



**Department
of Health**

VBP Workgroup Meeting

Wednesday, December 11th, 2019 | 10:30 AM – 3:30 PM

One Commerce Plaza, 16th floor, Conference Room 1613

Agenda

Topic	Schedule
Intro/Overview of Agenda	10:30 am -10:45 am
Brief Recap of NYS' Medicaid Section 1115 Waiver	10:45 am -11:00 am
VBP Progress Update	11:00 am – 11:15 am
Roundtable Discussion on Key Areas of VBP Implementation to Date <ul style="list-style-type: none"> • Quality Measurement • Provider Network Integration 	11:15 am – 12:45 pm
Break	12:45 pm - 1:15 pm
Continued Discussion on VBP Implementation to Date <ul style="list-style-type: none"> • Target Budget Setting & Risk Arrangements • Social Determinants of Health & CBO Engagement 	1:15 pm - 2:45 pm
2020 VBP Quality Measure Recommendations	2:45 pm - 3:30 pm

Moving to Value-Based Care

Brief Recap of New York's Medicaid Section 1115 Waiver

10:45 am – 11:00 am

Moving to Value-Based Care

Goals of Waiver Request

- Building on the successes of the current waiver through focus on promising practices that work
- Building networks that include non-clinical partners to further the goals of improving care
- Focusing on the needs of the whole person by addressing social determinants of health
- Advance VBP adoption through increasing the number of risk-bearing, value-based contracts among Managed Care Organizations (MCOs), providers, and Community-Based Organizations (CBOs)

Waiver Design Elements

- Phase I:
 - Continue to promote and scale promising practices through existing PPS structure
- Phase II:
 - Implement Value Management Organizations (VMOs)
 - Implement Social Determinant of Health Networks (SDHN)
 - Establish VBP Incentive Pool to support “deepening” of VBP arrangements

VBP Incentive Pool

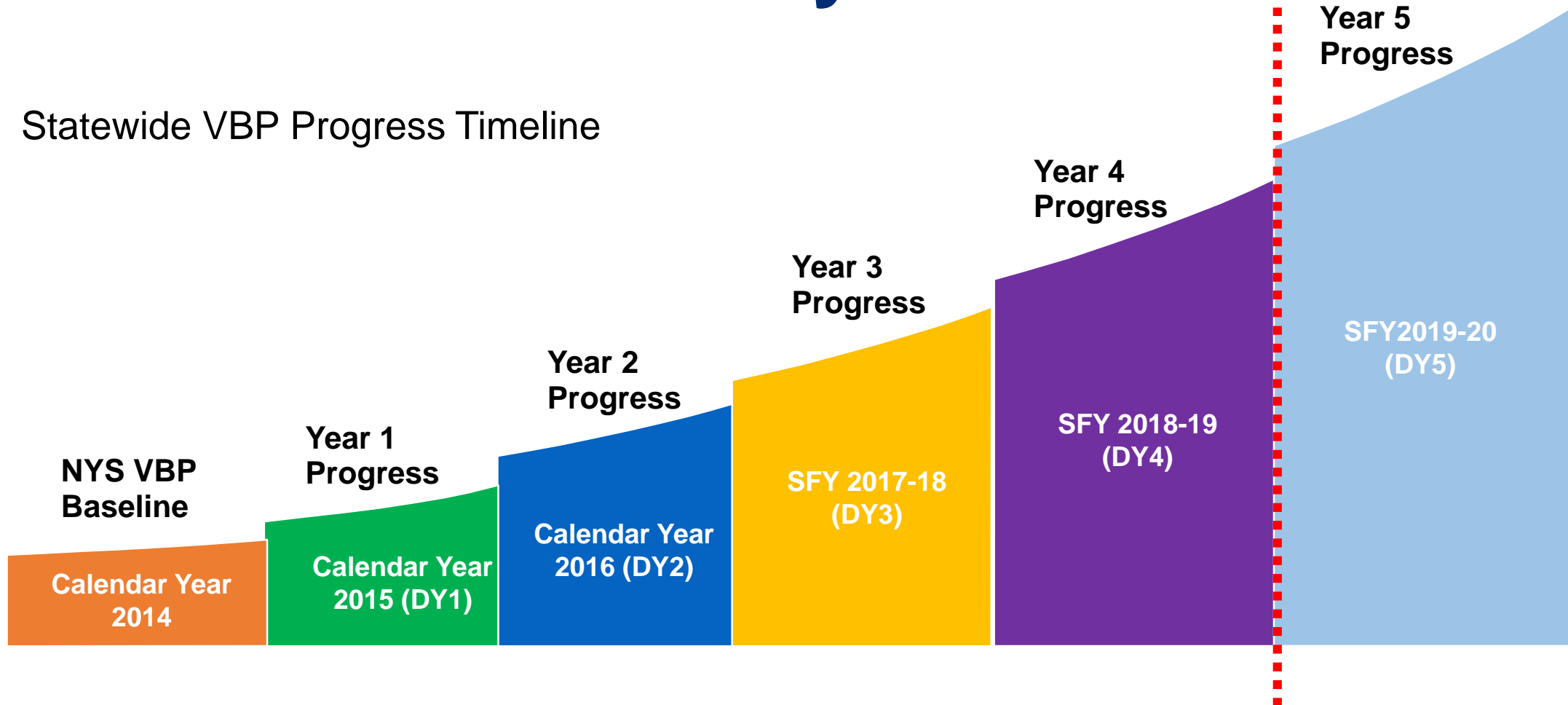
- VBP Incentive Pool will fund “Eligible VBP Agreements”
- Eligible VBP Agreements will be new agreements or amendments to existing agreements with the following features:
 - **Quality Reporting:** Quality measures and reporting consistent with VMO priorities
 - **Network Composition:** Provider network in the arrangement is appropriately inclusive of VMO-affiliated providers to serve the needs of Medicaid members in the arrangement
 - **Risk Arrangement:** Level 2 or greater risk
 - **Financial Risk Management:** Strategy to address financial security deposit requirements
 - **Data-Sharing:** Minimum data exchange and sharing between MCO and providers
 - **Meaningful Participation:** MCO must participate meaningfully in one or more VMOs in the region
 - **VMO Support Services:** VMO will furnish ongoing support or administrative services to VBP arrangement

VBP Progress Update

11:00 am – 11:15 am

VBP Reform Survey Goals

Statewide VBP Progress Timeline

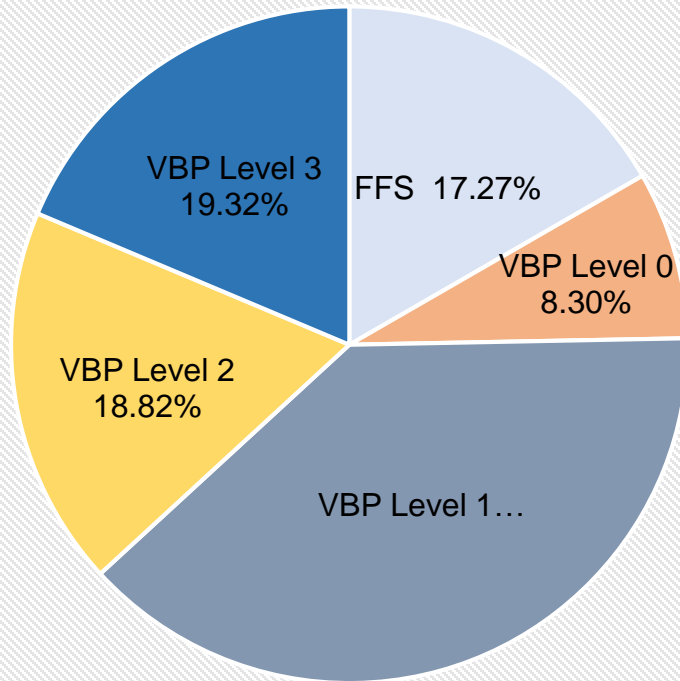


VBPTR MCO Survey

- Measures statewide progress towards the overall **80-90% VBP Goal** including **35%** of expenditure in VBP Levels 2 or higher for fully capitated and **15%** in Level 2 or higher for partially capitated.
- 2019 Specific Goals:
 - Fully Capitated and Not Fully Capitated Expenditure: 50% of total MCO spending in Level 1 or higher
 - Fully Capitated Expenditure: 15% in Level 2 or higher

Overview of Results thru 3/31/2019 (across all Medicaid MC Lines of Business*)

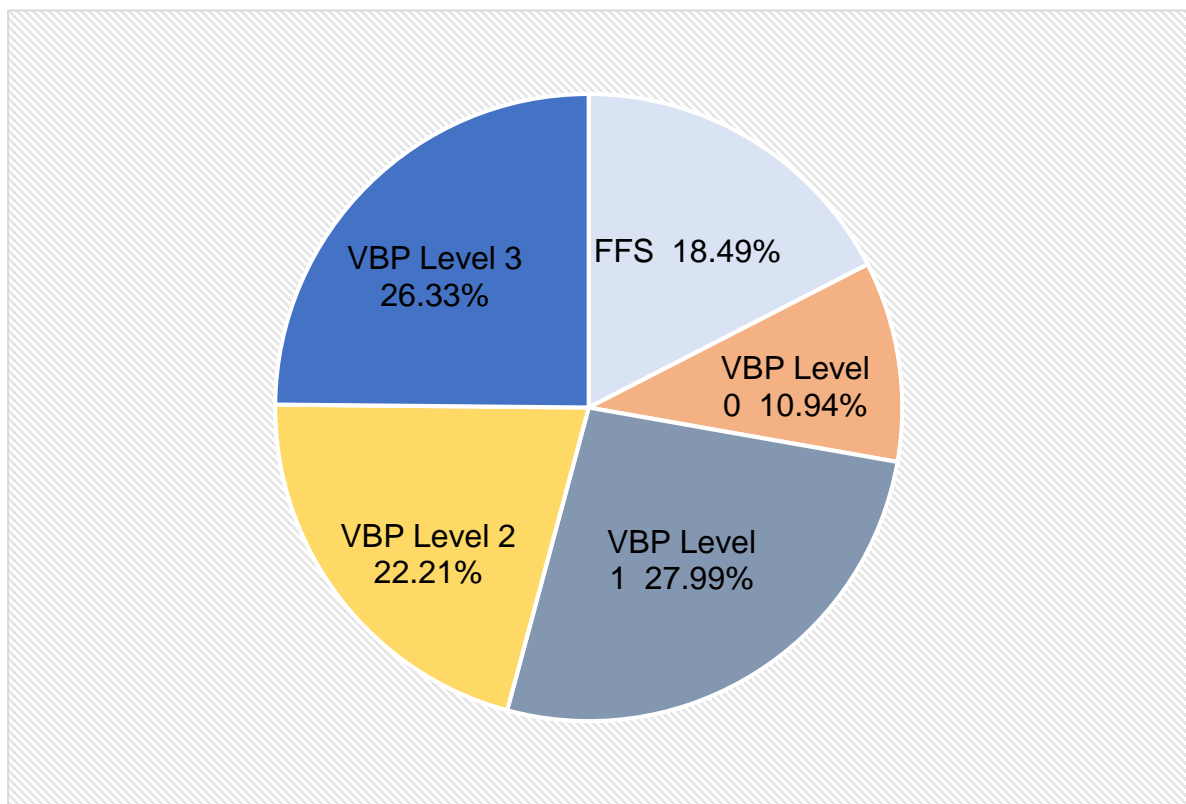
Current Overall VBP Progress: ~ **74%**



TOTAL MA \$	\$32,849,406,773	
FFS	\$5,673,256,803	17.27%
VBP0	\$2,726,388,492	8.30%
<i>Level 0/Quality Only</i>	\$2,379,999,921	7.25%
<i>Level 0/ Cost Only</i>	\$346,388,571	1.05%
VBP1	\$13,088,722,486	39.84%
VBP2	\$5,604,971,962	18.82%
VBP3	\$5,756,067,033	19.32%
Level 1-3	\$24,449,761,481	74.43%

Includes all Mainstream and LTC Lines of Business

Overview of Results thru 3/31/19 – (Fully Capitated*)



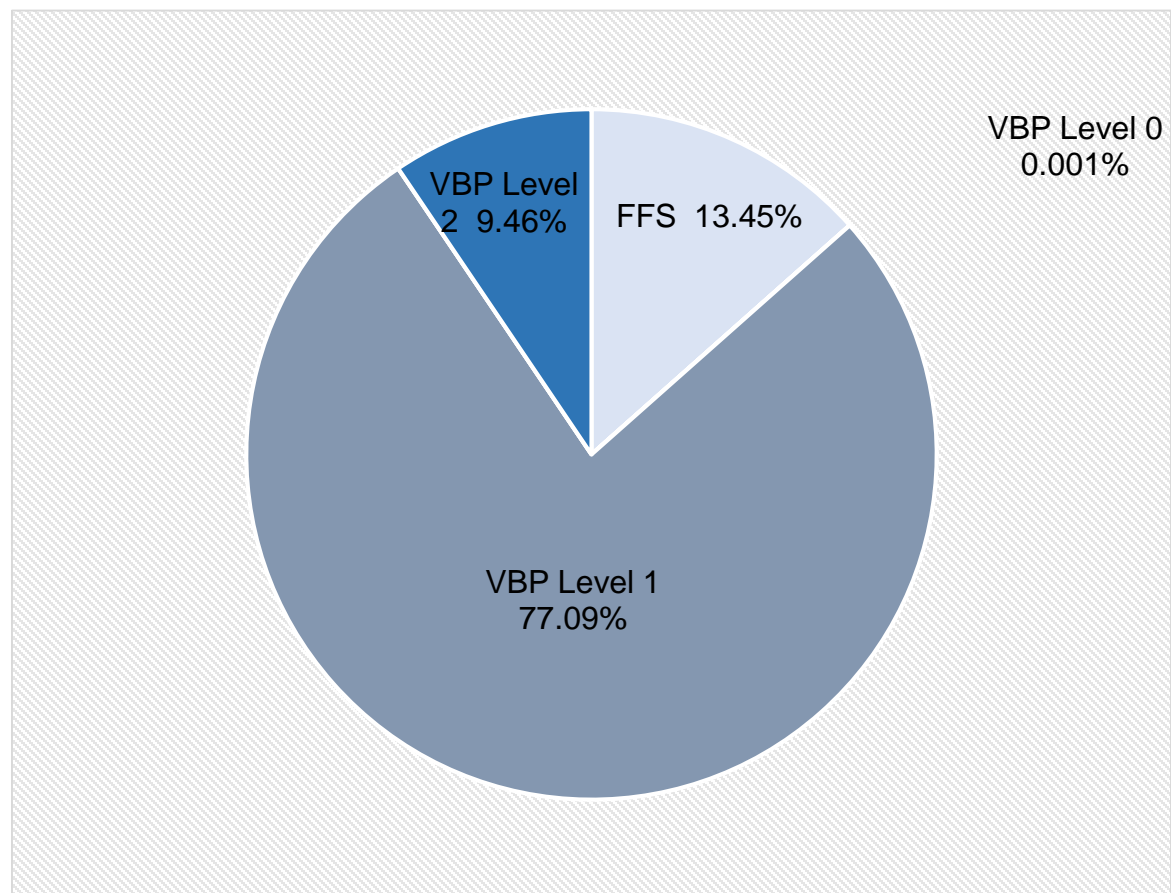
Includes fully intergraded LOB's: Medicaid, HARP, SNP, MA, MAP, PACE, FIDA

Current Overall VBP Progress: ~ **70%**

TOTAL MA \$	\$24,919,012,641	
FFS	\$4,606,727,482	18.49%
VBP0	\$2,726,303,140	10.94%
<i>Level 0/Quality Only</i>	<i>\$2,379,914,569</i>	<i>9.55%</i>
<i>Level 0/ Cost Only</i>	<i>\$346,388,571</i>	<i>1.39%</i>
VBP1	\$6,974,892,082	27.99%
VBP2	\$4,855,022,903	22.21%
VBP3	\$5,756,067,033	26.33%
Level 1-3	\$17,585,982,018	70.57%

Overview of Results thru 3/31/19 – (Partial Capitation*)

Current Overall VBP: ~ **86%**



Includes Partial Capitation LTC only

TOTAL MLTC \$	\$7,930,394,133	
FFS	\$1,066,529,321	13.45%
VBP0	\$85,352	0.00%
<i>Level 0/Quality Only</i>	\$85,352	0.00%
<i>Level 0/ Cost Only</i>	\$0	0.00%
VBP1	\$6,113,830,404	77.09%
VBP2	\$749,949,058	9.46%
VBP3	\$0	0.00%
Level 1-3	\$6,863,779,463	86.55%

Roundtable Discussion

Discuss Key Areas of VBP Implementation to Date

11:15 am – 2:45 pm

VBP Workgroup Guest Participants

- *Colleen Schmidt, President & CEO, Molina Healthcare*
- *Dr. David Ackman, Chief Medical Officer, HealthPlus*
- *Nandita Bali, Strategy and Program Development Director, HealthPlus*
- *Josephine Frisari, AVP, Quality and Performance Improvement, Elderplan*
- *Richard Tuten, CEO, Coordinated Behavioral Health Services (CBHS) IPA*
- *Karen Ashline, Associate Vice President of Operations, Adirondacks ACO*
- *Mark Cronin, COO, Accountable Health Partners (AHP)*

Roundtable Discussion Topics

1. Quality Measurement
2. Provider Network Integration
3. Target Budget Setting & Risk
4. Social Determinants of Health & CBO Engagement

Quality Measurement

Facilitation Questions

- How are you selecting which measures to utilize/how are you aligning measures to the populations?
- How have quality measure requirements impacted relationships between the MCO and PCP led and non-PCP provider groups?
- What challenges exist in moving the needle on selected quality measures? (For ex. specific providers are not incentive because they are not in the VBP network)
- Are there progressive measures, currently not used, that you and any of your provider partners want to explore?

Data

- What data do you share/ receive to understand quality measure performance?
- What standardized approaches to data sharing would you recommend to support quality improvement?

Provider Network Integration

Facilitation Questions

- How has provider level integration (ex. between PCP and behavioral health) evolved within your VBP arrangements?
- What barriers exist that impede integration/coordination across provider types?
- What successes can you share that facilitated provider level integration (ex. primary care and specialist care/behavioral health) within a VBP arrangement?
- How are you thinking about structuring shared savings/risk distribution to providers other than the lead VBP contractor or (non-PCP led providers) especially when non-primary care centric measures improve?

Data

- What approaches would you recommend to facilitate provider level integration within VBP arrangements, and models where savings/risk can be shared more broadly?

BREAK

12:45 pm – 1:15 pm

Target Budget Setting & Risk Arrangements

Facilitation Questions

- How has target budget setting evolved since your organization's initial transition to VBP?
- How are you thinking about potentially transitioning arrangements to risk?
- What are barriers to transitioning VBP arrangements to risk?
- What successes can you share that have supported the transition of Level 1 arrangements to Level 2/3?

Data

- What data do you receive/provide when setting a target budget/MLR, and when do you receive/provide the data?
- What data do you receive/provide to understand how the arrangement is trending toward the target budget?
- What standardized approaches to data sharing would you recommend to support MCO/provider performance?

Social Determinants of Health & CBO Engagement

Updates

- I. CBO Engagement Survey 2.0
- II. SDH Intervention Template
- III. Approved Arrangements
- IV. Intervention progress and reporting

CBO Directory and Engagement Survey

The new survey asks for feedback from community based organizations (CBOs) and creates a CBO Directory to increase collaboration and engagement. The directory includes services that are provided to address social determinants of health (SDH) for Medicaid members.

- **Total Responses:**

- 446 – survey released 9/15/19

- **CBO Tier Designation:**

- Tier 1: 43%
- Tier 2: 10%
- Tier 3: 42%

- **Have you met with a MCO/VBP Contractor to determine your role in VBP?**

- 42%- Have met with an MCO and VBP Contractor
- 23%- Currently participating in an SDH Intervention to support a VBP arrangement

- CBO Directory updated bi-weekly and posted on www.health.ny.gov/mrt/sdh

44% report being a member of a legally formed CBO IPA, Network, Consortium, HUB

SDH Intervention Template



SOCIAL DETERMINANT OF HEALTH INTERVENTION AND COMMUNITY BASED ORGANIZATION CONTRACTING TEMPLATE

This template is required for reporting for Medicaid Managed Care Value Based Payment (VBP) contracting for Social Determinants of Health (SDH) and Community Based Organization Requirements. The Report must be submitted by the VBP contractor or CBO to Medicaid Managed Care Organization(s) (MCO) as part of the MCO-CBO contracting process. MCOs must include this template and a copy of the executed contract with a CBO with all Medicaid Value Based Payment Level 2 or Level 3 contract submissions to DOH.

A. Social Determinant of Health Requirement:

1. MCO/VBP Contractor Name and Contact Information

[Click here to enter text.](#)

2. Name of Entity(ies) Implementing the SDH Intervention (including any community based organizations)

[Click here to enter text.](#)

3. SDH Intervention Detailed Description

[Click here to enter text.](#)

4. Project Scope

[Click here to enter text.](#)

5. Geographic Location(s)

[Click here to enter text.](#)

6. Need Assessment and Estimated Volume (i.e. how has the intervention been deemed necessary for the targeted population; projected number of people to be served)

[Click here to enter text.](#)



7. Targeting and Evaluation (i.e. How will the intervention target a specific population, how will the intervention be evaluated, what are the measures of success.)

[Click here to enter text.](#)

8. Implementation and Timeline

[Click here to enter text.](#)

9. SDH Intervention Funding

- Providers (or CBOs) implementing SDH interventions in Level 2 or 3 arrangements shall receive a funding advance (investment or seed money). Please provide a brief overview of the funding advance to include the intent of the funding¹.
- Describe the payment structure to the CBO or provider.
- How will utilization of SDH funds be reported to the MCO?

B. Contract with Tier 1 CBO Requirement:

Please submit a copy of the executed contract with MCO or VBP contractor and CBO. If the Tier 1 CBO is subcontracted through a Tier 2 or 3 CBO, please include the subcontract.

1. Name of Contracted CBO and Contact Information (if different from Q2.)

[Click here to enter text.](#)

2. CBO Contract Term:

[Click here to enter text.](#)

3. CBO Service(s) Provided (including direct services and referrals)

[Click here to enter text.](#)

Value-Based Payment Arrangements

DOH has approved 100 SDH interventions and CBO contracts

- Mainstream Managed Care – 67 contracts
- Managed Long Term Care – 22 contracts
- Programs of All-Inclusive Care for the Elderly – 11 contracts

A list of approved interventions are posted on the SDH CBO website:

www.health.ny.gov/mrt/sdh

**MMC/PACE Roadmap requirement started 1/1/18 and MLTC started 4/1/19*

SDH/CBO Progress

Intervention Status Report Template



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MCO Name:	MCO Contact Person:
VBP Contractor Name:	
Entity that implements SDH Intervention:	
(CBO, VBP Contractor, Provider w/in VBP arrangement)	
If the entity that implements the SDH intervention is a CBO, is the CBO Tier 1? Yes_____ No_____	
SDH Intervention Launch Date:	Report Date:

1. Provide a brief description of your approved VBP SDH intervention.

(Include design, scope, target population and estimated volume, geographic location)

[Click here to enter text.](#)

2. Explain a measurable reason why the SDH intervention was chosen.

(For example, results of a community need assessment, SDH screening efforts, etc.)

[Click here to enter text.](#)

3. Explain the performance metrics used to track the intervention's success.

(Include why the metrics were chosen, how the metrics were tracked and reported back to the MCO, and actual outcomes per each metric)

[Click here to enter text.](#)

4. Attach the evaluation report or analysis conducted on the approved SDH intervention.

(For example, pre and post analysis of performance metrics, cost benefit analysis, comparison group analysis, etc.)

[Click here to enter text.](#)



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5. Report on utilization of the “funding advance” that entities implementing the SDH intervention received from MCOs in Level 2 and 3 arrangements.

(Include the amount of the funding advance and description of funding advance utilization. Also include total funding for the intervention to date, and description of how the provider is reimbursed (services rendered, quality bonus, pay for performance etc.)

[Click here to enter text.](#)

6. Please complete the information below for each of your approved VBP SDH interventions.

Health Plan	VBP Contractor	VBP Level	# of Attributed Members	# of Members Impacted/Served to Date by this VBP SDH Intervention	**Funding Advance (seed-money) for SDH Intervention (\$)	**Level of Funding to Date for SDH Intervention (including funding advance) (\$)
<i>Example: ABC Health Plan</i>	<i>Healthy People IPA</i>	<i>Level 2</i>	<i>62,000</i>	<i>950</i>	<i>\$10,000</i>	<i>\$65,550</i>

**MCOs are required to provide financial incentive, including advance funding (seed money) to the provider implementing the SDH intervention. The expenses for any approved SDH intervention as part of VBP arrangement, for which the MCO is making the investment, should be included under 'Other Medical' on MMCOR.

7. Please share any best practice(s) developed in relation to how this intervention was designed, implemented, and marketed to network partners and health plan members.

[Click here to enter text.](#)

Do you give DOH permission to share high level description of your SDH intervention, which may include names of entities implementing the intervention? YES___ NO___

Preliminary Results

➤ Reporting Period:

- Contracts approved between 1/1/18 and 3/31/19
- **72** SDH intervention status reports requested
- **59** SDH intervention status reports received
- **41** SDH intervention status reports completed

➤ Target Members:

- ~ 7,254 Medicaid members impacted from the 41 complete submissions

➤ Total Spending Level:

- \$1,035,679.50 spent to date from the 41 complete submissions

➤ SDH Interventions:

- Food Security (including medically tailored meals, prescription food pharmacy, fresh fruits and vegetables vouchers)
- Housing location services, application, interview assistance, tenancy sustaining services
- Developmental Screening and referral service for 3 yr. olds
- Asthma mitigation home visiting program
- Peer lead chronic condition self-management classes
- Outreach and engagement of disengaged members
- SDH screening and referral services based on needs identified
- Neighborhood built project educational classes and farmers market initiative

Social Determinants of Health & CBO Engagement

Facilitation Questions

- How has the requirement to include an SDH intervention and engage a Tier 1 CBO impacted VBP arrangements and the partnerships that support them?
- What are barriers to including SDH interventions & CBOs in contracts?
- What approaches would you recommend to improve the impact of SDH interventions and strengthen the role of CBOs?

Data

- How is data currently being shared with CBOs to support their efforts within the VBP arrangement?
- What approaches would improve data exchange between CBOs and MCO/provider partners to strengthen and support the role of CBOs?

2020 VBP Quality Measure Recommendations

2:45 pm – 3:30 pm

Overview

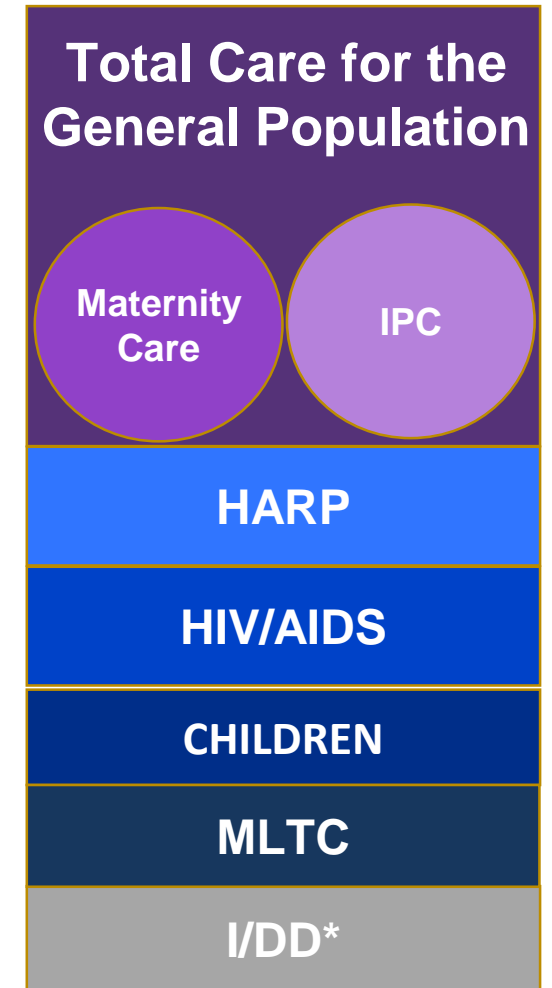
- VBP Roadmap Updates
 - TCGP Arrangement Recommendations
 - Review proposed measure sets for all other arrangement types
- VBP Pilot Timeline
- MY 2020 Measure Set

VBP Roadmap Updates

- Requirements/Arrangement Types
- Total Care for General Population Arrangement Recommendations

VBP Arrangement Types

- **Total Care for the General Population (TCGP):** All costs and outcomes for care, excluding MLTC; may or may not include HARP, HIV/AIDS, and I/DD* populations.
 - **Health and Recovery Plans (HARP):** For those with Serious Mental Illness or Substance Use Disorders
 - **HIV/AIDS**
 - **Managed Long Term Care (MLTC)**
 - **Children**
 - **I/DD***
- **Episodes of Care**
 - **Maternity Care:** Episodes associated with pregnancies, including delivery and first month of life of newborn and up to 60 days post-discharge for the mother
 - **Integrated Primary Care (IPC)** All costs and outcomes associated with primary care, sick care, and a set of 14 chronic conditions selected due to high volume and/or costs.

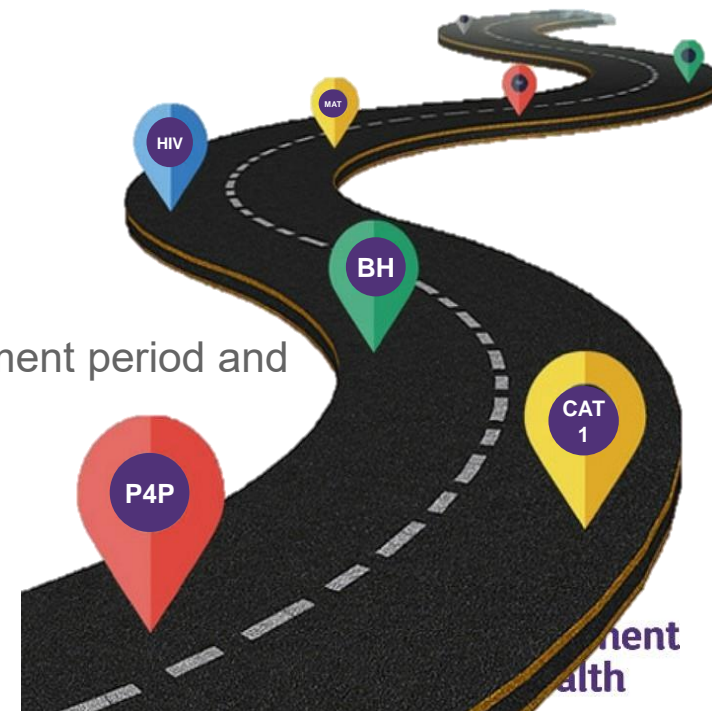


VBP Contractors can contract TCGP, as well as for special populations, as appropriate; nothing mandates that the Roadmap-defined arrangement types must be handled in standalone contracts.

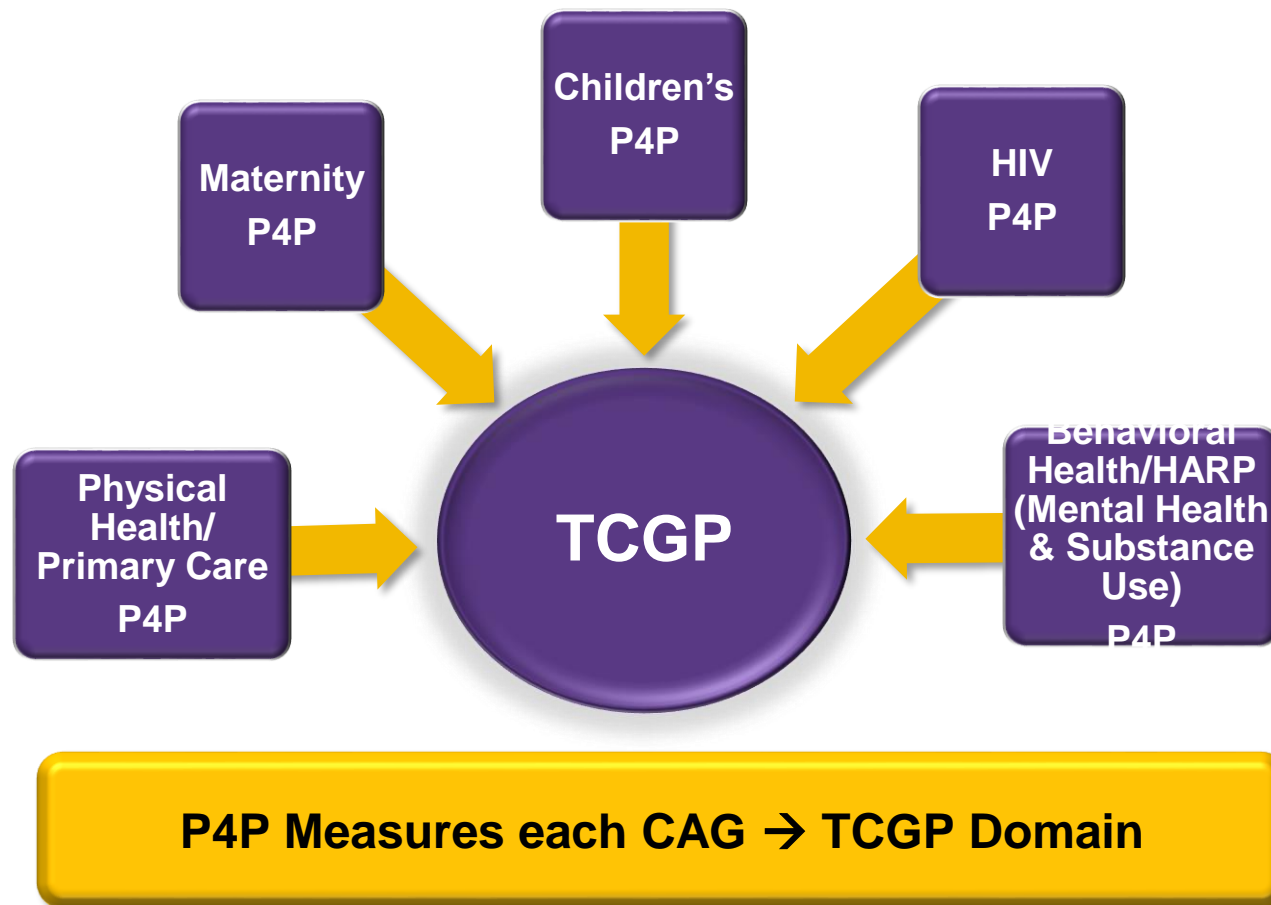
*Total Care for the Intellectually/Developmentally Disabled (I/DD) population will become available as an arrangement as the population moves to managed care.

2019 Roadmap Requirements - Quality Measures

- Mainstream Managed Care Organizations (MCOs) (excludes MLTC) that execute a total cost of care for general population (TCGP) VBP arrangement must base shared savings and risk distribution on quality measures that include at least one, Category 1 P4P measure from each of the following domains:
 - I. Primary Care
 - II. Maternity Care
 - III. Mental Health
 - IV. Substance Use Disorder
 - V. HIV/AIDS
 - VI. Children's
- All new contracts submitted on or after January 1, 2020 must meet this requirement.
- All other existing contracts must be updated at the end of the contract's current measurement period and before the contract's next measurement period begins, or no later than January 1, 2021.



Total Care for General Population Measure Set



Proposed TCGP Measure Set for MY 2020

- At the October 2018 VBP Workgroup meeting the committee approved 52 Category 1 and 2 quality measures (including both P4P and P4R Category 1 measures) for the 2019 TCGP Quality Measure Set.
- The following recommended changes to the TCGP VBP Quality Measure Set for 2020 are based on the feedback received by the DOH from the Clinical Advisory Groups and Measure Feasibility Task Force.
- Measure domains were added to the TCGP measure set. As a result, measures were moved from category 2 to category 1 and additional measures were added to fill these domains and ensure adequate representation for all populations covered in a TCGP arrangement.

Measure Disposition	Rationale for Change	Count
Remove from Measure Set	Removed / Removed and replaced with another measure	24
Add to Measure Set (Cat 1 P4P)	New measures added	2
Add to Measure Set (Cat 1)	Measures included from population-specific VBP measure sets – domain specific	4
Category Change (Cat 2 to Cat 1)	Category 1 measures in original domain measure set	3
Classification Change (P4R to P4P)	Measure changed from P4R to P4P to align with Roadmap changes	1
Unchanged between MY 2019 and MY 2020		20

2020 TCGP Primary Care Domain - *Category 1 P4P*

Measure Name	Measure Steward	NQF Measure ID	Classification
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	1880	Cat 1 P4P
Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	0105	Cat 1 P4P
Asthma Medication Ratio	NCQA	1800	Cat 1 P4P
Breast Cancer Screening	NCQA	2372	Cat 1 P4P
Cervical Cancer Screening	NCQA	0032	Cat 1 P4P
Chlamydia Screening in Women	NCQA	0033	Cat 1 P4P
Colorectal Cancer Screening	NCQA	0034	Cat 1 P4P
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	0055	Cat 1 P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Cat 1 P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062	Cat 1 P4P
Controlling High Blood Pressure	NCQA	0018	Cat 1 P4P
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	NCQA	0004	Cat 1 P4P
Medication Management for People with Asthma	NCQA	1799	Cat 1 P4P

2020 TCGP Substance Use Domain - *Category 1 P4P*

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Follow-Up After High-Intensity Care for Substance Use Disorder (<u>FUI</u>)	NCQA		Cat 1 P4P	Measure added
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	2605	Cat 1 P4P Cat 2	Measure Moved from Category 2 to Category 1
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	Not endorsed	Cat 1 P4P	
Pharmacotherapy for Opioid Use Disorder (<u>POD</u>)	NCQA	3175	Cat 1 P4P	Measure Added

2020 TCGP Mental Health Domain- *Category 1 P4P*

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	CMS	1879	Cat 1 P4P	Measure Added
Depression Remission or Response for Adolescents and Adults	NCQA		Cat 1 P4P Cat-2	Measure Moved from Category 2 to Category 1
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	2605	Cat 1 P4P Cat-2	Measure Moved from Category 2 to Category 1
Follow-up After Hospitalization for Mental Illness	NCQA	0576	Cat 1 P4P	Measure Added
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS		Cat 1 P4P	Measure Added

Acronyms: CMS: Centers for Medicare and Medicaid Services; Cat = Category; AHRQ = Agency for Healthcare Research and Quality; NCQA = National Committee for Quality; HRSA: Health Resources and Services Administration Assurance; NQF = National Quality Forum; P4P = Payment for Performance; P4R = Payment for Reporting; **Red:** Indicates proposed change to measure **Red:** Indicates proposed measure removal

2020 TCGP HIV/AIDS Domain- Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Viral Load Suppression	HRSA	2082	Cat 1 P4P	Measure Added

Acronyms: CMS: Centers for Medicare and Medicaid Services; Cat = Category; AHRQ = Agency for Healthcare Research and Quality; NCQA = National Committee for Quality; HRSA: Health Resources and Services Administration Assurance; NQF = National Quality Forum; P4P = Payment for Performance; P4R = Payment for Reporting; **Red**: Indicates proposed change to measure **Red**: Indicates proposed measure removal

2020 TCGP Maternity Domain - *Category 1 P4P*

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Prenatal & Postpartum Care	NCQA	1517 (lost endorsement)	Cat 1 P4P Cat 1 P4R	Measure Changed from P4R to P4P to align with Roadmap Changes

Acronyms: CMS: Centers for Medicare and Medicaid Services; Cat = Category; AHRQ = Agency for Healthcare Research and Quality; NCQA = National Committee for Quality; HRSA: Health Resources and Services Administration Assurance; NQF = National Quality Forum; P4P = Payment for Performance; P4R = Payment for Reporting; **Red:** Indicates proposed change to measure **Red:** Indicates proposed measure removal

2020 TCGP Children's Domain - *Category 1 P4P*

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Asthma Admission Rate - PDI #14	AHRQ	0728	Cat 1 P4P
Childhood Immunization Status – Combination 3	NCQA	0038	Cat 1 P4P
Immunizations for Adolescents – Combination 2	NCQA	1407	Cat 1 P4P
Well-Child Visits in the 3rd, 4th, 5th & 6th Year	NCQA	1516	Cat 1 P4P
Well-child Visits in the First 15 Months of Life	NCQA	1392	Cat 1 P4P

Acronyms: CMS: Centers for Medicare and Medicaid Services; Cat = Category; AHRQ = Agency for Healthcare Research and Quality; NCQA = National Committee for Quality; HRSA: Health Resources and Services Administration Assurance; NQF = National Quality Forum; P4P = Payment for Performance; P4R = Payment for Reporting; *Red*: Indicates proposed change to measure *Red*: Indicates proposed measure removal * - Changed from P4P to P4R; removed from TCGP Cat 1

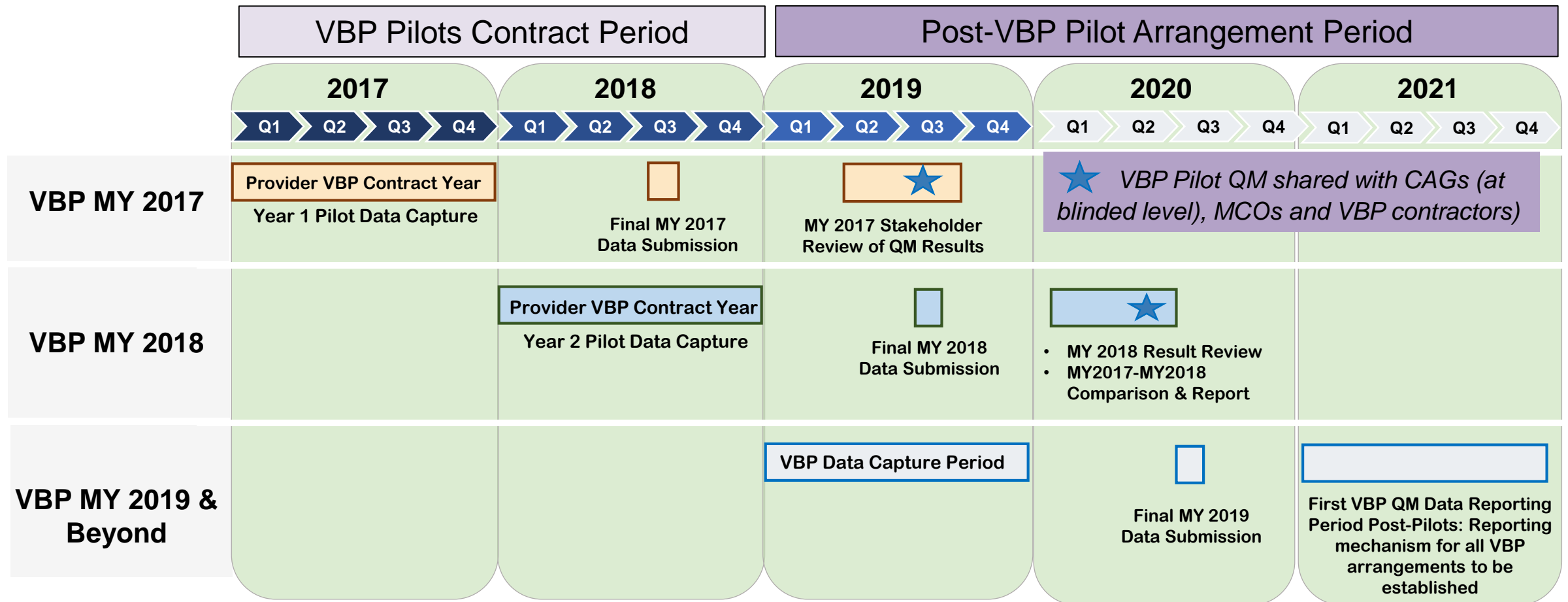
Second-Year VBP Reporting Experience

VBP Pilots

- Calendar Years 2017 and 2018
- State-supported
- Required movement to risk-bearing contracts in 2018
- 12 Pilots, mostly Total Care for General Population (TCGP)
 - Included 2 HARP Pilots, with primary care practitioner as attributable provider
 - One Pilot moved from TCGP to Integrated Primary Care (IPC) in Year 2

VBP Pilots: Quality Measure Results and Future Plans

Through 2019, quality measure results for the VBP Pilots underwent stakeholder review and feedback. Future plans call for year over year pilot reporting and new report development in a post-pilot environment.



Key Takeaways from VBP Pilots

Early transition to VBP was supported by a small set of VBP Pilots. Key takeaways from those initial pilots have informed and continue to inform the VBP model to date.

- Measure Feasibility Task Force and Sub-teams comprised of MCO and provider groups helped inform agenda and path
- Pilots reported out to the relevant Clinical Advisory Groups as per VBP Roadmap
- Worked on non-claims-based measure reporting, e.g. Controlling High Blood Pressure
- Identified need to:
 - Improve bi-directional data sharing between contracting parties
 - Align payment model across multiple payors
 - Align quality measures to populations being served

MY 2020 Proposed Measure List

Proposed IPC Measure Set for MY 2020

- At the October 2018 VBP Workgroup meeting the committee approved 50 Category 1 and 2 quality measures (including both P4P and P4R Category 1 measures) for the 2019 IPC Quality Measure Set.
- The following recommended changes to the IPC VBP Quality Measure Set for 2020 are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and proposed VBP Roadmap updates.

Measure Disposition	Rationale for Change	Count
Remove from Measure Set	Removed / Removed and replaced with another measure	3
Add to Measure Set	New measures added	2
Category Change (Cat 2 to Cat 1)	Moved from Cat 2 to Cat 1	1
Unchanged between MY 2019 and MY 2020		46

2020 Integrated Primary Care Measure Set ~ Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	1880	Cat 1 P4P	N/A
Adolescent Preventive Care- Assessment, counseling or education on risk behaviors and preventive actions associated with: 1) sexual activity, 2) depression, 3) tobacco use, 4) substance use	NYS		Cat 1 P4R	N/A
Adolescent Well-Care Visit (AWC)	NCQA		Cat 1 P4R	N/A
Annual Dental Visit	NCQA	1388	Cat 1 P4R	N/A
Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	105	Cat 1 P4P	N/A
Asthma Admission Rate - PDI #14	AHRQ	728	Cat 1 P4P	N/A
Asthma Medication Ratio	NCQA	1800	Cat 1 P4P	N/A
Breast Cancer Screening	NCQA	2372	Cat 1 P4P	N/A
Cervical Cancer Screening	NCQA	32	Cat 1 P4P	N/A
Childhood Immunization Status – Combination 3	NCQA	38	Cat 1 P4P	N/A
Chlamydia Screening in Women	NCQA	33	Cat 1 P4P	N/A
Colorectal Cancer Screening	NCQA	34	Cat 1 P4P	N/A

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2020 Integrated Primary Care Measure Set ~ Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	55	Cat 1 P4P	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	59	Cat 1 P4P	
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	62	Cat 1 P4P	
Controlling High Blood Pressure	NCQA	18	Cat 1 P4P	
Depression Remission or Response for Adolescents and Adults	NCQA		Cat 1 P4P Cat-2	Measure moved from Category 2 to Category 1
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P	
Follow-up care for children prescribed ADHD Medication	NCQA	108	Cat 1 P4R	
Immunizations for Adolescents – Combination 2	NCQA	1407	Cat 1 P4P	
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	NCQA	4	Cat 1 P4P	
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	Not endorsed	Cat 1 P4P	
Medication Management for People with Asthma	NCQA	1799	Cat 1 P4P	

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2020 Integrated Primary Care Measure Set ~ Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Potentially Avoidable Complications (PAC) in Routine Sick Care or Chronic Care	Altarum	Not endorsed	Cat 1 P4R	N/A
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	421	Cat 1 P4R	N/A
Preventive Care and Screening: Influenza Immunization	AMA/PCPI	41	Cat 1 P4R	N/A
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	418	Cat 1 P4R	N/A
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA/PCPI	28	Cat 1 P4R	N/A
Statin Therapy for Patients with Cardiovascular Disease	NCQA	Not endorsed	Cat 1 P4R	N/A
Use of Pharmacotherapy for Alcohol Abuse or Dependence	NYS	Not endorsed	Cat 1 P4R	N/A
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	577	Cat 1 P4R	N/A
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	24	Cat 1 P4R P4P	N/A
Well-Child Visits in the 3rd, 4th, 5th & 6th Year	NCQA	1516	Cat 1 P4P	N/A
Well-child Visits in the First 15 Months of Life	NCQA	1392	Cat 1 P4P	N/A

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2020 IPC Quality Measures ~ Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Asthma Action Plan	AAAAI	-	Cat 2	
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	-	Cat 2	
Asthma: Spirometry Evaluation	AAAAI	-	Cat 2	
Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	NYS	-	Cat 2	
Continuity of Care from Inpatient Detox to Lower Level of Care	NYS	-	Cat 2	Measure Removed
Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care	NYS	-	Cat 2	Measure Removed
Depression Remission or Response for Adolescents and Adults (DRR)	NCQA	-	Cat 2	Measure Moved to Category 1
Developmental Screening in the First Three Years of Life	OHSU	NQF 1448 (Lost endorsement)	Cat 2	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	NCQA	-	Cat 2	
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	Cat 2	

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2020 IPC Quality Measures ~ Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Follow-Up After High-Intensity Care for Substance Use Disorder (<u>FUI</u>)	NCQA		Cat 2	Measure added
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (Asthma)	The Joint Commission	NQF 0338	Cat 2	
Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	NYS		Cat 2	Measure Removed
Maternal Depression Screening	NCQA	NQF 1401		
Pharmacotherapy for Opioid Use Disorder (<u>POD</u>)	NCQA	NQF 3175	Cat 2	Measure Added
Screening for Reduced Visual Acuity and Referral in Children	CMS	NQF 2721		
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	ADA	NQF 2528		
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	NQF 2801		
Use of Opioid Dependence Pharmacotherapy	NYS	-		

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Proposed Behavioral Health Measure Set for MY 2020

- HARP VBP Arrangements

- At the October 2018 VBP Workgroup meeting the committee approved 38 Category 1 and 2 quality measures (including both P4P and P4R Category 1 measures) for the 2019 Behavioral Health/HARP Quality Measure Set.
- The following recommended changes to the Behavioral Health/HARP Quality Measure Set for 2020 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	Removed / Removed and replaced with another measure	3
Add to Measure Set (Cat 1 P4P)*	New measures added	3
Unchanged between MY 2019 and MY 2020		35

Behavioral Health/HARP Quality Measures ~ *Category 1*

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	CMS	1879	Cat 1 P4P	
Asthma Medication Ratio	NCQA	1800	Cat 1 P4P	
Breast Cancer Screening	NCQA	2372	Cat 1 P4P	
Cervical Cancer Screening	NCQA	0032	Cat 1 P4P	
Chlamydia Screening for Women	NCQA	0033	Cat 1 P4P	
Colorectal Cancer Screening	NCQA	0034	Cat 1 P4P	
Completion of Home and Community Based Services Annual Needs Assessment	NYS		Cat 1 P4P	New Measure Added
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	0055	Cat 1 P4P	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Cat 1 P4P	
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062	Cat 1 P4P	
Continuity of Care from Inpatient Detox to Lower Level of Care	NYS		Cat 1 P4P	Measure removed and replaced

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Behavioral Health/HARP Quality Measures ~ Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care	NYS		Cat 1 P4P	Measure removed and replaced
Controlling High Blood Pressure	NCQA	0018	Cat 1 P4P	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P	
Employed, Seeking Employment or Enrolled in a Formal Education Program*	NYS	Not endorsed	Cat 1 P4R	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA		Cat 1 P4P	
Follow-Up After Emergency Department Visit for Mental Illness	NCQA		Cat 1 P4P	
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	NCQA		Cat 1 P4P	Measure added
Follow-up After Hospitalization for Mental Illness	NCQA	0576	Cat 1 P4P	
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	Not endorsed	Cat 1 P4P	

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Red: Indicates proposed change to measure **Red:** Indicates proposed measure removal * Measure name updated

Behavioral Health/HARP Quality Measures ~ Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Medication Management for Patients with Asthma	NCQA	1799	Cat 1 P4P	
No Arrests in the Past Year*	NYS	Not endorsed	Cat 1 P4R	
Percentage of Members Enrolled in a Health Home*	NYS	Not endorsed	Cat 1 P4R	
Pharmacotherapy for Opioid Use Disorder (<u>POD</u>)	NCQA	3175	Cat 1 P4P	Measure Added
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS		Cat 1 P4P	
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	0421	Cat 1 P4R	
Preventive Care and Screening: Influenza Immunization	AMA PCPI	0041	Cat 1 P4R	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	0028	Cat 1 P4R	
Stable Housing Status*	NYS	Not endorsed	Cat 1 P4R	
Statin Therapy for Patients with Cardiovascular Disease	NCQA		Cat 1 P4R	
Use of Alcohol Abuse or Dependence Pharmacotherapy	NYS	Not endorsed	Cat 1 P4R	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	0577	Cat 1 P4R	

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Behavioral Health/HARP Quality Measures ~ *Category 2*

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder [^]	CMS	1880	Cat 2	
Asthma Action Plan	AAAAI	-	Cat 2	
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	-	Cat 2	
Asthma: Spirometry Evaluation	AAAAI	-	Cat 2	
Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	OASAS	Not endorsed	Cat 2	
Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence*	OASAS	Not endorsed	Cat 2	Measure removed
Mental Health Engagement in Care – 30 Days	NYS	Not endorsed	Cat 2	
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)*	NYS	Not endorsed	Cat 2	
Use of Opioid Dependence Pharmacotherapy	NYS	Not endorsed	Cat 2	

Measure name updated. [^] Recommended change from VBP Workgroup meeting held on October 2, 2017

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Proposed HIV Measure Set for MY 2020

- At the October 2018 VBP Workgroup meeting the committee approved 41 Category 1 and 2 quality measures (including both P4P and P4R Category 1 measures) for the 2019 HIV Quality Measure Set.
- The following recommended changes to the HIV VBP Quality Measure Set for 2020 are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and proposed VBP Roadmap updates.

Measure Disposition	Rationale for Change	Count
Remove from Measure Set	Removed / Removed and replaced with another measure	2
Add to Measure Set	New measures added	1
Category Change (Cat 2 to Cat 1)	Moved from Cat 2 to Cat 1	1
Class Change (P4P to P4R)		1
Class Change (P4R to P4P)		1
Unchanged between MY 2019 and MY 2020		38

HIV/AIDS VBP Quality Measure Set ~ Category 1

HIV/AIDS Measures	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	NQF 1880	P4P	
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	NQF 0105	P4P	
Asthma Medication Ratio	NCQA	NQF 1800	P4P	
Breast Cancer Screening	NCQA	NQF 2372	P4P	
Cervical Cancer Screening	NCQA	NQF 0032	P4P	
Colorectal Cancer Screening	NCQA	NQF 0034	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	
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	NQF 0062	P4P	
Controlling High Blood Pressure	NCQA	NQF 0018	P4P	
Depression Remission or Response for Adolescents and Adults	NCQA		P4P P4R	Measure moved Cat 2 to Cat 1
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P	
HIV Viral Load Suppression	HRSA	NQF 2082	P4P	

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HIV/AIDS VBP Quality Measure Set ~ Category 1

HIV/AIDS Measures	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NCQA	NQF 0004	P4P	
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	-	P4P	
Medication Management for People with Asthma	NCQA	NQF 1799	P4P	
Potentially Avoidable Complications (PAC) in Patients with HIV/ AIDS	Altarum	-	P4R	
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	NQF 0421	P4R	
Preventive Care and Screening: Influenza Immunization	AMA /PCPI	NQF 0041	P4R	
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	NQF 0418	P4R	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA /PCPI	NQF 0028	P4R	
Sexually Transmitted Infections: Screening for Chlamydia, Gonorrhea, and Syphilis	NYS	-	P4R P4P	
Statin Therapy for Patients with Cardiovascular Disease	NCQA	-	P4R	
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	

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HIV/AIDS VBP Quality Measure Set ~ Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Asthma Action Plan	AAAAI	-	Cat 2	
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	-	Cat 2	
Asthma: Spirometry Evaluation	AAAAI	-	Cat 2	
Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	NYS	-	Cat 2	
Continuity of Care from Inpatient Detox to Lower Level of Care	NYS	-	Cat 2	
Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care	NYS	-	Cat 2	
Depression Remission or Response for Adolescents and Adults*	TBD		Cat 2 Cat 1	Measure moved Cat 2 to Cat 1
Diabetes Screening (HIV/AIDS)	NYS		Cat 2	
Hepatitis C Screening	HRSA		Cat 2	
Housing Status	HRSA		Cat 2	
Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	NYS		Cat 2	Measure Removed

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HIV/AIDS VBP Quality Measure Set ~ *Category 2*

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Change
Linkage to HIV Medical Care	NYS		Cat 2	
Medical Case Management: Care Plan	HRSA			
Prescription of HIV antiretroviral therapy	HRSA	NQF 2083	Cat 2	
Sexual History Taking: Anal, Oral, and Genital (HIV/AIDS)	NYS		Cat 2	
Substance Abuse Screening			Cat 2	
Use of Opioid Dependence Pharmacotherapy	NYS		Cat 2	

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Proposed Maternity Measure Set for MY 2020

- At the October 2018 VBP Workgroup meeting the committee approved a total of 18 Maternity Quality Measures
- The following recommended changes to the Maternity VBP Quality Measure Set for 2020 are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and proposed VBP Roadmap updates.

Measure Disposition	Rationale for Change	Count
Added to Measure Set	New measures added	2
Unchanged between MY 2019 and MY 2020		18

2020 Maternity Care Measures ~ Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Contraceptive Care - Postpartum	OPA	NQF 2902	Cat 1 P4R	
C-Section for Nulliparous Singleton Term Vertex (NSTV)	TJC	NQF 0471	Cat 1 P4R	
Exclusive Breast Milk Feeding	TJC	NQF 0480	Cat 1 P4R	
Incidence of Episiotomy	Christiana Care Health System	NQF 0470	Cat 1 P4R	
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NCQA	NQF 0004	Cat 1 P4P	
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	AHRQ	NQF 0278 (lost endorsement)	Cat 1 P4R	
Percentage of Preterm Births	NYS	-	Cat 1 P4R	
Prenatal and Postpartum Care	NCQA	NQF 1517 (lost endorsement)	Cat 1 P4P	
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	NQF 0418	Cat 1 P4R	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA/PCPI	NQF 0028	Cat 1 P4R	

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2020 Maternity Care Measures ~ Category 2

Maternity Care Measures	Measure Steward	Measure Identifier	Classification	Rationale for Change
Antenatal Hydroxyprogesterone	Texas Maternity Bundle	-	Cat 2 P4R	
Antenatal Steroids	TJC	NQF 0476	Cat 2 P4R	
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	Hospital Corporation of America (HCA)	NQF 0473	Cat 2 P4R	
Experience of Mother with Pregnancy Care	-	-	Cat 2 P4R	
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	Centers for Disease Control (CDC)	NQF 0475	Cat 2 P4R	
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus	Massachusetts General Hospital	NQF 1746	Cat 2 P4R	
Prenatal Depression Screening and Follow-Up	NCQA	-	Cat 2 P4R	Address Gap
Postpartum Blood Pressure Monitoring	Texas Maternity Bundle		Cat 2 P4R	
Postpartum Depression Screening and Follow-up	NCQA		Cat 2 P4R	Address Gap
Vaginal Births after Cesarean Section	NYS	-	Cat 2 P4R	

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Proposed Children's Measure Set for MY 2020

- At the October 2018 VBP Workgroup meeting the committee approved a total of 21 Children's Quality Measures
- The following recommended changes to the Children's VBP Quality Measure Set for 2020 are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and proposed VBP Roadmap updates.

Measure Disposition	Rationale for Change	Count
Add to Measure Set	New measures added	2
Category Change (Cat 2 to Cat 1)	Moved from Cat 2 to Cat 1	1
Class Change (P4R to P4P)		1
Class Change (P4P to P4R)		2
Unchanged between MY 2019 and MY 2020		18

2020 Children's Quality Measures ~ Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Asthma Admission Rate (PDI 14)	AHRQ	NQF 0728	Cat 1 P4R-P4P	
Adolescent Preventive Care	NYS		Cat 1 P4R	
Adolescent Well-Care Visits	NCQA		Cat 1 P4R	
Annual Dental Visit	NCQA	NQF 1388	Cat 1 P4R	
Asthma Medication Ratio	NCQA	NQF 1800	Cat 1 P4P	
Childhood Immunization Status – Combination 3	NCQA	NQF 2372	Cat 1 P4P	
Chlamydia Screening	NCQA	NQF 0033	Cat 1 P4P	
Depression Remission or Response for Adolescents and Adults	NCQA		Cat 1 P4P	
Developmental Screening in the First Three Years of Life	Oregon Health & Science University	NQF 1448	Cat 1 P4R	Moved Cat 2 to Cat 1

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2020 Children's Quality Measures ~ Category 1 continued

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Follow-Up Care for Children Prescribed ADHD Medication	NCQA	NQF 0108	P4R	
Immunization for Adolescents – Combination 2	NCQA	NQF 1407	P4P	
Medication Management for People with Asthma	NCQA	NQF 1799	P4P	
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	NQF 0418	P4R	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	NQF 0024	P4R P4P	
Well-Child Visits in the 3rd, 4th, 5th, and 6th Year	NCQA	NQF 1516	P4P P4R	Roadmap Changes
Well-Child Visits in the First 15 Months of Life	NCQA	NQF 1392	P4P	

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2020 Children's Quality Measures ~ Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Developmental Screening in the First Three Years of Life	Oregon Health & Science University	NQF 1448	Cat 1 Cat 2 P4R	Moved Cat 2 to Cat 1
Follow-Up Visit After Emergency Department Visit for Alcohol and Drug Dependence	NCQA	NQF 2605	Cat 2 P4R	
Follow-Up Visit After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	Cat 2 P4R	
Maternal Depression Screening	NCQA	NQF 1401	Cat 2 P4R	
Screening for Reduced Visual Acuity and Referral in Children	CMS	NQF 2721	Cat 2 P4R	
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	ADA	NQF 2528	Cat 2 P4R	
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	NQF 2801	Cat 2 P4R	

Acronyms: CMS: Centers for Medicare and Medicaid Services; Cat = Category; AHRQ = Agency for Healthcare Research and Quality; NCQA = National Committee for Quality; HRSA: Health Resources and Services Administration Assurance; NQF = National Quality Forum; AMA: American Medical Association; PCPI: Physician Consortium for Performance Improvement; OHSU: Oregon Health & Science University; ADA: American Dental Association; P4P = Payment for Performance; P4R = Payment for Reporting; **Red:** Indicates proposed change to measure **Red:** Indicates proposed measure removal

2020 MLTC Partially Capitated Quality Measure Set

2020 MLTC Partial VBP Quality Measure Set – Category 1 Measures

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 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
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 Nursing Home Quality Initiative measure set; +UAS-NY denotes the Uniform Assessment System New York; ^SPARCS denotes the Statewide Planning and Research Cooperative System
P4P = Payment for Performance; P4R = Payment for Reporting; Red: Indicates proposed change to measure

2020 MLTC Partial VBP Quality Measure Set – Category 2 Measures

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

§ NCQA denotes the National Committee for Quality Assurance; ‡ Included in the NYS DOH Nursing Home Quality Initiative measure set

2020 MLTC Partial VBP Quality Measure Set – Category 2 Measures (continued ...)

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

§ NCQA denotes the National Committee for Quality Assurance; ‡ Included in the NYS DOH Nursing Home Quality Initiative measure set

2020 MLTC Fully Capitated MAP Measure Set

2020 MLTC MAP – Primary and Preventative 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

2020 MLTC MAP and PACE – Category 1 Measures

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 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
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 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;

2020 MLTC MAP and PACE – Category 2 Measures

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

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

Acronyms: MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members

2020 MLTC MAP and PACE – Category 2 Measures

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
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Percent of long stay residents who self– report moderate to severe pain‡	MDS 3.0/CMS	P4P

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2020 MLTC Fully Capitated PACE Measure Set

2020 PACE – Quality Measures Specific to PACE

Measures	Measure Source/ Steward	Measure Identifier	Classification
Percentage of PACE Participants with an Advance Directive or Surrogate Decision Maker Documented in the Medical Record AND Percentage of PACE Participants with Annual Review of their Advance Directive or Surrogate Decision Maker Document	CMS	--	P4R
Percent of Participants Not in Nursing Homes	CMS	--	P4R
PACE Participant Emergency Department Use Without Hospitalization	CMS	--	P4R

2020 MLTC MAP and PACE – Category 1 Measures

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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 experience falls that resulted in major or minor injury in the last 90 days	UAS – NY/New York State	P4P
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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
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Percent of long stay residents who self– report moderate to severe pain‡	MDS 3.0/CMS	P4P

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Acronyms: MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members

MAP/PACE Quality Measure Utilization Recommendation

MAP/PACE Quality Measure Utilization

- Proposing to increase the number of required Category 1 measures from one to two
- Ensure Medicaid services are included as part of provider performance
- Timeline for proposed change:
 - All new contracts submitted on or after April 1st, 2020 must be updated to meet this requirement.
 - All other existing contracts must be updated at the end of the contract's current measurement period and before the contract's next measurement period begins, or no later than April 1, 2021.

Thank you!

- Please send feedback on any of today's agenda items to vbp@health.ny.gov by Friday, December 27, 2019.
- Please identify which topic you are providing feedback on in the subject line of your email.