



**Department
of Health**

Medicaid
Redesign Team

Behavioral Health/ HARP Task Force Sub-team Meeting #4

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Agenda

- Opening Remarks and Roll Call
- Changes to the 2017 VBP Quality Measure Sets for 2018
- Quality Measure Reporting Guidance for Measurement Year (MY) 2017
- Next Steps
- Appendix

Opening Remarks and Roll Call

Changes to the 2017 VBP Quality Measure Sets for 2018

HARP Arrangement Measure Set for 2018

- At the October 2017 VBP Workgroup meeting the committee approved 40 Category 1 and 2 quality measures (including both P4P and P4R Category 1 measures) for the 2018 HARP Quality Measure Set.
- The following recommended changes to the HARP VBP Quality Measure Set for 2018 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
Change from Cat 1 to Cat 2	Measure demoted because timeframe for measurement is too narrow	1
Change from Cat 1 to Cat 2	Measure specification being refined	1
Change from Cat 1 to Cat 2*	Measure intended for Primary Care	1
Change from Cat 2 to Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad	1
Remove from Measure Set	Measure specification changed	2
Add to Measure Set (Cat 1 P4P)*	Measure intended for inclusion in 2017	1
Unchanged between MY 2017 and MY 2018		35

* Recommended change from VBP Workgroup meeting held on October 2, 2017.

REMINDER: The HARP measure set will be used in conjunction with the TCGP/IPC measure set.

Summary of Measure Set Changes from 2017 to 2018

HARP

Measure Name	Measure Steward	NQF Measure Identifier	MY17 Classification	MY18 Classification	Rationale for Change
Adherence to Antipsychotic Medications for Individuals with Schizophrenia [^]	CMS	1879	-	Cat 1 P4P	Intended for inclusion in 2017
^{IPC} Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder [^]	CMS	1880	Cat 1 P4P	Cat 2	Intended for Primary Care
^{IPC} Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NCQA	0058	Cat 2	Removed from Measure Set	Measure specification change
^{IPC} Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence*	OASAS	Not endorsed	Cat 1 P4R	Cat 2	Measure demoted because timeframe for measurement is too narrow
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)*	OMH/OASAS	Not endorsed	Cat 1 P4R	Cat 2	Measure specification being refined
^{IPC} Use of Alcohol Abuse or Dependence Pharmacotherapy	OASAS	Not endorsed	Cat 2	Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad
^{IPC} Use of Imaging Studies for Low Back Pain	NCQA	0052	Cat 2	Removed from Measure Set	Measure specification change

^{IPC} Indicates measure is also included in the TCGP/ IPC measure set.

* Measure name updated.

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

Acronyms: CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance, OASAS: Office of Alcoholism and Substance Abuse Services, OMH: Office of Mental Health

Quality Measure Reporting Guidance for MY 2017

Measure Reporting Guidance

Timing of VBP Measure List vs. VBP Reporting Guidance

	VBP Measure List Released	VBP Reporting Guidance Released	VBP Data Collected
MY 2017	Spring 2017	Fall 2017	Summer 2018
MY 2018	Fall 2017	Fall 2018	Summer 2019
MY 2019	Fall 2018	Fall 2019	Summer 2020

MY 2017 Measure Reporting Guidance

- Category 1 Measures: VBP Contractors will be required to report all Category 1 measure data that the DOH has defined as reportable for MY 2017.
 - This will be a subset of the complete Category 1 measure set.
 - VBP Contractors: This will require no additional effort to satisfy reporting requirements.
 - MCOs: The Office of Quality and Patient Safety (OQPS) will be requesting attribution files from plans per VBP Arrangement to satisfy reporting requirements.
- Category 2 Measures: Plans and Providers **will not be required** to report any Category 2 measure data for MY 2017. Only **one** Category 2 measure will be required to be reported in MY 2018.
 - For Plans and Providers: OQPS will be working closely with Pilots to create the infrastructure to address the implementation of measures with additional feasibility challenges beginning in January 2018.
- Details on MY 2017 Reporting Guidance to be provided by the end of October 2017.
- **Year-End Reporting Guidance may differ from initial VBP Reporting Measure Guidance**

MY 2017 VBP Pilots Quality Measure Reporting Guidance

Category 1: Required to Report for MY 2017

Measure Name	Steward/ Program	MY17 Classification
Breast Cancer Screening	QARR	P4P
Cervical Cancer Screening	QARR	P4P
Chlamydia Screening for Women	QARR	P4P
Colorectal Cancer Screening	QARR	P4P
Comprehensive Diabetes Care: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	QARR	P4P
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	QARR	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	QARR	P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	QARR	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	QARR	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	QARR	P4P
* Continuity of Care (CoC) within 14 Days of Discharge from Any Level of SUD Inpatient Care	OASAS	P4P
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	QARR	P4P
* Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	QARR	P4P
* Follow-up After Hospitalization for Mental Illness (A)within 30 days; (B)within 7 days	QARR	P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	OASAS	P4P
* Maintaining/Improving Employment or Higher Education Status	OMH/OASAS	P4R
* Maintenance of Stable or Improved Housing Status	OMH/OASAS	P4R
Medication Management for People With Asthma (ages 5 – 64) – 50 % and 75% of Treatment Days Covered	QARR	P4P
* No or Reduced Criminal Justice Involvement	OMH/OASAS	P4R
* Potentially Preventable Mental Health Related Readmission Rate 30 Days	OMH	P4P
Statin Therapy for Patients with Cardiovascular Disease	QARR	P4R
Statin Therapy for Patients with Diabetes	QARR	P4R
Use of spirometry testing in the assessment and diagnosis of COPD	QARR	P4R

* Measures unique to HARP Quality Measure Set

Acronyms: QARR: Quality Assurance Reporting Requirements, OMH: Office of Mental Health, OASAS: Office of Alcoholism and Substance Abuse Services

MY 2017 VBP Pilots Quality Measure Reporting Guidance

Category 1: **NOT** Required to Report for MY 2017

Measure Name	Steward/ Program	MY17 Classification
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	P4P
Comprehensive Diabetes Care: Foot Exam	NCQA	P4R
Controlling High Blood Pressure	QARR	P4P
Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	OASAS	P4R
Percentage Enrollment in Health Home	OMH/OASAS	P4R
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)	OMH/OASAS	P4R
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow – Up Plan	APC	P4R
Preventive Care and Screening: Influenza Immunization	APC	P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	APC	P4R

Measure Reporting Guidance for 2018: Attribution Files

- In order to create aggregated quality results *by VBP contractor*, the State will be requesting that Plans submit a modified version of NCQA's Patient Level Detail (PLD) file and/ or a separate Patient Attribution file* along with provider and practice information.
 - Submission of the Advanced Primary Care (APC) Scorecard file* will fulfill the PLD reporting requirement.
- The table below outlines the requirements for each arrangement:

VBP Arrangement	Required Attribution File(s)
TCGP/ IPC	APC Scorecard file
Maternity	Patient Attribution file
HARP	APC Scorecard file, Patient Attribution file
HIV/AIDS	APC Scorecard file, Patient Attribution file
MLTC	Patient Attribution file

* The State will be publishing further guidance regarding these file formats later in October.

Advanced Primary Care Scorecard Data File Use in VBP

- Leverages the Advanced Primary Care Scorecard Data Collection request:
 - Provide a modified version of NCQA's Patient Level Detail (PLD)
 - Add provider/ practice that the member was attributed to using the Plan's attribution methodology
- DOH will aggregate information across plans for full VBP Contractor and Arrangement view.
- Two options for reporting:
 - a) Should DOH add new columns to existing layout, or
 - b) Create separate VBP reporting file?

Reporting Guidance: Patient Attribution File

Attribution Methodology:

- **Maternity:** Include the provider/practice that was attributed to the member using your own plan's attribution methodology for all members included in the 2018 QARR Live Birth File.
- **HARP:** Include the provider/practice that was attributed to the member using your own plan's attribution methodology for all members included in the 2018 NCQA PLD File and NYS PLD file.
- **HIV/AIDS:** Include the provider/practice that was attributed to the member using your own plan's attribution methodology for all members included in the 2018 NCQA PLD File and NYS PLD file.

Reporting Guidance: Provider Information

- The State intends to limit the reporting burdens for providers when submitting supplemental files for VBP. Therefore, the State is requesting the following:

Required fields

- Practice Tax ID#
- Physician NPI

Optional Fields

- PCMH Site ID#
- Practice Site ID#

Next Steps

Next Steps

- 2018 Quality Measure Guidance and Reporting:
 - 10/27/17 – VBP Workgroup Meeting
 - 10/31/17 – 2018 Official Reporting Requirements Released
- Upcoming Measure Feasibility Task Force Meetings:
 - November Sub-team Meetings – TBD
 - 12/7/17 – Measure Feasibility General Task Force Meeting #4

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov

Appendix

HARP VBP Quality Measure Set (1/3)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<i>Adherence to Antipsychotic Medications for Individuals with Schizophrenia[^]</i>	CMS	1879	Cat 1 P4P	Intended for inclusion in 2017
<i>IPC Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder[^]</i>	CMS	1880	Cat 1 P4P Cat 2	Intended for Primary Care
IPC Breast Cancer Screening	NCQA	2372	Cat 1 P4P	
IPC Cervical Cancer Screening	NCQA	0032	Cat 1 P4P	
IPC Chlamydia Screening for Women	NCQA	0033	Cat 1 P4P	
IPC Colorectal Cancer Screening	NCQA	0034	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	0055	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Foot Exam	NCQA	0056	Cat 1 P4R	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	0575	Cat 1 P4R	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	0057	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062	Cat 1 P4P	

Red: Indicates proposed change to measure

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

Acronyms: CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

HARP VBP Quality Measure Set (2/3)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
^{IPC} Comprehensive Diabetes Screening: All Three Tests (HbA1c, Dilated Eye Exam, and Medical Attention for Nephropathy)	AHRQ	Composite Scoring Measure not endorsed, but includes 0055, 0062, and 0057	Cat 1 P4P	
^{IPC} Continuity of Care from Inpatient Detox or Inpatient Care to Lower Level of Care*	OASAS	Not endorsed	Cat 1 P4P	
^{IPC} Controlling High Blood Pressure	NCQA	0018	Cat 1 P4P	
^{IPC} Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	NCQA	-	Cat 1 P4P	
Follow-up After Hospitalization for Mental Illness (A)within 30 days; (B)within 7 days	NCQA	0576	Cat 1 P4P	
^{IPC} Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence*	OASAS	Not endorsed	Cat 1 P4R Cat 2	Measure demoted because timeframe for measurement is too narrow
^{IPC} Initiation of Pharmacotherapy upon New Episode of Opioid Dependence*	OASAS	Not endorsed	Cat 1 P4P	
^{IPC} Medication Management for Patients with Asthma	NCQA	1799	Cat 1 P4P	
Percentage of Members Enrolled in a Health Home	OMH/OASAS	Not endorsed	Cat 1 P4R	

* Measure name updated.

Red: Indicates proposed change to measure

Acronyms: AHRQ: Agency for Healthcare Research and Quality, OASAS: Office of Alcoholism and Substance Abuse Services, NCQA: National Committee for Quality Assurance, OMH: Office of Mental Health

HARP VBP Quality Measure Set (3/3)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Maintaining/Improving Employment or Higher Education Status*	OMH/OASAS	Not endorsed	Cat 1 P4R	
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)*	OMH/OASAS	Not endorsed	Cat 1 P4R Cat 2	Measure specification being refined
Maintenance of Stable or Improved Housing Status*	OMH/OASAS	Not endorsed	Cat 1 P4R	
No or Reduced Criminal Justice Involvement	OMH/OASAS	Not endorsed	Cat 1 P4R	
^{IPC} Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	0421	Cat 1 P4R	
^{IPC} Preventive Care and Screening: Influenza Immunization	AMA PCPI	0041	Cat 1 P4R	
^{IPC} Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	0028	Cat 1 P4R	
Potentially Preventable Mental Health Related Readmission Rate 30 Days*	OMH	Not endorsed	Cat 1 P4P	
^{IPC} Statin Therapy for Patients with Cardiovascular Disease	NCQA	Not endorsed	Cat 1 P4R	
^{IPC} Statin Therapy for Patients with Diabetes	NCQA	Not endorsed	Cat 1 P4R	
^{IPC} Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	0577	Cat 1 P4R	
^{IPC} Use of Alcohol Abuse or Dependence Pharmacotherapy	OASAS	Not endorsed	Cat 2 Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad

^{IPC} Measure is also part of TCGP/ IPC Measure Set

* Measure name updated.

Red: Indicates proposed change to measure

Acronyms: OMH: Office of Mental Health, OASAS: Office of Alcoholism and Substance Abuse Services, AMA: American Medical Association, PCPI: Physician Consortium for Performance Improvement, CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

HARP VBP Quality Measure Set (1/2)

Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<i>IPC</i> Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder [^]	CMS	1880	Cat 1-P4P Cat 2	Intended for Primary Care
<i>IPC</i> Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	Not endorsed	Cat 2	
<i>IPC</i> Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NCQA	0058	Cat 2 Remove from Measure Set	Measure specification change
<i>IPC</i> Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	OASAS	Not endorsed	Cat 2	
<i>IPC</i> Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence*	OASAS	Not endorsed	Cat 1-P4R Cat 2	Measure demoted because timeframe for measurement is too narrow
<i>IPC</i> Lung Function/Spirometry Evaluation (asthma)	AAAAI	Not endorsed	Cat 2	
<i>IPC</i> Patient Self-Management and Action Plan	AAAAI	Not endorsed	Cat 2	
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)*	OMH/OASAS	Not endorsed	Cat 1-P4R Cat 2	Measure specification being refined

IPC Measure is also part of TCGP/ IPC Measure Set

* Measure name updated.

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

Red: Indicates proposed change to measure

Acronyms: AAAAI: American Academy of Allergy, Asthma, and Immunology, CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance, OASAS: Office of Alcoholism and Substance Abuse Services, OMH: Office of Mental Health

HARP VBP Quality Measure Set (1/2)

Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Mental Health Engagement in Care 30 Days*	OMH	Not endorsed	Cat 2	
^{IPC} Use of Imaging Studies for Low Back Pain	NCQA	0052	Cat 2 Remove from Measure Set	Measure specification change
^{IPC} Use of Alcohol Abuse or Dependence Pharmacotherapy*	OASAS	Not endorsed	Cat 2 Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad
^{IPC} Use of Opioid Dependence Pharmacotherapy*	OASAS	Not endorsed	Cat 2	

^{IPC} Measure is also part of TCGP/ IPC Measure Set

* Measure name updated.

Red: Indicates proposed change to measure

Acronyms: NCQA: National Committee for Quality Assurance, OASAS: Office of Alcoholism and Substance Abuse Services, OMH: Office of Mental Health