



**Department
of Health**

Medicaid Advantage Plus

Value Based Payment Quality Measure Set
Measurement Year 2020

March 2020

NYS Medicaid Value Based Payment



The measurement year (MY) 2020 value based payment (VBP) quality measure set for Medicaid Advantage Plus (MAP) was created in collaboration with the Managed Long Term Care (MLTC) Clinical Advisory Group (CAG), a Sub-team empaneled by the CAG to discuss VBP approaches and quality measures for Medicaid Advantage Plus (MAP), Programs of All-Inclusive Care for the Elderly (PACE), and the New York State (NYS) VBP Workgroup.

The primary and preventive care measures in Table 1 are currently in the MAP quality frameworks with the Centers for Medicare and Medicaid Services (CMS) and overlap with other VBP measure sets including Integrated Primary Care (IPC) and Total Care for the General Population (TCGP). The classification for these measures for MY 2020 is P4R in order to incentivize appropriate data collection and establish measure use. Plans are required to report on the P4R measures for plan-provider (“VBP Contractor”) combinations.

In addition to the measures listed in Table 1, the current list of recommended Category 1 and Category 2 VBP MLTC measures for MAP Plans for MY 2020 can be used for VBP contracts for MAP. The MAP Category 1 measures are considered valid and feasible for use in VBP MAP contracts and are listed below in Table 2. Category 2 measures, listed in Table 3, are also considered valid but may warrant additional implementation effort stemming from feasibility issues. Nearly all of the recommended VBP measures for MAP Plans have been selected from the MLTC Quality Incentive and the Nursing Home Quality Initiative measure sets.

MEASURE CLASSIFICATION

Based on Sub-team recommendations and feedback from MAP Plans and PACE Organizations, the State developed quality measure sets specific to MAP and PACE to reflect the unique components of these plans. The measures specifically recommended for MAP Plan use are listed in Table 1. MAP plans may also use the measures from the recommended VBP measure set for MLTC partial plans.

Category 1

Category 1 quality measures as identified by the MLTC CAG and accepted by the State are determined to be clinically relevant, reliable and valid, and also feasible for use by VBP Contractors. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors are eligible.¹

The State has further 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. 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 MLTC plans to incentivize VBP Contractors to report data on the quality of care delivered to members under a VBP contract. Incentive payments for reporting will be based on the timeliness, accuracy, and completeness of data submitted. Measures can be reclassified from P4R to P4P through annual CAG and State review, or by the MLTC plan and VBP Contractor.

¹ New York State Department of Health, Medicaid Redesign Team, A Path toward Value Based Payment: Annual Update, September 2019 ([Link](#))



Categories 2 and 3

Category 2 measures have been accepted by the State based on agreement of measure importance, validity, and reliability, but present implementation feasibility concerns. These measures will be further investigated with VBP program participants.

Measures designated as Category 3 were identified as unfeasible at this time, or presented additional concerns including accuracy or reliability when applied to the attributed member population for the MLTC VBP Arrangement.

MEASUREMENT YEAR 2020 MEASURE SET

The measures and classifications provided on the following pages are recommendations for MY 2020. Note that measure classification is a State recommendation. MLTC plans and VBP Contractors can choose the measures they want to link to payment, and how they want to pay them (P4P or P4R) in their specific contracts. However, one measure recommended for VBP must be used as a P4P measure in VBP contracts.

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 2020, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY 2021.



VBP Quality Measures for MAP Plans

Table 1 displays the primary and preventive care measures recommended for use by MAP plans and includes measure title, measure steward and/or other measure identifier (where applicable), and State determined classification for measure use. These measures are classified as P4R for MY 2020 and must be reported to the State by the plans for their VBP Contractors.

Table 1: Primary and Preventive Care Measures

Measures	Measure Source/ Steward	Measure Identifier	Classification
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed*	NCQA/ HEDIS	NQF 0055	P4R
Comprehensive Diabetes Care: Medical Attention for Nephropathy*	NCQA/ HEDIS	NQF 0062	P4R
Colorectal Cancer Screening *	NCQA/ HEDIS	NQF 0034	P4R
Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment*	NCQA/ HEDIS	NQF 0105	P4R
Follow-up After Hospitalization for Mental Illness^	NCQA/ HEDIS	NQF 0576	P4R
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment *	NCQA/ HEDIS	NQF 0004	P4R

* Included in the IPC/TCGP measure set

^ Included in the Health and Recovery Plan (HARP) measure set

Acronyms: NCQA denotes the National Committee for Quality Assurance; HEDIS denotes the Healthcare Effectiveness Data and Information Set; NQF denotes National Quality Forum



Category 1 VBP Quality Measures for MAP Plans

Table 2 displays the complete Category 1 MLTC VBP Measure Set for MAP Plans and includes measure title, measure steward and/or other measure identifier (where applicable), and State determined classification for measure use. All Category 1 measures for use in MAP Plans are classified as P4P for MY 2020. Note: Additions are in **blue**; deletions are in **red** strikethrough.

Table 2: Category 1 VBP Quality Measures for MAP and PACE

Measures	Measure Source/ Steward	Classification
Percentage of members who did not have an emergency room visit in the last 90 days*	UAS – NY/New York State+	P4P
Percentage of members who did not have falls resulting in medical intervention in the last 90 days	UAS – NY/New York State	P4P
Percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days*	UAS – NY/ New York State	P4P
Percentage of members who received an influenza vaccination in the last year*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in pain intensity*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in urinary continence*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in shortness of breath*	UAS – NY/ New York State	P4P



Measures	Measure Source/ Steward	Classification
Percentage of members who did not experience uncontrolled pain*	UAS – NY/ New York State	P4P
Percentage of members who were not lonely or not distressed*	UAS – NY/ New York State	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection*	UAS – NY/ New York State with linkage to SPARCS data	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection†	MDS 3.0/ New York State with linkage to SPARCS data	P4P

* Included in the NYS DOH MLTC Quality Incentive measure set

† Included in the NYS DOH Nursing Home Quality Initiative measure set

Acronyms: UAS – NY denotes the Uniform Assessment System for New York for MLTC members; SPARCS denotes the Statewide Planning and Research Cooperative System; MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members

Category 2: VBP Quality Measures for MAP Plans

Table 3 displays the complete Category 2 MLTC VBP Measure set for MAP Plans and includes measure title, measure steward and/or other measure identifier (where applicable), and the recommended measure use classification.

Table 3: Category 2 VBP Quality Measures for MAP and PACE

Measures	Measure Source/ Steward	Classification
Percent of long stay high risk residents with pressure ulcers [‡]	MDS 3.0/CMS	P4P
Percent of long stay residents who received the pneumococcal vaccine [‡]	MDS 3.0/CMS	P4P
Percent of long stay residents who received the seasonal influenza vaccine [‡]	MDS 3.0/CMS	P4P
Percent of long stay residents experiencing one or more falls with major injury [‡]	MDS 3.0/CMS	P4P
Percent of long stay residents who lose too much weight [‡]	MDS 3.0/CMS	P4P
Percent of long stay residents with a urinary tract infection [‡]	MDS 3.0/CMS	P4P
Care for Older Adults – Medication Review	NCQA	P4R
Use of High–Risk Medications in the Elderly	NCQA	P4R
Percent of long stay low risk residents who lose control of their bowel or bladder [‡]	MDS 3.0/CMS	P4P
Percent of long stay residents whose need for help with daily activities has increased [‡]	MDS 3.0/CMS	P4P
Percentage of members who rated the quality of home health aide or personal care aide services within the last 6 months as good or excellent [*]	MLTC Survey/New York State	P4R



Measures	Measure Source/ Steward	Classification
Percentage of members who responded that they were usually or always involved in making decisions about their plan of care*	MLTC Survey/New York State	P4R
Percentage of members who reported that within the last 6 months the home health aide or personal care aide services were always or usually on time*	MLTC Survey/New York State	P4R
Percent of long stay residents who have depressive symptoms‡	MDS 3.0/CMS	P4P
Percent of long stay residents with dementia who received an antipsychotic medication‡	MDS 3.0/Pharmacy Quality Alliance	P4P
Percent of long stay residents who self-report moderate to severe pain‡	MDS 3.0/CMS	P4P

‡ Included in the NYS DOH Nursing Home Quality Initiative measure set

* Included in the NYS DOH MLTC Quality Incentive measure set

Acronyms: MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members; CMS denotes the Centers for Medicare and Medicaid Services; NCQA denotes the National Committee for Quality Assurance