



**Department  
of Health**

Medicaid  
Redesign Team

# Health and Recovery Plans (HARP) / Behavioral Health Clinical Advisory Group (CAG) Meeting

July 7, 2017

# Agenda

1. Welcome and Overview of Meeting Objectives 5 min
2. Background and Overview 10 min
3. Health and Recovery Plans (HARP) VBP Arrangement 15 min
4. Integrated Primary Care (IPC) Arrangement and Chronic Behavioral Health (BH) Episodes 45 min
5. Measure Development Update 10 min
6. Next Steps 5 min

# Part 1

Welcome and Overview of Meeting Objectives

# Overview of Meeting Objectives

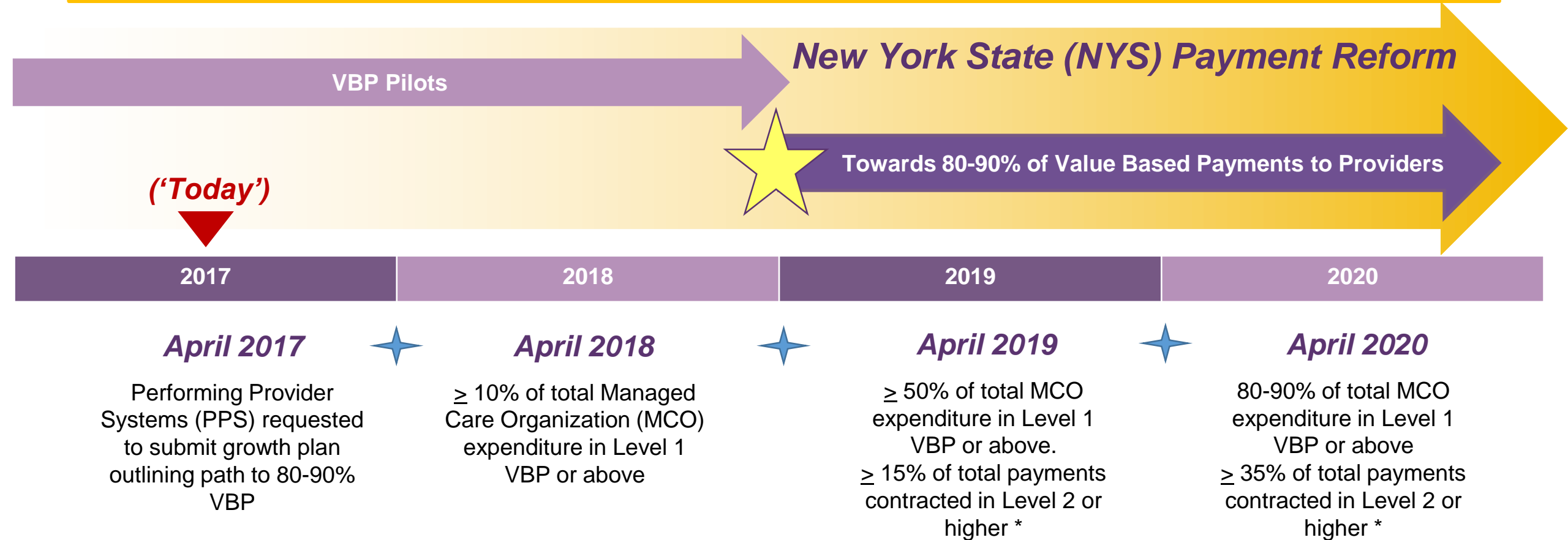
- Review work to date and current state of VBP.
- Review HARP VBP Arrangement and finalized measure set.
- Review IPC Arrangement and finalized measure set.
  - Review Chronic Episode construction.
- Discuss measure development process and current status of new measures.

# Part 2

Background and Overview

# VBP Transformation: Overall Goals and Timeline

**Goal:** To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.



**('Today')**

VBP Pilots

**New York State (NYS) Payment Reform**

**Towards 80-90% of Value Based Payments to Providers**

2017

2018

2019

2020

**April 2017**

**April 2018**

**April 2019**

**April 2020**

Performing Provider Systems (PPS) requested to submit growth plan outlining path to 80-90% VBP

≥ 10% of total Managed Care Organization (MCO) expenditure in Level 1 VBP or above

≥ 50% of total MCO expenditure in Level 1 VBP or above.  
 ≥ 15% of total payments contracted in Level 2 or higher \*

80-90% of total MCO expenditure in Level 1 VBP or above  
 ≥ 35% of total payments contracted in Level 2 or higher \*

\* For goals relating to VBP level 2 and higher, calculation excludes partial capitation plans such as MLTC from this minimum target.

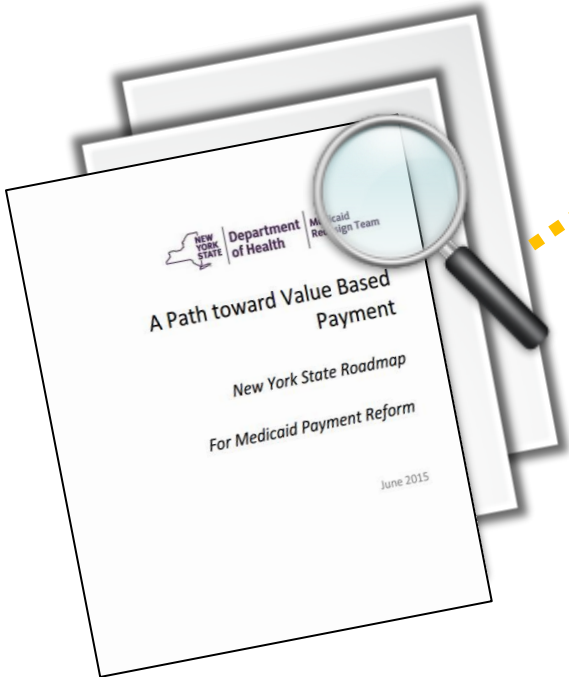
# An Overview of the VBP Pilot Program

Effective January 1, 2017 through December 31, 2018, the two year VBP Pilot Program is intended to support the transition to VBP, establishing best practices and sharing lessons learned.

Arrangement	Provider	Managed Care Organization	VBP Level (Year 1)
<b>HARP</b>	Maimonides Medical Center	Healthfirst PHSP, Inc.	1
	Mount Sinai Health Partners	Healthfirst PHSP, Inc.	1
<b>Integrated Primary Care (IPC)</b>	Community Health IPA	Affinity Health Plan, Inc.	1
	Hudson Headwaters Health Network	New York State Catholic Health Plan, Inc.	1
<b>Total Care for the General Population (TCGP)</b>	Greater Buffalo United ACO	Yourcare Health Plan, Inc.	1
	Somos Your Health IPA	Affinity Health Plan, Inc.	2
	Somos Your Health IPA	HealthPlus HP, LLC	2
	Somos Your Health IPA	New York State Catholic Health Plan, Inc.	2
	Somos Your Health IPA	Healthfirst PHSP, Inc.	2
	Somos Your Health IPA	United Healthcare of New York, Inc.	2
	Somos Your Health IPA	Wellcare of New York, Inc.	2
	St. Joseph’s Hospital Health Center	New York State Catholic Health Plan, Inc.	1
	St. Joseph’s Hospital Health Center	Molina Healthcare of New York, Inc.	1

# VBP 2017 Quality Measure Approval Process

*“The Category 1 quality measures recommended by each CAG and accepted by the State are to be reported by the VBP contractors. The measures are also intended to be used to determine the amount of shared savings that VBP contractors are eligible for ...”<sup>1</sup>*



CAG recommends and VBP Workgroup approves measure categories



State accepts or re-categorizes measures



VBP Contractors report on measures



*Final proposals were presented to the Workgroup for comment following the measure feasibility process.*

<sup>1</sup> New York State Department of Health, Medicaid Redesign Team, *A Path toward Value Based Payment: Annual Update, June 2016: Year 2, New York State Roadmap for Medicaid Payment Reform, June 2016.* ([Link](#))



# Measure Feasibility

## Measure Feasibility focused on 9 factors:

- **Specification** – Does the measure have clear specification for data sources and methods for data collection and reporting?
- **Reasonable Cost** – Does the measure impose an inappropriate burden on health care systems?
- **Confidentiality** – Does the data collection violate accepted standards of member confidentiality?
- **Logistical Feasibility** – Is the required data available for the specified reporting source?
- **Auditability** – Is the measure susceptible to manipulation or “gaming” that would be undetectable in an audit?
- **NYS Guidelines** – Does the measure conflict with current accepted NYS guidelines?
- **Duplicate Measures** – Does the measure conflict with, or is a duplicate of, other measures in the same or related set?
- **High Performance** – Has statewide performance already topped out on this measure?
- **Sample Size** – Is there sufficient sample size at the VBP contractor level?

# Category 1 Measures

- Category 1 quality measures as identified by the CAGs and accepted by the State are to be reported by VBP Contractors.

The State classified each Category 1 measure as P4P or P4R:

## **Pay for Performance (P4P)**

- Measures designated as P4P are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible.
- Performance on the measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.

## **Pay for Reporting (P4R)**

- Measures designated as P4R are intended to be used by MCOs to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under the VBP contract.
- MCOs and VBP Contractors will be incentivized based on timeliness, accuracy & completeness of data reporting.

- Measures can move from P4R to P4P through the annual CAG and State review process or as determined by the MCO and VBP Contractor.

# Category 2 and 3 Measures

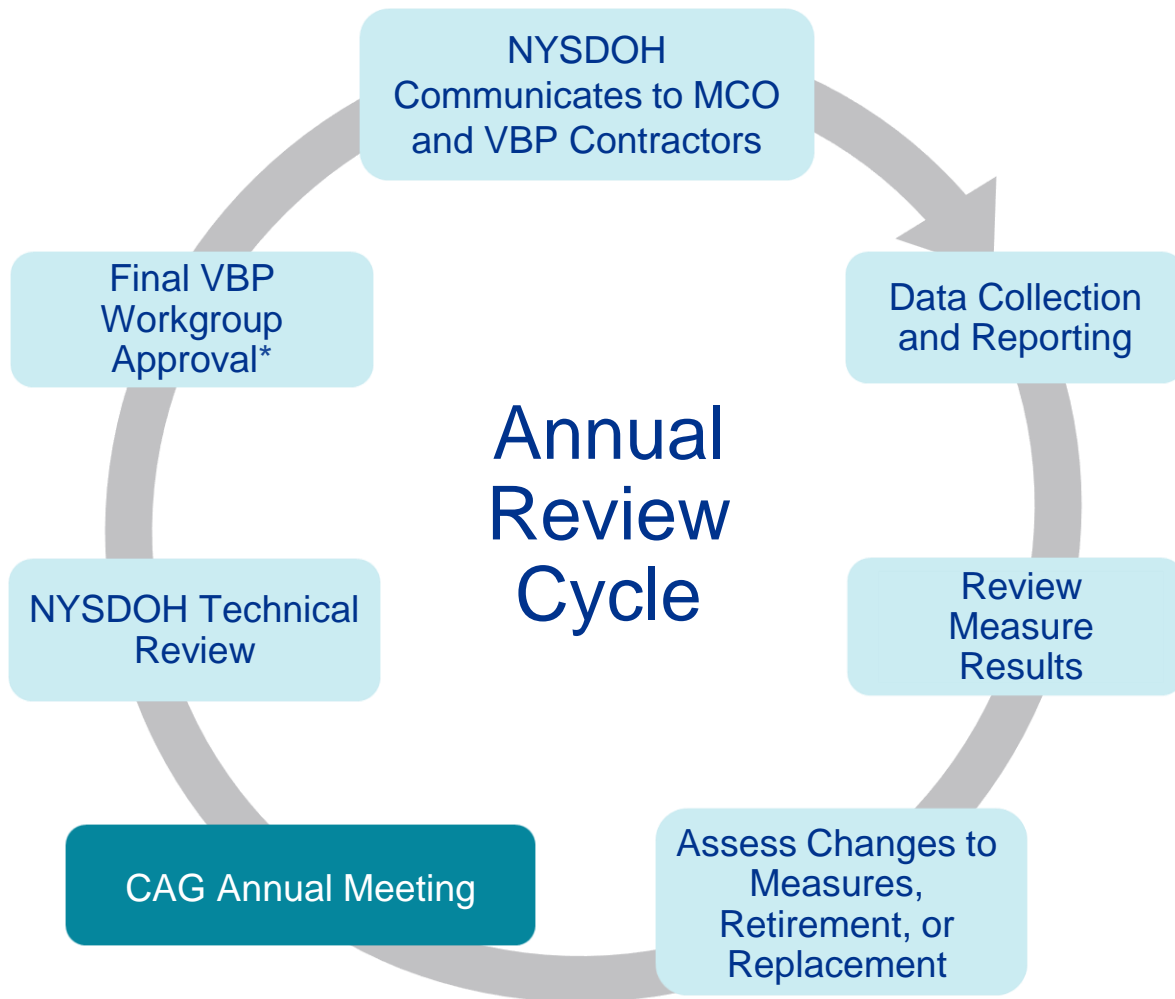
## Category 2

- Category 2 measures have been accepted by the State based on agreement of measure importance, but flagged as presenting concerns regarding implementation feasibility.
- The State requires that VBP Pilots make a good faith effort to explore reporting feasibility for Category 2 measures by including them in their contracting arrangements where possible.
- Plans participating in the Pilot Program should include a minimum of two Category 2 measures per arrangement to report on in their contracting arrangements, 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.

## Category 3

- Category 3 measures 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 VBP arrangement. These measures will not be tested in pilots or included in VBP at this time.

# VBP Quality Measure Set Annual Review



## Annual Review

*Clinical Advisory Groups* will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders
- Any significant changes in evidence base of underlying measures and/or conceptual gaps in the measurement program

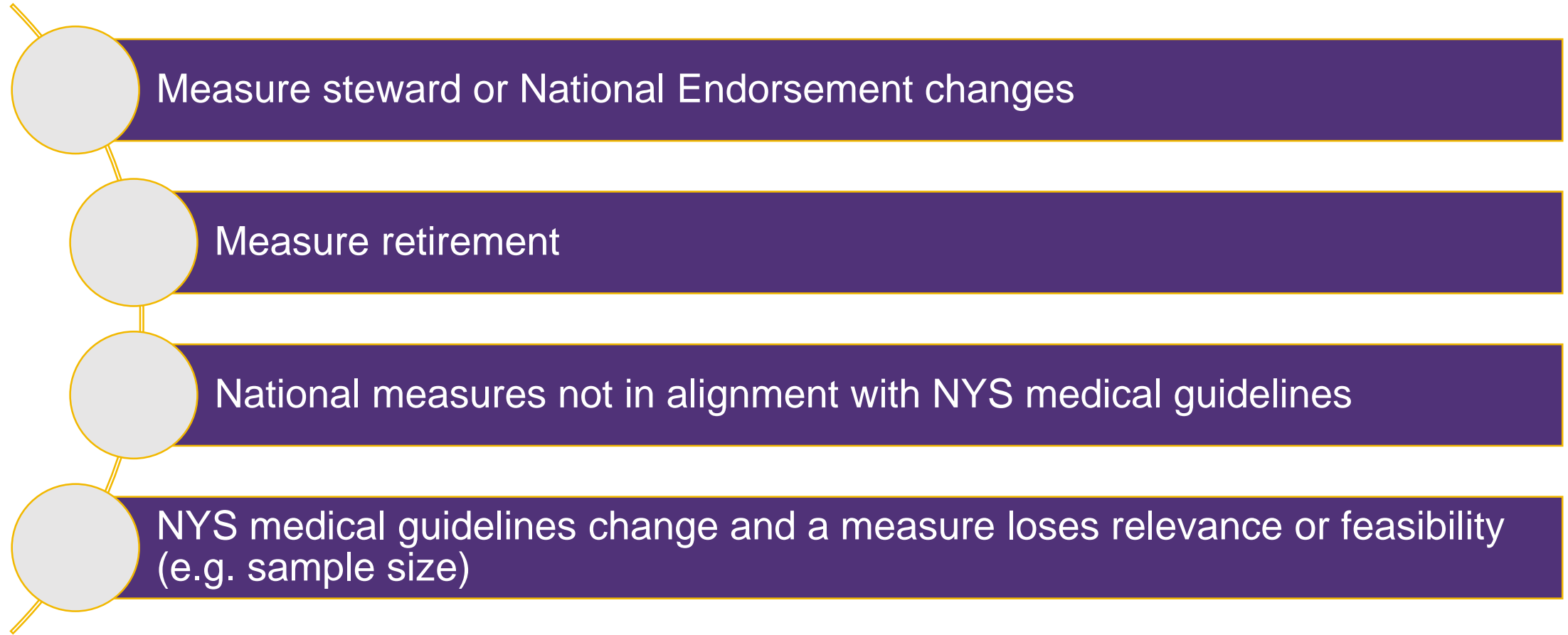
## *State Review Panel*

- Review data, technical specification changes or other factors that influence measure inclusion/exclusion\*
- Review measures under development to test reliability and validity
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R)

\* Final Workgroup approval will occur annually in September

# Annual Measure Maintenance

*Measures are assessed for various changes to their status*



# VBP Measure Set Development: Crawl, Walk, Run!



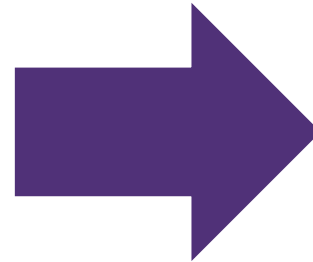
<b>Status in VBP</b>	<ul style="list-style-type: none"> <li>• Several measures require final specifications and/or clinical or other data elements</li> </ul>	<ul style="list-style-type: none"> <li>• Work with measure stewards to develop and finalize specifications</li> </ul>	<ul style="list-style-type: none"> <li>• Fully developed VBP measures included in Measurement Years 2018 and 2019</li> </ul>
<b>Data Availability and Sources</b>	<ul style="list-style-type: none"> <li>• Assess data availability</li> <li>• Identify and investigate potential data sources</li> <li>• Survey technological capabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Implement new data and reporting flows</li> <li>• Develop additional data sources</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination established with Qualified Entities (QEs) for clinical data integration</li> </ul>
<b>Data Collection and Infrastructure</b>	<ul style="list-style-type: none"> <li>• Gather requirements for data collection</li> <li>• Begin developing infrastructure to support new data sources</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate testing and evaluation of data collection methodologies</li> <li>• Work closely with technology vendors</li> </ul>	<ul style="list-style-type: none"> <li>• Data and reporting flows have been established</li> <li>• New data source infrastructure established</li> </ul>

*Note: Timelines will vary. The intent is to make substantive contributions within each phase to help realize NYS VBP Roadmap goals.*

# The Role of the CAGs: Then and Now

## Recommendations for the Initial Measure Sets

The **VBP CAGs** and subcommittees were created to address the larger VBP design questions. Their charge was to produce recommendations to the VBP Workgroup and to the State with their best design solutions. As a result, a number of VBP standards and guidelines were developed (included in the current version of the Roadmap) by the Subcommittees. The CAGs' scope of work included selecting Quality Measures for specific arrangements.

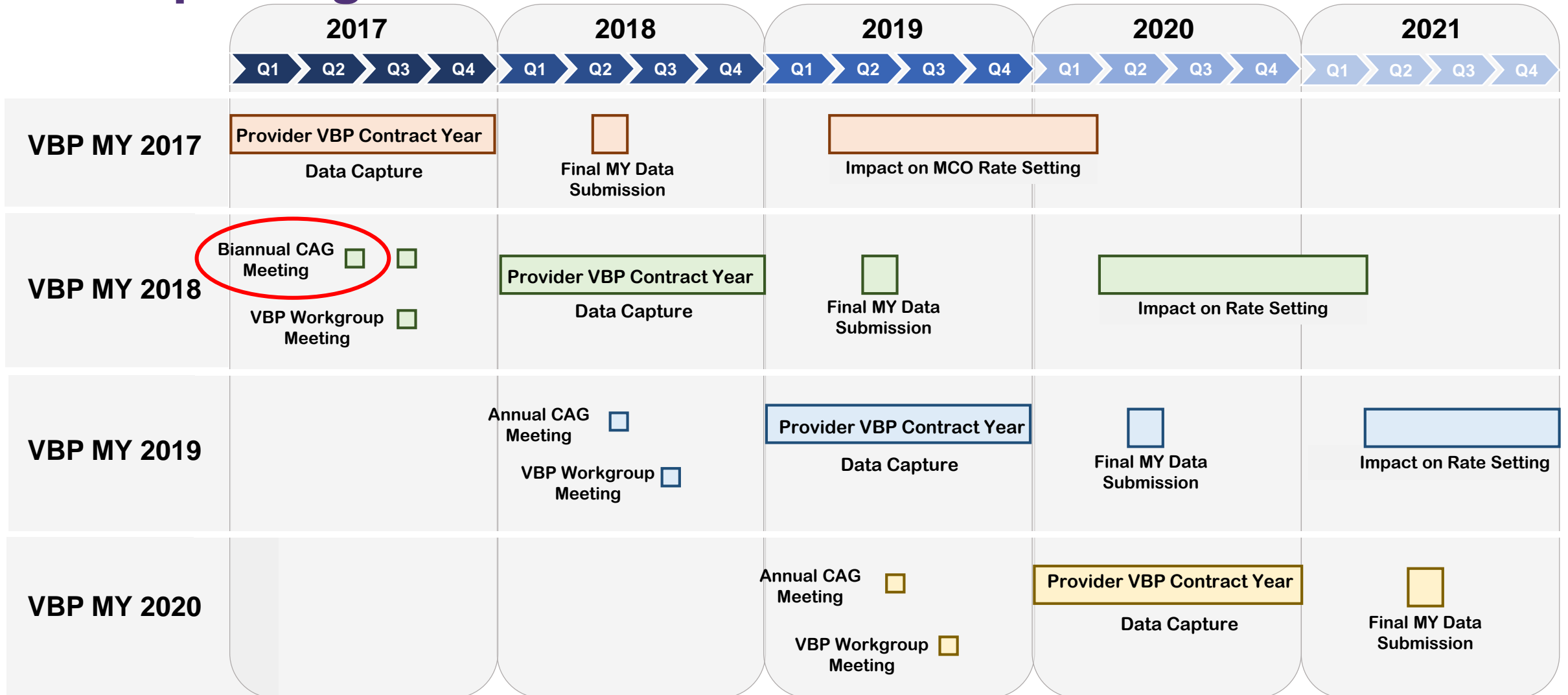


## Identification of VBP Measurement Targets and Gaps

The CAG will focus its activities on refining the priority clinical and care delivery goals for the HARP/BH Arrangement and providing recommendations, on an annual basis, to revise, strengthen, and improve the priority goals that will serve as the guide for long-term VBP Measure Set strategy, development and implementation.

The CAG will meet each year to review, identify, and fill critical gaps in the clinical and care delivery goals specific to the Medicaid population. The focus will be on **significant changes in the evidence base and clinical guidelines along with opportunities for improvement** identified through experience in clinical practice and feedback from MCOs and VBP contractors.

# VBP Contracting, Measure Implementation and Reporting Timeline





# Part 3

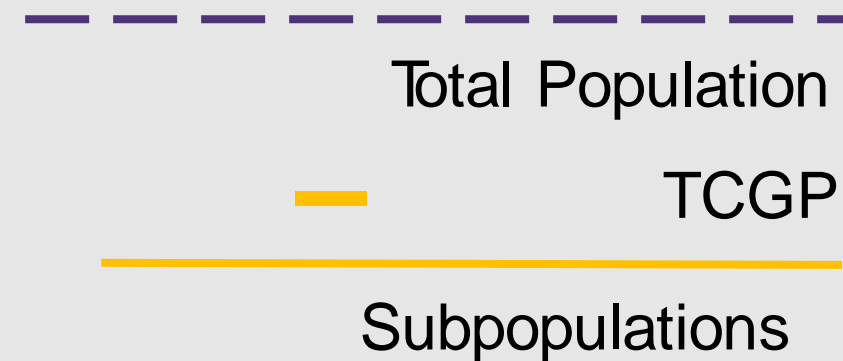
Health and Recovery Plan (HARP) VBP Arrangement

# Total Care for Special Needs Subpopulations

*Goal: Improve population health through enhancing the quality care for specific subpopulations that often require highly specific care.*

- Subpopulations include:
  - HIV/AIDS
  - **Health and Recovery Plans (HARP)**
  - Managed Long Term Care (MLTC)
  - Intellectual and Developmental Disabilities (I/DD)\*
- All services covered by the associated managed care plans are included, and all members fulfilling the criteria for eligibility to such plans are included.

*In this arrangement the VBP Contractor assumes responsibility for the care of the specific population where co-morbidity or disability may require specific and costly care needs, so that the majority (or all) of the care is determined by the specific characteristic of these members.*

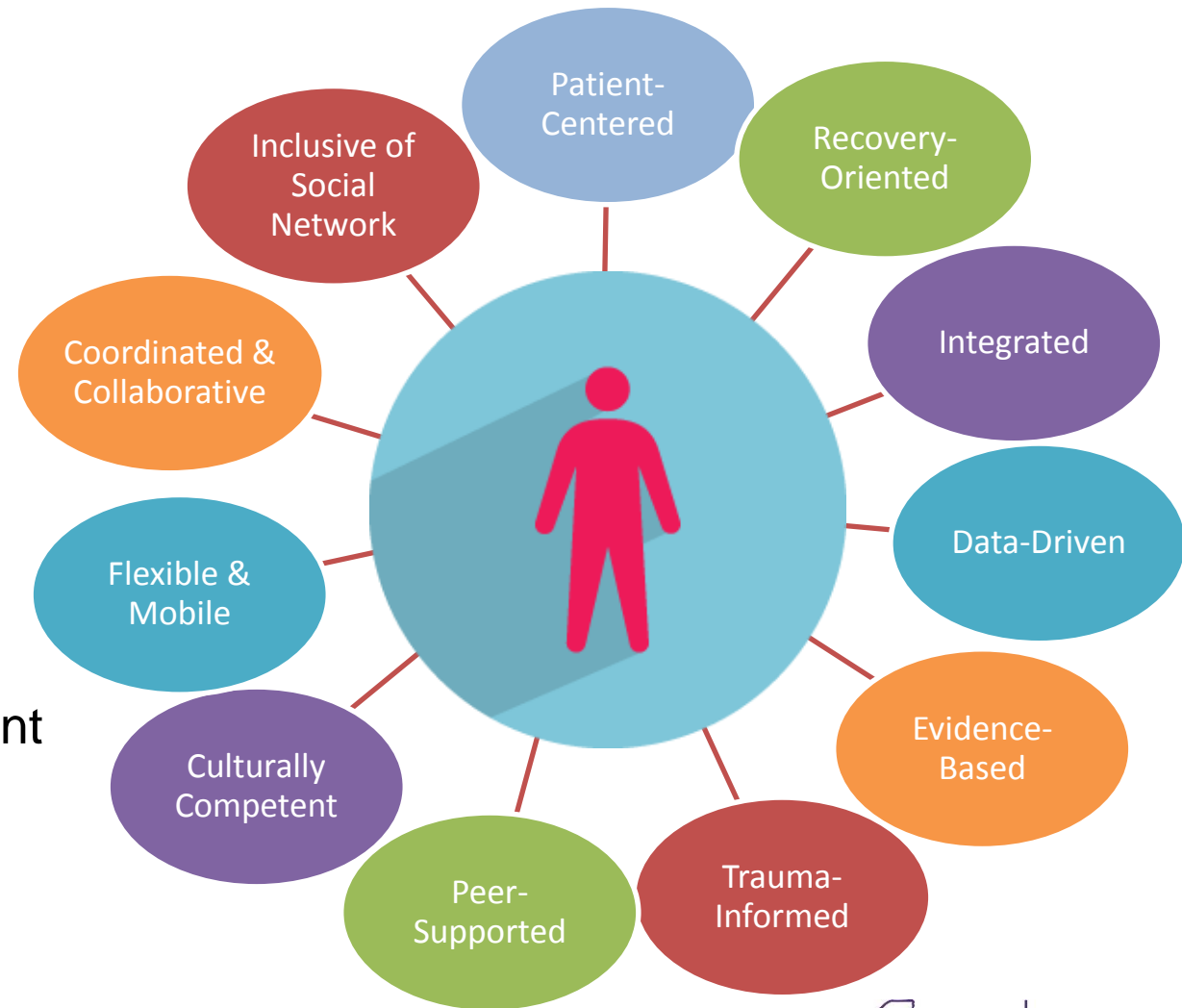


\* Arrangements are still being developed as of 7/7/17.

# HARP VBP Arrangements Incentivize Coordinated Care

## The Total Cost of Care Subpopulation Model:

- Members are connected to Health Homes, behavioral and physical care providers, and Behavioral Health Home and Community Based Services (BH HCBS).
- Their health and functioning is expected to improve, leading to a reduction in acute medical events and a lower total annual cost of care.
- Social determinants of health such as housing status and economic self-sufficiency are important variables for VBP Contractors to address with HARP members



# Discussion of Gaps for Future Measurement – HARP

- **Chronic Physical Disease Treatment & Management for People with Serious Mental Illness**
- **Care Coordination**
  - Health home connectivity & quality, e.g.
- **Chronic Behavioral Health Condition Treatment & Management for People with Serious Mental Illness**
  - Medication management/adherence, functional improvement. e.g.
- **Social Determinants of Health & Functional Improvements**
  - Employment, educational progress, housing status/stability, interactions with the criminal justice system, e.g.

# 2017 HARP-specific Measures Included in the HARP Quality Measure Set

Measure	State Category	Classification
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications	1	P4P
Follow-up After Hospitalization for Mental Illness (within 7 and 30 days)	1	P4P
Percentage of Members Enrolled in a Health Home	1	P4R
Initiation of Pharmacotherapy for Opioid Use Disorder	1	P4P
Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 days	2	P4R
Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence*	3	
Initiation of Pharmacotherapy for Alcohol Dependence	1	P4R
Utilization of Pharmacotherapy for Alcohol Dependence	2	P4R
Utilization of Pharmacotherapy for Opioid Use Disorder	2	P4R

\* Measure overlaps with Tobacco use measure in IPC Measure Set

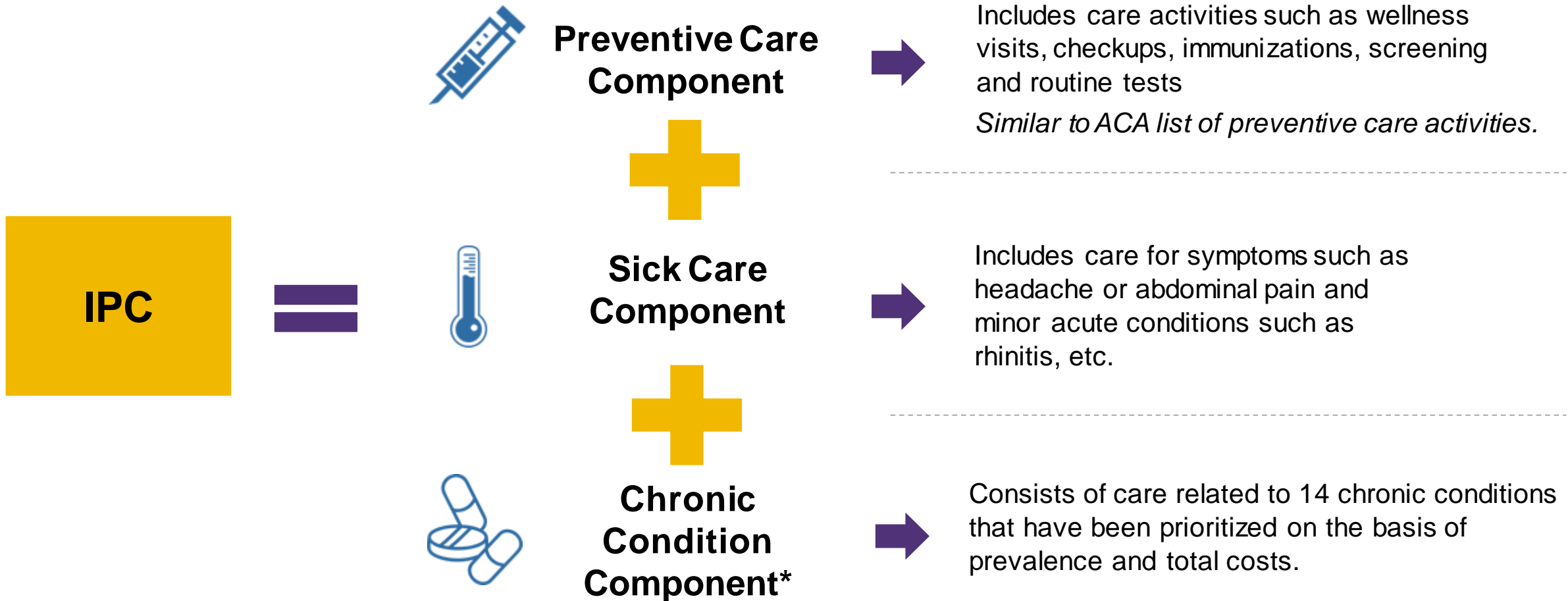
## 2017 HARP-specific Measures Included in the HARP Quality Measure Set (cont.)

Measure	State Category	Classification
Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence	1	P4P
Rate of Readmission to Inpatient Mental Health Treatment within 30 days	1	P4P
Continuing Engagement of Alcohol and Other Drug Dependence Treatment (CET)	2	P4R
Continuity of Care (CoC) within 14 Days of Discharge from any Level of SUD Inpatient Care	1	P4P
Percentage of Members who Receive PROS or HCBS for at Least 3 months in Reporting Year	1	P4R
Percentage of Members Who Maintained/Obtained Employment or Maintained/Improved Higher Education Status	1	P4R
Percentage of Members with Maintenance of Stable or Improved Housing Status	1	P4R
Percentage of Members with Reduced Criminal Justice Involvement	1	P4R

# Part 4

Integrated Primary Care Arrangement and Chronic Behavioral Health (BH) Episodes

# Integrated Primary Care (IPC) VBP Arrangement



Note: Patients that are attributed to subpopulations are excluded.

\* Given the prevalence of chronic co-morbidity, VBP Contractors by default include the 14 chronic conditions as a whole within IPC rather than selecting one or more of the individual chronic conditions.

Source: NYS Department of Health website: VBP Bootcamp – Session 1



# BH Chronic Conditions Definition: CAG Recommendations

The IPC Arrangement includes 14 individual chronic episodes as part of the Chronic Care Component, four of which are the behavioral health episodes developed with the CAG.

1. **Depression & Anxiety**
2. **Substance Use Disorder**
3. **Bipolar Disorder**
4. **Trauma & Stressor Disorder**

## Population Included

- Includes all members, between 12 and 65 years old, with a qualifying trigger code.
- Each of the Behavioral Health Chronic Condition episodes are triggered by one or more claims that carry a diagnosis code\* for the specific episode and meet the trigger criteria that is specified for the episode. A confirming trigger claim at least 30 days after the initial trigger claim is also necessary to ensure the episode is appropriate for the member.

## Episode Definitions

- The episodes include all services (inpatient admissions, outpatient visits, professional services, laboratory tests, imaging, medication) associated with the care for the chronic condition during the contract year, as indicated by the submission of at least one claim with a diagnosis for the chronic condition.
- Services for exacerbations and short- and long-term complications of the condition are included.

\* A qualifying trigger code is a ICD-9 or 10 /CPT/HCPCS code. See episode definitions here: [http://www.hci3.org/programs-efforts/prometheus-payment/evidence\\_informed\\_case\\_rates/ecrs-and-definitions](http://www.hci3.org/programs-efforts/prometheus-payment/evidence_informed_case_rates/ecrs-and-definitions)

# Discussion of Gaps for Future Measurement – Behavioral Health Episodes

- **Outcomes of Actual Treatment (Not Screening)**
  - Effective depression treatment/cessation of symptoms, clinical improvement in area of episode focus, etc.
- **Emerging Areas of Clinical Focus for Measurement**
  - Anxiety, trauma, etc.
- **True Integration of Care**
  - Access and utilization of high quality services across the physical-behavioral health care continuum
- **Functional Improvement & Quality of Life as it Pertains to General Population Health**
  - Patient reported outcomes, happiness/well-being, etc.

# 2017 Behavioral Health Measures Included in the TCGP/IPC Quality Measure Set

Measure	State Category	Classification	BH Category
Adherence to Mood Stabilizers for Individuals with Bipolar Disorder	1	P4P	Bipolar
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	1	P4P	Bipolar
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	1	P4P	Depression & Anxiety
Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence*	2	P4R	Substance Use Disorder (SUD)
Continuity of Care (CoC) within 14 Days of Discharge from any Level of SUD Inpatient Care*	2	P4R	SUD
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	1	P4P	SUD
Initiation of Pharmacotherapy for Alcohol Dependence*	1	P4R	SUD
Initiation of Pharmacotherapy for Opioid Use Disorder*	1	P4P	SUD

\* Measure overlaps with HARP Measure Set

## 2017 Behavioral Health Measures Included in the TCGP/IPC Quality Measure Set (cont.)

Measure	State Category	Classification	BH Category
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	1	P4R	Depression & Anxiety
Utilization of Pharmacotherapy for Alcohol Dependence*	2	P4R	SUD
Utilization of Pharmacotherapy for Opioid Use Disorder*	2	P4R	SUD

\* Measure overlaps with HARP Measure Set

# Part 5: Measure Development Update

# Measure Development

- Several Behavioral Health and HARP measures require development.
- Steps in the process include:
  - Creation of measure concept and draft technical specifications
    - Review of spec with edits
    - Updated based on edits and finalized
  - Post measure for 30-day public comment period
  - Test Technical Specifications
  - Review Results/Feedback
  - Finalize Specifications
  - Data Validation
- Pilots and the Measure Feasibility Task Force sub-team will assist with development.
- Additional clinical support to be provided by CAG.

# Target Population for Care Transition Measures

- Seeking feedback with how to identify target population for care transition measures:
  - Use broad focus on primary diagnosis, e.g., current approach to PPVs and PPRs that focuses on primary MH diagnosis; vs.
  - Use more narrow focus on specific inpatient service types, e.g., current approach to CoC measure for SUD

# Status of Measure Development

Measure	Status
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Measure to be updated for Medicaid
Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	Measure concepts and draft technical specifications under development
Continuity of Care (CoC) within 14 Days of Discharge from any Level of SUD Inpatient Care	
Initiation of Pharmacotherapy for Alcohol Dependence	
Initiation of Pharmacotherapy for Opioid Use Disorder	
Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 Days	
Utilization of Pharmacotherapy for Alcohol Dependence	
Utilization of Pharmacotherapy for Opioid Use Disorder	



# Status of Measure Development (cont.)

Measure	Status
Percentage of Members Who Receive PROS or HCBS for at Least 3 Months in Reporting Year	State initiated analysis of measures. Researching use of UAS data for measure calculation.
Percentage of Members Who Maintained/Obtained Employment or Maintained/Improved Higher Education Status	
Percentage of Members with Maintenance of Stable or Improved Housing Status	
Percentage of Members with Reduced Criminal Justice Involvement	

# 2017 HARP / IPC Arrangement Measure Sets

- The HARP measure set is intended to encourage providers to meet high standards of patient-centered clinical care and functional improvement, and care coordination across multiple care settings throughout the HARP care episode.
- The Measure Set has been made available to providers and MCOs contracting the HARP Arrangement and are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible and to monitor quality of care delivered to members under the VBP contract.<sup>1</sup>
- Category 1 quality measures, as identified by the HARP/BH CAG and accepted by the State, are to be reported by VBP Contractors.

Access the complete *HARP Value Based Payment Quality Measure Set* on the VBP Resource Library!

The screenshot displays the Department of Health website's VBP Resource Library. The main content area lists various resources under the heading 'DSRIP - Value Based Payment (VBP) Resource Library'. A sidebar on the right features a blue banner for the 'Health and Recovery Plan (HARP) Subpopulation Value Based Payment Quality Measure Set Measurement Year 2017'. The page is updated as of June 07, 2017.

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrrip/vbp\\_library/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrrip/vbp_library/index.htm)

<sup>1</sup> New York State Department of Health, Medicaid Redesign Team, *A Path toward Value Based Payment: Annual Update, June 2016: Year 2, New York State Roadmap for Medicaid Payment Reform, June 2016.* ([Link](#))

# Part 6

Next Steps

## Next Steps

- Work still ongoing on BH episode design including SUD
  - Conversion to ICD-10
- Measure specs under development will be put out for public comment
- Next CAG meeting scheduled for late summer/ early fall.

# BH Clinical Validation Group Update

- **Overall CVG Goal:**
  - Provide clinical guidance and recommendations for the BH episode construction.
- **Recent Clinical Validation Group (CVG) Activities:**
  - Group has met several times throughout the summer to perform clinical reviews of Potentially Avoidable Complications (PAC) for the SUD Episode.
- **Current Work In Progress:**
  - Completing the BH PAC design.
  - Analyzing hospital admissions for detox services to assess frequency and ensure the right incentives for providers.

# Thank you!

***Please send questions and feedback to:***

**[vbp@health.ny.gov](mailto:vbp@health.ny.gov)**

# Appendix

- HARP 2017 Category 1 Measure Set
- HARP 2017 Category 2 Measure Set

## 2017 HARP Arrangement Category 1 Measures (1/4)

Measures	Measure Steward	Measure Identifier	Classification
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Centers for Medicare & Medicaid Services (CMS)	NQF 1880	P4P
Breast Cancer Screening	National Committee for Quality Assurance (NCQA)	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Chlamydia Screening for Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P
Comprehensive Diabetes Care: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	NCQA	NQF #s 0055, 0062, 0057	P4P
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Foot Exam	NCQA	NQF 0056	P4R



## 2017 HARP Arrangement Category 1 Measures (2/4)

Measures	Measure Steward	Measure Identifier	Classification
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	NQF 0575	P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing [performed]	NCQA	NQF 0057	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	NQF 0062	P4P
Continuity of care (CoC) within 14 days of Discharge from any Level of SUD Inpatient Care	NYS Office of Alcoholism and Substance Abuse Services (NYS OASAS)	-	P4P
Controlling High Blood Pressure	NCQA	NQF 0018	P4P
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	-	P4P

## 2017 HARP Arrangement Category 1 Measures (3/4)

Measures	Measure Steward	Measure Identifier	Classification
Follow-up after Hospitalization for Mental Illness (within 7 and 30 days)	NCQA	NQF 0576	P4P
Initiation of Pharmacotherapy for Alcohol Dependence	NYS OASAS	-	P4R
Initiation of Pharmacotherapy for Opioid Use Disorder	NYS OASAS	-	P4P
Medication Management for People With Asthma (ages 5 - 64) – 50 % and 75% of Treatment Days Covered ( <i>Calculation to be constrained to the appropriate age range</i> )	NCQA	NQF 1799	P4P
Percentage of Members Enrolled in a Health Home	NYS Office of Mental Health (OMH) / OASAS	-	P4R
Percentage of Members who Maintained/Obtained Employment or Maintained/Improved Higher Education Status	NYS OMH / OASAS	-	P4R
Percentage of Members who Receive PROS or HCBS for at Least 3 Months in Reporting Year	NYS OMH / OASAS	-	P4R
Percentage of Members with Maintenance of Stable or Improved Housing Status	NYS OMH / OASAS	-	P4R

## 2017 HARP Arrangement Category 1 Measures (4/4)

Measures	Measure Steward	Measure Identifier	Classification
Percentage of Members with Reduced Criminal Justice Involvement	NYS OMH / OASAS	-	P4R
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow- Up Plan	CMS	NQF 0421	P4R
Preventive Care and Screening: Influenza Immunization	American Medical Association Physician Consortium for Performance Improvement (AMA PCPI)	NQF 0041	P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	NQF 0028	P4R
Rate of Readmission to Inpatient Mental Health Treatment within 30 Days	NYS OMH	-	P4P
Statin Therapy for Patients with Cardiovascular Disease	NCQA	-	P4R
Statin Therapy for Patients with Diabetes*	NCQA	-	P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	NQF 0577	P4R

\* Measure is part of the 2017 QARR measure set and replaces 'Adherence to Statins for Individuals with Diabetes Mellitus.'

## 2017 HARP Arrangement Category 2 Measures

Measures	Measure Steward	Measure Identifier
Asthma: Assessment of Asthma Control – Ambulatory Care Setting*	The American Academy of Allergy, Asthma & Immunology (AAAAI)	-
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis*	NCQA	NQF 0058
Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	NYS OASAS	-
Lung Function/Spirometry Evaluation (asthma)	AAAAI	-
Patient Self-Management and Action Plan*	AAAAI	-
Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 Days	NYS OMH	-
Use of Imaging Studies for Low Back Pain*	NCQA	NQF 0052
Utilization of Pharmacotherapy for Alcohol Dependence	NYS OASAS	-
Utilization of Pharmacotherapy for Opioid Use Disorder	NYS OASAS	-

\* VBP Pilot contractors may include measures as outlined in the VBP Pilot webinar held on February 24, 2017. Four measures were added to the Category 2 list subsequent to that presentation to align with measures in the Advanced Primary Care core set and VBP Workgroup recommendations.