

**MEDICARE-MEDICAID
CAPITATED FINANCIAL ALIGNMENT MODEL
QUALITY WITHHOLD TECHNICAL NOTES (DY 2 – 5):
OHIO-SPECIFIC MEASURES**

Effective as of January 1, 2016; Issued March 16, 2018

Attachment D
Ohio Quality Withhold Measure Technical Notes: Demonstration Years 2 through 5

Introduction

This attachment provides information about the status of the state-specific quality withhold measures for Medicare-Medicaid Plans (MMPs) in the MyCare Ohio Demonstration for Demonstration Years (DY) 2 through 5, which are defined as follows:

Year	Dates Covered
DY 2	January 1, 2016 – December 31, 2016
DY 3	January 1, 2017 – December 31, 2017
DY 4	January 1, 2018 – December 31, 2018
DY 5	January 1, 2019 – December 31, 2019

As noted in the individual measure descriptions below, both of the state-specific quality withhold measures are suspended from the quality withhold analysis as of DY 2. The removal of state-specific quality withhold measures is temporary while new measure specifications are under development. When the new measures are finalized, this attachment will be updated to provide details regarding the analysis and benchmarks. Stakeholders will have the opportunity to comment on the updated attachment prior to finalization.

Until such time that state-specific quality withhold measures are reestablished, Ohio MMPs will be evaluated on the CMS core quality withhold measures only. This means that the percent of the withhold that each Ohio MMP receives will be based on the total number of CMS core measures passed out of the total number of CMS core measures included in the analysis. For more information about the CMS core measures, see the Medicare-Medicaid Capitated Financial Alignment Model CMS Core Quality Withhold Technical Notes for DY 2 through 5, which can be found at the following address:

<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/Downloads/QualityWithholdGuidanceDY2-503142018.pdf>.

Ohio-Specific Measures: Demonstration Years 2 through 5

Measure: OHW3 – 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
Measure Steward/ Data Source:	State-defined measure
NQF #:	N/A
Benchmark:	N/A
Notes:	As noted in the February 21, 2018 memorandum issued to Ohio MMPs, this measure is suspended as of DY 2. Therefore, this measure will not be included in the quality withhold analysis until further notice.

Measure: OHW4 – Long Term Care Overall Balance

Description:	The number of total members residing in a nursing facility per 1,000 member months for members in the MMP during the measurement year
Metric:	Measure OH3.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Ohio-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined measure
NQF #:	N/A
Benchmark:	N/A
Notes:	As noted in the February 21, 2018 memorandum issued to Ohio MMPs, this measure is suspended as of DY 2. Therefore, this measure will not be included in the quality withhold analysis until further notice.