MEDICARE-MEDICAID
CAPITATED FINANCIAL ALIGNMENT MODEL
QUALITY WITHHOLD TECHNICAL NOTES (DY 2 – 11): OHIO-SPECIFIC MEASURES

Effective as of January 1, 2016; Issued March 16, 2018;
Updated January 19, 2024

Attachment D
Ohio Quality Withhold Measure Technical Notes: Demonstration Years 2 through 11

Introduction

This attachment provides information about the state-specific quality withhold measures for Medicare-Medicaid Plans (MMPs) in the MyCare Ohio Demonstration for Demonstration Years (DY) 2 through 11. These state-specific measures directly supplement the Medicare-Medicaid Capitated Financial Alignment Model CMS Core Quality Withhold Technical Notes for DY 2 through 12.

DY 2 through 11 in the MyCare Ohio Demonstration 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
DY 6	January 1, 2020 – December 31, 2020
DY 7	January 1, 2021 – December 31, 2021
DY 8	January 1, 2022 – December 31, 2022
DY 9	January 1, 2023 – December 31, 2023
DY 10	January 1, 2024 – December 31, 2024
DY 11	January 1, 2025 – December 31, 2025

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 or other details based on further analysis or changes in specifications. Stakeholders will have the opportunity to comment on any substantive changes prior to finalization.

Applicability of the Gap Closure Target to the State-Specific Quality Withhold Measures

The measure descriptions below provide information about the applicability of the gap closure target methodology as described in the CMS Core Quality Withhold Technical Notes.

Ohio-Specific Measures: Demonstration Years 2 through 5

As noted in the measure descriptions below, the original DY 2 through 5 state-specific measures were suspended while new measures were under consideration. As a result, the DY 2 through 5 quality withhold analyses were based on the CMS core quality withhold measures only.

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

CMIT #:	N/A
Applicable Years:	N/A
Utilizes Gap Closure:	N/A
Benchmark:	N/A
Notes:	As noted in the February 21, 2018 memorandum issued to Ohio MMPs, this measure was suspended as of DY 2. Therefore, this measure is not included in the quality withhold analysis.

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
CMIT #:	N/A
Applicable Years:	N/A
Utilizes Gap Closure:	N/A
Benchmark:	N/A
Notes:	As noted in the February 21, 2018 memorandum issued to Ohio MMPs, this measure was suspended as of DY 2. Therefore, this measure is not included in the quality withhold analysis.

<u>Ohio-Specific Measures: Demonstration Years 6 through 11</u>

Measure: OHW5 – Minimizing Facility Length of Stay

Description:	The ratio of the MMP's observed performance rate to the MMP's expected performance rate. The performance rate is based on the proportion of admissions to a facility that result in successful discharge to the community within 100 days of admission.
Metric:	Core Measure 9.3 of the Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements
Measure Steward/ Data Source:	CMS-defined measure
CMIT #:	968
Applicable Years:	DY 6 through 11
Utilizes Gap Closure:	No
Benchmarks:	DY 6: Timely and accurate reporting according to the Core 9.3 measure specifications DY 7 through 11: 1.00

Notes:	For DY 7 through 11, the analysis for this measure is based on the MMP's observed-to-expected (O/E) ratio, which compares the actual performance rate to the performance rate that the MMP is expected to have given its case mix. The observed rate and expected rate are calculated as follows: 1. The observed rate equals the total number of discharges from a facility to the community that occurred within 100 days or less of admission (Data Element B) divided by the total number of admissions to a facility (Data Element A). 2. The expected rate equals the total number of expected discharges to the community (Data Element C) divided by the total number of admissions to a facility (Data Element A). Note that a higher O/E ratio indicates better performance (i.e., the MMP's O/E ratio must be greater than or equal to 1.00 to receive a "met" designation). An O/E ratio that is greater than 1.00 signifies a higher than expected rate of successful discharges.

Measure: OHW6 – Medication Reconciliation Post-Discharge

Description:	The percentage of discharges for members 18 years of age and older who had documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days)
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:	Transitions of Care (TRC) – Medication Reconciliation Post-Discharge
CMIT #:	729
Applicable Years:	DY 6 through 11
Utilizes Gap Closure:	Yes
Benchmark:	62%
Notes:	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.

Attachment E
Additional CMS Withhold Measure Technical Notes: Demonstration Years 6 through 11

Introduction

This attachment provides information about the additional CMS measure that serves as the basis for the separate 1% quality withhold that applies to the Medicare A/B rate component starting in DY 6. The applicable benchmark and other details can be found in the measure description below. Note that CMS may elect to adjust the benchmark or other details based on further analysis or changes in specifications. Stakeholders will have the opportunity to comment on any substantive changes prior to finalization.

Applicability of the Gap Closure Target to the Additional CMS Measure

The gap closure target methodology as described in the CMS Core Quality Withhold Technical Notes **will** apply to the additional CMS measure, but with a 33% improvement percentage.

Alternative Withhold Measure if an MMP is Unable to Report the Additional CMS Measure

If an MMP is unable to report the additional CMS measure in a given year due to low enrollment or inability to meet other reporting criteria, an alternative measure will be used for the MMP. In such cases, the Colorectal Cancer Screening (COL for DY 6-9; COL-E as of DY 10) HEDIS measure[1] will apply using a 70% benchmark and a 33% improvement percentage. Note that the COL/COL-E measure would apply only to the specific year(s) for which the MMP is unable to report the additional CMS measure.

Additional CMS Measure for Ohio MMPs: Demonstration Years 6 through 11

Measure: OCW1 – Diabetes Care: Blood Sugar Controlled

Description:	Percent of members with diabetes whose most recent glycemic status showed their average blood sugar is under control
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 Labels:	DY 6 and 7: Comprehensive Diabetes Care (CDC) – HbA1c Poor Control (>9.0%) DY 8 and 9: Hemoglobin A1c Control for Patients with Diabetes (HBD) – HbA1c Poor Control (>9.0%) DY 10 and 11: Glycemic Status Assessment for Patients with Diabetes (GSD) – Glycemic Status >9.0%
CMIT #:	204
Applicable Years:	DY 6 through 11
Utilizes Gap Closure:	Yes, with a 33% improvement percentage
Benchmark:	74%
Notes:	The HbA1c Poor Control/Glycemic Status >9.0% metric will be reverse scored for purposes of the quality withhold analysis, such that a higher rate

[1] As of DY 8 (measurement year 2022), the HEDIS specifications were revised to reflect an expanded age range. However, for purposes of the quality withhold analysis, the 51-75 age stratification would be used.

indicates better performance. To calculate the reverse score, the MMP's reported rate will be subtracted from 100%.

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.