

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

Effective as of May 1, 2014, Issued December 9, 2015

## Attachment B: Ohio 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 MyCare Ohio Demonstration for Demonstration Year (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 2014 and 2015***

Demonstration Year 1 in the MyCare Ohio Demonstration is defined as May 1, 2014 through 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 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 be appropriately calculated based on the actual enrollment volume during CY 2014. As a result, there are a few measures that are not reportable during CY 2014:

- **CAHPS:** Because of the six month continuous enrollment requirement and sampling time frame associated with CAHPS, MMPs in the MyCare Ohio Demonstration will not be able to report CAHPS until CY 2015.
- **Encounter data:** 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, MMPs in Ohio 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 Ohio will be evaluated on the full set of CMS core and Ohio-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.

### **Ohio-Specific Measures: Demonstration Year 1**

#### **Measure: OHW1 – Documentation of Care Goals**

Description:	Percent of beneficiaries with documented discussion of care goals.
Metric:	Measure OH1.2 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Ohio-Specific Reporting Requirements
Measure Steward/ Data Source:	CMS/State-defined process measure
NQF #:	N/A
Benchmark:	N/A

Note: CMS and the Ohio Department of Medicaid (ODM) are suspending the Documentation of Care Goals measure for use in the quality withhold analysis. Although the data has been submitted timely, CMS and ODM may further review its accuracy through a number of options, including audits, performance measure validations, contract monitoring approaches, etc. The review of audit findings and other monitoring data has led to concern about the accuracy of the data submitted for this measure and its ability to meaningfully capture the desired information. Therefore, this measure will be removed from the pool of measures being assessed for DY 1 quality withhold payments.

### Measure: OHW2 – Nursing Facility Diversion

Description: The number of total patient days in a nursing facility per 1,000 member months for members in the MMP during the measurement year.

Metric: Measure OH3.8 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Ohio-Specific Reporting Requirements [Note: Measure OH3.8 will be added to the Ohio-Specific Reporting Requirements document in a future update. In the interim, OH MMPs may refer to ODM’s MyCare Rebalancing and Long Term Care Measures Methods document for the nursing facility diversion measure specifications.]

Measure Steward/  
Data Source: State-defined measure

NQF #: N/A

Benchmark: A minimum 5% decrease in the performance year rate compared to the baseline rate for the MMP’s demonstration population.

Note: For both the CY 2014 and CY 2015 performance years, the baseline period is CY 2013. The baseline and performance measure results will be calculated based on ODM’s MyCare Rebalancing and Long Term Care Measure Methods document. For example, a plan with 5,000 total nursing facility days per 1,000 member months for the CY 2013 baseline period would have a benchmark of 4,750.

### Ohio-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 Ohio 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.