

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

Effective as of March 1, 2014 issued June 9, 2015

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

Introduction

The measures in this attachment are quality withhold measures for all MMPs in the Illinois Medicare-Medicaid Alignment Initiative 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 14 and 15

Demonstration Year 1 in the Illinois Medicare-Medicaid Alignment Initiative is defined as March 1, 2014 thru December 31, 2015. 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 2014 and CY 2015 and the withheld amounts will be repaid separately for each calendar year. However, the determination in CY 2014 will be based solely on those measures that can appropriately be calculated based on the actual enrollment volume during CY 2014. Because of the six month continuous enrollment requirement and sampling time frame associated with CAHPS, MMPs in the Medicare-Medicaid Alignment Initiative will not be able to report CAHPS until CY 2015. In addition, 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. As outlined further in this document, CMS anticipates MMPs in Illinois will begin formal submission of encounters in 2015. As a result, CMS core withhold measures CW3, CW4, and CW5 will not be included as part of the withhold calculation at the end of CY 2014. MMPs in Illinois will be evaluated on the full set of CMS core and Illinois-specific withhold measures at the end of CY 2015.

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.

Illinois- Specific Measures: Demonstration Year 1

Measure: ILW1 - Documentation of Care Goals

Description:	Percent of Enrollees with documented discussion of care goals
Metric:	Measure IL3.2 of Medicare-Medicaid Capitated Financial Alignment Demonstration Reporting Requirements: Illinois-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	Percentage achieved by highest scoring MMP minus 10 percentage points
Note:	For withhold purposes, the measure is calculated as follows:

- Denominator: Total number of members with an initial care plan developed (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 care plan (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.

Measure: ILW2 - Ensuring Physical Access to Buildings, Services and Equipment

Description:	MMP has established and implemented an American with Disabilities Act Compliance Plan
Metric:	Measure IL5.1 of Medicare-Medicaid Capitated Financial Alignment Demonstration Reporting Requirements: Illinois-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	100% compliance
Note:	For the MMP to meet this measure, it would need to submit an ADA Compliance Plan that aligns with the requirements outlined in the measure specification. If deficiencies are identified in the MMP’s ADA Compliance Plan or the policies/procedures described therein, the MMP may still meet this measure if it submits a strategy to correct the deficiencies within 7 business days of notification of completion of the review. The MMP must submit documentation of the corrections within 30 days after notification of completion of the review to validate the implementation of the corrective strategy. MMPs will receive a timeline and details of the instructions for the corrective strategy.

Measure: ILW3 - Moderate and high-risk members with a comprehensive assessment completed within 90 days of enrollment

Description:	Percent of moderate and high risk enrollees with documented health risk assessment completed within 90 days of enrollment
Metric:	Measure IL2.2 of Medicare-Medicaid Capitated Financial Alignment Demonstration Reporting Requirements: Illinois-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A

Benchmark: Percentage achieved by highest scoring MMP minus 10 percentage points

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

- Denominator: Total number of moderate and high risk members enrolled whose 90th day of enrollment occurred within the reporting period (Data Elements A and E), summed over the applicable number of quarters. Beneficiaries who refused the assessment (Data Elements B and F) and who could not be reached (Data Elements C and G) will be removed from the denominator.
- Numerator: Total number of moderate and high risk members with a comprehensive assessment completed within 90 days of enrollment (Data Elements D and H), summed over the applicable number of quarters.

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

Illinois-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. To qualify for the quality withhold in CY 2015, the MMPs in Illinois must begin submitting encounters no later than **April 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;
- State signed Information Security Agreement with Palmetto where standard submission method is used;
- Encounter data submission method established (standard vs. alternate); 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.