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

Effective as of January 1, 2017; Issued May 2, 2018;
Updated January 23, 2019

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

Introduction

The measures in this attachment are quality withhold measures for all Medicare-Medicaid Plans (MMPs) in the South Carolina Healthy Connections Prime demonstration for Demonstration Years (DY) 2 through 5. 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 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.

DY 2 through 5 in the South Carolina Healthy Connections Prime demonstration are defined as follows:

Year	Dates Covered
DY 2	January 1, 2017 – December 31, 2017
DY 3	January 1, 2018 – December 31, 2018
DY 4	January 1, 2019 – December 31, 2019
DY 5	January 1, 2020 – December 31, 2020

Information about the applicable demonstration years for each state-specific measure, as well as benchmarks and other details, can be found in the measure descriptions below. Note that CMS and the State may elect to adjust the benchmarks based on additional analysis or changes in specifications. Stakeholders will have the opportunity to comment on any changes prior to finalization.

Variation from the CMS Core Quality Withhold Technical Notes

Because of the six month continuous enrollment requirement and sampling timeframe associated with CAHPS, South Carolina MMPs were unable to report CMS core quality withhold measures CW3 and CW5 for DY 1. As a result, these measures will be included as part of the withhold analysis for DY 2 for South Carolina MMPs. The details and benchmarks for these measures are provided in the CMS Core Quality Withhold Technical Notes for DY 1, and also reiterated on pages 4 through 5 of this document.

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 not** apply to the state-specific measures for DY 2 and 3, but **will** apply to the state-specific measures for DY 4 and 5.

South Carolina-Specific Measures: Demonstration Years 2 and 3

Measure: SCW4 – Management of Hospital, Nursing Facility, and Community Transitions

Description:	Percent of enrollees who transitioned to and from hospitals, nursing facilities, and the community
Metric:	Measure SC2.6 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: South Carolina-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined measure

NQF #:	N/A
Benchmark:	Timely and accurate reporting according to the SC2.6 measure specifications
Notes:	This measure is applicable for DY 2 and 3 only. The gap closure target methodology does not apply to this measure.

Measure: SCW5 – Adjudicated Claims

Description:	Percent of adjudicated claims submitted to MMPs that were paid within the timely filing requirements
Metric:	Measure SC5.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: South Carolina-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined measure
NQF #:	N/A
Benchmarks:	90% of all clean claims paid within 30 days of the date of receipt 99% of all clean claims paid within 90 days of the date of receipt
Notes:	This measure is applicable for DY 2 and 3 only. The gap closure target methodology does not apply to this measure. The MMP must meet or exceed the benchmark for both metrics in order to pass the measure as a whole. The first metric (i.e., percent of clean claims paid within 30 days) is calculated as follows: **Denominator:** The total number of clean, non-duplicated claims for services other than HCBS, adjudicated and approved during the reporting period (Data Element A) summed over four quarters. **Numerator:** The total number of adjudicated and approved non-HCBS claims paid using the correct rate and within 30 days (Data Element B) summed over four quarters. The second metric (i.e., percent of clean claims paid within 90 days) is calculated as follows: **Denominator:** The total number of clean, non-duplicated claims for services other than HCBS, adjudicated and approved during the reporting period (Data Element A) summed over four quarters. **Numerator:** The total number of adjudicated and approved non-HCBS claims paid using the correct rate and within 90 days (Data Element C) summed over four quarters. By summing the denominators and numerators before calculating the rates, the final calculations are adjusted for volume.

South Carolina-Specific Measures: Demonstration Years 4 and 5

Measure: SCW6 – Comprehensive Diabetes Care

Description:	The percentage of members 65-75 years of age with diabetes (type 1 and type 2) who had each of the following: • Hemoglobin A1c (HbA1c) Testing • HbA1c Poor Control (>9.0%) • Eye Exam (Retinal) Performed • Medical Attention for Nephropathy
Measure Steward/ Data Source:	NCQA/HEDIS (MMPs should follow the version of the HEDIS Technical Specifications that is referenced in the HEDIS Reporting Requirements HPMS memorandum issued for the relevant reporting year)
HEDIS Label:	Comprehensive Diabetes Care (CDC)
NQF #:	0731
Benchmarks:	HbA1c Testing: 93% Blood Sugar Controlled (Reverse of HbA1c Poor Control): 68% Eye Exam (Retinal) Performed: 64% Medical Attention for Nephropathy: 87%
Notes:	This measure is applicable for DY 4 and 5 only. The MMP must meet or exceed the benchmark or gap closure target for all four metrics in order to pass the measure as a whole. This measure will be removed from the quality withhold analysis if the MMP has fewer than 1,000 enrollees as of July of the measurement year. It will also be removed if the MMP's HEDIS audit designation is "NA", which indicates that the denominator is too small (<30) to report a valid rate. As noted above, the HbA1c Poor Control metric will be reverse scored for purposes of the quality withhold analysis, such that a higher rate indicates better performance. To calculate the reverse score, the MMP's reported rate will be subtracted from 100%.

Measure: SCW7 – Follow-Up Visit After Inpatient Hospital Discharge

Description:	Percent of acute inpatient hospital discharges that resulted in an ambulatory care follow-up visit within 30 days of the discharge from the inpatient hospital stay
Metric:	Measure SC2.4 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: South Carolina-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined measure
NQF #:	N/A
Benchmark:	85%
Notes:	This measure is applicable for DY 4 and 5 only. For quality withhold purposes, this measure is calculated as follows:

Denominator: Total number of acute inpatient hospital discharges (Data Element A).

Numerator: Total number of acute inpatient hospital discharges that resulted in an ambulatory care follow-up visit within 30 days of discharge from the inpatient hospital stay (Data Element B).

Additional CMS Core Measures for South Carolina MMPs: Demonstration Year 2 Only

Measure: CW3 – Customer Service

Description:	Percent of the best possible score the plan earned on how easy it is for members to get information and help from the plan when needed: • In the last 6 months, how often did your health plan's customer service give you the information or help you needed? • In the last 6 months, how often did your health plan's customer service treat you with courtesy and respect? • In the last 6 months, how often were the forms for your health plan easy to fill out?
Measure Steward/ Data Source:	AHRQ/CAHPS (Medicare CAHPS – Current Version)
NQF #:	0006
Benchmark:	86%
Minimum Enrollment:	600
Continuous Enrollment Requirement:	Yes, 6 months
Notes:	The case-mix adjusted composite measure is used to assess how easy it was for the member to get information and help when needed. CAHPS measures are adjusted for self-reported physical and mental health status, age, education, proxy status, dual eligibility, low income subsidy eligibility, and language of survey. For a list of CAHPS case-mix coefficients, please see the Star Ratings Technical Notes at http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100. The percentage of the best possible score each plan earned is an average of scores for the questions within the composite.

Measure: CW5 – Getting Appointments and Care Quickly

Description:	Percent of best possible score the plan earned on how quickly members get appointments and care: • In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? • In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

- In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

Measure Steward/ Data Source:	AHRQ/CAHPS (Medicare CAHPS – Current Version)
NQF #:	0006
Benchmark:	74%
Minimum Enrollment:	600
Continuous Enrollment Requirement:	Yes, 6 months
Notes:	This case-mix adjusted composite measure is used to assess how quickly the member was able to get appointments and care. CAHPS measures are adjusted for self-reported physical and mental health status, age, education, proxy status, dual eligibility, low income subsidy eligibility, and language of survey. For a list of CAHPS case-mix coefficients, please see the Star Ratings Technical Notes at http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100. The percentage of the best possible score each plan earned is an average of scores for the questions within the composite.