NEW YORK STATE OF OPPORTUNITY. | Department of Health

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

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* 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

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

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[*] 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