



Department
of Health

Total Care for General Population (TCGP)

Value Based Payment Quality Measure Set
Measurement Year 2026



INTRODUCTION

The Measurement Year (MY) 2026 Total Care for General Population (TCGP) Quality Measure Set was created in collaboration with the Primary Care (Physical Health), Maternity Care, Behavioral Health/Health and Recovery Plans (HARP), People Living with HIV/AIDS, and Children's 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, the Merit-based Incentive Payment System (MIPS), and the Medicaid Managed Care (MMC) Quality Incentive program, 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

To encourage a broader diversity of quality measures appropriate to member populations being served by a TCGP arrangement, the Department grouped all measures in the TCGP measure set into domains and added the following requirement to the Value Based Payment (VBP) Roadmap²:

*Managed Care Organizations (MCOs) that execute a TCGP VBP arrangement must base shared savings and risk distribution on quality measures that include at least one **Category 1 Pay-for-Performance (P4P)** measure from each of the following domains:*

- Primary Care
- Mental Health
- Substance Use Disorder
- HIV/AIDS
- Maternity
- Children's

TCGP VBP arrangements that exclude pregnant women, children, or persons living with HIV/AIDS are not required to include quality measures from these respective quality measure set domains. However, TCGP arrangements that carve out HARP members are still required to include quality measures from the primary care, mental health, and substance use disorder quality measure domains, in addition to the maternity, children, and HIV/AIDS domains, if these latter populations are included.

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 the 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

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

² New York State Roadmap for Medicaid Payment Reform website ([Link](#))

³ NCQA Race and Ethnicity Stratification Resource Guide, Measurement Year 2026, Page 5 ([Link](#))

Stratification Requirements:

1. Arrangement appropriate measure(s) from the [MY2026 TCGP Quality Measure Set](#) 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.
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

In previous years, measures have 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 current TCGP Measure Set only includes Category 1 Measures. These measures are intended to be used to determine the amount of shared savings for which VBP contractors are eligible.⁵ The TCGP Measure Set consists of P4P and P4R measures, as defined below.

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.

- **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.
- **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.

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](#))



MY2026 TCGP 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, 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 for MY2026.

The table below displays the MY2026 TCGP Quality Measure Set, arranged alphabetically within domains and includes the measure title, the measure steward and the Department P4P or P4R classification.

TCGP Measures	Steward	Class
<u>TCGP Primary Care Domain</u>		
Adult Immunization Status - Electronic (AIS-E)	NCQA	P4P
Breast Cancer Screening - Electronic (BCS-E)	NCQA	P4P
Cervical Cancer Screening (CCS-E)	NCQA	P4P
Chlamydia Screening (CHL)	NCQA	P4P
Colorectal Cancer Screening - Electronic (COL-E)	NCQA	P4P
Controlling High Blood Pressure (CBP)	NCQA	P4P
COVID-19 Immunization Measure (CVS)	NYS	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
Initiation and Engagement of Substance Use Disorder Treatment (IET)	NCQA	P4P
Kidney Health Evaluation for Patients With Diabetes (KED)	NCQA	P4P
Social Need Screening and Intervention (SNS-E)	NCQA	P4P
<u>TCGP Mental Health Domain</u>		
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	CMS	P4P
Depression Remission or Response for Adolescents and Adults (DRR-E)	NCQA	P4P
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	NCQA	P4P
Follow-up After Hospitalization for Mental Illness (FUH)	NCQA	P4P
Potentially Preventable Mental Health Related Readmission Rate 30 Days (PPR-MH)	NYS	P4P



TCGP Measures	Steward	Class
<u>TCGP Substance Use Domain</u>		
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
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence (POD-N)	NYS	P4P
Pharmacotherapy for Opioid Use Disorder (POD)	NCQA	P4P
<u>TCGP HIV/AIDS Domain</u>		
HIV Viral Load Suppression (VLS)	NYS	P4P
<u>TCGP Maternity Domain</u>		
Prenatal & Postpartum Care (PPC)	NCQA	P4P
Prenatal Immunization Status (PRS-E)	NCQA	P4P
<u>TCGP Children's Domain</u>		
Child and Adolescent Well-Care Visits (WCV)	NCQA	P4P
Childhood Immunization Status – Combination 3 (CIS-E)	NCQA	P4P
Developmental Screening in the First Three Years of Life (DEV-N)	OHSU /NYS	P4P
Immunizations for Adolescents – Combination 2 (IMA-E)	NCQA	P4P
Oral Evaluation, Dental Services (OED)	NCQA	P4R
Topical Fluoride for Children (TFC)	NCQA	P4P
Well-Child Visits in the First 30 Months of Life (W30)	NCQA	P4P



Appendix A



The table below identifies the changes to the measures for the MY2026 TCGP Quality Measure Set.

Measure Changes from MY2025 to MY2026

Measure Name	Change	Rationale for Change
Adult Immunization Status - (AIS-E)	Measure Revised for MY2026	Added COVID indicator
Asthma Medication Ratio (AMR)	Removed	Measure retired from HEDIS for MY2026
Topical Fluoride for Children (TFC)	Classification Change	P4R to P4P