All Category 2 measures are classified as P4R in MY 2017.

Measures	Measure Steward	Measure Identifier
Asthma: Assessment of Asthma Control – Ambulatory Care Setting*	The American Academy of Allergy, Asthma & Immunology (AAAAI)	-
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis*	NCQA	NQF 0058
Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	NYS OASAS	-
Lung Function/Spirometry Evaluation (Asthma)	AAAAI	-
Patient Self-Management and Action Plan (Asthma)*	AAAAI	-
Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 Days	NYS OMH	-
Use of Imaging Studies for Low Back Pain*	NCQA	NQF 0052
Utilization of Pharmacotherapy for Alcohol Dependence	NYS OASAS	-
Utilization of Pharmacotherapy for Opioid Use Disorder	NYS OASAS	-

* VBP Pilot contractors may include measures as outlined in the VBP Pilot webinar held on February 24, 2017. Four measures were added to the Category 2 list subsequent to that presentation to align with measures in the Advanced Primary Care core set and VBP Workgroup recommendations.