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

Effective as of January 1, 2017; Issued May 9, 2018

Attachment D
Texas 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 Texas Dual Eligible Integrated Care Project 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 Texas Dual Eligible Integrated Care Project 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

The state-specific measures within this attachment apply to all demonstration years listed above; however, CMS and the State may elect to adjust the analyses and/or benchmarks for DY 4 and 5. Stakeholders will have the opportunity to comment on any changes prior to finalization.

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.

Texas-Specific Measures: Demonstration Years 2 through 5

Measure: TXW4 – Decisions about Long-Term Services and Supports

Description: Percent of members reporting that service coordinators involved them in decisions about their long-term services and supports

Metric: Supplemental question collected via CAHPS

Measure Steward/ Data Source: State-defined measure

NQF #: N/A

Benchmark: 72% responding “usually” or “always” to the survey question

Notes: MMPs will be instructed to add the state-defined questions listed below to their CAHPS surveys. Question three will be used to calculate the metric used under this withhold measure. The first two questions are screening questions necessary to ensure an accurate response to question three.

1. A service coordinator is the person from your STAR+PLUS health plan who helps set up and coordinate services with you. Do you currently have a service coordinator from your STAR+PLUS health plan who helps arrange your medical and other types of services?

   Response options: Yes, No, Don't Know

2. Long-term services and supports might include attendant care, day program services, or adaptive aids. In the last 6 months, did you speak with a service coordinator that helped arrange long-term services and supports for you?

   Response options: Yes, No

3. In the last 6 months, how often did your service coordinator involve you in decisions about your long-term services and supports?

   Response options: Never, Sometimes, Usually, Always

This measure will be removed from the quality withhold analysis if the denominator does not meet or exceed a threshold of 61 responses.

Measure: TXW5 – Nursing Facility Transition

Description: Percent of members who went from the community to the hospital to the nursing facility and remained in the nursing facility

Metric: Measure TX5.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Texas-Specific Reporting Requirements

Measure Steward/ Data Source: State-defined measure

NQF #: N/A

Benchmark: 1.5%

Notes: For quality withhold purposes, this measure is calculated as follows:

Denominator: Total number of members who were admitted to the hospital from the community and who remained in the hospital for 30 days or less (Data Element A).

Numerator: Total number of members from Data Element A who were discharged to a nursing facility and remained in the nursing facility for at least 120 continuous days (Data Element B).

Note that lower rates are better for this measure. The gap closure target methodology does not apply to this measure.

Measure: TXW6 – Integrated Plan of Care Update

Description: Percent of members whose Integrated Plan of Care was updated annually before the expiration date

Metric: Measure TX1.4 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Texas-Specific Reporting Requirements

Measure Steward/ Data Source:	State-defined measure
NQF #:	N/A
Benchmark:	91%
Notes:	For quality withhold purposes, this measure is calculated as follows: **Denominator:** Total number of members eligible for an Integrated Plan of Care annual update (Data Element A). **Numerator:** Total number of members from Data Element A whose Integrated Plan of Care was updated annually before the expiration date (Data Element B).