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

Effective as of March 1, 2015, Issued on December 10, 2015, Updated August 18, 2016

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

Introduction

The measures in this attachment are quality withhold measures for all Medicare-Medicaid Plans (MMPs) in the MI Health Link demonstration for Demonstration Year 1 (DY 1). These state-specific measures directly supplement the Medicare-Medicaid Capitated Financial Alignment Model CMS Core Quality Withhold 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 2015 and 2016

Demonstration Year 1 in the MI Health Link demonstration is defined as March 1, 2015 through December 31, 2016. As outlined in the three-way contract, because DY 1 crosses calendar and contract years, an MMP will be evaluated to determine whether it has met quality withhold requirements at the end of both CY 2015 and CY 2016, and the withheld amounts will be repaid separately for each calendar year. However, the determination in CY 2015 will be based solely on those measures that can appropriately be calculated from the actual enrollment volume during CY 2015. As a result, there are a few measures that are not reportable during CY 2015:

- **CAHPS:** Because of the six month continuous enrollment requirement and sampling time frame associated with CAHPS, MMPs in the MI Health Link demonstration will not be able to report CAHPS until CY 2016.
- **Care for Older Adults—Medication Review**: Because of the calendar year timeframe associated with reporting HEDIS measures, MMPs in Michigan will not be able to report this measure until the CY 2016 measurement year.

As a result, CMS core withhold measures CW3 and CW5 and state-specific withhold measure MIW2 will not be included as part of the withhold calculation at the end of CY 2015. MMPs in Michigan will be evaluated on the full set of CMS core and Michigan-specific withhold measures at the end of CY 2016.

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.

Michigan-Specific Measures: Demonstration Year 1

Measure: MIW1 – Care Transition Record Transmitted to Health Care Professional

Description:	Percent of Demonstration enrollees discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or to the health care professional designated for follow-up care within 24 hours of discharge.
Metric:	CY 2015: Core Measure 3.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements CY 2016: Measure MI2.6 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Michigan-Specific Reporting Requirements

Measure Steward/ Data Source:	CMS/State-defined process measure
NQF #:	Modified from 0648
Benchmark:	Timely and accurate reporting of data according to the measure specifications, plus submission of a narrative that describes the policies and procedures the MMP has implemented in order to meet the intent of the measure and continually improve its performance rate. For the CY 2016 submission, the narrative must also contain a status update that describes the MMP's progress over the course of the calendar year, including an assessment of completed activities and a description of planned/executed interventions to address any issues or barriers.
Note:	The narrative must be submitted via email to IntegratedCare@michigan.gov. The CY 2015 narrative is due by January 31, 2016. The CY 2016 narrative is due by January 31, 2017. If deficiencies are identified in the narrative, the MMP will be given one opportunity to resubmit.

Measure: MIW2 – Care for Older Adults – Medication Review

Description:	Percent of plan enrollees whose doctor or clinical pharmacist has reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year.
Metric:	NCQA HEDIS Technical Specifications
Measure Steward/ Data Source:	NCQA
NQF #:	0553
Benchmark:	For CY 2016 only: 70%

Measure: MIW3 – Members with documented discussions of care goals

Description:	Percent of enrollees with documented discussions of care goals.
Metric:	Measure MI2.3 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Michigan-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	75%
Note:	For quality withhold purposes, this measure is calculated as follows: Denominator: Total number of members with an initial IICSP completed during the reporting period (Data Element A) summed over the applicable number of quarters.

Numerator: Total number of members with at least one documented discussion of care goals in the initial IICSP (Data Element B) summed over the applicable number of quarters.

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

Michigan-Specific Adjustments to CW4-Encounter Data

As noted in the Medicare-Medicaid Capitated Financial Alignment Model CMS Core Quality Withhold 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. To qualify for the quality withhold in CY 2015, the MMPs in Michigan must begin submitting encounters no later than **November 30, 2015**. CMS identified this date as "the earliest the MMP could submit" based on meeting all the following criteria:

- CMS systems prepared to receive encounter data; and
- State companion guide issued to MMPs.

MMPs must also meet the requirements in the Notes with respect to frequency of submission (based on number of enrollees per contract ID), as well as timeliness of submission, i.e., 180 days from date of service.