



Medicaid Advantage Plus

Value Based Payment Quality Measure Set
Measurement Year 2025



The measurement year (MY) 2025 value-based payment (VBP) quality measure set for Medicaid Advantage Plus (MAP) was created in collaboration with the Managed Long-Term Care (MLTC) Clinical Advisory Group (CAG), a Sub-team empaneled by the CAG to discuss VBP approaches and quality measures for Medicaid Advantage Plus (MAP) and Programs of All-Inclusive Care for the Elderly (PACE).

The primary and preventive care measures in Table 1 are currently in the MAP quality frameworks with the Centers for Medicare and Medicaid Services (CMS) and overlap with other VBP measure sets including the Total Care for the General Population (TCGP). The classification for these measures for MY 2025 is Pay for Reporting (P4R) to incentivize appropriate data collection and establish measure use. Plans are required to report on the P4R measures for plan-provider (“VBP Contractor”) combinations.

In addition to the measures listed in Table 1, Table 2 lists the recommended Category 1 (CAT 1) and Category 2 (CAT 2) VBP MLTC measures for MAP Plans for MY 2025 and can be used for VBP contracts for MAP. The MAP CAT 1 measures are considered valid and feasible for use in VBP MAP contracts. CAT 2 measures, listed in Table 3, are also considered valid but may warrant additional implementation effort stemming from feasibility issues.

MEASURE CLASSIFICATION

Based on Sub-team recommendations and feedback from MAP Plans and PACE Organizations, the New York State Department of Health (Department) developed quality measure sets specific to MAP and PACE to reflect the unique components of these plans. The measures specifically recommended for MAP Plan use are listed in Table 1.

Category 1

CAT 1 quality measures as identified by the MLTC CAG and accepted by the Department are determined to be clinically relevant, reliable, valid, and feasible for use by VBP Contractors. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors are eligible.¹

The Department has further classified each CAT 1 measure as either P4P (Pay for Performance) or P4R:

- **P4P** measures are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible. 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 MLTC plans to incentivize VBP Contractors to report data on the quality of care delivered to members under a VBP contract. Incentive payments for reporting will be based on the timeliness, accuracy, and completeness of data submitted. Measures can be reclassified from P4R to P4P through annual CAG and State review, or by the MLTC plan and VBP Contractor.

¹ New York State Department of Health, Value Based Payment: Update, New York State Roadmap for Medicaid Payment Reform: Update, May 2022 ([Link](#))



Category 2

CAT 2 measures have been accepted by the Department based on agreement of measure importance, validity, and reliability, but present implementation feasibility concerns. These measures will be further investigated with VBP program participants.

MEASUREMENT YEAR 2025 MEASURE SET

The measures and classifications provided on the following pages are recommendations for MY 2025. Note that measure classification is a Department recommendation. MLTC plans and VBP Contractors can choose the measures they want to link to payment, and how they want to pay them (P4P or P4R) in their specific contracts. However, one measure recommended for VBP must be used as a P4P measure in VBP contracts.

Measure sets and classifications are considered dynamic and will be reviewed annually. Updates will include additions, deletions, reclassification of measure category, and reclassification from P4R to P4P based on experience with measure implementation in the prior year.

VBP QUALITY MEASURES FOR MAP PLANS

Table 1 displays the primary and preventive care measures recommended for use by MAP plans and includes measure title, measure steward, and Department determined classification for measure use. These measures are classified as P4R for MY 2025 and must be reported to the Department by the plans for their VBP Contractors.

Table 1: Primary and Preventive Care Measures for MAP Plans

Table with 3 columns: Measures, Measure Source/ Steward, Classification. Rows include Eye Exam for Patients with Diabetes (EED), Kidney Health Evaluation for Patients with Diabetes (KED), Colorectal Cancer Screening (COL-E), Antidepressant Medication Management, Follow-up After Hospitalization for Mental Illness (FUH), and Initiation and Engagement of Substance Use Disorder Treatment (IET).

* Included in the TCGP measure set

^ Included in the Health and Recovery Plan (HARP) measure set

Acronyms: NCQA denotes the National Committee for Quality Assurance

HEDIS denotes the Healthcare Effectiveness Data and Information Set



CATEGORY 1: VBP QUALITY MEASURES FOR MAP PLANS

Table 2 displays the complete CAT 1 MLTC VBP Measure Set for MAP Plans and includes measure title, measure steward, and Department determined classification for measure use. All CAT 1 measures for use in MAP Plans are classified as P4P for MY 2025.

Table 2: CAT 1 VBP Quality Measures for MAP and PACE

Measures	Measure Source/ Steward	Classification
Percentage of members who did not have an emergency room visit in the last 90 days*	UAS – NY/ New York State	P4P
Percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days*	UAS – NY/ New York State	P4P
Percentage of members who received an influenza vaccination in the last year*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in pain intensity*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in urinary continence*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in shortness of breath*	UAS – NY/ New York State	P4P
Percentage of members who did not experience uncontrolled pain	UAS – NY/ New York State	P4P
Percentage of members who were not lonely and not distressed*	UAS – NY/ New York State	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection*	UAS – NY/ New York State with linkage to SPARCS data	P4P

* Included in the NYS DOH MLTC Quality Incentive measure set

Acronyms: UAS – NY denotes the Uniform Assessment System for New York for MLTC members, SPARCS denotes the Statewide Planning and Research Cooperative System;



CATEGORY 2: VBP QUALITY MEASURES FOR MAP PLANS

Table 3 displays the complete CAT 2 MLTC VBP Measure set for MAP Plans and includes measure title, measure steward, and the recommended measure use classification.

Table 3: CAT 2 VBP Quality Measures for MAP and PACE

Measures	Measure Source/ Steward	Classification
Care for Older Adults – Medication Review	NCQA	P4R
Use of High–Risk Medications in Older Adults	NCQA	P4R
Percentage of members who rated the quality of home health aide or personal care aide services within the last 6 months as good or excellent*	MLTC Survey/New York State	P4R
Percentage of members who responded that they were usually or always involved in making decisions about their plan of care*	MLTC Survey/New York State	P4R
Percentage of members who reported that within the last 6 months the home health aide or personal care aide services were always or usually on time*	MLTC Survey/New York State	P4R

* Included in the NYS DOH MLTC Quality Incentive measure set
Acronyms: NCQA denotes the National Committee for Quality Assurance