



**Department  
of Health**

# Maternity Care

Value Based Payment Quality Measure Set  
Measurement Year 2017

Updated March 21, 2017

The 2017 Maternity Care quality measure set was created in collaboration with the Maternity Clinical Advisory Group (CAG) and the New York State (NYS) Value Based Payment (VBP) Workgroup. The measure set is closely aligned with existing measures sets used in the Delivery System Reform Incentive Payment (DSRIP) Program, the Quality Assurance Reporting Requirements (QARR) and the State's Vital Statistics maternity care measures. The measure set is intended to encourage providers to meet high standards of patient-centered clinical care and care coordination across multiple care settings throughout the maternity care episode.

The measure set includes measures 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)).

## MEASURE CLASSIFICATION

In June of 2016, the Maternity CAG [published recommendations](#) to the State on quality measures, data, and support required for providers to be successful. Additionally the report addressed other implementation details related to a VBP Maternity Arrangement. Upon receiving the CAG recommendations, the State conducted further feasibility review and analysis to define a final list of measures for inclusion during the 2017 VBP Measurement Year (MY). 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.

### Category 1

Category 1 quality measures as identified by the Maternity CAG and accepted by the State are to be reported by VBP

Contractors. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors are eligible<sup>1</sup>.

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. 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 Managed Care Organizations (MCOs) to incentivize VBP Contractors for reporting data to monitor quality of care delivered to

### Categorizing and Prioritizing Quality Measures



#### CATEGORY 1

Approved quality measures that are felt to be both clinically relevant, reliable and valid, and feasible.



#### CATEGORY 2

Measures that are clinically relevant, valid, and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2017 pilot program.



#### CATEGORY 3

Measures that are insufficiently relevant, valid, reliable and/or feasible.

<sup>1</sup> A Path toward Value Based Payment: New York State Roadmap for Medicaid Payment Reform. Annual Update. June 2016.



members under the VBP contract. Incentives for reporting will be based on timeliness, accuracy, and completeness of data. Measures can be reclassified from P4R to P4P through annual CAG and State review or as determined by the MCO and VBP Contractor.

### **Categories 2 and 3**

Category 2 measures have been accepted by the State based on agreement of measure importance, validity, and reliability, but flagged as presenting concerns regarding implementation feasibility. These measures will be further investigated in the VBP pilots. The State requires that VBP Pilots select and report a minimum of two Category 2 measures per VBP arrangement (or have a State and Plan approved alternative). VBP Pilot participants will be expected to share meaningful feedback on the feasibility of Category 2 measures when the CAGs reconvene. The State will discuss measure testing approach, data collection, and reporting requirements with VBP pilots at a future date.

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 the maternity arrangement. Several measures in the original CAG report were removed for this reason and therefore no longer in the Category 1 or 2 measure list. These measures will not be tested in pilots or included in VBP at this time.

### **MEASUREMENT YEAR 2017 MEASURE SET**

The measures and State determined classifications provided on the following pages are recommendations for MY 2017. 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 additions, deletions, reclassification of measure category, and reclassification from P4R to P4P based on experience with measure implementation in the prior year. During 2017, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY 2018.



## Category 1

The Category 1 table displays the Category 1 Maternity 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 determined classification for measure use.

Measure	Measure Steward	Measure Identifier	Classification
C-Section for Nulliparous Singleton Term Vertex (NSTV)	The Joint Commission (TJC)	NQF 0471	P4R
Frequency of Ongoing Prenatal Care	National Committee for Quality Assurance (NCQA)	-	P4P
Incidence of Episiotomy	Christiana Care Health System	NQF 0470	P4R
Long-Acting Reversible Contraception (LARC) Uptake <sup>2</sup>	United States Office of Population Affairs	NQF 2902	P4R
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	Agency for Healthcare Research and Quality (AHRQ)	PQI 9	P4R
Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay	TJC	NQF 0480	P4R
Percentage of preterm births	NYS Department of Health (DOH)	-	P4R
Prenatal & Postpartum Care (PPC)—Timeliness of Prenatal Care & Postpartum Visits	NCQA	-	P4P
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Centers for Medicare and Medicaid Services (CMS)	NQF 0418	P4R

<sup>2</sup> Long-Acting Reversible Contraception (LARC) Uptake is a two-part measure. The State recommends the Contraceptive Care - Postpartum measure be used.



## Category 2

The Category 2 table displays the Category 2 Maternity 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 2017.

Measure	Measure Steward	Measure Identifier
Antenatal Hydroxyprogesterone	New Measure	-
Antenatal Steroids	TJC	NQF 0476
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	Hospital Corporation of America (HCA)	NQF 0473
Experience of Mother With Pregnancy Care	New Measure	-
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Discharge	Centers for Disease Control and Prevention (CDC)	NQF 0475
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)	Massachusetts General Hospital	NQF 1746
Monitoring and reporting of NICU referral rates	New Measure	-
Postpartum Blood Pressure Monitoring	New Measure	-
Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated	AHRQ	IQI 22

Note: VBP Pilot contractors may include measures as outlined in the VBP Pilot webinar held on February 24, 2017. The measure, “Neonatal Mortality Rate” – AHRQ measure NQI# 2 was redacted from the Category 2 list subsequent to that presentation. VBP Pilot Contractors will not be held accountable for reporting this measure.