



**Department
of Health**

Maternity Care

Value Based Payment Quality Measure Set
Measurement Year 2022



INTRODUCTION

The Measurement Year (MY) 2022 Maternity Care Quality Measure Set was created in collaboration with the Maternity Care, the Primary Care (Physical Health), and the Children’s Health 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, and the State’s Vital Statistics maternity care program. The Maternity measure set was designed to encourage providers to meet high standards of patient-centered clinical care and coordination across multiple care settings throughout the maternity care episode.

MEASURE SELECTION AND FEASIBILITY

During the spring and fall of 2021, the Maternity Care 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 CAG’s, 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 Maternity Care Measure Set for MY2022. For MY2022, eighteen measures have remained unchanged, one measure was revised and added by HEDIS, and one measure has been removed. This culminates in a total of nineteen Category 1 and 2 Maternity Care 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.

Table with 7 columns: NQCA Measure Name, TCGP, IPC, HARP/BH, Maternity, HIV/AIDs, Children’s. Row 1: Colorectal Cancer Screening, ✓, ✓, ✓, (empty), ✓, (empty).

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

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

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

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.



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.

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 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 reclassified from P4R to P4P 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 MCOs and VBP Contractors as part of the 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.

MY2022 MATERNITY QUALITY MEASURE SET

The measures 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. Please see [Appendix A](#) for a full list of these changes.

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



CATEGORY 1

The table below displays the Category 1 MY2022 Maternity Care 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 MY2021 and MY2022; please refer to the key at the end of these tables for an explanation of redlined formatting.

Maternity Care Measures	Measure Steward	Measure Identifier	Classification
Contraceptive Care - Postpartum	United States Office of Population Affairs	NQF 2902	P4R
C-Section for Nulliparous Singleton Term Vertex	The Joint Commission (TJC)	NQF 0471	P4R
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	NCQA		P4R
Exclusive Breast Milk Feeding	TJC	NQF 0480	P4R
Incidence of Episiotomy	Christiana Care Health System	NQF 0470	P4R
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*	National Committee for Quality Assurance (NCQA)	NQF 0004	P4P
Initiation and Engagement of Substance Use Disorder Treatment*	NCQA	NQF 0004	P4P
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full-term)]	Agency for Healthcare Research and Quality (AHRQ)	NQF 0278 (lost endorsement)	P4R
Percentage of Preterm Births	NYS	-	P4R
Prenatal and Postpartum Care**	NCQA	NQF 1517 (lost endorsement)	P4P
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	American Medical Association Physician Consortium for Performance Improvement (AMA PCPI)	NQF 0028	P4R

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

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

^ Replacement HEDIS measure

** HEDIS Stratified Measure



CATEGORY 2

The table below displays the Category 2 MY2022 Maternity Care Quality Measure Set and includes measure title, measure steward, and the NQF number and/or another measure identifier (where applicable). All Category 2 measures are classified as P4R in MY2022. The measure set is redlined to highlight changes made between MY2021 and MY2022; please refer to the key at the end of this table for an explanation of redlined formatting.

Maternity Care Measures	Measure Steward	Measure Identifier
Antenatal Hydroxyprogesterone	Texas Maternity Bundle	-
Antenatal Steroids	TJC	NQF 0476
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	Hospital Corporation of America (HCA)	NQF 0473
Experience of Mother with Pregnancy Care	-	-
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	Centers for Disease Control (CDC)	NQF 0475
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus	Massachusetts General Hospital	NQF 1746
Prenatal Depression Screening and Follow-Up	NCQA	-
Postpartum Blood Pressure Monitoring	Texas Maternity Bundle	-
Postpartum Depression Screening and Follow-Up	NCQA	-
Vaginal Births after Cesarean Section	NYS	-



Appendix A



The tables below identify the changes to the Category 1 measures for the MY2022 Maternity Care Quality Measure Set. There were no changes to the Category 2 measures.

CATEGORY 1 MEASURE CHANGES FROM 2021 TO 2022

Measure Name	Change	Rationale for Change
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Changed/Removed	Measure revised by NCQA for HEDIS MY2022 specifications
Initiation and Engagement of Substance Use Disorder Treatment	Revised/Added	Measure added by NCQA for HEDIS MY2022 – replaced IET measure