MEDICARE-MEDICAID
CAPITATED FINANCIAL ALIGNMENT MODEL
QUALITY WITHHOLD TECHNICAL NOTES (DY 1):
MASSACHUSETTS-SPECIFIC MEASURES

Effective as of October 1, 2013, issued October 27, 2014

Attachment B: Massachusetts Withhold Measure Technical Notes: Demonstration Year 1

Introduction

The measures in this attachment are quality withhold measures for all MMPs in the Massachusetts One Care Demonstration for Demonstration Year (DY) 1. These state-specific measures directly supplement the Medicare-Medicaid Capitated Financial Alignment CMS Core Quality Withhold Measure Technical Notes for DY 1, which can be found at the following address: http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/DY1QualityWithholdGuidance060614.pdf.

Demonstration Year 1 and Application of the Withholds in CY 13 and 14

Demonstration Year 1 in the Massachusetts One Care Demonstration is defined as October 1, 2013 thru December 31, 2014. As outlined in the three-way contract, because Demonstration Year 1 crosses calendar and contract years, an MMP will be evaluated to determine whether it has met required quality withhold requirements at the end of both CY 2013 and CY 2014 and the withheld amounts will be repaid separately for each calendar year. However, the determination in CY 2013 will be based solely on those measures that can appropriately be calculated based on the actual enrollment volume during CY 2013. CMS and the state have determined that **only the following three (3) measures will apply to MMPs in Massachusetts for CY 2013**:

- CW1—Assessments
- CW2—Consumer Governance Board (Note: MMPs in the One Care Demonstration will report this measure consistent with the requirements set forth in the Massachusetts specific reporting requirements at http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/FinalCY2014ReportingAppendixMA.pdf)
- MAW1—ICO Centralized Enrollee Record

MMPs in Massachusetts will be evaluated on the full set of CMS core and Massachusetts specific withhold measures for CY 2014 with the exception of the CAHPS related measures (CW3 and CW5). Because of the six month continuous enrollment requirement and sampling time frame associated with CAHPS, MMPs in the One Care Demonstration will not be able to report CAHPS until CY 2015. As a result, CW3 and CW5 will be included as part of the withhold measures for DY 2 in Massachusetts.

Quality Withhold Requirements in Future Years

CMS and the state shall provide subsequent guidance and technical notes for withhold measures required for DY 2 and 3.

Massachusetts Specific Measures: Demonstration Year 1

Measure: MAW1- ICO Centralized Enrollee Record

Description:	ICO compliance with Centralized Enrollee Record (CER) requirements
Metric:	Measure MA5.1 of Medicare-Medicaid Capitated Financial Alignment Demonstration Reporting Requirements: Massachusetts-Specific Reporting Requirements

Measure Steward/	
Data Source:	State-defined process measure

NQF #:   N/A

Benchmark: CY 2013: Timely reporting of all required data elements consistent with specifications.

CY 2014: Percentage achieved by highest scoring MMP minus 10 points.

Note: For CY 2014 withhold purposes, the measure is calculated as follows:

Denominator: Total number of members enrolled at the end of the reporting period times five (five is the number of required data elements).

Numerator: Sum of Data Elements A, B, C, D, and E.

Measure: MAW2- Documented Care Goals

Description: Percent of Enrollees with documented discussions of care goals.

Metric: Measure MA1.2 of Medicare-Medicaid Capitated Financial Alignment Demonstration Reporting Requirements: Massachusetts-Specific Reporting Requirements

Measure Steward/	
Data Source:	State-defined process measure

NQF #:   N/A

Benchmark
(CY 2014 only):   Percentage achieved by highest scoring MMP minus 10 points

Note: For withhold purposes, the measure is calculated as follows:

Denominator: Total members sampled (Data Element B) summed over 4 quarters

Numerator: Total members with documented discussion of care goals (Data Element C) summed over 4 quarters

By summing the denominators and numerators before calculating the rate, the final calculation is adjusted for volume.

Measure: MAW3- Access to IL-LTSS Coordinators

Description: Percent of Enrollees with LTSS needs who have a referral to an IL-LTSS Coordinator within 90 days of enrollment

Metric: Measure MA1.3 of Medicare-Medicaid Capitated Financial Alignment Demonstration Reporting Requirements: Massachusetts-Specific Reporting Requirements

Measure Steward/	
Data Source:	State-defined process measure

NQF #:	N/A
Benchmark (CY 2014 only):	Percentage achieved by highest scoring MMP minus 10 points
Note:	For withhold purposes, the measure is calculated as follows:

Denominator: Members with LTSS needs (Data Element B) minus members who refuse a coordinator (Data Element C) summed over four quarters.

Numerator: Subset of the denominator who have a referral to an IL-LTSS coordinator within 90 days of enrollment (Data Element D) summed over four quarters.

By summing the denominators and numerators before calculating the rate, the final calculation is adjusted for volume.

Massachusetts-Specific Adjustments to CW4-Encounter Data

As noted in the Medicare-Medicaid Capitated Financial Alignment CMS Core Quality Withhold Measure Technical Notes for DY 1, MMPs must begin submission of encounters within four months from first enrollment effective date or from the earliest date the MMP could submit, whichever is later, as part of the CMS core withhold measure CW4. Given that as of the release date of this document CMS and MassHealth have not yet required the MMPs in Massachusetts to begin submitting encounters, MMPs participating in the One Care demonstration must meet the following alternate requirement in order to "pass" CW4 in DY 1:

- Successfully submit production Prescription Drug Event and Risk Adjustment System files on the Medicare-required timeframes.