NEW YORK STATE | Department of Health

2020 Value Based Payment Reporting Requirements

Technical Specifications Manual

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

Blank Page

Table of Contents

Blank Page

I. Submission Requirements

INTRODUCTION

The purpose of this document is to make stakeholders aware of the quality measure reporting requirements for Medicaid Managed Care Organizations (MCOs) participating in the New York State Medicaid (NYS) VBP program. The 2020 Value Based Payment Reporting Requirements refer to 2019 Measurement Year (MY) data, except for Managed Long-Term Care plans, for which the reporting requirements refer to 2020 MY data. Section II of this document includes guidance on the organizations responsible for reporting, the subset of measures for which reporting will be required by VBP Arrangement, and the changes to the reportable set of MY2019 Quality Measure Sets (see the VBP Quality Measure tab).

The New York State Department of Health (NYS DOH) is approaching the completion of the first phase of a health transformation effort, known as the State Innovation Model (SIM) award, which focused on the transformation of primary care delivery and payment models statewide. The New York State Patient Centered Medical Home (NYS PCMH) model was created as part of the SIM initiative. With NYS PCMH, a Primary Care Core measure set was developed, and multi-payer data is used to calculate results for practices for the measure. To reduce the burden on MCOs participating in both the NYS PC measure set model and Medicaid VBP, we are aligning the reporting for both programs and utilizing the NYS Primary Care Core Set Scorecard data request to fulfill reporting requirements for both programs, where possible. Section III of this manual describes File Specifications required for VBP reporting. For more information on the State Health Innovation Plan, see:
https://www.health.ny.gov/technology/innovation_plan_initiative/.

VBP ARRANGEMENTS AND ASSOCIATED QUALITY MEASURES

The VBP Roadmap outlines six types of VBP arrangements to be included for MY2019:

- Total Care for the General Population (TCGP) Arrangement: Includes all costs and outcomes for care, excluding certain populations (specified below).
- Total Care for Special Needs Population Arrangements: Includes costs and outcomes of total care for all members within a special needs population exclusive of TCGP.
  - o Health and Recovery Plans (HARP): For those with Serious Mental Illness or Substance Use Disorders
  - o HIV/AIDS
  - o Managed Long-Term Care (MLTC)
- Episodic Care Arrangements:
  - o Integrated Primary Care (IPC): Includes all costs and outcomes associated with primary care, sick care, and a set of chronic conditions selected due to high volume and/or costs.
  - o Maternity Care: Includes episodes associated with a pregnancy, including prenatal care, delivery and postpartum care through 60 days post-discharge for the mother, and care provided to the newborn from birth through the first 30 days post-discharge.

CATEGORIZATION OF QUALITY MEASURES

Through a multi-group stakeholder engagement process, a set of quality measures was defined for each arrangement. Based on an analysis of clinical relevance, reliability, validity, and feasibility, each measure was placed into one of three categories:

- **Category 1:** Selected as clinically relevant, reliable, valid, and feasible. These measures are outlined in Table 1 below.
  - o **REQUIREMENT:** Only the **Category 1** measures that are indicated in this document as "Required to Report" (✓) are to be reported by the MCO to the State.

I. Submission Requirements

- **Category 2:** Seen as clinically relevant, valid, and reliable, but where the feasibility could be problematic. Category 2 measures are listed in the appendix of this guide.
- **Category 3:** Rejected based on a lack of relevance, reliability, validity, and/or feasibility. These measures are not included in this manual.

CLASSIFICATION OF QUALITY MEASURES

Each Category 1 measure is classified as either Pay-for-Performance (P4P) or Pay-for-Reporting (P4R). Pay-for-Performance measures are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible. P4R measures are intended to be used by the MCOs to incentivize the VBP Contractors for reporting data to monitor quality of care delivered to members in a VBP contract. At least one Category 1 P4P measure must be included in a VBP contract.

ORGANIZATIONS REQUIRED TO REPORT

Medicaid Managed Care Organizations with Level 1 or higher value-based contracting arrangements are required to report. **All submissions must be received electronically by 11:59 p.m. ET on Monday, August 3, 2020.**

REPORTING REQUIREMENT GUIDELINES

- ➢ **Table 1:** 2019 VBP List of Required Measures
  - o Lists, by arrangement, the 2019 VBP Category 1 Measure sets and indicates the 2019 measures the State is requiring for reporting.
- ➢ **Table 2:** 2020 MLTC VBP List of Required Measures
  - o Lists, by arrangement, the 2020 MLTC VBP Category 1 Measure set and indicates the 2020 measures required for reporting.
- ➢ **Section III:** File Specifications required for reporting.
  - o This manual describes reporting requirements only. For VBP reporting questions, please contact nysqarr@health.ny.gov. For VBP contracting questions, please contact vbp@health.ny.gov.
- ➢ Organizations must purchase the HEDIS® 2020 Technical Specifications for descriptions of the required HEDIS® measures. For specifications for other non-HEDIS measures, please contact the measure steward for the correct version of the specification. NYS specific measures are defined in the 2020 Quality Assurance Reporting Requirements (QARR) Technical Specifications Manual.

SPECIFIC INSTRUCTIONS PER CONTRACTED VBP ARRANGEMENT:

Mainstream & Subpopulation VBP Arrangements: (*other than MLTC*) The State is requesting that Medicaid Managed Care (MMC) plans submit data files that leverage their 2020 QARR (HEDIS) submission which will be used to create aggregated quality results by VBP Contractor for all members in a VBP Arrangement. Specifically, the State is asking insurers to provide a modified version of NYS Patient-Level Detail (PLD) file, along with provider and practice information. Submission of the NYS Patient Centered Medical Home (PCMH) Patient Level Detailed file for all members in a Level 1 or higher VBP Arrangement will fulfill this reporting requirement. The NYS PCMH Patient-Level Detail File layout is included in Section III of this manual. The State is also requesting a separate Patient Attribution file for all members in a Level 1 or higher VBP Arrangement. The Patient Attribution file layout is also included in Section III.

I. Submission Requirements

MLTC: The State is requesting insurers to submit a Patient Attribution file, which will be used to create aggregated quality results by Provider or VBP Contractor. DOH will calculate all reportable Category 1 quality measure results for the arrangements. The attribution methodology and Patient Attribution file layout is included in Section III.

MEASURE CHANGES

Changes to the Reporting Requirements for 2019 Measure Sets were made based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Support Task Force and Sub-teams, and from other stakeholder groups. Those changes are indicated below. In instances where a measure was moved from Category 1 in MY2019 to Category 2 in MY2020 or removed entirely, the State will not require reporting of the data related to those measures.

TCGP:

Category 1: Changes

- No Category 1 Measures were **removed** from the TCGP measure set.

Category 2: Changes

- Continuity of Care from Inpatient Detox to Lower Level of Care; **removed** as a Category 2 Measure.
- Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care; **removed** as a Category 2 Measure.

IPC:

Category 1: Changes

- No Category 1 Measures were **removed** from the IPC measure set.

Category 2: Changes

- Continuity of Care from Inpatient Detox to Lower Level of Care; **removed** as a Category 2 Measure.
- Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care; **removed** as a Category 2 Measure.

HARP:

Category 1: Changes

- Continuity of Care from Inpatient Detox to Lower Level of Care; **removed** as a Category 1 Measure.
- Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care; **removed** as a Category 1 Measure.

Category 2: Changes

- No Category 2 Measures were **removed** from the HARP measure set.

HIV/AIDS:

Category 1: Changes

- No Category 1 Measures were **removed** from the HIV/AIDs measure set.

Category 2: Changes

- Continuity of Care from Inpatient Detox to Lower Level of Care; **removed** as a Category 2 Measure.
- Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care; **removed** as a Category 2 Measure.

I. Submission Requirements

Maternity:

Category 1 Changes

- No Category 1 Measures were **removed** from the Maternity measure set.

Category 2: Changes

- Monitoring and Reporting of NICU Referral Rates; **removed** as a Category 2 Measure.

MLTC:

Category 1: Changes

- Percentage of members who did not have an emergency room visit in the last 90 days; **resumed** as a Measure.

NEW MEASURES

TCGP:

Category 1: Changes

- Asthma Medication Ratio; **added** as a Category 1 Measure.
- Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]; **added** as a Category 1 Measure.
- Prenatal and Postpartum Care; **added** as a Category 1 Measure.

Category 2: Changes

- Depression Remission or Response for Adolescents and Adults; **added** as a Category 2 Measure.

IPC:

Category 1: Changes

- Asthma Medication Ratio; **added** as a Category 1 Measure.

Category 2: Changes

- Depression Remission or Response for Adolescents and Adults; **added** as a Category 2 Measure.

HARP:

Category 1: Changes

- Asthma Medication Ratio; **added** as a Category 1 Measure.

Category 2: Changes

- No Category 2 Measures were **added** to the HARP measure set.

HIV/AIDS:

Category 1: Changes

- Asthma Medication Ratio; **added** as a Category 1 Measure.

Category 2: Changes

- Depression Remission or Response for Adolescents and Adults; **added** as a Category 2 Measure.

Maternity:

Category 1: Changes

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment; **added** as a Category 1 Measure.

I. Submission Requirements

- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention; **added** as a Category 1 Measure.

    ### Category 2: Changes

- No Category 2 Measures were **added** to the Maternity measure set.

MLTC:

Category 1: Changes

- No Category 1 Measures were **added** to the MLTC measure set.

Category 2: Changes

- No Category 2 Measures were **added** to the MLTC measure set.

WHERE TO SUBMIT VBP REPORTING DATA

- Electronically submit all files (**no later than 11:59p.m. ET on Monday, August 3, 2020**) via a secure file transfer facility**.** Do not mail materials.
- Specific delivery instructions are given for each file.

WHAT TO SEND FOR VBP REPORTING

- The State is requesting a NYS PCMH file and a Patient Attribution file for **ALL** members in a VBP Level 1 or higher Arrangement.
- Exception: The NYS PCMH file is not required for MLTC.

    *****All submissions must be received electronically by 11:59 p.m. ET on Monday, August 3, 2020.*****

QUESTIONS CONCERNING 2020 VBP REPORTING

Please submit all questions to nysqarr@health.ny.gov.

II. Reporting Requirements

TABLE 1: 2019 VBP LIST OF REQUIRED MEASURES

Measures	Notes	TCGP	IPC	Maternity	HARP	HIV/AIDS	NQF ID	Specifications	Class
		Arrangement Type							

Measures	Notes	TCGP	IPC	Maternity	HARP	HIV/AIDS	NQF ID	Specifications	Class
Total Care for the General Population (TCGP)/ Integrated Primary Care (IPC)									
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder		NR	NR	NA	NA	NR	1880	HEDIS 2019	P4P
Adolescent Preventive Care Measures	2	NR	NR	NA	NA	NA		NYS 2019	P4R
Adolescent Well–Care Visits		√	√	NA	NA	NA		HEDIS 2019	P4R
Annual Dental Visit		√	√	NA	NA	NA	1388	HEDIS 2019	P4R
Antidepressant Medication Management		√	√	NA	NA	√	105	HEDIS 2019	P4P
Asthma Admission Rate [PDI #14]		NR	NR	NA	NA	NA	728	AHRQ	P4P
Asthma Medication Ratio		√	√	NA	√	√	1800	HEDIS 2019	P4P
Breast Cancer Screening		√	√	NA	√	√	2372	HEDIS 2019	P4P
Cervical Cancer Screening	2	√	√	NA	√	√	32	HEDIS 2019	P4P
Childhood Immunization Status – combination 3	2	√	√	NA	NA	NA	38	HEDIS 2019	P4P
Chlamydia Screening in Women		√	√	NA	√	NA	33	HEDIS 2019	P4P
Colorectal Cancer Screening	2	√	√	NA	√	√	34	HEDIS 2019	P4P
Comprehensive Diabetes Care: Eye Exams	2	√	√	NA	√	√	55	HEDIS 2019	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	2	√	√	NA	√	√	59	HEDIS 2019	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	2	√	√	NA	√	√	62	HEDIS 2019	P4P
Controlling High Blood Pressure	2	√	√	NA	√	√	18	HEDIS 2019	P4P

√ - Required to Report   NA-Not Applicable to the Arrangement   Shading – Purple– Not required to be reported

1. There are no reporting requirements for this measure. NYS will calculate the measure result for MY2019
2. For measures that you may have reported using the hybrid sample in the PLD for QARR, we request that you report the administrative denominator and numerator for VBP.

II. Reporting Requirements

Measures	Notes	Arrangement Type					NQF ID	Specifications	Class
		TCGP	IPC	Maternity	HARP	HIV/AIDS			
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications		√	√	NA	√	√	1932	HEDIS 2019	P4P
Follow–Up Care for Children Prescribed ADHD Medication		√	√	NA	NA	NA	108	HEDIS 2019	P4R
Immunizations for Adolescents - Combination 2		√	√	NA	NA	NA	1407	HEDIS 2019	P4P
Initiation and Engagement of Alcohol & Other Drug Abuse or Dependence Treatment		√	√	√	√	√	4	HEDIS 2019	P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence		√	√	NA	√	√		NYS 2019	P4P
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]		√	NA	√	NA	NA	278	AHRQ v7.0	P4R
Medication Management for People with Asthma		√	√	NA	√	√	1799	HEDIS 2019	P4P
Potentially Avoidable Complications (PAC) in Routine Sick Care or Chronic Care		NR	NR	NA	NA	NA		Altarum	P4R
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan		NR	NR	NA	NR	NR	421	CMS 2019	P4R
Preventive Care and Screening: Influenza Immunization		NR	NR	NA	NR	NR	41	AMA PCPI	P4R
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan		NR	NR	NR	NA	NR	418	CMS 2019	P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention		NR	NR	√	NR	NR	28	AMA PCPI	P4R

√ - Required to Report   NA-Not Applicable to the Arrangement   Shading – Purple– Not required to be reported

1. There are no reporting requirements for this measure. NYS will calculate the measure result for MY2019
2. For measures that you may have reported using the hybrid sample in the PLD for QARR, we request that you report the administrative denominator and numerator for VBP.

II. Reporting Requirements

Measures	Notes	Arrangement Type					NQF ID	Specifications	Class
		TCGP	IPC	Maternity	HARP	HIV/AIDS			
Statin Therapy for Patients with Cardiovascular Disease		√	√	NA	√	√		HEDIS 2019	P4R
Use of Pharmacotherapy for Alcohol Abuse or Dependence		√	√	NA	√	√		NYS 2019	P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD		√	√	NA	√	√	577	HEDIS 2019	P4R
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	2	√	√	NA	NA	NA	24	HEDIS 2019	P4P
Well–Child Visits in the First 15 Months of Life		√	√	NA	NA	NA	1392	HEDIS 2019	P4P
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life		√	√	NA	NA	NA	1516	HEDIS 2019	P4P
Maternity									
Contraceptive Care – Postpartum		NA	NA	NR	NA	NA	2902	US Office of Population Affairs	P4R
C-Section for Nulliparous Singleton Term Vertex (NSTV)		NA	NA	NR	NA	NA	471	TJC 2019	P4R
Exclusively Breast Milk Feeding		NA	NA	NR	NA	NA	480	TJC 2017	P4R
Incidence of Episiotomy		NA	NA	NR	NA	NA	470	Christiana Care Health System	P4R
Percentage of Preterm Births		NA	NA	NR	NA	NA		NYS 2019 Vital Statics	P4R
Prenatal and Postpartum Care		√	NA	√	NA	NA	NQF 1517 (lost endorsement)	HEDIS 2019	P4P

√ - Required to Report   NA-Not Applicable to the Arrangement   Shading – Purple– Not required to be reported

1. There are no reporting requirements for this measure. NYS will calculate the measure result for MY2019
2. For measures that you may have reported using the hybrid sample in the PLD for QARR, we request that you report the administrative denominator and numerator for VBP.

II. Reporting Requirements

Measures	Notes	Arrangement Type					NQF ID	Specifications	Class
		TCGP	IPC	Maternity	HARP	HIV/AIDS			
Health and Recovery Program (HARP)									
Adherence to Antipsychotic Medications for Individuals with Schizophrenia		NA	NA	NA	√	NA	1879	CMS 2018	P4P
Follow-Up After Emergency Department Visit for Mental Illness		NA	NA	NA	√	NA	2605	HEDIS 2019	P4P
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence		NA	NA	NA	√	NA	2605	HEDIS 2019	P4P
Follow-Up After Hospitalization for Mental Illness		NA	NA	NA	√	NA	576	HEDIS 2019	P4P
Maintaining/Improving Employment or Higher Education Status	1	NA	NA	NA	√	NA		NYS 2019	P4R
Maintenance of Stable or Improved Housing Status	1	NA	NA	NA	√	NA		NYS 2019	P4R
No or Reduced Criminal Justice Involvement	1	NA	NA	NA	√	NA		NYS 2019	P4R
Percentage of Members Enrolled in a Health Home	1	NA	NA	NA	NR	NA		NYS 2019	P4R
Potentially Preventable Mental Health Related Readmission Rate 30 Days	1	NA	NA	NA	√	NA		NYS 2019	P4P
HIV/AIDS									
HIV Viral Load Suppression	1	NA	NA	NA	NA	√	2082	HRSA	P4P
Potentially Avoidable Complication (PAC) in Patients with HIV/AIDS	1	NA	NA	NA	NA	NR		Altarum	P4R
Sexually Transmitted Infections: Screening for Chlamydia, Gonorrhea, and Syphilis	1	NA	NA	NA	NA	√		NYS 2019	P4P

√ - Required to Report   NA-Not Applicable to the Arrangement   Shading – Purple– Not required to be reported

1. There are no reporting requirements for this measure. NYS will calculate the measure result for MY2019
2. For measures that you may have reported using the hybrid sample in the PLD for QARR, we request that you report the administrative denominator and numerator for VBP.

Measures	Notes	Arrangement Type MLTC	NQF ID	Specifications	Class
Managed Long-Term Care (MLTC)					
Percentage of members who did not have an emergency room visit in the last 90 days	1	√		NYS 2020	P4P
Percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days	1	√		NYS 2020	P4P
Percentage of members who received an influenza vaccination in the last year	1	√		NYS 2020	P4P
Percentage of members who remained stable or demonstrated improvement in pain intensity	1	√		NYS 2020	P4P
Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score	1	√		NYS 2020	P4P
Percentage of members who remained stable or demonstrated improvement in urinary continence	1	√		NYS 2020	P4P
Percentage of members who remained stable or demonstrated improvement in shortness of breath	1	√		NYS 2020	P4P
Percentage of members who did not experience uncontrolled pain	1	√		NYS 2020	P4P
Percentage of members who were not lonely or were not distressed	1	√		NYS 2020	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection	1, 2	√		NYS 2020	P4P

√ - Required to Report   NA-Not Applicable to the Arrangement   Shading – Purple– Not required to be reported
1- There are no reporting requirements for this measure. NYS will calculate the measure result for MY2019/2020
 2- NYS will calculate this measure for the community-based providers and the Nursing Homes separately.

III. File Specifications

NYS PCMH SCORECARD PATIENT-LEVEL DETAIL FILE

Please use your 2020 QARR/HEDIS data warehouse as the source for this information. Do not recalculate or update measure results. However, in addition to the measure elements that you reported for QARR/HEDIS in 2020 we are requesting that you include the provider/practice that was attributed to the member using your own plan's attribution methodology for the IPC or TCGP arrangement. Several fields regarding the provider and practice site of the service have been added to the layout request for this purpose, specifically two separate fields for **TIN**: Practice TIN and Contractor TIN. In addition to Contractor TIN as health plans contract with different types of entities, such as providers, hospital systems, Independent Practice Associations (IPAs), and Accountable Care Organizations (ACOs) we have added a Contractor Type field. This information has been added to allow us to aggregate the results by VBP Contractor across all New York State MCOs.

The NYS PCMH data file is modeled after the NYS 2020 Patient-Level Detail file (PLD) that you prepared as part of your QARR submission, and many of the data elements in the NYS PCMH file follow the same definitions and format as used to define the data elements in the PLD. You may find it helpful to use the PLD as a resource or starting point in completing the NYS PCMH file. **We ask that you populate the NYS PCMH with all Lines of Business that you serve**, e.g., Medicaid. Once completed, please upload the file to IPRO's FTP site. A subfolder in the "QARR 2020" folder where you will upload your 2020 QARR files entitled "NYS PCMH 2020" will be created for your submission. If someone other than your QARR liaison will be responsible for NYS PCMH reporting, please contact Margaret Morris at the email address below for access to the FTP site. Please note that the deadline for submission is **Monday, August 3, 2020.**

Exceptions to the PLD file are noted below:

1. The NYS PCMH file requests Medicare HEDIS data, which is not required for QARR reporting.
2. The Plan ID is not your plan's QARR ID. The Plan ID field should be populated with the Organization ID that you used to submit the IDSS to NCQA.
3. Note that the Organization ID is different from the Submission ID. Submission ID which is specific to a Line of Business.
4. The Organization ID provides for six digits. If your plan's ID is smaller, please right justify.
5. For Medicaid, we ask that you populate the Member's CIN in the ID field.
6. The field is alphanumeric and should be treated as a text field. This field is mandatory – do not leave it blank!
7. Provider/Practice attribution information is required for NYS PCMH. This information is not required for QARR reporting.

SPECIFIC INSTRUCTIONS:

1. If a member is reported for a specific measure in more than one product line (e.g., duals), please report them for only one product, using the following priority: Commercial, then Medicare, then Medicaid. This instruction affects only members who may be reported twice for the same service.
2. A Unique Member ID (Field #3), may be included on the file more than once if the member is in more than one product line during the reporting period.
3. For measures that you may have reported using the hybrid sample in the NYS PLD, we request that you report the **administrative** denominator and numerator from the **IDSS** for NYS PCMH.
4. Members in the file must be in at least one measure.
5. Measures that are not applicable to the member should be zero-filled.
6. A valid Tax ID (TIN) is nine characters. If the TIN is not available, set the field value to "**999999999.**"
7. Practice Name must be populated in the Practice Name (Field #9) only.
8. Practice Address Line 1 (Field #10) must contain the street address of the Practice, not the Practice Name.

III. File Specifications

9. For Fields #7-22, leave these fields blank if the member cannot be attributed to any provider and you are not able to identify the provider.
10. For Field # 21, Populate with valid TINs only. If member is NOT attributed to a VBP Contractor set to '999999999'.
11. The IET Engagement numerator (Field #88 and 91) value must be less than or equal to the Initiation numerator (Field #87 and 90) value.
12. For the AAB (Field #83) and LBP (Field #85) measures, provide the actual numerator (non-inverted), e.g., for AAB, the numerator would be members receiving the antibiotic.
13. For the AMB measure (Field #92), please populate the fields with the number of events for each LOB you are reporting. Member Months is not required for 2020.
14. For the IPU/AHU/EDU measures (Fields #93-96 and Fields #128-131), please populate the fields with number of events for each LOB you are reporting. Member Months is not required for 2020.
15. The ADD Continuation and Maintenance (C&M) Phase denominator (Field #104) and numerator (Field #105) must be less than or equal to the Initiation Phase denominator (Field #102) and numerator (Field #103).
16. IMA has been added in fields 100-101. IMA has one numerator: Combo 2. Report the administrative denominator and numerator.
17. ADD has been added in fields 102-105. ADD has two numerators: Initiation Phase and Continuation and Maintenance (C&M) Phase.
18. ADV has been added in fields 106-117. ADV has six numerators: 2-3 years, 4-6 years, 7-10 years, 11-14 years, 15-18 years, and 19-20 years.
19. W15 has been added in fields 118-120. W15 has two numerators: Five Well-Child Visits and Six or more Well-Child Visits.
20. W34 has been added in fields 121-122.
21. AWC has been added in fields 123-124.
22. COL has been added in fields 125-126. Report the administrative denominator and numerator.
23. CBP has been added in fields 127-128. Report the administrative denominator and numerator.
24. Only MCOs reporting their Medicaid line of Business need report the following 9 VBP specific measures: Statin therapy for patients with cardiovascular disease, Use of Spirometry Testing in the Assessment and Diagnosis of COPD, Diabetes Screening for Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications, Initiation of Pharmacotherapy upon New Episode of Opioid Dependence, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Administrative rate), Follow-Up Care for Children Prescribed ADHD Medication, Annual Dental Visit, Well-Child Visits in the First 15 Months of Life, and Adolescent Well-Care visits. Medicaid plans submitting NYS PCMH data should add these additional variables to the NYS PCMH file layout and it will count towards the VBP reporting requirements.

For questions regarding this request, please contact **Margret Morris** of IPRO at mmorris@ipro.org or 516-589-3988.

The NYS PCMH Patient-Level Detail File Layout will be released in mid-December.

III. File Specifications

PATIENT ATTRIBUTION FILE

The State is asking insurers to provide an attribution file for **all members enrolled in a VBP arrangement** per the methodology specified in your state-approved contract. The attribution file will be used in combination with other quality measure sources (e.g. 2020 NYS Patient-Level Detail File) to aggregate quality results for the 2019 Category 1 population-specific measures by VBP Contractor.

NOTE: MLTC attribution instructions are different than for other populations. Please follow the instructions in the MLTC attribution file subsection of this manual.

FILE FORMAT:

Submit a text file that is either: fixed-width (TXT) or comma separated values (CSV)

Fixed-width TXT files:

- Must have column start/end locations as documented in the following table.
- Data must not include column names. The first row in the file must be data.
- Numeric values should be right justified, and blank filled to the left of the value; text fields should be left-justified, and blank filled to the right of the value. Variable character (VARCHAR) fields should be treated as text.

CSV files:

- **Must not** have additional columns beyond those shown in the following table. (Refer to companion excel file.)
- Data **must** include column names. The first row in the file must be the column names as documented in the following table.

Naming Convention:

The file should be named **VBP_PlanID_2019.txt** or **VBP_PlanID_2019.cvs** (Refer to field 1 in table below.)

Examples: VBP_123456_2019.txt   VBP_123456_2019.csv

VBP File   Plan/Org ID   MY2019   VBP File   Plan/Org ID   MY2019

All files are due no later than **Monday, August 3, 2020**.

Element #	Name	Direction	Allowed Values	Data Type	Required/ Optional	Length	Start	End
1	Plan_ID#	Organization ID used to submit the IDSS to NCQA. This ID is consistent across all Lines of Business.	######	VARCHAR	R	6	1	6
2	Product_Line	A member's product line at the end of the measurement period.	1 = MEDICAID 2 = SNP 11 = HARP	NUMBER	R	2	7	8

III. File Specifications

Element #	Name	Direction	Allowed Values	Data Type	Required/ Optional	Length	Start	End
3	Unique_Member_ ID#	Medicaid Client ID Number (CIN) *The field is alphanumeric and should be treated as text field. **This field is mandatory – do not leave it blank!**		VARCHAR	R	8	9	16
4	County_of_ Residence	Enter the 3-digit county FIPS code for each member's residence of county.	###	NUMBER	R	3	17	19
5	Zip_Code_of_ Residence		#####	NUMBER	R	5	20	24
6	Practice_Tax_ID#	Populate with valid TINs only. This field is mandatory – do not leave it blank!	#########	NUMBER	R	9	25	33
7	PCMH_Site_ID#	PCMH Site ID# - NCQA generated ID		NUMBER	O	11	34	44
8	Practice_Site_ID#	Internal plan practice site ID#		VARCHAR	O	13	45	57
9	Practice_Name	This field is mandatory – do not leave it blank!		TEXT	R	50	58	107
10	Practice_Address_ Line_1			TEXT	R	35	108	142
11	Practice_Address_ Line_2			TEXT	O	35	143	177
12	Practice_Address_ Line_3			TEXT	O	35	178	212
13	Practice_Address_ City			TEXT	R	25	213	237
14	Practice_Address_ State			TEXT	R	2	238	239
15	Practice_Address_ Zip_Code		#####	NUMBER	R	5	240	244
16	Practice_Telephone _Number		##########	NUMBER	O	10	245	254
17	Provider_NPI	National Provider Identifier – 10 Digit ID	##########	NUMBER	R	10	255	264
18	Provider_First_ Name			TEXT	R	15	265	279
19	Provider_Middle_ Initial			TEXT	O	1	280	280
20	Provider_Last_ Name			TEXT	R	35	281	315

III. File Specifications

Element #	Name	Direction	Allowed Values	Data Type	Required/ Optional	Length	Start	End
21	VBP_Contractor_ Tax_ID#	Populate with **valid** TINs only. If member is NOT in a VBP level 1 or higher arrangement set to '999999999'.	#########	NUMBER	R	9	316	324
22	VBP_Contractor_ DBA_Name	Enter the DBA name listed on your VBP contract/arrangement.		VARCHAR	R	50	325	374
23	VBP_Contractor_ Type		1 = Provider/ Hospital 2 = IPA 3 = ACO 9 = Unknown	NUMBER	R	1	375	375
24	VBP_Arrangement_ Type	Refer to Section C, #2b of the DOH 4255 – *Provider Contract Statement and Certification* form.	1 = TCGP 2 = IPC 3 = HARP 4 = HIV/AIDs 5 = Maternity 6 = Off Menu	NUMBER	R	1	376	376
25*	DOH_VBP_Contract _ID#	Number provided by DOH in Agreement approval letter, begins with DOH ID ###	####	NUMBER	R	4	377	380
26*	MCO_Unique_ Contract_ID#	Plan generated ID used to submit contract to DOH; Section A, #3 of the 4255.		VARCHAR	R	50	381	430
27	Prov_Att_start_date	MMDDYYYY – Must be between 1/1/2019 and 12/31/2019	MMDDYYYY	DATE	R	8	431	438
28	Prov_Att_end_date	MMDDYYYY – Must be between 1/1/2019 and 12/31/2019	MMDDYYYY	DATE	R	8	439	446

FIELD DEFINITIONS:

#	Field Name	Description/Specifications
1	Plan_ID#	Enter your Organization ID used to submit the IDSS to NCQA. This ID is consistent across all Lines of Business.
2	Product_Line	Enter the member's product line at the <u>end of the measurement period</u>. Enter the corresponding number (1) Medicaid, (2) SNP, (11) HARP.
3	Unique_Member_ID#	Enter member's Medicaid Client Identification Number (CIN). The field should be continuous without any spaces or hyphens. The field is alpha-numeric and should be treated as a text field. This field is mandatory – do not leave it blank!
4	County_of_Residence	Enter the Federal Information Processing Standard (FIPS) code for the member's county of residence. Please refer to **Appendix IV,** *Table 5 - NYS FIPS Codes by County* at the end of this manual for a complete listing of NYS FIPS codes.
5	Zip_Code_of_Residence	Enter the 5-digit zip code of the member's residence.
6	Practice_Tax_ID#	Enter the 9-digit Federally assigned Tax Identification number for the Practice of the member's provider. Populate with valid TINs only. This field is mandatory – do not leave it blank!

III. File Specifications

#	Field Name	Description/Specifications
7	PCMH_Site_ID#	Enter the NCQA assigned number associated with your Patient-Centered Medical Home (PCHM.)
8	Practice_Site_ID#	Enter your internal site ID assigned by the plan.
9	Practice_Name	Enter the complete name of the provider's practice. This field is required, do not leave blank.
10 11 12	Practice_Address_Line_1 Practice_Address_Line_2 Practice_Address_Line_3	Enter the physical address of the practice location. (Enter up to 3 lines)
13	Practice_Address_City	Enter the city in which the practice is located.
14	Practice_Address_State	Enter the 2-digit abbreviation for the state in which the practice is located.
15	Practice_Address_Zip_Code	Enter the 5-digit zip code in which the practice is located.
16	Practice_Telephone_Number	Enter the practice's main phone line, it should be in the format of ########## with no intervening "-".
17	Provider_NPI	This is the unique 10-digit National Provider Identifier (NPI) of the provider the member was serviced by during the reporting period. This should be a provider organization which had frequent contact with the member and, therefore, could potentially affect the need for hospitalization or not. **A member may be serviced by multiple providers during the same time period (provide one row of data for every provider a member was serviced by).**
18	Provider_First_Name	Enter the provider full first name
19	Provider_Middle_Initial	Enter the provider's middle initial.
20	Provider_Last_Name	Enter the provider's last name.
21	VBP_Contractor_Tax_ID#	This is the unique 9-digit tax identification number of the VBP Contractor (not the provider) that the member is assigned to for a Level 1 or higher VBP arrangement during the reporting period. A member can only be assigned to one VBP contactor at a time. If not applicable, fill with 999999999.
22	VBP_Contractor_DBA_Name	The "Doing Business As" (DBA) name is the operating name of a company, as opposed to the legal name of the company. The VBP Contractor may be an ACO, IPA, individual provider or hospital.
23	VBP_Contractor_Type	In this field, enter '1' if the contractor is a provider (provider includes hospitals), '2' if the contractor is an IPA, '3' if the contractor is an ACO, '9' if Unknown
24	VBP_Arrangement_Type	In this field, enter "1" if the VBP arrangement type is a TCGP arrangement, "2" if it is an IPC arrangement, "3" if it is a HARP arrangement, "4" if it is an HIV/AIDs arrangement, "5" if it is a Maternity arrangement, "6" if it is an Off Menu arrangement. This information can be found in Section C, #2b of the **DOH 4255 – *Provider Contract Statement and Certification*** form.
25*	DOH_VBP_Contract_ID#	This is the number provided by DOH in the Agreement approval letter for your VBP arrangement, it begins with DOH ID ####. *You must populate either field 25 or 26, preferably both fields should be populated.*
26*	MCO_Unique_Contract_ID#	This is the contract identifier created by your plan, which is a required component of all contracts submitted for review (it can be found in Section A, #3 of the DOH 4255, it is also typically in the footer of your contract documents. *You must populate either field 25 or 26, preferably both fields should be populated.*

III. File Specifications

#	Field Name	Description/Specifications
27	Prov_Att_start_date	This is the attribution start date with the provider, when the member was first attributed to the provider. This date must be during the reporting period. It should be in the format of MMDDYYYY with no intervening "-" or "/". The format is the same if data is submitted via a fixed-width file or CSV.
28	Prov_Att_end_date	This is the attribution end date with the provider, when the member was last attributed to the provider. This date must be during the reporting period. It should be in the format of MMDDYYYY with no intervening "-" or "/". The format is the same if data is submitted via a fixed-width file or CSV.

SUBMISSION EXAMPLES:

Please refer to **Appendix IV, Table 6** at the end of this manual, for layout examples of both **TXT** and **CSV** files.

FILE SUBMISSION:

Files for all arrangement types are to be submitted to the New York State Department of Health via the Secure File Transfer 2.0 of the Health Commerce System. Files should be submitted to **Brian Bandle** (bxb22).

Files are to be submitted by close of business on Monday, August 3, 2020.

III. File Specifications

MLTC ATTRIBUTION FILE

For 2020, all P4P Category 1 measures for the MLTC arrangement will be computed by DOH to reduce the burden on the MTLC plans.

ATTRIBUTION METHODOLOGY:

Partial/MAP/PACE/FIDA: Plan enrollees who have four or more months of continuous enrollment from April 2019 through June 2020 should be submitted in this attribution file. This attribution should be to provider organizations of **CHHA, LHCSA, and SNF,** which had the most frequent contact with the member and, therefore, could potentially affect quality measures. Services being received by the member through Consumer Directed Personal Assistance (CDPAS) should **not** be included in this attribution file.

FILE FORMAT:

1. Include only members who had 4 months or more continuous enrollment in an MLTC plan from April 2019 through June 2020.
2. For each member from step 1, list all provider organization(s) that provided at least one service per month, for 4 or more continuous months from April 2019 through June 2020. The data should be formatted in a long form containing one row of data for each member/provider combination. **Please provide at least one row of data for every provider a member was serviced by (see Example 1 and 2 below)**. If a member does not have any providers from which they received 4 or more continuous months of care, THE MEMBER SHOULD **NOT** BE LISTED. This is a change from last year's specifications.
3. The text file must be either: 1) fixed-width and named PROVIDERS_MLTC.TXT, or 2) comma separated values (CSV) and named PROVIDERS_MLTC.CSV.
   - Fixed-width files
     - **Must** have column start/end locations as documented in the following table.
     - **Data must not include column names. The first row in the file must be data.**
   - CSV files
   - **Must not have additional columns beyond those shown in the following table.**
     - Data **must** include column names. The first row in the file must be the column names as documented in the following table.
4. The following table provides instructions on the submission of member-level data.

#	Field Name	Data Type	Length	Start Column	End Column	Details/Comments
1	CIN	Varchar	8	1	8	A Participant's Medicaid client identification number. The field should be continuous without any spaces or hyphens. The field is alpha-numeric and should be treated as a text field. **This field may not be NULL**
2	MMIS_ID	Varchar	8	9	16	The MLTC Plan's numeric eight-digit ID. **This field may not be NULL.**
3	Prov_NPI	Varchar	10	17	26	The unique 10-digit National Provider Identifier (NPI) for the provider the member was serviced by during the reporting period.
4	Prov_start_date	Date	8	27	34	MMDDYYYY – Must be between April 2019 – June 2020

III. File Specifications

#	Field Name	Data Type	Length	Start Column	End Column	Details/Comments
5	Prov_end_date	Date	8	35	42	MMDDYYYY – Must be between April 2019 – June 2020
6	Contractor_TIN	Varchar	9	43	51	The unique 9-digit tax identification number of the VBP Contractor. Only submit the TIN, if this member is included in a level 2 or higher arrangement with a VBP Contractor. If not applicable or level 1 arrangement, fill with 999999999.
7	Contractor_Type	Varchar	1	52	52	1= CHHA, LHCSA, 2= IPA, 3= Hospital, 4= ACO, 8= Other, and 9 = NA. Only submit if this member is included in a level 2 or higher arrangement with a VBP Contractor. If not applicable or level 1 arrangement, fill 9 = NA.
8*	DOH_VBP_Contract_#	Number	4	53	56	The number provided by DOH in the Agreement approval letter, begins with DOH ID ###. **You must populate either field 8 or 9, preferably both fields should be populated.**
9*	MCO_Unique_Contract_ID#	Varchar	50	57	107	Plan generated ID used to submit contract to DOH; Section A, #3 of the 4255. **You must populate either field 8 or 9, preferably both.**

FIELD DEFINITIONS:

Prov_NPI: This is the unique 10-digit National Provider Identifier (NPI) of the provider the member was serviced by during the reporting period. This should be a provider organization which had frequent contact with the member and, therefore, could potentially affect the need for hospitalization or not. **A member may be serviced by multiple providers during the same time period (provide one row of data for every provider a member was serviced by).**

Prov_start_date: This is the service start date with the provider. This date must be during the reporting period. It should be in the format of MMDDYYYY with no intervening "-" or "/". The format is the same if data is submitted via a fixed-width file or CSV.

Prov_end_date: This is the service end date with the provider. This date must be during the reporting period. It should be in the format of MMDDYYYY with no intervening "-" or "/". The format is the same if data is submitted via a fixed-width file or CSV.

Contractor TIN: This is the unique 9-digit tax identification number of the VBP Contractor (not the provider) that the member is assigned to for a Level 2 arrangement during the reporting period. **A member can only be assigned to one level 2 or higher VBP contactor at a time**. If not applicable or level 1, fill with 999999999.

Contractor_Type: The VBP Contractor may be an ACO, IPA, hospital, or large LHCSA/CHHA that is coordinating services for many LHCSAs or CHHAs. This field is for the VBP Contractor (not the provider) that the member is assigned to a level 2 or higher arrangement during the reporting period. **A member can only be assigned to one level 2 or higher VBP contactor at a time**. If not applicable or level 1 arrangement, fill with 9.

*DOH_VBP_Contract_#: This is the number provided by DOH in the Agreement approval letter for your VBP arrangement, it begins with DOH ID ####.

*MCO_Unique_Contract_ID#: This is the contract identifier created by your plan, which is a required component of all contracts submitted for review (it can be found in Section A, #3 of the DOH 4255, it is also typically in the footer of your contract documents.

III. File Specifications

Files are to be submitted to the New York State Department of Health via the Secure File Transfer 2.0 of the Health Commerce System. Files should be submitted to **OQPS MLTC Evaluation** mailbox. *Files are to be submitted by close of business on August 3, 2020.*

<u>NOTE:</u> When a Provider/NPI has overlapping service dates for a member, the service dates should be collapsed into one record with the earliest start date and furthest end date. Multiple rows for the same member/provider may be provided only if the provider/NPI has nonoverlapping service dates and each time frame meets the 4 months of service criterion. **(see Example 3 below)**.

SUBMISSION EXAMPLES:

Example 1 and 2 below illustrates two different providers, with overlapping services dates, aiding a single member from February through June 2020.

Example 1 - not covered by level 2 or higher VBP contract:

```
AA12345Z12345678 N9876543210201202006292020123456789010589MCOCONTRACTID1234567   Row 1
AA12345Z12345678 N8889997770201202006152020123456789010589MCOCONTRACTID1234567   Row 2
```
CIN   MMIS_ID   Prov_NPI   Start_date   End_date   Contractor_TIN   Contractor_Type   DOH_VBP_Contract_#   MCO_Unique Contract_ID#
(Provider)

Example 2 - covered by level 2 or higher VBP contract:

```
AA12345Z12345678 N9876543210201202006292020999999999990589MCOCONTRACTID1234567   Row 1
AA12345Z12345678 N8889997770201202006152020999999999990589MCOCONTRACTID1234567   Row 2
```
CIN   MMIS_ID   Prov_NPI   Start_date   End_date   Contractor_TIN   Contractor_Type   DOH_VBP_Contract_#   MCO_Unique Contract_ID#
(Provider)

Example 3 below illustrates a member who was continuously enrolled for 4 or more months in the health plan and received at least one service per month from same provider organization for 4 or more continuous months, for two separate non-overlapping time periods and is covered by level 2 or higher VBP contract during April 2019 through June 2020.

Example 3
```
AA12345Z12345678 N9876543210401201908292019123456789020589MCOCONTRACTID1234567   Row 1
AA12345Z12345678 N9876543211001201902012020123456789020589MCOCONTRACTID1234567   Row 2
```
CIN   MMIS_ID   Prov_NPI   Start_date   End_date   Contractor_TIN   Contractor_Type   DOH_VBP_Contract_#   MCO_Unique Contract_ID#
(Provider)

III. File Specifications

<u>Fully Capitated Plans</u>:

Because the HEDIS and CMS based P4R category 1 measures cannot be calculated by the State, plans must calculate and report Plan/Provider-VBP Contractor performance to the State by June 17, 2020. Files are to be submitted to the New York State Department of Health via the Secure File Transfer 2.0 of the Health Commerce System. Files should be submitted to **OQPS MLTC Evaluation** mailbox.

<u>**Plans should submit an Excel file with the following format**</u>. Submit a row for each measure being reported. Plans are required to report on all measures for each plan-provider combination.

#	Field Name*	Data Type	Excel Column Placement	Details/Comments
1	MMIS_ID	Varchar	Column A	The MLTC Plan's numeric eight-digit ID. **This field may not be NULL.**
2	Prov_NPI	Varchar	Column B	The unique 10-digit National Provider Identifier (NPI) for the provider the member was serviced by during the reporting period. **This field may not be NULL.**
3	Measure ID	Varchar	Column C	Use the measure ID from table below
4	Denominator for Measure	Varchar	Column D	Report the total number of members included in the denominator for the given measure
5	Numerator for Measure	Varchar	Column E	Report the total number of members that were included in the numerator for the given measure
6	Exclusions for Measure	Varchar	Column F	Report the number of members excluded from the given measure
7	Rate for Measure	Varchar	Column G	Report the rate to the hundredth decimal place
8	Contractor_TIN	Varchar	Column H	The unique 9-digit tax identification number of the VBP Contractor. **Only** submit the TIN, if this member is included in a level 2 or higher arrangement with a VBP Contractor. If not applicable or level 1 arrangement, fill with 999999999.
9	Contractor_Type	Varchar	Column I	1= CHHA, LHCSA, 2= IPA, 3= Hospital, 4= ACO, 8= Other, and 9 = NA. Only submit if this member is included in a level 2 or higher arrangement with a VBP Contractor. If not applicable or level 1 arrangement, fill 9 = NA.
10*	DOH_VBP_Contract_#	Varchar	Column J	Number provided by DOH in Agreement approval letter, begins with DOH ID ####. ***You must populate either field 10 or 11, preferably both.**
11*	MCO_Unique_Contract_ID#	Varchar	Column K	Plan generated ID used to submit contract to DOH; Section A, #3 of the 4255. ***You must populate either field 10 or 11, preferably both.**
* See **Field Definitions** under preceding MLTC Attribution File specifications				

III. File Specifications

Measure Name	Measure ID
~~MAP[1]~~ and FIDA P4R measures (Measure Source/ Steward: NCQA/ HEDIS)	
Antidepressant Medication Management – Effective Acute Phase Treatment *	1
Antidepressant Medication Management – Effective Continuation Phase Treatment*	2
Colorectal Cancer Screening *	3
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed*	4
Comprehensive Diabetes Care: Medical Attention for Nephropathy	5
Follow–up After Hospitalization for Mental Illness – 7 Days^	6
Follow–up After Hospitalization for Mental Illness – 30 Days^	7
Initiation of Alcohol and Other Drug Dependence Treatment *	8
Engagement of Alcohol and Other Drug Dependence Treatment *	9
PACE P4R measures (Measure Source/ Steward: CMS)	
PACE Participant Emergency Department Utilization Without Hospitalization	10
Percent of Participants Not in Nursing Homes	11
Percentage of Participants with an Annual Review of Their Advance Directive or Surrogate Decision–Maker	12
* Included in the IPC/TCGP measure set ^ Included in the Health and Recovery Plan (HARP) measure set	

---

[1] Per CMS' guidance on the suspension of 2020 HEDIS reporting for Medicare Advantage plans, the Department will not require the June 17, 2020 submission of VBP P4R measures.

IV. Appendix

Measures	Notes	Arrangement Type					NQF ID	Measure Steward
		TCGP	IPC	Maternity	HARP	HIV/AIDS		
Integrated Primary Care (IPC)/ Total Care for the General Population (TCGP)								
Asthma Action Plan		Cat 2	Cat 2	NA	Cat 2	Cat 2		AAAAI
Asthma: Assessment of Asthma Control – Ambulatory Care Setting*		Cat 2	Cat 2	NA	Cat 2	Cat 2		AAAAI
Asthma: Lung Function/Spirometry Evaluation		Cat 2	Cat 2	NA	Cat 2	Cat 2		AAAAI
Depression Remission or Response for Adolescents and Adults*		Cat 2	Cat 2	NA	NA	Cat 2		HEDIS 2019
Depression Remission or Response for Adolescents and Adults*		Cat 2	Cat 2	NA	NA	Cat 2		HEDIS 2019
Developmental Screening Using Standardized Tool, First Three Years of Life		Cat 2	Cat 2	NA	NA	NA	1488	Oregon Health and Science University
Follow-up after Emergency Department Visit For Alcohol and Other Drug Dependence		Cat 2	Cat 2	NA	NA	NA		HEDIS 2019
Follow-up after Emergency Department Visit For Mental Illness		Cat 2	Cat 2	NA	NA	NA	2605	HEDIS 2019
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (asthma)		Cat 2	Cat 2	NA	Cat 2	Cat 2	338	The Joint Commission
Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence		Cat 2	Cat 2	NA	Cat 2	Cat 2		NYS 2019
Maternal Depression Screening		Cat 2	Cat 2	NA	NA	NA	1401	HEDIS 2019
Screening for Reduced Visual Acuity and Referral in Children		Cat 2	Cat 2	NA	NA	NA	2721	CMS
Topical Fluoride for Children at Elevated Caries Risk, Dental Services		Cat 2	Cat 2	NA	Cat 2	Cat 2	2528	American Dental Association

IV. Appendix

Measures	Notes	Arrangement Type					NQF ID	Measure Steward
		TCGP	IPC	Maternity	HARP	HIV/AIDS		
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		Cat 2	Cat 2	NA	NA	NA	2801	HEDIS 2019
Use of Pharmacotherapy for Alcohol Use Disorder		Cat 2	Cat 2	NA	Cat 2	Cat 2		NYS 2019
Use of Pharmacotherapy for Opioid Dependence		Cat 2	Cat 2	NA	Cat 2	Cat 2		NYS 2019
Maternity								
Antenatal Hydroxyprogesterone		NA	NA	Cat 2	NA	NA		TBD
Antenatal Steroids		NA	NA	Cat 2	NA	NA	476	TJC
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery		NA	NA	Cat 2	NA	NA	473	Hospital Corporation of America
Experience of Mother with Pregnancy Care		NA	NA	Cat 2	NA	NA		TBD
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge		NA	NA	Cat 2	NA	NA	475	Centers for Disease Control and Prevention
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)		NA	NA	Cat 2	NA	NA	1746	Massachusetts General Hospital
Postpartum Blood Pressure Monitoring		NA	NA	Cat 2	NA	NA		TBD
Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated		NA	NA	Cat 2	NA	NA		NYS 2019
Health and Recovery Program (HARP)								
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder		NA	NA	NA	Cat 2	NA	1880	CMS
Mental Health Engagement in Care – 30 Days		NA	NA	NA	Cat 2	NA		NYS 2019
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)		NA	NA	NA	Cat 2	NA		NYS 2019

IV. Appendix

Measures	Notes	Arrangement Type					NQF ID	Measure Steward
		TCGP	IPC	Maternity	HARP	HIV/AIDS		
HIV/AIDS								
Diabetes Screening		NA	NA	NA	NA	Cat 2		NYS DOH AIDS Institute
Hepatitis C Screening		NA	NA	NA	NA	Cat 2		HRSA
Housing Status		NA	NA	NA	NA	Cat 2		HRSA
Linkage to HIV Medical Care		NA	NA	NA	NA	Cat 2		NYS 2019
Medical Case Management: Care Plan		NA	NA	NA	NA	Cat 2		HRSA
Prescription of HIV Antiretroviral Therapy		NA	NA	NA	NA	Cat 2		HRSA
Sexual History Taking: Anal, Oral, and Genital		NA	NA	NA	NA	Cat 2		NYS DOH AIDS Institute
Substance Abuse Screening		NA	NA	NA	NA	Cat 2		HRSA

IV. Appendix

TABLE 4. 2020 VBP MLTC CATEGORY 2 MEASURES

Measures	Notes	Arrangement Type MLTC	Measure source/Steward
Percent of long stay high risk residents with pressure ulcers	1, 2	Cat 2	MDS 3.0 + /CMS
Percent of long stay residents who received the pneumococcal vaccine	1, 2	Cat 2	MDS 3.0/CMS
Percent of long stay residents who received the seasonal influenza vaccine	1, 2	Cat 2	MDS 3.0/CMS
Percent of long stay residents experiencing one or more falls with major injury	1, 2	Cat 2	MDS 3.0/CMS
Percent of long stay residents who lose too much weight	1, 2	Cat 2	MDS 3.0/CMS
Percent of long stay residents with a urinary tract infection	1, 2	Cat 2	MDS 3.0/CMS
Care for Older Adults – Medication Review		Cat 2	NCQA
Use of High–Risk Medications in the Elderly		Cat 2	NCQA
Percent of long stay low risk residents who lose control of their bowel or bladder	1, 2	Cat 2	MDS 3.0/CMS
Percent of long stay residents whose need for help with daily activities has increased	1, 2	Cat 2	MDS 3.0/CMS
Percentage of members who rated the quality of home health aide or personal care aide services within the last 6 months as good or excellent	3	Cat 2	MLTC Survey/New York State
Percentage of members who responded that they were usually or always involved in making decisions about their plan of care	3	Cat 2	MLTC Survey/New York State
Percentage of members who reported that within the last 6 months the home health aide or personal care aide services were always or usually on time	3	Cat 2	MLTC Survey/New York State
Percent of long stay residents who have depressive symptoms	1, 2	Cat 2	MDS 3.0/CMS
Percent of long stay residents with dementia who received an antipsychotic medication	1, 2	Cat 2	MDS 3.0/Pharmacy Quality
Percent of long stay residents who self–report moderate to severe pain	1, 2	Cat 2	MDS 3.0 + /CMS

1- Included in the NYS DOH Nursing Home Quality Initiative measure set

2- MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members

3- Included in the NYS DOH MLTC Quality Incentive measure set

IV. Appendix

TABLE 5 - NYS FIPS CODES BY COUNTY

County Name	FIPS Code	County Name	FIPS Code	County Name	FIPS Code
Albany	001	Jefferson	045	Schenectady	093
Allegany	003	Kings	047	Saratoga	091
Bronx	005	Lewis	049	Schoharie	095
Broome	007	Livingston	051	Schuyler	097
Cattaraugus	009	Madison	053	Seneca	099
Cayuga	011	Monroe	055	St. Lawrence	089
Chautauqua	013	Montgomery	057	Steuben	101
Chemung	015	Nassau	059	Suffolk	103
Chenango	017	New York	061	Sullivan	105
Clinton	019	Niagara	063	Tioga	107
Columbia	021	Oneida	065	Tompkins	109
Cortland	023	Onondaga	067	Ulster	111
Delaware	025	Ontario	069	Warren	113
Dutchess	027	Orange	071	Washington	115
Erie	029	Oswego	075	Wayne	117
Essex	031	Orleans	073	Westchester	119
Franklin	033	Otsego	077	Wyoming	121
Fulton	035	Putnam	079	Yates	123
Genesee	037	Queens	081	Out of State	000
Greene	039	Rensselaer	083	Unknown/Missing	999
Hamilton	041	Rockland	087		
Herkimer	043	Richmond	085		

IV. Appendix

TABLE 6: SUBMISSION EXAMPLES

The example below illustrates one member attributed to two different providers, in the same VBP arrangement, within the reporting period submitted as a fixed-width TXT file.

Member Data, attributed to Provider 1 from 1/1/2019 to 04/30/2019

Fields 1-9

12345601WA36453X123121101234567 89ABC001234-5ABC1234567-89ABC Health Clinic West

| Plan ID# | Product Line | Unique Mbr ID (CIN) | FIPS Code | Zip Code | Practice Tax ID (TIN) | PCMH Site ID | Practice Site ID | Practice Name |

Fields 10-15

123 Health Highway   Medical Arts Building   Suite 632   Your Town   NY12345

| Practice Address Line 1 | Practice Address Line 2 | Practice Address Line 3 | Practice Address City | Practice Address State | Practice Address Zip Code |

Fields 16-22

5189634582N987654321Addison   MJohnson-Williams   123456789Health Clinic NY

| Practice Telephone Number | Provider NPI | Provider First Name | Provider Middle Initial | Provider Last Name | VBP Contractor Tax ID | VBP Contractor DBA Name |

Fields 23-28

110983ABC.HealthClinic4.12.18   0101201904302019

| VBP Contractor Type / VBP Arrangement Type / DOH ID# | MCO Unique Contract ID# | Provider Attribution Start Date | Provider Attribution End Date |

Member Data, attributed to Provider 2 from 5/1/2019 to 12/31/2019

Fields 1-9

12345601WA36453X123121101234567 89ABC001234-5ABC1234567-89ABC Health Clinic West

| Plan ID# | Product Line | Unique Mbr ID (CIN) | FIPS Code | Zip Code | Practice Tax ID (TIN) | PCMH Site ID | Practice Site ID | Practice Name |

Fields 10-15

123 Health Highway   Medical Arts Building   Suite 632   Your Town   NY12345

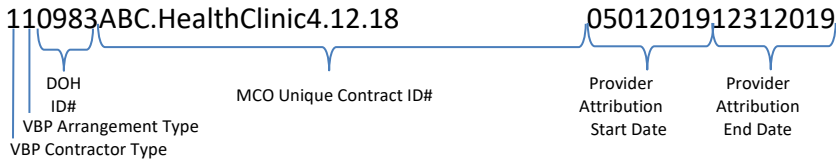| Practice Address Line 1 | Practice Address Line 2 | Practice Address Line 3 | Practice Address City | Practice Address State | Practice Address Zip Code |

Fields 16-22

5189634582N123456789Madison   EJones   123456789Health Clinic NY

| Practice Telephone Number | Provider NPI | Provider First Name | Provider Middle Initial | Provider Last Name | VBP Contractor Tax ID | VBP Contractor DBA Name |

IV. Appendix

Fields 23-28

110983ABC.HealthClinic4.12.18   0501201912312019

- VBP Contractor Type
- VBP Arrangement Type
- DOH ID#
- MCO Unique Contract ID#
- Provider Attribution Start Date
- Provider Attribution End Date

The example below illustrates one member's data submitted as a CSV file.

Fields 1-9:

Plan ID#	Product Line	Member ID (CIN)	FIPS Code	Zip Code	Practice Tax ID (TIN)	PCMH Site ID	Practice Site ID	Practice Name
123456	01	WA12345X	123	12110	123456789	ABC001234-5	ABC1234567-89	ABC Health Clinic West

Fields 10-16:

Practice Address Line 1	Practice Address Line 2	Practice Address Line 3	Practice Address City	Practice Address State	Practice Address Zip Code	Practice Telephone Number
123 Health Highway	Medical Arts Building	Suite 632	Your Town	NY	12345	5189634582

Fields 17-24:

Provider NPI	Provider First Name	Provider Middle Initial	Provider Last Name	VBP Contractor Tax ID#	VBP Contractor DBA Name	VBP Contractor Type
N987654321	Addison	M	Johnson-Williams	123456789	Health Clinic NY	1

Fields 25-28:

VBP Arrangement Type	DOH VBP Contract ID	MCO Unique Contract ID#	Provider Attribution Start Date	Provider Attribution End Date
1	0983	ABC.HealthClinic4.12.18	01/01/2019	12/31/2019