MEDICARE-MEDICAID
CAPITATED FINANCIAL ALIGNMENT MODEL
QUALITY WITHHOLD TECHNICAL NOTES (DY 2 & 3): VIRGINIA-SPECIFIC MEASURES

Effective as of January 1, 2016; Issued May 26, 2017

Attachment D
Virginia Quality Withhold Measure Technical Notes: Demonstration Years 2 and 3

Introduction

The measures in this attachment are quality withhold measures for all Medicare-Medicaid Plans (MMPs) in the Virginia Commonwealth Coordinated Care Demonstration for Demonstration Years (DY) 2 and 3. These state-specific measures directly supplement the Medicare-Medicaid Capitated Financial Alignment Model CMS Core Quality Withhold Technical Notes for DY 2 through 5, which can be found on the following website: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/Downloads/QualityWithholdGuidanceDY2-503142018.pdf.

DY 2 in the Virginia Commonwealth Coordinated Care Demonstration is defined as January 1, 2016 through December 31, 2016. DY 3 is defined as January 1, 2017 through December 31, 2017.

Applicability of the Gap Closure Target to the State-Specific Quality Withhold Measures

The gap closure target methodology as described in the CMS Core Quality Withhold Technical Notes for DY 2 through 5 **will** apply to the state-specific measures contained in this attachment, unless otherwise noted in the measure descriptions below.

Virginia-Specific Measures: Demonstration Years 2 and 3

Measure: VAW7 – Assessments Completed for Community Well Members

Description:	Percent of community well members with a health risk assessment completed within 60 days of enrollment
Metric:	Measure VA1.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmarks:	DY 2: 85% DY 3: 95%
Note:	The gap closure target methodology does not apply to this measure for DY 2, but will apply for DY 3. For quality withhold purposes, this measure is calculated as follows: Denominator: Total number of members classified as community well upon enrollment whose 60th day of enrollment occurred within the reporting period, excluding the total number of community well members who were documented as unwilling to complete a health risk assessment within 60 days of enrollment and the total number of community well members the MMP was unable to reach, following three documented attempts within 60 days of enrollment (Data Elements A – B – C) summed over four quarters. Numerator: The number of community well members with a health risk assessment completed within 60 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.

Measure: VAW8 – Assessments Completed for Vulnerable Subpopulation Members, Elderly and Disabled with Consumer Direction (EDCD) Members, and Nursing Facility Members

Description:	Percent of vulnerable subpopulation members, EDCD members, and nursing facility members with a health risk assessment completed within the required timeframe (30 days for EDCD members; 60 days for nursing facility members and vulnerable subpopulation members)
Metric:	Measure VA1.2 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmarks:	DY 2: 85% DY 3: 95%
Note:	The gap closure target methodology does not apply to this measure for DY 2, but will apply for DY 3. For quality withhold purposes, this measure is calculated as follows: Denominator: Total number of members classified as EDCD members, nursing facility members, and vulnerable subpopulation members upon enrollment whose 30th/60th day of enrollment occurred within the reporting period, excluding the total number of EDCD, nursing facility, and vulnerable subpopulation members who were documented as unwilling to complete a health risk assessment within 30/60 days of enrollment and the total number of EDCD, nursing facility, and vulnerable subpopulation members the MMP was unable to reach, following three documented attempts within 30/60 days of enrollment (Data Elements A + E + I – B – C – F – G – J – K) summed over four quarters. Numerator: The total number of EDCD, nursing facility, and vulnerable subpopulation members with a health risk assessment completed within 30/60 days of enrollment (Data Elements D + H + L) summed over four quarters. By summing the denominators and numerators before calculating the rate, the final calculation is adjusted for volume.

Measure: VAW9 – Plan of Care

Description:	Percent of members with a Plan of Care (POC) completed within the required timeframe (30 days for EDCD members; 60 days for nursing facility members and vulnerable subpopulation members; 90 days for community well members)
Metric:	Measure VA2.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements

Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmarks:	DY 2: 30% DY 3: 40%
Note:	The gap closure target methodology does not apply to this measure for DY 2, but will apply for DY 3. For quality withhold purposes, this measure is calculated as follows: Denominator: Total number of members whose 30th/60th/90th day of enrollment occurred within the reporting period, excluding the total number of members who were documented as unwilling to complete a POC within 30/60/90 days of enrollment and the total number of members the MMP was unable to reach, following three documented attempts within 30/60/90 days of enrollment (Data Elements A + E + I + M – B – C – F – G – J – K – N – O) summed over four quarters. Numerator: The total number of members with a POC completed within 30/60/90 days of enrollment (Data Elements D + H + L + P) summed over four quarters. By summing the denominators and numerators before calculating the rate, the final calculation is adjusted for volume.

Measure: VAW10 – Adjudicated Clean Claims

Description:	Percent of adjudicated claims submitted to MMPs that were paid within the timely filing requirements
Metric:	Measure VA5.3 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmarks:	DY 2: 92% DY 3: 95%
Note:	For quality withhold purposes, this measure is calculated as follows: Denominator: Total number of adjudicated clean claims for traditional Medicaid covered EDCD waiver services, traditional Medicaid covered nursing facility services, traditional Medicaid covered behavioral health services, and other traditional Medicaid covered services (Data Elements B + E + H + K) summed over four quarters. Numerator: Total number of adjudicated clean claims for traditional Medicaid covered EDCD waiver services paid correctly within 14 days of receipt, traditional Medicaid covered nursing facility services paid correctly within 14 days of receipt, traditional Medicaid covered behavioral health services paid correctly within 14 days of receipt, and other traditional

	Medicaid covered services paid correctly within 14 days of receipt (Data Elements C + F + I + L) summed over four quarters. By summing the denominators and numerators before calculating the rate, the final calculation is adjusted for volume.

Measure: VAW11 – Hospital, Nursing Facility, and Community Transitions

Description:	Percent of members who transitioned to and from hospitals, nursing facilities and the community
Metric:	Measure VA2.11 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined measure
NQF #:	N/A
Benchmarks:	DY 2: 40% DY 3: 60%
Note:	For quality withhold purposes, this measure is calculated as follows: Denominator: Total number of inpatient hospital discharges to nursing facilities, inpatient hospital discharges to the Community, and nursing facility discharges to the Community (Data Elements B + C + F) summed over four quarters. Numerator: Total number of discharges with documented participation in the discharge plan by the care manager and the member, or the member's representative (Data Element K) summed over four quarters. By summing the denominators and numerators before calculating the rate, the final calculation is adjusted for volume.

Measure: VAW12 – Severe Mental Illness

Description:	Percent of individuals with severe mental illness (SMI) who are receiving primary care services
Metric:	Measure VA5.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined measure
NQF #:	N/A
Benchmarks:	DY 2: 85% DY 3: 95%
Note:	For quality withhold purposes, this measure is calculated as follows: Denominator: The total number of members with an SMI diagnosis (Data Element A). Numerator: The total number of members with an SMI diagnosis who received primary care services (Data Element B).