

**MEDICARE-MEDICAID
CAPITATED FINANCIAL ALIGNMENT MODEL
QUALITY WITHHOLD TECHNICAL NOTES (DY 1):
NEW YORK-SPECIFIC MEASURES**

Effective as of January 1, 2015; issued on XXXXXX

Attachment B: New York Withhold Measure Technical Notes: Demonstration Year 1

Introduction

The measures in this attachment are quality withhold measures for all Medicare-Medicaid Plans (MMPs) in the New York Fully Integrated Duals Advantage (FIDA) program for Demonstration Year (DY) 1. These state-specific measures directly supplement the Medicare-Medicaid Capitated Financial Alignment Model CMS Core Quality Withhold Technical Notes for DY 1, which can be found at the following address:

<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/DY1QualityWithholdGuidance060614.pdf>.

Demonstration Year 1 and Application of the Withholds in CY 2015

Demonstration Year 1 in the FIDA program is defined as January 1, 2015 through December 31, 2015. However, the determination in CY 2015 will be based solely on those measures that can appropriately be calculated based on the actual enrollment volume during CY 2015. Given the low enrollment volume of nursing home certifiable Participants in CY 2015, the state and CMS have determined that Core 9.2 will not be reportable until CY 2016; as a result, state-specific measure NY3.1 will serve as a quality withhold measure in CY 2015.

Variations from the CMS Core Quality Withhold Technical Notes

Because of the six month continuous enrollment requirement and sampling timeframe associated with CAHPS, core quality withhold measures CW3 and CW5 are not included in the withhold analysis for New York MMPs in DY 1. New York MMPs will be evaluated on these measures in DY 2 and 3.

Quality Withhold Requirements in Future Years

CMS and the state shall provide subsequent guidance and technical notes for withhold measures required for DY 2 and 3.

New York-Specific Measures: Demonstration Year 1

Measure: NYW1 – Participants with documented discussion of care goals

Description:	Percent of Participants with an initial Person-Centered Service Plan (PCSP) developed in the reporting period who had at least one documented discussion of care goals in the initial PCSP.
Metric:	Measure NY2.2 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: New York-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	95%
Note:	For withhold purposes, the measure is calculated as follows: Denominator: The total number of Participants with an initial PCSP developed during the reporting period (Data Element A) summed over quarters 1, 2, 3 and 4 in 2015.

Numerator: The total number of Participants with at least one documented discussion of care goals in the initial PCSP (Data Element B) summed over quarters 1, 2, 3 and 4 in 2015.

By summing denominators and numerators before calculating the rate, the final calculation is adjusted for volume.

Measure: NYW2 – Long Term Care Overall Balance

Description:	Reporting of the percent of Participants who did not reside in a nursing facility for a long stay at the time of enrollment and did not reside in a nursing facility for a long stay during the reporting period.
Metric:	Measure NY3.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: New York-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	Timely and accurate reporting of all data
Note:	For withhold purposes, the measure is calculated as follows: Denominator: The total number of Participants who did not reside in a nursing facility for a long stay at the time of enrollment (Data Element B). Numerator: The total number of Participants who did not reside in a nursing facility for a long stay at the time of enrollment (Data Element B) minus the total number of Participants who resided in a nursing facility for a long stay (Data Element C).

New York-Specific Adjustments to CW4-Encounter Data

As noted in the Medicare-Medicaid Capitated Financial Alignment Model CMS Core Quality Withhold Technical Notes for DY 1, MMPs must begin submission of encounters within four months from first enrollment effective date or from the earliest date the MMP could submit, whichever is later, as part of the CMS core withhold measure CW4. To qualify for the quality withhold in CY 2015, the MMPs in New York must begin submitting encounters no later than **July 31, 2015**. CMS identified this date as “the earliest the MMP could submit” based on meeting all the following criteria:

- CMS systems prepared to receive encounter data; and
- State companion guide issued to MMPs.

MMPs must also meet the requirements in the Notes with respect to frequency of submission (based on number of enrollees per contract ID), as well as timeliness of submission, i.e., 180 days from date of service.