



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: January 24, 2018

TO: Medicare-Medicaid Plans

FROM: Lindsay P. Barnette
Director, Models, Demonstrations and Analysis Group

SUBJECT: Request for Comments on Updates to the Medicare-Medicaid Capitated Financial Alignment Model Core Quality Withhold Technical Notes

Included with this memorandum is a draft of the Medicare-Medicaid Capitated Financial Alignment Model Core Quality Withhold Technical Notes for Demonstration Years (DY) 2 through 5. Please see below for a summary of the substantive changes as compared to the Core Quality Withhold Technical Notes for DY 2 and 3 (issued April 29, 2016). These changes were made in an effort to clarify and simplify certain aspects of the quality withhold analysis for Medicare-Medicaid Plans (MMPs), consistent with the Administration's commitment to reduce administrative burden and increase efficiency. Note that these changes will apply to all capitated model demonstrations starting with DY 2. At this time, we are seeking comments on the proposed changes only. Please submit any comments, using the included template, to the Medicare-Medicaid Coordination Office at nmmcocapsmodel@cms.hhs.gov by February 14, 2018. We will revise the draft document as appropriate based on comments received.

SUMMARY OF CHANGES

Measure Data Integrity – This new section was added to clarify expectations regarding accuracy and reliability of quality withhold measure data (note that the information regarding performance measure validation was included in the prior version, but was moved under this new section).

Plan All-Cause Readmissions Measure – Previously, we intended to follow the Medicare Star Ratings methodology for calculating this measure, but with adjustments to include all reported age bands. After further analysis, it became clear that the Medicare Star Ratings methodology presented challenges for calculating MMP performance, particularly in the selection of an appropriate national average observed rate to use in the formula. Therefore, we modified the approach for this measure to be based solely on the observed-to-expected ratio, which compares the MMP's actual readmission rate to the readmission rate that the MMP is expected to have given its case mix. There are a number of advantages to this approach – for example, it enables

evaluation of MMPs against their own expected performance (rather than comparison to an external standard), allows MMPs to track their progress without waiting for information on the national average observed rate, and limits the need for future benchmark updates due to changes in risk adjustment weights or other aspects of the measure specifications. Based on our analysis, we anticipate that any MMP that would have passed this measure under the prior approach will also pass under this new approach. Please also note that we added other clarifying details to the Notes section for this measure (i.e., information on the applicability of the gap closure target, minimum enrollment requirements, and small denominator exclusions).

Follow-Up After Hospitalization for Mental Illness Measure – In the Notes section, we added information about minimum enrollment requirements and small denominator exclusions.

Screening for Clinical Depression and Follow-Up Care Measure – We updated the Notes section to reflect that this measure is now retired (see the CY 2018 Core Reporting Requirements and associated memoranda for more information). Accordingly, this measure will be permanently excluded from the quality withhold analysis.

Reducing the Risk of Falling Measure – The measure steward (NCQA) made changes to this measure that require revisions to the underlying survey. As a result, this measure will not be included in the quality withhold analysis until further notice. We removed the benchmark and revised the Notes section to reflect this change.

Controlling Blood Pressure Measure – Since the initial development of the Core Quality Withhold Technical Notes for DY 2 and 3, the measure steward (NCQA) has made several revisions to the measure specifications that we believe would generally result in higher rates. Therefore, we increased the benchmark slightly (from 53% to 56%) to reflect the anticipated higher performance. Additionally, we added information about minimum enrollment requirements and small denominator exclusions in the Notes section.

Medication Adherence for Diabetes Medications Measure – In the Notes section, we added information regarding small denominator exclusions.

Encounter Data Measure – For this measure, we revised some of the descriptive information in the Metric, Benchmark, and Notes sections in order to improve clarity. This included adding additional detail about the two components included in the measure calculation (frequency and timeliness), inserting a footnote that explains potential modifications to the frequency component, and removing the language on factoring in completeness since we do not intend to incorporate that at this time.