



**Department
of Health**

Health and Recovery Plan (HARP)

Value Based Payment Quality Measure Set
Measurement Year 2023



INTRODUCTION

The Measurement Year (MY) 2023 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 Healthcare Effectiveness Data and Information Set® (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

Upon receiving recommendations from the CAGs, other NYS agencies, the release of guidelines from national measure stewards, such as the National Committee for Quality Assurance (NCQA)/HEDIS®, and in accordance with the NYS VBP Roadmap,² the State defined a final list of measures to be included in the Behavioral Health/HARP Measure Set for MY2023. For MY2023, twenty-seven measures remained unchanged, five measures’ reporting requirements/specifications were revised, and two measures have been added; culminating in a total of thirty-four Category 1 and 2 HARP Quality Measures.

VBP ARRANGEMENT REQUIREMENTS FOR MY2023 - HEALTH EQUITY

In MY2022, NCQA added 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 required payers and providers to incorporate race and ethnicity measure stratification in Value-Based Payment (VBP) arrangements starting in July 2022. For MY2023 HEDIS is adding eight additional measures.

Stratification Specifications:

1. Payers are **required** to include **at least one** of the following measures in **all level 1 or higher** VBP contracts and stratify results by race and ethnicity categories as outlined in the HEDIS MY2023 specifications.³

| NQCA Measure Name | Measure Inclusion by Arrangement Type | | | | |
|---|---------------------------------------|---------|-----------|----------|------------|
| | TCGP | HARP/BH | Maternity | HIV/AIDs | Children’s |
| Adult Immunization Status (AIS-E)* | | | | | |
| Asthma Medication Ratio (AMR)* | ✓ | ✓ | | ✓ | ✓ |
| Breast Cancer Screening (BCS-E)* | ✓ | ✓ | | ✓ | |
| Child and Adolescent Well–Care Visits (WCV) | ✓ | | | | ✓ |

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

² New York State Department of Health, Medicaid Redesign Team, Value Based Payment: Update, May 2022. [\(Link\)](#)

³ HEDIS® Measurement Year 2023 Volume 2 Technical Specification for Health Plans, General Guidelines section 31



| NQCA Measure Name | Measure Inclusion by Arrangement Type | | | | |
|--|---------------------------------------|---------|-----------|----------|------------|
| | TCGP | HARP/BH | Maternity | HIV/AIDs | Children's |
| Colorectal Cancer Screening (COL; COL-E) | ✓ | ✓ | | ✓ | |
| Controlling High Blood Pressure (CBP) | ✓ | ✓ | | ✓ | |
| Follow-Up After Emergency Department Visit for Substance Use (FUA)* | ✓ | ✓ | | | |
| Hemoglobin A1c Control for Patients with Diabetes (HBD) | ✓ | ✓ | | ✓ | |
| Immunizations for Adolescents (IMA, IMA-E)* | ✓ | | | | ✓ |
| Initiation and Engagement of Substance Use Disorder Treatment (IET)* | ✓ | | ✓ | ✓ | |
| Pharmacotherapy for Opioid Use Disorder (POD)* | ✓ | ✓ | | | |
| Prenatal and Postpartum Care (PPC) | ✓ | | ✓ | | |
| Well-Child Visits in the First 30 Months of Life (W30)* | ✓ | | | | ✓ |

* Added for MY2023

2. Stratification of selected measures will be classified as pay-for-reporting (P4R).
3. Payers are 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.

All new contracts submitted on or after **July 1, 2022**, must meet this requirement to be approved by NYS DOH. 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 used to determine the amount of shared savings for which VBP contractors are eligible.⁴ 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 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 *2023-2024 Value-Based Payment Reporting Requirements Technical Specifications Manual (MY2023)* 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.

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.

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.

⁴ New York State Department of Health, Medicaid Redesign Team, Value Based Payment: Update, May 2022. [\(Link\)](#)



MY2023 HARP QUALITY MEASURE SET

The measures and State-determined classifications provided on the following pages are recommendations for MY2023. 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.

Category 1

The table below displays the Category 1 MY2023 Behavioral Health/HARP Quality Measure Set, arranged alphabetically and includes the measure title, measure steward, the National Quality Forum (NQF) number (if applicable), and State-recommended measure classification. The measure set is redlined to highlight changes made between MY2022 and MY2023; 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 (SAA) | Centers for Medicare & Medicaid Services (CMS) | NQF 1879 | P4P |
| Asthma Medication Ratio (AMR)^ | National Committee for Quality Assurance (NCQA) | NQF 1800 | P4P |
| Breast Cancer Screening (BCS-E)^* | NCQA | NQF 2372 | P4P |
| Cervical Cancer Screening (CCS; CCS-E)* | NCQA | NQF 0032 | P4P |
| Chlamydia Screening in Women (CHL) | NCQA | NQF 0033 | P4P |
| Colorectal Cancer Screening (COL; COL-E)^ | NCQA | NQF 0034 | P4P |
| Controlling High Blood Pressure (CBP)^ | NCQA | NQF 0018 | P4P |



| Behavioral Health/HARP Measures | Measure Steward | Measure Identifier | Classification |
|--|-----------------|--------------------|----------------|
| COVID-19 Immunization Measure (CVS)* | NYS | | P4P |
| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) | NCQA | NQF 1932 | P4P |
| Eye Exam for Patients With Diabetes (EED) | NCQA | | P4P |
| Follow-Up After Emergency Department Visit for Mental Illness (FUM) | NCQA | NQF 3489 | P4P |
| Follow-Up After Emergency Department Visit for Substance Use (FUA)^ | NCQA | NQF3488 | P4P |
| Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) | NCQA | | P4P |
| Follow-Up After Hospitalization for Mental Illness (FUH) | NCQA | NQF 0576 | P4P |
| Hemoglobin A1c Control for Patients with Diabetes (HBD)^ | NCQA | | P4P |
| Initiation of Pharmacotherapy upon New Episode of Opioid Dependence (POD-N) | NYS | - | P4P |
| Kidney Health Evaluation for Patients with Diabetes (KED) | NCQA | | P4R |
| Pharmacotherapy for Opioid Use Disorder (POD)^ | NCQA | NQF 3175 | P4P |
| Potentially Preventable Mental Health-Related Readmission Rate 30 Days | NYS | - | P4P |



| Behavioral Health/HARP Measures | Measure Steward | Measure Identifier | Classification |
|---|-----------------|--------------------|----------------|
| Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | CMS | NQF 0421 | P4R |
| Preventive Care and Screening: Influenza Immunization | NCQA | NQF 0041 | P4R |
| Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | NCQA | NQF 0028 | P4R |
| Social Need Screening and Intervention (SNS-E)* | NCQA | | P4R |
| Statin Therapy for Patients with Cardiovascular Disease (SPC) | NCQA | - | P4R |
| Use of Pharmacotherapy for Alcohol Abuse or Dependence | NYS | - | P4R |
| Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) | NCQA | NQF 0577 | P4R |

~~Measure removed from HEDIS/NYS 2023 Measure Set~~

* New Measure for MY2023/Measure revised for 2023

^HEDIS Stratified Measure – new for MY2023

* Measures' reporting specifications/requirements revised for MY2023

^HEDIS Stratified Measure



CATEGORY 2

The table below displays the Category 2 MY2023 Behavioral Health/HARP Quality Measure Set and includes the measure title, measure steward, and the NQF number (where applicable). All Category 2 measures are classified as P4R in MY2023. There are no changes in CAT2 measures between MY2022 and MY2023.

| 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 MY2023 Behavioral Health/HARP Quality Measure Set.

Category 1 Measure Changes from 2022 to 2023

| Measure Name | Change | Rationale for Change |
|--|---|---|
| Asthma Medication Ratio (AMR) | HEDIS Stratified Measure | Added to NCQA list of Race and Ethnicity measures – New for MY2023. |
| Breast Cancer Screening (BCS-E) | HEDIS Stratified Measure | Added to NCQA list of Race and Ethnicity measures – New for MY2023. |
| Breast Cancer Screening (BCS-E) | Measure revised by NCQA for HEDIS MY2023 specifications | Electronic Clinical Data Systems (ECDS) reporting only. |
| Cervical Cancer Screening (CCS)(CCS-E) | Measure revised by NCQA for HEDIS MY2023 specifications | First-year using ECDS |
| COVID-19 Immunization Measure (CVS) | New | Measure added to VBP list of CAT1 recommended measures |
| Follow-Up After Emergency Department Visits for Substance Use Disorder (FUA) | HEDIS Stratified Measure | Added to NCQA list of Race and Ethnicity measures – New for MY2023. |
| Pharmacotherapy for Opioid Use Disorder (POD) | HEDIS Stratified Measure | Added to NCQA list of Race and Ethnicity measures – New for MY2023. |
| Social Need Screening and Intervention (SNS-E) | New | Measure added to VBP list of CAT1 recommended measures |