



**Department  
of Health**

# Children's

Value Based Payment Quality Measure Set  
Measurement Year 2019



## INTRODUCTION

The Measurement Year (MY) 2019 Children's Quality Measure Set was created in collaboration with the Children's Health Value Based Payment (VBP) Subcommittee and 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 measure 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 Children's measure set was designed to encourage providers to meet high standards of patient-centered clinical care and coordination across multiple care settings for the child and adolescent population.

## INTRODUCTION OF CHILDREN'S MEASURES

The Children's Health CAG convened in 2016-2017 and presented its final recommendations to the VBP Workgroup in October of 2017. Development of the committee's performance measure sets was shaped by four criteria:

- The measure is relevant to one of the strategies identified to achieve a particular "North Star" goal.
- The measure is evidence-based (i.e., has been tested for validity and reliability, and, preferably, is endorsed for use by the National Quality Forum).
- The measure is feasible for providers to use and report with minimal additional burden (i.e., does not require expensive medical records review or sophisticated health information technology capacity).
- The final recommended measure set should prioritize outcome measures, followed by intermediate outcome measures, and then process measures.

The committee developed a Universal Child Measure Set that would be applicable to any Total Care for General Population (TCGP), Integrated Primary Care (IPC), or Pediatric Primary Care Capitation (PPCC) VBP arrangement. This set totaled 20 measures, 13 of which are recommended as Category 1. The full [Value Based Payment for Children Report to NYS Medicaid VBP Workgroup](#) can be found on [www.health.ny.gov](http://www.health.ny.gov).

## MEASURE SELECTION AND FEASIBILITY

Beginning in June of 2017, the State initiated monthly meetings of the VBP Measure Support Task Force and arrangement-level Sub-teams. The goal of the Task Force and Sub-teams is to make recommendations to the State to support and inform the Annual Measure Review Cycle. Members of the Task Force include professionals from various Managed Care Organizations (MCOs), VBP Pilot Contractors, 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.

During the spring and summer of 2018, the Children's Health VBP Subcommittee and Children's Health 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.

Upon receiving the CAG recommendations and Task Force feedback, the State defined a final list of measures for consideration for MY 2019. For MY 2019, 20 measures have remained unchanged and one measure has been added, culminating in a total of 21 Category 1 and 2 Children's 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)).

### 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 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 see the *2019 Value Based Payment Reporting Requirements Technical Specifications Manual<sup>2</sup>* 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

**Categorizing and Prioritizing Quality Measures**

	<b>CATEGORY 1</b> Approved quality measures that are deemed to be clinically relevant, reliable, valid, and feasible.
	<b>CATEGORY 2</b> 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.
	<b>CATEGORY 3</b> Measures that are insufficiently relevant, valid, reliable and/or feasible.

<sup>1</sup> New York State Department of Health, Medicaid Redesign Team, A Path Toward Value Based Payment: Annual Update, November 2017. [\(Link\)](#)

<sup>2</sup> 2019 Value Based Payment Reporting Requirements; Technical Specifications Manual, Nov 2018, File found in the Quality Measures tab. [\(Link\)](#)



measure testing approaches, data collection, and reporting requirements with VBP Pilots 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.



## **MEASUREMENT YEAR 2019 QUALITY MEASURE SET**

The measures and State-determined classifications provided on the following pages are recommendations for MY 2019. 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 2019, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY 2020. Please see [Appendix A](#) for a full list of these changes.

***Note: Additional changes 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 MY 2019 Children’s 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 MY 2018 and MY 2019. Additions are made in red text while deletions are made with a strikethrough. There are no deletions between the MY 2018 and MY 2019 Children’s Measure sets.

Children’s Measures	Measure Steward	Measure Identifier	Classification
(PDI) #14 Asthma Admission Rate (PDI 14)	AHRQ	NQF 0728	P4R
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		P4R
Adolescent Well-Care Visits (AWC)	NCQA		P4R
Annual Dental Visit	NCQA	NQF 1388	P4R
<b>Asthma Medication Ratio</b>	<b>NCQA</b>	<b>NQF 1800</b>	<b>P4P</b>
Childhood Immunization Status – Combination 3	NCQA	NQF 2372	P4P
Chlamydia Screening	NCQA	NQF 0033	P4P
Follow-up Care for Children Prescribed ADHD Medication	NCQA	NQF 0108	P4R
Immunization for Adolescents – Combination 2	NCQA	NQF 1407	P4P



Children's Measures	Measure Steward	Measure Identifier	Classification
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	P4P
Well-Child Visits in the 3rd, 4th, 5th, and 6th Year	NCQA	NQF 1516	P4R
Well-Child Visits in the First 15 Months of Life	NCQA	NQF 1392	P4P



**CATEGORY 2**

The table below displays the Category 2 MY 2019 Children’s 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 MY 2019. The measure set is redlined to highlight changes made between MY 2018 and MY 2019. There are no changes to the Category 2 Children’s measure set for 2019.

Children's Measures	Measure Steward	Measure Identifier
Developmental Screening in the First Three Years of Life	Oregon Health & Science University	NQF 1448
Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	2605
Follow-up After Emergency Department Visit for Mental Illness	NCQA	2605
Maternal Depression Screening	NCQA	1401
Screening for Reduced Visual Acuity and Referral in Children	CMS	2721
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	ADA	2528
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	2801





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2019 VBP Children's Quality Measure Set

# Appendix A



The table below identifies the changes to the Category 1 measures for the MY 2019 Children’s Quality Measure Set. There were no changes to the Category 2 measures for the MY 2019 Children’s Quality Measure Set.

**Category 1 Measure Changes from 2018 to 2019**

Measure Name	Change	Rationale for Change
Asthma Medication Ratio	Added	Recommended by the Children’s, Chronic Pulmonary, Heart, Diabetes, and Primary Care CAGs.