



Programs of All- Inclusive Care for the Elderly

Value Based Payment Quality
Measure Set Measurement Year
2025



The measurement year (MY) 2025 value-based payment (VBP) quality measure set for Programs of All-Inclusive Care for the Elderly (PACE) 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 PACE-specific measures in Table 1 have been selected from Streams 2 and 3 of the PACE measures currently under development with the Centers for Medicare and Medicaid Services (CMS). To reflect the developmental nature of the measures the recommended classification for these measures for MY 2025 is Pay for Reporting (P4R) to incentivize appropriate data collection and establish measure use. PACE Organizations will be required to report on these measures for the PACE. If a PACE chooses to contract with a downstream provider for VBP, measure selection is at the discretion of the plan and provider. PACE Organizations qualifying as Level 3 VBP arrangements by virtue of meeting the social determinants of health intervention requirements can choose whether to pursue VBP with downstream providers.

In addition to the measures listed in Table 1, Table 2 lists the recommended Category 1 (CAT 1) and Category 2 (CAT 2) VBP measures for PACE plans for MY 2025, if a PACE chooses to contract with any of its downstream providers. Table 2 CAT 1 measures are considered valid and feasible for use. 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 use by PACE Organizations 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 the 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 Department 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. Plans and VBP Contractors may use measures as P4R or P4P per the terms of their individual 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 SPECIFIC TO PACE ORGANIZATIONS

Table 1 displays the quality measures specific to PACE Organizations and includes measure title, measure steward, and Department determined classification for measure use. All PACE-specific measures recommended for use in MLTC VBP for PACE Organizations are classified as P4R for MY 2025. The P4R measures shown in Table 1 must be reported to the Department by PACE plans for the PACE.

Table 1: VBP Quality Measures for Specific to PACE

Table with 3 columns: Measures, Measure Source/Steward, and Classification. It lists three measures: 1) Percentage of PACE Participants with an Advance Directive or Surrogate Decision Maker Documented in the Medical Record AND Percentage of PACE Participants with Annual Review of their Advance Directive or Surrogate Decision Maker Document (Steward: CMS, Classification: P4R); 2) Percent of Participants Not in Nursing Homes (Steward: CMS, Classification: P4R); 3) PACE Participant Emergency Department Use Without Hospitalization (Steward: CMS, Classification: P4R).



CATEGORY 1: VBP QUALITY MEASURES PACE ORGANIZATIONS

Table 2 displays the complete CAT 1 MLTC VBP Measure Set for PACE Organizations and includes measure title, measure steward, and Department determined classification for measure use. All CAT 1 measures recommended for use in MLTC VBP for PACE Organizations 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 PACE ORGANIZATIONS

Table 3 displays the complete CAT 2 MLTC VBP Measure set for PACE Organizations 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