

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

Effective as of January 1, 2017; Issued March 22, 2018

Attachment D
Michigan 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 MI Health Link demonstration 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 MI Health Link demonstration 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.

Michigan-Specific Measures: Demonstration Years 2 through 5

Measure: MIW4 – Care Transition Record Transmitted to Health Care Professional

| | |
|----------------------------------|---|
| Description: | Percent of members discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care on the day of discharge or the following day |
| Metric: | Measure MI2.6 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Michigan-Specific Reporting Requirements |
| Measure Steward/ Data Source: | State-defined measure |
| NQF #: | Modified from 0648 |
| Benchmarks: | DY 2 and 3: Timely and accurate reporting of data according to the measure specifications, plus submission of a narrative that describes the policies and procedures the MMP has implemented in order to meet the intent of the |

measure and continually improve its performance rate. The narrative must also contain a status update that describes the MMP's progress over the course of the calendar year, including an assessment of completed activities and a description of planned/executed interventions to address any issues or barriers.

DY 4: 60%

DY 5: 65%

Notes:

For the DY 2 and 3 narrative requirement, the narrative must be submitted via e-mail to integratedcare@michigan.gov. The DY 2 narrative is due by February 28, 2018 and the DY 3 narrative is due by July 1, 2019. If deficiencies are identified in the narrative, the MMP will be given one opportunity to resubmit. The gap closure target methodology does not apply to this measure for DY 2 and 3.

For quality withhold purposes in DY 4 and 5, this measure is calculated as follows:

Denominator: Of the total number of members, regardless of age, discharged from an inpatient facility to home/self-care or any other sites of care, the total number of members sampled who met inclusion criteria (Data Element B).

Numerator: The total number of members for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care on the day of discharge or the following day (Data Element C).

Measure: MIW5 – Medication Review – All Populations

Description: Percent of members whose doctor or clinical pharmacist has reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year

Metric: Measure MI5.6 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Michigan-Specific Reporting Requirements

**Measure Steward/
Data Source:** State-defined measure (HEDIS-like)

NQF #: Modified from 0553

Benchmarks:
DY 2: 60%
DY 3: 70%
DY 4: 75%
DY 5: 80%

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

Denominator: Of the total number of members continuously enrolled who were currently enrolled on December 31 of the reporting period, the total number of members sampled who met inclusion criteria (Data Element B).

Numerator: The total number of members who had at least one medication review conducted by a prescribing practitioner or clinical pharmacist during

the reporting period and the presence of a medication list in the medical record (Data Element C).

Measure: MIW6 – Documentation of Care Goals

| | |
|----------------------------------|--|
| Description: | Percent of members with documented discussions of care goals |
| Metric: | Measure MI2.3 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Michigan-Specific Reporting Requirements |
| Measure Steward/ Data Source: | State-defined measure |
| NQF #: | N/A |
| Benchmarks: | DY 2: 92% DY 3: 95% DY 4 and 5: 98% |
| Notes: | <p>For quality withhold purposes, this measure is calculated as follows:</p> <p>Denominator: The total number of members with an initial Individual Integrated Care and Supports Plan (IICSP) completed during the reporting period plus the total number of existing IICSPs revised during the reporting period (Data Element A + Data Element C) summed over four quarters.</p> <p>Numerator: The total number of members with at least one documented discussion of care goals in the initial IICSP plus the total number of revised IICSPs with at least one documented discussion of new or existing care goals (Data Element B + Data Element D) summed over four quarters.</p> <p>By summing the denominators and numerators before calculating the rate, the final calculation is adjusted for volume.</p> |

Measure: MIW7 – Urinary Tract Infection

| | |
|----------------------------------|--|
| Description: | Percent of nursing facility long stay residents who have a urinary tract infection |
| Metric: | Measure MI5.5 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Michigan-Specific Reporting Requirements |
| Measure Steward/ Data Source: | State-defined measure |
| NQF #: | 0684 |
| Benchmark: | 4% |
| Notes: | <p>For quality withhold purposes, this measure is calculated as follows:</p> <p>Denominator: All long-stay residents with a selected target assessment, except those with exclusions.</p> <p>Numerator: Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days.</p> <p>Note that lower rates are better for this measure. The gap closure target methodology does not apply to this measure.</p> |