



**Department  
of Health**

# Health and Recovery Plan (HARP)

Value Based Payment Quality Measure Set  
Measurement Year 2022





**INTRODUCTION**

The Measurement Year (MY) 2022 Health and Recovery Plan (HARP) Quality Measure Set was created in collaboration with the Behavioral Health/HARP Clinical Advisory Group (CAG), the Primary Care (Physical Health) CAG, the New York State Department of Health (NYS DOH) CAG Strategy team, as well as subject matter experts (SME) from both the NYS Office of Mental Health (OMH) and NYS Office of Addiction Services and Supports (OASAS). The goal of this measure set is to align with measures put forth in the NYS Quality Assurance Reporting Requirements (QARR), the HEDIS®<sup>1</sup> Technical Specifications for Health Plans, the CMS Core measure set, and the Merit-based Incentive Payment System (MIPS), where applicable. The measure set is designed to encourage providers to meet high standards of patient-centered clinical care and coordination across multiple care settings.

**MEASURE SELECTION AND FEASIBILITY**

During the spring and fall of 2021, the Behavioral Health/HARP CAG reconvened and made recommendations to the State on quality measures, data collection, data reporting, and support required for providers to be successful in a VBP environment.

Upon receiving recommendations from the CAGs, other NYS agencies, the release of guidelines from national measure stewards, such as NCQA/HEDIS® and in accordance with the NYS VBP Roadmap,<sup>2</sup> the State defined a final list of measures to be included in the Behavioral Health/HARP Measure Set for MY2022. For MY2022, eight measures have been removed or replaced, and three measures have been added, culminating in a total of thirty-two Category 1 and 2 HARP Quality Measures.

**PROPOSED VBP ARRANGEMENT REQUIREMENTS FOR MY2023 - HEALTH EQUITY**

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

**Stratification Specifications:**

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

NQCA Measure Name	Measure Inclusion by Arrangement Type					
	TCGP	IPC	HARP/BH	Maternity	HIV/AIDs	Children's
Colorectal Cancer Screening	✓	✓	✓		✓	
Controlling High Blood Pressure	✓	✓	✓		✓	

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

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

<sup>3</sup> HEDIS® Measurement Year 2022 Volume 2 Technical Specification for Health Plans, General Guidelines section 33



NQCA Measure Name	Measure Inclusion by Arrangement Type					
	TCGP	IPC	HARP/BH	Maternity	HIV/AIDs	Children's
Hemoglobin A1c Control for Patients with Diabetes	✓	✓	✓		✓	
Prenatal and Postpartum Care	✓			✓		
Child and Adolescent Well-Care Visits	✓	✓				✓

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

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

The DOH recognizes that MCOs and providers are in the process of negotiating VBP arrangements to meet Statewide VBP goals. Therefore, all new contracts submitted on or after **July 1, 2022**, must meet this requirement. All other existing contracts must be updated at the end of the contract's current measurement period and before the contract's next measurement period begins, or no later than **April 1, 2023**.

**MEASURE CLASSIFICATION**

Each measure has been designated by the State as Category 1, 2, or 3 with associated recommendations for implementation and testing for future use in VBP Arrangements. The measures below are classified by category based on an assessment of reliability, validity, and feasibility, and according to the suggested method of use (either Pay for Reporting (P4R) or Pay for Performance (P4P)).

**Categorizing and Prioritizing Quality Measures**

**CATEGORY 1**

Approved quality measures that are deemed to be clinically relevant, valid, and feasible.

**CATEGORY 2**

Measures that are clinically relevant, valid, and reliable, but where the feasibility could be problematic.

**CATEGORY 3**

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



### Category 1

Category 1 quality measures as identified by the CAGs and accepted and deemed reportable by the State are to be reported by VBP Contractors to the MCOs. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors are eligible.<sup>4</sup> At least one Category 1 P4P measure must be included in a VBP contract.

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

- **P4P** measures are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible. In other words, these are the measures on which payments in VBP contracts may be based. Measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.
- **P4R** measures are intended to be used by the Managed Care Organizations (MCOs) to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under a VBP contract. Incentives for reporting should be based on timeliness, accuracy, and completeness of data. Measures can be reclassified from P4R to P4P or vice versa through annual CAG and State review or as determined by the MCO and VBP Contractor.

Not all Category 1 measures will be reportable for the measurement year, as reporting on some of these measures will be phased in over the next few years. Please refer to the *Value Based Payment Reporting Requirements Technical Specifications Manual (MY2022)* for details as to which measures must be reported for the measurement year. This manual will be updated annually each fall, in line with the release of the final VBP measure sets for the subsequent year.

### Categories 2 and 3

Category 2 measures have been accepted by the State based on agreement of clinical importance, validity, and reliability, but flagged as presenting concerns regarding implementation feasibility.

Measures designated as Category 3 were identified as unfeasible at this time or as presenting additional concerns including accuracy or reliability when applied to the attributed member population for an arrangement, therefore Category 3 measures are not included in the measure set.

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



### **MY2022 HARP QUALITY MEASURE SET**

The measures and State-determined classifications provided on the following pages are recommendations for MY2022. Note that measure classification is a State recommendation and implementation is to be determined between the MCO and VBP Contractor.

Measure sets and classifications are considered dynamic and will be reviewed annually. Updates will include measure additions, deletions, recategorizations, and/or reclassifications from P4R to P4P or vice versa, based on experience with measure implementation in the prior year. During 2022, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY2022. Please see [Appendix A](#) for a full list of these changes.



**Category 1**

The table below displays the Category 1 MY2022 Behavioral Health/HARP Quality Measure Set, arranged alphabetically and includes measure title, measure steward, the National Quality Forum (NQF) number (where applicable), and State-recommended classification for measure use. The measure set is redlined to highlight changes made between MY2020 and MY2022; please refer to the key at the end of this table for an explanation of redlined formatting.

Behavioral Health/HARP Measures	Measure Steward	Measure Identifier	Classification
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Centers for Medicare & Medicaid Services (CMS)	NQF 1879	P4P
Asthma Medication Ratio	National Committee for Quality Assurance (NCQA)	NQF 1800	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Chlamydia Screening in Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening**	NCQA	NQF 0034	P4P
<del>Completion of Home and Community Based Services Annual Needs Assessment*</del>	<del>NYS</del>		<del>P4P</del>
<del>Comprehensive Diabetes Care: Eye Exam (retinal) Performed*</del>	<del>NCQA</del>	<del>NQF 0055</del>	<del>P4P</del>
<del>Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%)*</del>	<del>NCQA</del>	<del>NQF 0059</del>	<del>P4P</del>
Controlling High Blood Pressure**	NCQA	NQF 0018	P4P



Behavioral Health/HARP Measures	Measure Steward	Measure Identifier	Classification
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
<del>Employed, Seeking Employment or Enrolled in a Formal Education Program*</del>	<del>NYS</del>	<del>-</del>	<del>P4R</del>
Eye Exam for Patients With Diabetes*	NCQA	NQF 0055	P4P
<del>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence*</del>	<del>NCQA</del>	<del>NQF 3488</del>	<del>P4P</del>
Follow-Up After Emergency Department Visit for Substance Use*	NCQA	NQF3488	P4P
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 3489	P4P
Follow-Up After High-Intensity Care for Substance Use Disorder	NCQA		P4P
Follow-Up After Hospitalization for Mental Illness	NCQA	NQF 0576	P4P
Hemoglobin A1c Control for Patients with Diabetes (HBD)**	NCQA	NQF 0059	P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	-	P4P
Kidney Health Evaluation for Patients with Diabetes (KED)	NCQA		P4R
<del>No Arrests in the Past Year*</del>	<del>NYS</del>	<del>-</del>	<del>P4R</del>



Behavioral Health/HARP Measures	Measure Steward	Measure Identifier	Classification
<del>Percentage of Members Enrolled in a Health Home*</del>	<del>NYS</del>	<del>-</del>	<del>P4R</del>
Pharmacotherapy for Opioid Use Disorder	NCQA	NQF 3175	P4P
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS	-	P4P
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
<del>Stable Housing Status*</del>	<del>NYS</del>	<del>-</del>	<del>P4R</del>
Statin Therapy for Patients with Cardiovascular Disease	NCQA	-	P4R
Use of Pharmacotherapy for Alcohol Abuse or Dependence	NYS	-	P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	NQF 0577	P4R

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

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

\*\* HEDIS Stratified Measure



**CATEGORY 2**

The table below displays the Category 2 MY2022 Behavioral Health/HARP Quality Measure Set and includes measure title, measure steward, and the NQF number (where applicable). All Category 2 measures are classified as P4R in MY2022. There are no changes in CAT2 measures between MY2021 and MY2022.

BEHAVIORAL HEALTH/HARP Measures	Measure Steward	Measure Identifier
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	NQF 1880
Asthma Action Plan	American Academy of Allergy, Asthma & Immunology (AAAAI)	-
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	-
Asthma: Spirometry Evaluation	AAAAI	-
Continuing Engagement in Treatment Alcohol and Other Drug Dependence	NYS	-
Mental Health Engagement in Care 30 Days	NYS	-
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community-Based Services (HCBS)	NYS	-
Use of Opioid Dependence Pharmacotherapy	NYS	-



# Appendix A



The table below identifies the changes to the Category 1 measures for the MY2022 Behavioral Health/HARP Quality Measure Set.

**Category 1 Measure Changes from 2021 to 2022**

Measure Name	Change	Rationale for Change
Completion of Home and Community Based Services Annual Needs Assessment	Removed	Measure removed from NYS reporting requirements
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	Replaced	Measure name and specifications revised by NCQA for 2022 Measure set
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Replaced	Measure name and specifications revised by NCQA for 2022 Measure set
Employed, Seeking Employment or Enrolled in a Formal Education Program	Removed	Measure removed from NYS reporting requirements
Eye Exam for Patients with Diabetes	Added	Measure added by NCQA for HEDIS MY2022 – replaced CDC measure
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	Replaced	Measure name and specifications revised by NCQA for 2022 Measure set
Follow-Up After Emergency Department Visit for Substance Use	Added	Measure name and specifications revised by NCQA for 2022 Measure set
Hemoglobin A1c Control for Patients with Diabetes	Added	Measure added by NCQA for HEDIS MY2022 – replaced CDC measure
No Arrests in the Past Year	Removed	Measure removed from NYS reporting requirements



<b>Measure Name</b>	<b>Change</b>	<b>Rationale for Change</b>
Percentage of Members Enrolled in a Health Home	Removed	Measure removed from NYS reporting requirements
Stable Housing Status	Removed	Measure removed from NYS reporting requirements