



**Department  
of Health**

Medicaid  
Redesign Team

# Maternity

## Task Force Sub-team Meeting #2

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# Agenda

- Opening Remarks and Roll Call
- Changes to the 2017 VBP Quality Measure Sets for 2018
- Quality Measure Reporting Guidance for Measurement Year (MY) 2017
- Next Steps
- Appendix

# Opening Remarks and Roll Call

# Changes to the 2017 VBP Quality Measure Sets for 2018

# Maternity Arrangement Measure Set for 2018

- At the October 2017 VBP Workgroup meeting the committee approved 18 Category 1 and 2 quality measures (including both P4P and P4R Category 1 measures) for the 2018 Maternity Quality Measure Set.
- The following recommended changes to the Maternity VBP Quality Measure Set for 2018 are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and from other stakeholder groups.
  - Stakeholder Recommendations:

Measure Disposition	Rationale for Change	Count
Remove from Measure Set	Measure is being retired by steward	1
Unchanged between MY 2017 and MY 2018		17

- No additional recommended changes from VBP Workgroup on 10/2.

# Summary of Measure Set Changes from 2017 to 2018

## Maternity

Measure Name	Measure Steward	NQF Measure Identifier	MY17 Classification	MY18 Classification	Rationale for Change
Frequency of Ongoing Prenatal Care	NCQA	1391	Cat 1 P4P	Removed from Measure Set	Measure being retired by NCQA

# Quality Measure Reporting Guidance for MY 2017

# Measure Reporting Guidance

## Timing of VBP Measure List vs. VBP Reporting Guidance

	VBP Measure List Released	VBP Reporting Guidance Released	VBP Data Collected
MY 2017	Spring 2017	Fall 2017	Summer 2018
MY 2018	Fall 2017	Fall 2018	Summer 2019
MY 2019	Fall 2018	Fall 2019	Summer 2020



# MY 2017 Measure Reporting Guidance

- Category 1 Measures: VBP Contractors will be required to report all Category 1 measure data that the DOH has defined as reportable for MY 2017.
  - This will include only a subset of the Category 1 measures.
  - VBP Contractors: This will require no additional effort to satisfy reporting requirements.
  - MCOs: The Office of Quality and Patient Safety (OQPS) will be requesting attribution files from plans per VBP Arrangement to satisfy reporting requirements.
- Category 2 Measures: Plans and Providers **will not be required** to report any Category 2 measure data for MY 2017. Only **one** Category 2 measure will be required to be reported on in MY 2018.
  - For Plans and Providers: OQPS will be working closely with Pilots to create the infrastructure to address the implementation of measures with additional feasibility challenges beginning in January 2018.
- Details on MY 2017 Reporting Guidance to be provided by the end of October 2017.
- **Year-end VBP Reporting Guidance may differ from initial guidance.**

# MY 2017 VBP Pilots Quality Measure Reporting Guidance

## *Maternity, Category 1: Required to Report for MY 2017*

Measure Name	Steward/ Program	MY17 Classification
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	QARR	P4R
Prenatal & Postpartum Care (PPC)—Timeliness of Prenatal Care & Postpartum Visits	QARR	P4P

# MY 2017 VBP Pilots Quality Measure Reporting Guidance

*Maternity, Category 1: **NOT** Required to Report for MY 2017*

Measure Name	Steward/ Program	MY17 Classification
Contraceptive Care - Postpartum Women	CMS	P4R
C-Section for Nulliparous Singleton Term Vertex (NSTV)	TJC	P4R
Frequency of Ongoing Prenatal Care	QARR	P4P
Incidence of Episiotomy [% of Vaginal Deliveries With Episiotomy]	Christiana Care Health System	P4R
Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay	TJC	P4R
Percentage of preterm births.	NYS	P4R
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	P4R

# Measure Reporting Guidance for 2018: Attribution Files

- In order to create aggregated quality results *by VBP contractor*, the State will be requesting that Plans submit a modified version of NCQA's Patient Level Detail (PLD) file and/ or a separate Patient Attribution file\* along with provider and practice information.
  - Submission of the Advanced Primary Care (APC) Scorecard file\* will fulfill the PLD reporting requirement.
- The table below outlines the requirements for each arrangement:

VBP Arrangement	Required Attribution File(s)
TCGP/ IPC	APC Scorecard file
Maternity	Patient Attribution file
HARP	APC Scorecard file, Patient Attribution file
HIV/AIDS	APC Scorecard file, Patient Attribution file
MLTC	Patient Attribution file

\* The State will be publishing further guidance regarding these file formats later in October.

# Advanced Primary Care Scorecard Data File Use in VBP

- Leverages the Advanced Primary Care Scorecard Data Collection request:
  - Provide a modified version of NCQA's Patient Level Detail (PLD)
  - Add provider/ practice that the member was attributed to using the Plan's attribution methodology
- DOH will aggregate information across plans for full VBP Contractor and Arrangement view.
- Two options for reporting:
  - a) Should DOH add new columns to existing layout, or
  - b) Create separate VBP reporting file?

# Reporting Guidance: Patient Attribution File

## Attribution Methodology:

- **Maternity:** Include the provider/practice that was attributed to the member using your own plan's attribution methodology for all members included in the 2018 QARR Live Birth File.
- **HARP:** Include the provider/practice that was attributed to the member using your own plan's attribution methodology for all members included in the 2018 NCQA PLD File and NYS PLD file.
- **HIV/AIDS:** Include the provider/practice that was attributed to the member using your own plan's attribution methodology for all members included in the 2018 NCQA PLD File and NYS PLD file.

# Reporting Guidance: Provider Information

- The State intends to limit the reporting burdens for providers when submitting supplemental files for VBP. Therefore, the State is requesting the following:

## Required fields:

- Practice Tax ID#
- Physician NPI

## Optional Fields:

- PCMH Site ID#
- Practice Site ID#

# Next Steps



# Next Steps

- 2018 Quality Measure Guidance and Reporting:
  - 10/27/17 – VBP Workgroup Meeting
  - 10/31/17 – 2018 Official Reporting Requirements Released
- Upcoming Measure Feasibility Task Force Meetings:
  - November Sub-team Meetings – TBD
  - 12/7/17 – Measure Feasibility General Task Force Meeting #4

# Thank you!

*Please send questions and feedback to:*

[vbp@health.ny.gov](mailto:vbp@health.ny.gov)

# Appendix

# Maternity Care VBP Quality Measure Set

## Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Contraceptive Care – Postpartum Women	United States Office of Population Affairs	2902	Cat 1 P4R	
C-Section for Nulliparous Singleton Term Vertex (NSTV)	TJC	0471	Cat 1 P4R	
Frequency of Ongoing Prenatal Care	NCQA	1391	<del>Cat 1 P4P</del> Remove from Measure Set	Measure being retired by NCQA
Incidence of Episiotomy [% of Vaginal Deliveries With Episiotomy]	Christiana Care Health System	0470	Cat 1 P4R	
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	AHRQ	0278	Cat 1 P4R	
Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay	TJC	0480	Cat 1 P4R	
Percentage of Preterm Births.	NYS	Not endorsed	Cat 1 P4R	
Prenatal & Postpartum Care (PPC) —Timeliness of Prenatal Care & Postpartum Visits	NCQA	1517 (lost endorsement)	Cat 1 P4P	
<sup>IPC</sup> Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	0418	Cat 1 P4R	

<sup>IPC</sup> Measure is also part of TCGP/ IPC Measure Set

**Red:** Indicates proposed change to measure

**Acronyms:** TJC: The Joint Commission, NCQA: National Committee for Quality Assurance, AHRQ: Agency for Healthcare Research and Quality, CMS: Centers for Medicare and Medicaid Services

# Maternity Care VBP Quality Measure Set

## Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Antenatal Hydroxyprogesterone	Texas Maternity Bundle	Not endorsed	Cat 2	
Antenatal Steroids	TJC	0476	Cat 2	
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	HCA	0473	Cat 2	
Experience of Mother With Pregnancy Care	-	Not endorsed	Cat 2	
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	CDC	0475	Cat 2	
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)	Massachusetts General Hospital	1746	Cat 2	
Monitoring and Reporting of NICU Referral Rates	-	Not endorsed	Cat 2	
Postpartum Blood Pressure Monitoring	Texas Maternity Bundle	Not endorsed	Cat 2	
Vaginal Births after Cesarean Section [Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated]	NYS OQPS	Not endorsed	Cat 2	

*IPC Measure is also part of TCGP/ IPC Measure Set*

*Red: Indicates proposed change to measure*

**Acronyms:** TJC: The Joint Commission, HCA: Hospital Corporation of America, CDC: Centers for Disease Control and Prevention, OQPS: Office of Quality and Patient Safety