



Department  
of Health

People Living With

# HIV/AIDS

Value Based Payment Quality Measure Set  
Measurement Year 2025



INTRODUCTION

The Measurement Year (MY) 2025 People Living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (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/Health and Recovery Plan (HARP) Clinical Advisory Groups (CAGs), as well as the New York State Department of Health (the Department) 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 Healthcare Effectiveness Data and Information Set® (HEDIS)<sup>1</sup> Technical Specifications for Health Plans, the Centers for Medicare & Medicaid Services (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, the QACs, 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<sup>2</sup> the State defined a final list of measures to be included in the HIV/AIDS Measure Set for MY2025. For MY2025 there are a total of thirty-one Category 1 and 2 People Living with HIV/AIDS 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 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.<sup>3</sup>

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), Breast Cancer Screening (BCS-E), Cervical Cancer Screening (CCS-E), Child and Adolescent Well-Care Visits (WCV), Childhood Immunization Status (CIS-E), and Colorectal Cancer Screening (COL-E).

<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, Value Based Payment: Update, May 2022. (Link)

<sup>3</sup> 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
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) (Formerly Hemoglobin A1c - HBD)	✓	✓		✓	
Immunizations for Adolescents - Combo 2 (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)<sup>4</sup> 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:

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




- 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 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)).

**Categorizing and Prioritizing Quality Measures**

	<b>CATEGORY 1</b> Approved quality measures that are deemed to be clinically relevant, valid, and feasible.
	<b>CATEGORY 2</b> Measures that are clinically relevant, valid, and reliable, but where the feasibility could be problematic.
	<b>CATEGORY 3</b> 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.<sup>5</sup> **At least one Category 1 P4P measure must be included in a VBP contract.**

The Department classifies 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. Measure performance can be considered 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 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. Measures can be reclassified from P4R to P4P or vice versa through annual CAG and Department 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 *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.

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



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. The Department 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.

MY2025 HIV/AIDS QUALITY MEASURE SET

The measures 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, steward changes, 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 HIV/AIDS Quality Measure Set, arranged alphabetically, and includes the measure title, measure steward, and Department-recommended classification for measure use. 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.

Table with 3 columns: HIV/AIDS Measures, Measure Steward, and Classification. Rows include Antidepressant Medication Management (redlined), Asthma Medication Ratio (AMR), Breast Cancer Screening (BSC-E), Cervical Cancer Screening (redlined), Colorectal Cancer Screening (COL-E), Controlling High Blood Pressure (CBP), COVID-19 Immunization Measure (CVS)^, and Depression Remission or Response for Adolescents and Adults (DRR-E).



HIV/AIDS Measures	Measure Steward	Classification
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	NCQA	P4R
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
Glycemic Status Assessment for Patients with Diabetes (GSD)	NCQA	P4P
HIV Medical Visit Frequency*	HRSA	P4R
HIV Viral Load Suppression (VLS)	NYS	P4P
Initiation and Engagement of Substance Use Disorder Treatment (IET)	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
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	P4R
Preventive Care and Screening: Influenza Immunization	NCQA	P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	NCQA	P4R
Sexually Transmitted Infections: Screening for Chlamydia, Gonorrhea, and Syphilis	NYS	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	NYS	P4R

^Measure Revised for MY2025

\*Retired/Removed from MY2025

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

\*New Measure MY2025



**CATEGORY 2**

The table below displays the Category 2 People Living with HIV/AIDS Quality Measure Set and includes the measure title and measure steward. 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.

HIV/AIDS Measures	Measure Steward
Asthma Action Plan	American Academy of Allergy, Asthma & Immunology (AAAAI)
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI
Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	NYS
Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)	University of Southern California (USC)
Hepatitis C Screening	HRSA
Housing Status	HRSA
Prescription of HIV Antiretroviral Therapy	HRSA
Substance Abuse Screening	HRSA



# Appendix A





The table below identifies the changes to the Category 1 and Category 2 measures for the MY2025 HIV/AIDS Quality Measure Set.

CATEGORY 1 & 2 MEASURE CHANGES FROM 2024 TO 2025

Category 1 Measure Changes from 2024 to 2025

Measure Name	Change	Rationale for Change
Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment (AMM)	Measure removed	Retired by NCQA
Cervical Cancer Screening (CCS)	Reporting Specification Change	ECDS* reporting only
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
HIV Medical Visit Frequency	Measure added	Recommended by QAC
Prenatal Immunization Status (Combination)(PRS-E)	Classification change	Second year measure; changed to P4P

Category 2 Measure Changes from 2024 to 2025

Measure Name	Change	Rationale for Change
No Changes for MY2025		

\*ECDS: HEDIS Electronic Clinical Data Systems