

Measure Review Request: Medicaid Advantage Plus and Fully Integrated Dual Advantage Plans

New York State is considering the quality measures in Table 1 for use in value based payment (VBP) for measurement year (MY) 2018 for Medicaid Advantage Plus (MAP) and Fully Integrated Duals Advantage (FIDA) plans. These measures would be recommended for use in contractual VBP arrangements with providers ("VBP Contractors") and be required to be reported to New York State on an annual basis. These measures are being considered because they are currently in the MAP and FIDA quality framework with the Centers for Medicare and Medicaid Services (CMS) and they overlap with other VBP measure sets including Integrated Primary Care (IPC) and Total Care for the General Population (TCGP). To assist the Office of Quality and Patient Safety (OQPS) in its measure feasibility determination, please review the measures in Table 1 and send any comments by **December 22, 2017** to MLTCVBP@health.ny.gov.

Please note that for the first year, the recommended classification for these measures would be pay-for-reporting (P4R) in order to incentivize appropriate data collection and establish measure use. Plans and VBP Contractors may select among recommended measures and opt to use measures as either P4R or as pay-for-performance (P4P) per the terms of their specific contracts.

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 |

* Overlaps with IPC/TCGP measure sets

^ Overlaps with 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

In addition to the measures listed in Table 1, the current list of recommended Category 1 and Category 2 VBP

MLTC measures for partially capitated MLTC plans for MY 2018 can be used for VBP contracts for MAP and FIDA. The MLTC partially capitated Category 1 measures are considered valid and feasible for use in VBP MAP and FIDA contracts and are listed below in Table 2. Category 2 measures are also considered valid but may warrant additional implementation effort stemming from feasibility issues. The list of Category 2 measures for partially capitated MLTC plans can be located in the VBP Quality Measure folder in the VBP Resource Library ([Link](#)). Nearly all of the recommended VBP measures for partially capitated MLTC plans have been selected from the MLTC Quality Incentive and the Nursing Home Quality Initiative measure sets, and are not subject to public comment at this time.

Table 2: Category 1 VBP Quality Measures for Partially Capitated MLTC Plans

| 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 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 |



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| Percentage of members who did not experience uncontrolled pain [*] | UAS – NY/ New York State | P4P |
| Percentage of members who were not lonely and 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