



**Department
of Health**

Children's

Value Based Payment Quality Measure Set
Measurement Year 2022



INTRODUCTION

The Measurement Year (MY) 2022 Children’s Quality Measure Set was created in collaboration with the Children’s Health, the Primary Care (Physical Health), the Maternity Care, and the Behavioral Health/HARP Clinical Advisory Groups (CAGs), as well as the New York State Department of Health (NYS DOH) CAG Strategy team. The goal of this measure set is to align with measures put forth in the NYS Quality Assurance Reporting Requirements (QARR), the HEDIS®¹ Technical Specifications for Health Plans, the CMS Core measure set, and the Merit-based Incentive Payment System (MIPS), where applicable. The measure set is designed to encourage providers to meet high standards of patient-centered clinical care and coordination across multiple care settings.

MEASURE SELECTION AND FEASIBILITY

During the spring and fall of 2021, the 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 recommendations from the CAGs, the release of guidelines from national measure stewards, such as NCQA/HEDIS®, and in accordance with the NYS VBP Roadmap,² the State defined a final list of measures to be included in the TCGP Measure Set for MY2022. For MY2022, fifteen measures have remained unchanged, two measures were revised by HEDIS, and two measures have been removed. This culminates in a total of nineteen Category 1 and 2 Children’s Quality Measures (QM).

PROPOSED VBP ARRANGEMENT REQUIREMENTS FOR MY2023 - HEALTH EQUITY

For MY2022, NCQA is adding race and ethnicity stratification for five HEDIS measures to help promote transparency into health plan performance. By doing so, NCQA hopes to better identify where disparities exist, so they can be addressed. They also hope to identify and learn from top performers in areas where disparities don’t exist. To align with this initiative, NYS will require payers and providers to incorporate race and ethnicity measure stratification in Value Based Payment (VBP) arrangements starting in July 2022.

Stratification Specifications:

1. Payers will be required to include **at least one** of the following measures in **all level 1 or higher** VBP arrangements and stratify results by race and ethnicity categories as outlined in the HEDIS MY2022 specifications.³ The table below depicts available quality measures by arrangement type.

NQCA Measure Name	Measure Inclusion by Arrangement Type					
	TCGP	IPC	HARP/BH	Maternity	HIV/AIDs	Children’s
Colorectal Cancer Screening	✓	✓	✓		✓	
Controlling High Blood Pressure	✓	✓	✓		✓	
Hemoglobin A1c Control for Patients with Diabetes	✓	✓	✓		✓	
Prenatal and Postpartum Care	✓			✓		
Child and Adolescent Well-Care Visits	✓	✓				✓

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

² New York State Department of Health, Medicaid Redesign Team, A Path Toward Value-Based Payment: Annual Update, September 2019. [\(Link\)](#)

³ HEDIS® Measurement Year 2022 Volume 2 Technical Specification for Health Plans, General Guidelines section 33.

2. Stratification of selected measures will be classified as pay-for-reporting (P4R).
3. Payers will be required to include the following detail in the Provider Contract Statement and Certification form and Contract language:
 - a. Indicate what measure(s) will be included for race and ethnicity stratification.
 - b. Indicate how the stratified measure results for applicable measures will be shared with the VBP contractor.
4. Plans will be required to include the race and ethnicity data submitted to NYS using the following method:

Race and ethnicity fields will be added to the annual VBP member attribution submission file specifications. This will allow the State to stratify measure performance by race and ethnicity categories for applicable performance measures at the VBP contract and VBP Contractor levels.

The DOH recognizes that MCOs and providers are in the process of negotiating VBP arrangements to meet Statewide VBP goals. Therefore, all new contracts submitted on or after **July 1, 2022**, 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 **April 1, 2023**.




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 the 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.⁴ At least one Category 1 P4P measure must be included in a VBP contract.

Categorizing and Prioritizing Quality Measures

	CATEGORY 1 Approved quality measures that are deemed to be clinically relevant, valid, and feasible.
	CATEGORY 2 Measures that are clinically relevant, valid, and reliable, but where the feasibility could be problematic.
	CATEGORY 3 Measures that are insufficiently relevant, valid, reliable and/or feasible.

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.

⁴ New York State Department of Health, Medicaid Redesign Team, A Path Toward Value-Based Payment: Annual Update, September 2019. ([Link](#))



- **P4R** measures are intended to be used by the MCOs to incentivize VBP Contractors for reporting data to monitor the 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 refer to the *Value Based Payment Reporting Requirements Technical Specifications Manual (MY2022)* 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 the agreement of clinical importance, validity, and reliability, but flagged as presenting concerns regarding implementation feasibility.

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.

MY2022 CHILDREN'S QUALITY MEASURE SET

The measures provided on the following pages are recommendations for MY2022. 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. Please see [Appendix A](#) for a full list of these changes.



Category 1 Measures

The table below displays the **Category 1 MY2022 Children’s Quality Measure Set**, arranged alphabetically and includes measure title, measure steward, the National Quality Forum (NQF) number (if applicable), and the measure classification. The measure set is redlined to highlight changes made between MY2021 and MY2022; please refer to the key at the end of this table for an explanation of redlined formatting.

Children’s Measures	Measure Steward	Measure Identifier	Classification
Adolescent Preventive Care*	NYS		P4R
Annual Dental Visit	NCQA	NQF 1388	P4R
Asthma Admission Rate (PDI 14)	AHRQ	NQF 0728	P4P
Asthma Medication Ratio	NCQA	NQF 1800	P4P
Child and Adolescent Well-Care Visits**	NCQA		P4P
Childhood Immunization Status – Combination 3	NCQA	NQF 2372	P4P
Chlamydia Screening	NCQA	NQF 0033	P4P
Depression Remission or Response for Adolescents and Adults	NCQA		P4P
Depression Screening and Follow-Up for Adolescents and Adults	NCQA		P4P
Developmental Screening in the First Three Years of Life	Oregon Health & Science University	NQF 1448	P4R



Children’s Measures	Measure Steward	Measure Identifier	Classification
Follow-up Care for Children Prescribed ADHD Medication*	NCQA	NQF 0108	P4R
Immunization for Adolescents – Combination 2	NCQA	NQF 1407	P4P
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	NQF 0024	P4R
Well-Child Visits in the First 30 Months of Life	NCQA	NQF 1516	P4P

~~* Measure removed from HEDIS/NYS 2022 Measure Set~~

* Measure specifications/name revised by NCQA/NYS for 2022 HEDIS Measure set

** HEDIS Stratified Measure



CATEGORY 2

The table below displays the Category 2 MY2022 Children’s Quality Measure Set and includes measure title, measure steward, and the NQF number (where applicable). All Category 2 measures are classified as P4R in MY2022. The measure set is redlined to highlight changes made between MY2021 and MY2022; please refer to the key at the end of this table for an explanation of redlined formatting.

Children’s Measures	Measure Steward	Measure Identifier
Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence*	NCQA	NQF 2605
Follow-Up After Emergency Department Visit for Substance Use (FUA)*	NCQA	NQF3488
Follow-up After Emergency Department Visit for Mental Illness	NCQA	NQF 3489
Maternal Depression Screening	NCQA	NQF 1401
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

*-Measure removed from HEDIS/NYS 2022 Measure Set

* Measure specifications/name revised by NCQA/NYS for 2022 HEDIS Measure set

** HEDIS Stratified Measure



Appendix A



The table below identifies the changes to the Category 1 and 2 measures for the MY2022 Children’s Quality Measure Set.

Category 1 Measure Changes from 2021 to 2022

Measure Name	Change	Rationale for Change
Adolescent Preventive Care Measures	Removed	Measure removed from HEDIS 2022 Measure Set
Follow-Up Care for Children Prescribed ADHD Medication	Changed	Measure specifications revised by NCQA for 2022 Measure set
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	Replaced	Measure name and specifications revised by NCQA for 2022 Measure set
Follow-Up After Emergency Department Visit for Substance Use*	Changed	Measure specifications revised by NCQA for 2022 Measure set