

**MEDICARE-MEDICAID  
CAPITATED FINANCIAL ALIGNMENT MODEL  
QUALITY WITHHOLD TECHNICAL NOTES (DY 2 –7):  
MASSACHUSETTS-SPECIFIC MEASURES**

Effective as of January 1, 2015; Issued April 29, 2016;  
Updated XXXX

**Attachment D**  
**Massachusetts Quality Withhold Measure Technical Notes: Demonstration Years 2 through 7**

**Introduction**

The measures in this attachment are quality withhold measures for all Medicare-Medicaid Plans (MMPs) in the Massachusetts One Care Demonstration for Demonstration Years (DY) 2 through 7. These state-specific measures directly supplement the [Medicare-Medicaid Capitated Financial Alignment Model CMS Core Quality Withhold Technical Notes for DY 2 through 5](#).<sup>1</sup>

DY 2 through 7 in the Massachusetts One Care Demonstration are defined as follows:

| <b>Year</b> | <b>Dates Covered</b>                |
|-------------|-------------------------------------|
| DY 2        | January 1, 2015 – December 31, 2015 |
| DY 3        | January 1, 2016 – December 31, 2016 |
| DY 4        | January 1, 2017 – December 31, 2017 |
| DY 5        | January 1, 2018 – December 31, 2018 |
| DY 6        | January 1, 2019 – December 31, 2019 |
| DY 7        | 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 or other details based on additional analysis or changes in specifications. Stakeholders will have the opportunity to comment on any changes prior to finalization.

***Variations from the CMS Core Quality Withhold Technical Notes***

Because of the six month continuous enrollment requirement and sampling timeframe associated with CAHPS, Massachusetts MMPs were unable to report CMS core quality withhold measures CW3 and CW5 for DY 1. As a result, these measures were included as part of the withhold analysis for DY 2 for Massachusetts 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 3 through 4 of this document.

CMS core quality withhold measure CW10 is not applicable for Massachusetts MMPs since the measure is limited to members 65 years of age or older (whereas the target population for the One Care Demonstration is eligible beneficiaries under age 65).<sup>2</sup>

CMS core quality withhold measure CW13 is applicable for Massachusetts MMPs starting with DY 3 (i.e., the measure was excluded from the quality withhold analysis for DY 2).

***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 **will** apply to the state-specific measures contained in this attachment.

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<sup>1</sup> The updated CMS Core Quality Withhold Technical Notes for DY 2 through 8 will be posted upon finalization.

<sup>2</sup> As noted in the CMS Core Quality Withhold Technical Notes for DY 2 through 5, this measure is currently suspended from the quality withhold analysis for MMPs in all demonstrations. Should the measure be reinstated in the future, it will continue to be excluded for Massachusetts MMPs.

## **Massachusetts-Specific Measures: Demonstration Years 2 through 7**

### **Measure: MA4 – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**

|                                  |  |
|----------------------------------|--|
| Description:                     | The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: <ul style="list-style-type: none"><li>• Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.</li><li>• Engagement of AOD Treatment. The percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.</li></ul> |
| Measure Steward/<br>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:                     | Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)  |
| NQF #:                           | 0004   |
| Applicable Years:                | DY 2 through 7   |
| Utilizes Gap Closure:            | Yes  |
| Benchmark:                       | Initiation of AOD Treatment: 43%<br>Engagement of AOD Treatment: 9%  |
| Notes:                           | <p>The MMP must meet or exceed the benchmark or gap closure target for both metrics in order to pass the measure as a whole.</p> <p>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 (&lt;30) to report a valid rate.</p>   |

### **Measure: MA5 – Adults' Access to Preventive/Ambulatory Health Services**

|                                  |   |
|----------------------------------|---|
| Description:                     | The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.  |
| Measure Steward/<br>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:                     | Adults' Access to Preventive/Ambulatory Health Services (AAP)   |
| NQF #:                           | N/A   |
| Applicable Years:                | DY 3 through 7  |
| Utilizes Gap Closure:            | Yes   |
| Benchmarks:                      | DY 3 through 6: 89%<br>DY 7: 95%  |

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.

### **Additional CMS Core Measures for Massachusetts 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

Applicable Year: DY 2

Utilizes Gap Closure: No

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 thought you needed?

- In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought 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

Applicable Year:

DY 2

Utilizes Gap Closure:

No

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.