



**Department  
of Health**

# Health and Recovery Plan (HARP)

Value Based Payment Quality Measure Set  
Measurement Year 2021





## INTRODUCTION

The Measurement Year (MY) 2021 Health and Recovery Plan (HARP) Quality Measure Set was created in collaboration with the Behavioral Health/HARP Clinical Advisory Group (CAG), as well as the New York State (NYS) Value Based Payment (VBP) Workgroup. The goal of this measure set is to align with measures sets put forth in the Delivery System Reform Incentive Payment (DSRIP) Program, for the Quality Assurance Reporting Requirements (QARR), and the Merit-based Incentive Payment System (MIPS), where applicable. The HARP measure set was designed to encourage providers to meet high standards of patient-centered clinical care and coordination across multiple care settings for the HARP population.

## MEASURE SELECTION AND FEASIBILITY

During the spring and summer of 2020, the Behavioral Health/HARP 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), 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 MY2021. For MY2021, two measures have been removed, two measure specifications have changed, and one measure has been added as a replacement, culminating in a total of thirty-seven Category 1 and 2 HARP 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)).

### 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.



## 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.

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 or vice versa 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* (MY2021) 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 has discussed measure testing approaches, data collection, and reporting requirements 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, therefore Category 3 measures are not included in the measure set.

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



## MY2021 HARP QUALITY MEASURE SET

The measures and State-determined classifications provided on the following pages are recommendations for MY2021. 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/or reclassifications from P4R to P4P or vice versa, based on experience with measure implementation in the prior year. During 2021, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY2022. 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 MY2021 Behavioral Health/HARP 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. The measure set is redlined to highlight changes made between MY2020 and MY2021, please refer to the key at the end of this table for an explanation of redlined formatting.

Behavioral Health/HARP Measures	Measure Steward	Measure Identifier	Classification
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Centers for Medicare & Medicaid Services (CMS)	NQF 1879	P4P
Asthma Medication Ratio	National Committee for Quality Assurance (NCQA)	NQF 1800	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Chlamydia Screening in Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P
Completion of Home and Community Based Services Annual Needs Assessment	NYS		P4P
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P
<del>Comprehensive Diabetes Care: Medical Attention for Nephropathy*</del>	<del>NCQA</del>	<del>NQF 0062</del>	<del>P4P</del>



Behavioral Health/HARP Measures	Measure Steward	Measure Identifier	Classification
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
Employed, Seeking Employment or Enrolled in a Formal Education Program	NYS	-	P4R
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	NQF 2605	P4P
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	P4P
Follow-Up After High-Intensity Care for Substance Use Disorder	NCQA		P4P
Follow-Up After Hospitalization for Mental Illness**	NCQA	NQF 0576	P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	-	P4P
Kidney Health Evaluation for Patients With Diabetes (KED)^A	NCQA		P4R
Medication Management for People with Asthma*	NCQA	NQF 1799	P4P
No Arrests in the Past Year	NYS	-	P4R
Percentage of Members Enrolled in a Health Home	NYS	-	P4R



Behavioral Health/HARP Measures	Measure Steward	Measure Identifier	Classification
Pharmacotherapy for Opioid Use Disorder	NCQA	NQF 3175	P4P
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS	-	P4P
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
Stable Housing Status	NYS	-	P4R
<del>Statin Therapy for Patients with Cardiovascular Disease**</del>	<del>NCQA</del>	<del>-</del>	<del>P4R</del>
Use of Pharmacotherapy for Alcohol Abuse or Dependence	NYS	-	P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	NQF 0577	P4R

~~\* Measure removed from HEDIS 2021 Measure Set~~

~~\*\* Measure specifications changed by NCQA for 2021 Measure set~~

~~^^ Removing and replacing measure with HEDIS 2021 measure~~

~~^^ Replacement HEDIS measure – first year measure~~





**CATEGORY 2**

The table below displays the Category 2 MY2021 Behavioral Health/HARP 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 MY2021. There are no changes in CAT2 measures between MY2020 and MY2021.

BEHAVIORAL HEALTH/HARP Measures	Measure Steward	Measure Identifier
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	NQF 1880
Asthma Action Plan	American Academy of Allergy, Asthma & Immunology (AAAAI)	-
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	-
Asthma: Spirometry Evaluation	AAAAI	-
Continuing Engagement in Treatment Alcohol and Other Drug Dependence	NYS	-
Mental Health Engagement in Care 30 Days	NYS	-
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)	NYS	-
Use of Opioid Dependence Pharmacotherapy	NYS	-



# Appendix A



The table below identifies the changes to the Category 1 measures for the MY2021 Behavioral Health/HARP Quality Measure Set.

**Category 1 Measure Changes from 2020 to 2021**

Measure Name	Change	Rationale for Change
Comprehensive Diabetes Care: Medical Attention for Nephropathy	Removed	Measure removed from HEDIS 2021 Measure Set
Follow-Up After Hospitalization for Mental Illness	Changed	Measure specifications changed by NCQA for 2021 Measure set
Kidney Health Evaluation for Patients With Diabetes (KED)	Added	Replacement HEDIS measure – first year measure
Medication Management for People with Asthma	Removed	Measure removed from HEDIS 2021 Measure Set
Statin Therapy for Patients with Cardiovascular Disease	Changed	Measure specifications changed by NCQA for 2021 Measure set