



Department
of Health

Health and Recovery Plan (HARP)

Value Based Payment Quality Measure Set
Measurement Year 2025



INTRODUCTION

The Measurement Year (MY) 2025 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 (the Department) CAG Strategy team, as well as subject matter experts 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 Centers for Medicare & Medicaid (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 CMS, and in accordance with the NYS Value Based Payment (VBP) Roadmap,² the Department defined a final list of measures to be included in the Behavioral Health/HARP Measure Set for MY2025. For MY2025, there are a total of thirty Category 1 and 2 HARP Quality Measures.

VBP ARRANGEMENT REQUIREMENTS FOR MY2025 - HEALTH EQUITY

In MY2022, NCQA added race and ethnicity stratification to several HEDIS measures to help promote transparency in health plan performance. Because high-quality care requires equitable care, 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, in July 2022, NYS required payers and providers to incorporate race and ethnicity measure stratification in VBP arrangements. For MY2025, there are 26 HEDIS stratified measures. Twenty-two of these are included in various New York Medicaid VBP arrangement type measure sets for payers and providers to add to their VBP contracts. Please refer to the following section for VBP contracting stratification specifications for MY2025.

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 MY2025 specifications.³

Table with 6 columns: NCQA Measure Name, TCGP, HARP/BH, Maternity, HIV/AIDS, Children's. Rows include Adult Immunization Status (AIS-E), Asthma Medication Ratio (AMR), and Breast Cancer Screening (BCS-E).

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 2025 Volume 2 Technical Specification for Health Plans, General Guidelines section, page 28



NCQA Measure Name	Measure Inclusion by Arrangement Type				
	TCGP	HARP/BH	Maternity	HIV/AIDS	Children's
Cervical Cancer Screening (CCS-E)	✓	✓		✓	
Child and Adolescent Well-Care Visits (WCV)	✓				✓
Childhood Immunization Status (CIS-E)	✓				✓
Colorectal Cancer Screening (COL-E)	✓	✓		✓	
Controlling High Blood Pressure (CBP)	✓	✓		✓	
Eye Exam for Patients with Diabetes (EED)	✓	✓		✓	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	✓	✓			✓
Follow-Up After Emergency Department Visit for Substance Use (FUA)	✓	✓			
Follow-Up After Hospitalization for Mental Illness (FUH)	✓	✓			
Glycemic Status Assessment for Patients with Diabetes (GSD)	✓	✓		✓	
Immunizations for Adolescents - Combo 2 (IMA, IMA-E)	✓				✓
Initiation and Engagement of Substance Use Disorder Treatment (IET)	✓		✓	✓	
Kidney Health Evaluation for Patients with Diabetes (KED)	✓	✓		✓	
Pharmacotherapy for Opioid Use Disorder (POD)	✓	✓			
Postpartum Depression Screening and Follow-Up (PDS-E)			✓		
Prenatal and Postpartum Care (PPC)	✓		✓		
Prenatal Depression Screening and Follow-Up (PND-E)			✓		
Prenatal Immunization Status (PRS-E)	✓		✓		
Well-Child Visits in the First 30 Months of Life (W30)	✓				✓

Stratification Requirements:




1. Any measure(s) from the preceding table can be selected for stratification of race and ethnicity provided the two groups approve on the contracting elements around other performance of the measure.
2. Payers are **required** to include the following details in the Provider Contract Statement and Certification form (DOH-4255)⁴ and Contract language:
 - i. Indicate what measure(s) are included for race and ethnicity stratification.
 - ii. Indicate how the stratified measure results for applicable measures will be shared with the VBP contractor.
3. Plans are required to include the race and ethnicity data when submitting to NYS using the following method:
 - i. Race and ethnicity fields have been added to the annual VBP member attribution submission file specifications. This will allow the Department to stratify measure performance by race and ethnicity categories for applicable performance measures at the VBP contract and VBP Contractor levels.

All new contracts must meet this requirement to be approved by the Department. As of April 1, 2023, all other existing contracts were to be updated/amended at the end of the contract's current measurement period and before the contract's next measurement period began.

MEASURE CLASSIFICATION

Each measure has been designated by the Department 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 Department, are to be reported by VBP Contractors to the Managed Care Organizations (MCOs). These measures are 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.**

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

- **P4P** measures are intended to be used to determine 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. Measure performance can be considered in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.

⁴ DOH 4255 has been updated, Section C 2e, to include a Quality Measure Race and Ethnicity Stratification section ([Link](#))

⁵ New York State Department of Health, Medicaid Redesign Team, Value Based Payment: Update, May 2022. ([Link](#))



- **P4R** measures are intended to be used by the MCOs to incentivize VBP Contractors to report 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.

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 *2025 Value-Based Payment Reporting Requirements Technical Specifications Manual (MY2025)* for details as to which measures must be reported for the measurement year. This manual will be updated annually, 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 Department 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.

MY2025 HARP QUALITY MEASURE SET

The measures and Department-determined classifications provided on the following pages are recommendations for MY2025. Note that measure classification is a Department 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 MY2025 Behavioral Health/HARP Quality Measure Set, arranged alphabetically and includes the measure title, measure steward, and Department-recommended measure classification. The measure set is redlined to highlight changes made between MY2024 and MY2025; please refer to the key at the end of this table for an explanation of redlined formatting.

Behavioral Health/HARP Measures – CAT1	Measure Steward	Classification
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SSA)	CMS	P4P
Adult Immunization Status - Electronic (AIS-E) [^]	NCQA	P4P
Asthma Medication Ratio (AMR)	NCQA	P4P
Breast Cancer Screening (BCS-E) [^]	NCQA	P4P
Cervical Cancer Screening (CCS , CCS-E) [*]	NCQA	P4P
Chlamydia Screening in Women (CHL) [^]	NCQA	P4P
Colorectal Cancer Screening (COL-E)	NCQA	P4P



Behavioral Health/HARP Measures – CAT1	Measure Steward	Classification
Continuing Engagement in Treatment Alcohol and Other Drug Dependence (CET)	NYS	P4R
Controlling High Blood Pressure (CBP)	NCQA	P4P
COVID-19 Immunization Measure (CVS)^	NYS	P4P
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	NCQA	P4P
Eye Exam for Patients With Diabetes (EED)^	NCQA	P4P
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	NCQA	P4P
Follow-Up After Emergency Department Visit for Substance Use (FUA)	NCQA	P4P
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	NCQA	P4P
Follow-Up After Hospitalization for Mental Illness (FUH)	NCQA	P4P
Glycemic Status Assessment for Patients With Diabetes (GSD)	NCQA	P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence (POD-N)	NYS	P4P
Kidney Health Evaluation for Patients With Diabetes (KED)	NCQA	P4P
Pharmacotherapy for Opioid Use Disorder (POD)	NCQA	P4P
Potentially Preventable Mental Health Related Readmission Rate 30 Days (PPR-MH)	NYS	P4P
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	NCQA	P4R
Social Need Screening and Intervention (SNS-E)	NCQA	P4P
Statin Therapy for Patients with Cardiovascular Disease (SPC)	NCQA	P4P
Use of Pharmacotherapy for Alcohol Abuse or Dependence (POA)	NYS	P4R

[^]Measure Revised for MY2025

~~*Retired/Removed from MY2025~~

*Revised for MY2025– ECDS (HEDIS Electronic Clinical Data Systems) Reporting ONLY



CATEGORY 2

The table below displays the Category 2 MY2025 Behavioral Health/HARP Quality Measure Set and includes the measure title and measure steward. All Category 2 measures are classified as P4R in MY2025. Category 2 measures were reviewed in detail this year and streamlined to include only those with an active measure steward and/or potential for movement to Category 1 in subsequent years. The measure set is redlined to highlight changes made between MY2024 and MY2025; please refer to the key at the end of this table for an explanation of redlined formatting.

BEHAVIORAL HEALTH/HARP CAT 2 Measures	Measure Steward
Asthma Action Plan	AAAAI
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI
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

~~*Retired/Removed from MY2025~~



Appendix A



The table below identifies the changes to the Category 1 measures for the MY2025 Behavioral Health/HARP Quality Measure Set.

Category 1 Measure Changes from 2024 to 2025

Measure Name	Change	Rationale for Change
Adult Immunization Status - Electronic (Influenza)(AIS-E)	Specification Change	Added a hepatitis B immunization indicator
Cervical Cancer Screening (CCS)	Reporting Specification Change	ECDS* reporting only
Chlamydia Screening in Women (CHL)	Name Change	Gender inclusive measurement
COVID-19 Immunization Measure (CVS)	Specification Change	Enrollment/anchor dates, measurement period, and CDC vaccine codes updated.
Eye Exam for Patients with Diabetes (EED)	Specification Change	Removed hybrid data collection method

Category 2 Measure Changes from 2024 to 2025

Measure Name	Change	Rationale for Change
Mental Health Engagement in Care 30 Days	Removed from measure set	Measure no longer supported by steward

*ECDS: HEDIS Electronic Clinical Data Systems