People Living With

HIV/AIDS

Value Based Payment Quality Measure Set
Measurement Year 2026

INTRODUCTION

The Measurement Year (MY) 2026 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)[1] 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[2] the State defined a final list of measures to be included in the HIV/AIDS Measure Set for MY2026.

HEALTH EQUITY VBP ARRANGEMENT REQUIREMENTS

In MY2022, NCQA added race and ethnicity stratification (RES) to several HEDIS measures to help promote transparency in health plan performance. For complete details, refer to the NCQA's Health Equity webpage: Data, Measurement and Equity. To align with this initiative, in July 2022, NYS required payers and providers to incorporate race and ethnicity measure stratification in VBP arrangements. Please refer to the following section for VBP contracting stratification specifications.

Stratification Specifications:

Payers are **required** to include **at least one** of the NCQA RES measures in **all level 1 or higher** VBP contracts and stratify results by race and ethnicity categories as outlined in the NCQA Race and Ethnicity Stratification Resource Guide, Stratified Measure list.[3]

Stratification Requirements:

1. Arrangement appropriate measure(s) from the MY2026 People Living with HIV/AIDS Quality Measure Set list should 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.

[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] NCQA Race and Ethnicity Stratification Resource Guide, Measurement Year 2026, Page 5 (Link)
[4] DOH 4255 has been updated, Section C 2e, to include a Quality Measure Race and Ethnicity Stratification section (Link)

3. Plans are required to include the race and ethnicity data when submitting to NYS. Race and ethnicity data will be collected via the Quality Assurance Reporting Requirements (QARR) Patient Level Detail (PLD) file. 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. 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)).

Category 1

Category 1 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 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.

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 the time or as presenting accuracy or reliability concerns, therefore Category 3 measures are not included in the measure set.

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

MY2026 HIV/AIDS QUALITY MEASURE SET

The measures provided on the following pages are recommendations for MY2026. 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 Measures

The table below displays the ***Category 1 HIV/AIDS Quality Measure Set,*** arranged alphabetically, and includes the measure title, the measure steward, and the Department-recommended P4P or P4R classification.

HIV/AIDS Measures	Steward	Class
Breast Cancer Screening (BCS-E)	NCQA	P4P
Cervical Cancer Screening (CCS-E)	NCQA	P4P
Colorectal Cancer Screening (COL-E)	NCQA	P4P
Controlling High Blood Pressure (CBP)	NCQA	P4P
COVID-19 Immunization Measure (CVS)	NYS	P4P
Depression Remission or Response for Adolescents and Adults (DRR-E)	NCQA	P4P
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
Sexually Transmitted Infections: Screening for Chlamydia, Gonorrhea, and Syphilis	NYS	P4R
Social Need Screening and Intervention (SNS-E)	NCQA	P4P

HIV/AIDS Measures	Steward	Class
Statin Therapy for Patients with Cardiovascular Disease (SPC-E)	NCQA	P4R
Tobacco Use Screening and Cessation Intervention (TSC-E)	NCQA	P4R
Use of Pharmacotherapy for Alcohol Abuse or Dependence (POA)	NYS	P4R

Category 2 Measures

The table below displays the Category 2 People Living with HIV/AIDS Quality Measure Set and includes the measure title and measure steward. All Category 2 measures are classified as P4R in MY2026.

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 tables below identify the changes to the Category 1 and Category 2 measures for the MY2026 HIV/AIDS Quality Measure Set.

Category 1 Measure Changes from 2025 to 2026

Measure Name	Change	Rationale for Change
Asthma Medication Ratio (AMR)	Removed	Measure retired from HEDIS for MY2026
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (MCS)	Removed	Measure retired from HEDIS for MY2026
Statin Therapy for Patients with Cardiovascular Disease (SPC)	Removed	Measure retired from HEDIS for MY2026
Statin Therapy for Patients with Cardiovascular Disease (SPC-E)	Added	First year measure, replaces SPC
Tobacco Use Screening and Cessation Intervention (TSC-E)	Added	First year measure, replaces MCS

Category 2 Measure Changes from 2025 to 2026

Measure Name	Change	Rationale for Change
No Changes for MY2026		