Updated CY 2015 Specifications for Core Measure 9.2 – DRAFT

9.2 Nursing Facility (NF) Diversion.

CONTINUOUS REPORTING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
9. Utilization	Annually	Contract	Calendar Year, beginning CY2	By the end of the second month following the last day of the reporting period

A. Data element definitions - details for each data element reported to CMS and the State, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of members who were continuously enrolled in the MMP for at least 5 out of the last 6 months during the previous reporting period and continuously enrolled in the MMP for at least 11 out of 12 months during the current reporting period.	Total number of members who were continuously enrolled in the MMP for at least 5 out of the last 6 months during the previous reporting period and continuously enrolled in the MMP for at least 11 out of 12 months during the current reporting period.	Field Type: Numeric
B.	The total number of members who were classified as nursing home certifiable for more than 100 continuous days during the previous reporting period who did not reside in a NF for more than 100 continuous days during the previous reporting period.	Of the total reported in A, the number of members who were classified as nursing home certifiable for more than 100 continuous days during the previous reporting period who did not reside in a NF for more than 100 continuous days during the previous reporting period.	Field Type: Numeric Note: Is a subset of A.

Element Letter	Element Name	Definition	Allowable Values
C.	Total number of members who did not reside in a NF for more than 100 continuous days during the current reporting period.	Of the total reported in B, the number of members who did not reside in a NF for more than 100 continuous days during the current reporting period.	Field Type: Numeric Note: Is a subset of B.

B. QA checks/Thresholds - procedures used by CMS and the State to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- CMS and the state will perform an outlier analysis.
- As data are received from MMPs over time, CMS and the state will apply threshold checks.

C. Edits and Validation checks - validation checks that should be performed by each MMP previous to data submission.

- Confirm those data elements listed above as subsets of other elements.
- MMPs should validate that data element B is less than or equal to data element A.
- MMPs should validate that data element C is less than or equal to data element B.
- All data elements should be positive values.

D. Analysis - how CMS and the State will evaluate reported data, as well as how other data sources may be monitored.

- For members classified as nursing home certifiable for more than 100 continuous days during the previous reporting period who did not reside in a NF for more than 100 continuous days during the previous reporting period, CMS and the state will evaluate the percentage of members who did not reside in a NF for more than 100 continuous days during the current reporting period.

E. Notes - additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- MMPs should include all members regardless of whether the member was enrolled through passive enrollment or opt-in enrollment.
- The member must be enrolled as of the last day of the previous and current reporting periods to be included in this measure.
- Continuous enrollment is defined as no more than one gap in enrollment of up to 45 days during each reporting period. To determine continuous enrollment for a member for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

- Nursing home certifiable members are defined as members living in the community, but requiring an institutional level of care. Additionally, members who have a stay in a NF may be considered nursing home certifiable depending on the length of stay. MMPs should refer to their state's specific definition for additional information.
- A member must be classified as nursing home certifiable for more than 100 continuous days during the previous reporting period to be included in data element B of this measure.
- MMPs should follow the steps below when calculating data element B:
    1. Step 1: Identify members who were nursing home certifiable for more than 100 continuous days during the previous reporting period (i.e., 5 out of the last 6 months of the previous reporting period). MMPs should determine members classified as nursing home certifiable and member stays in a NF using the best information available.
    2. Step 2: Identify members who resided in a NF for more than 100 continuous days during and entirely within the previous reporting period.
        - Step 2a: Identify members who resided in a NF at any time during the previous reporting period between July 1 and September 23.
        - Step 2b: Of those members identified in Step 2a, count the number of days each member resided in a NF during the previous reporting period.
            - For purposes of counting continuous NF days, MMPs should count the number of continuous days the member resided in the NF during the previous reporting period (July 1 through December 31). For example, if a member entered a NF on September 1 (Step 2a), the MMP should count the number of days the member was in a NF from September 1 through December 31 of the previous reporting period. Days in a NF after December 31 should not be counted toward the 100 or more continuous days when reporting data element B.
        - Step 2c: Identify the number of members with greater than 100 continuous days in a NF.
        NOTE: When determining the number of continuous days a member resided in the NF, if a member is transferred from the NF and then is readmitted to any NF within 30 days, the transfer and subsequent readmission does not disrupt the count of continuous days. For example, if a member is transferred from the NF to the hospital on day 93 and is subsequently readmitted to the same NF 24 days later, this will be counted as the same episode. The member's first day after returning to the NF (i.e., the day the member is readmitted to

the NF) will count as day 94 for that episode, not as day 1. If a member is transferred from the NF and then is readmitted to <u>any</u> NF after 30 days, the date of readmission is the start of a new episode in the NF and will count as day 1 toward the member's continuous days in the facility.

3. <u>Step 3</u>: Subtract the number of members identified in Step 2c from Step 1 (i.e., Step 1 – Step 2c) and report this number as data element B.

- MMPs should follow the steps below when calculating data element C:
    1. <u>Step 1</u>: Identify members who resided in a NF for more than 100 continuous days during the current reporting period.
        - o <u>Step 1a</u>: Identify members who resided in a NF at any time between September 24 of the previous reporting period and September 23 of the current reporting period.
        - o <u>Step 1b</u>: Of those members identified in Step 1a, count the number of continuous days each member resided in a NF during the current reporting period.
            - ▪ For purposes of counting continuous NF days, MMPs should count the number of continuous days the member resided in the NF during the current reporting period (i.e., September 24 of the previous reporting period through December 31 of the current reporting period).
        - o <u>Step 1c</u>: Identify the number of members with greater than 100 continuous days in a NF.

        NOTE: When determining the number of continuous days a member resided in the NF, if a member is transferred from the NF and then is readmitted to <u>any</u> NF <u>within</u> 30 days, the transfer and subsequent readmission does not disrupt the count of continuous days. For example, if a member is transferred from the NF to the hospital on day 57 and is subsequently readmitted to the same NF 29 days later, this will be counted as the same episode. The member's first day after returning to the NF (i.e., the day the member is readmitted to the NF) will count as day 58 for that episode, not as day 1. If a member is transferred from the NF and then is readmitted to <u>any</u> NF after 30 days, the date of readmission is the start of a new episode in the NF and will count as day 1 toward the member's continuous days in the facility.

    2. <u>Step 2</u>: Subtract the number of members identified in Step 1c from the members identified in data element B (i.e., Data element B – Step 1c), and report this number as data element C.

- NF services are those services provided by nursing homes certified by Medicaid, Medicare, or other state agencies.
- MMPs should exclude members who are transitioned to hospice services in either the current or previous reporting periods.

- MMPs should exclude members who expired in either the current or previous reporting period. Codes to identify patients who have expired are provided in Table 8.
- This measure will not be reported until Calendar Year 2 (e.g., Calendar Year 2015 will be Calendar Year 2 for all MMPs whose demonstration effective enrollment dates began in Calendar Year 2014).

Table 8: Codes to Identify Patients who Expired
Discharge Status Code
20

F. Data Submission - how MMPs will submit data collected to CMS and the State.

- MMPs will submit data collected for this measure through the Health Plan Management System (HPMS).