



**Department
of Health**

People Living With

HIV/AIDS

Value Based Payment Quality Measure Set
Measurement Year 2022



INTRODUCTION

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

MEASURE SELECTION AND FEASIBILITY

During the spring and fall of 2021, the HIV/AIDS QAC 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 QAC & CAGs, the release of guidelines from national measure stewards, such as NCQA/HEDIS®,² and in accordance with the NYS VBP Roadmap;³ the State defined a final list of measures to be included in the HIV/AIDS Measure Set for MY2022. For MY2022, thirty-four measures have remained unchanged, three measures were added by HEDIS, and three measures have been removed. This culminates in a total of thirty-seven Category 1 and 2 People Living with HIV/AIDS 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.⁴ The table below depicts available quality measures by arrangement type.

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

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

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

³ New York State Department of Health, Medicaid Redesign Team, A Path Toward Value-Based Payment: Annual Update, September 2019. ([Link](#))

⁴ HEDIS® Measurement Year 2022 Volume 2 Technical Specification for Health Plans, General Guidelines section 33.



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

- 4. Plans will be required to include the race and ethnicity data 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 a Category 1, 2, or 3 with associated recommendations for implementation and testing for future use in VBP Arrangements. The measures below are classified by category based on an assessment of reliability, validity, and feasibility, and according to the suggested method of use (either Pay for Reporting (P4R) or Pay for Performance (P4P)).

Category 1

Category 1 quality measures as identified by the CAGs and accepted and deemed reportable by the State are to be reported by VBP Contractors to the MCOs. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors are eligible.⁵ At least one Category 1 P4P measure must be included in a VBP contract.

Categorizing and Prioritizing Quality Measures

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

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

- **P4P** measures are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible. In other words, these are the measures on which payments in VBP contracts may be based. Measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.
- **P4R** measures are intended to be used by the MCOs to incentivize VBP Contractors for reporting data to monitor the quality of care delivered to members under a VBP contract. Incentives for reporting should be based on timeliness, accuracy, and completeness of data. Measures can be

⁵ New York State Department of Health, Medicaid Redesign Team, A Path Toward Value-Based Payment: Annual Update, September 2019. ([Link](#))



reclassified from P4R to P4P or vice versa through annual CAG and State review or as determined by the MCO and VBP Contractor.

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

Categories 2 and 3

Category 2 measures have been accepted by the State based on the agreement of clinical importance, validity, and reliability, but flagged as presenting concerns regarding implementation feasibility. The State has discussed measure testing approaches, data collection, and reporting requirements with VBP CAGs.

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.



MY 2021 HIV/AIDS QUALITY MEASURE SET

The measures and State-determined classifications provided on the following pages are recommendations for MY2021. 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. In 2021, 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 HIV/AIDS Quality Measure Set, arranged alphabetically, and includes measure title, measure steward, the National Quality Forum (NQF) number and/or another measure identifier (where applicable), and State-recommended classification for measure use. The measure set is redlined to highlight changes made between MY2020 and MY2021. Additions are marked by red text while deletions are marked by a red strikethrough.

HIV/AIDS 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
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	National Committee for Quality Assurance (NCQA)	NQF 0105	P4P
Asthma Medication Ratio	NCQA	NQF 1800	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Colorectal Cancer Screening**	NCQA	NQF 0034	P4P
Comprehensive Diabetes Care: Eye Exam (retinal) Performed*	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*	NCQA	NQF 0059	P4P
Controlling High Blood Pressure**	NCQA	NQF 0018	P4P
Depression Remission or Response for Adolescents and Adults	NCQA		P4P



HIV/AIDS Measures	Measure Steward	Measure Identifier	Classification
Depression Screening and Follow-Up for Adolescents and Adults	NCQA		P4R
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
Eye Exam for Patients With Diabetes*	NCQA	NQF 55	P4P
Hemoglobin A1c Control for Patients With Diabetes (HBD)**	NCQA	NQF 59	P4P
HIV Viral Load Suppression	Health Resources and Services Adm (HRSA)	NQF 2082	P4P
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*	NCQA	NQF 0004	P4P
Initiation and Engagement of Substance Use Disorder Treatment*	NCQA	NQF 4	P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	-	P4P
Kidney Health Evaluation for Patients with Diabetes	NCQA		P4P
Potentially Avoidable Complications in Patients with HIV/AIDS	Altarum Institute	-	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



HIV/AIDS Measures	Measure Steward	Measure Identifier	Classification
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	NQF 0028	P4R
Sexually Transmitted Infections: Screening for Chlamydia, Gonorrhea, and Syphilis	NYS	-	P4R
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 People Living with HIV/AIDS 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 CAT 2 changes between MY2021 and MY2022.

HIV/AIDS Measures	Measure Steward	Measure Identifier
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	-
Continuity of Care from Inpatient Detox to Lower Level of Care	NYS	-
Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care	NYS	-
Diabetes Screening	NYS	-
Hepatitis C Screening	HRSA	-
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (asthma)	TJC	NQF 338
Housing Status	HRSA	-
Linkage to HIV Medical Care	NYS	-
Pharmacotherapy for Opioid Use Disorder	NCQA	NQF 3175
Prescription of HIV Antiretroviral Therapy	HRSA	NQF 2083



HIV/AIDS Measures	Measure Steward	Measure Identifier
Sexual History Taking: Anal, Oral, and Genital (HIV/AIDS)	NYS	-
Substance Abuse Screening	HRSA	-
Use of Opioid Dependence Pharmacotherapy	NYS	-



Appendix A



The table below identifies the changes to the Category 1 and Category 2 measures for the MY2022 HIV/AIDS Quality Measure Set.

CATEGORY 1 & 2 MEASURE CHANGES FROM 2021 TO 2022

Measure Name	Change	Rationale for Change
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
Eye Exam for Patients with Diabetes	Added	The measure added by NCQA for HEDIS MY2022 – replaced CDC measure
Hemoglobin A1c Control for Patients with Diabetes	Added	The measure added by NCQA for HEDIS MY2022 – replaced CDC measure
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Replaced	Measure name and specifications revised by NCQA for 2022 Measure set
Initiation and Engagement of Substance Use Disorder Treatment	Added	The measure added by NCQA for HEDIS MY2022 – replaced IET measure.