

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

Effective as of April 1, 2014 issued on July 27, 2015

Attachment B: Virginia Withhold Measure Technical Notes: Demonstration Year 1

Introduction

The measures in this attachment are quality withhold measures for all MMPs in the Virginia Commonwealth Coordinated Care initiative for Demonstration Year (DY) 1. These state-specific measures directly supplement the Medicare-Medicaid Capitated Financial Alignment CMS Core Quality Withhold Measure 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 14 and 15

Demonstration Year 1 in the Virginia Commonwealth Coordinated Care initiative is defined as April 1, 2014 thru December 31, 2015. As outlined in the three-way contract, because Demonstration Year 1 crosses calendar and contract years, an MMP will be evaluated to determine whether it has met required quality withhold requirements at the end of both CY 2014 and CY 2015 and the withheld amounts will be repaid separately for each calendar year. However, the determination in CY 2014 will be based solely on those measures that can appropriately be calculated based on the actual enrollment volume during CY 2014. As a result, there are a few measures that are not reportable during CY 2014:

- **CAHPS:** Because of the six month continuous enrollment requirement and sampling time frame associated with CAHPS, MMPs in the Commonwealth Coordinated Care initiative will not be able to report CAHPS until CY 2015.
- **Encounter Data:** 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. As outlined further in this document, CMS anticipates MMPs in Virginia will begin formal submission of encounters in 2015.
- **Transitions Workplan:** Due to the retirement of the SNP Structure and Process measures, CMS and the Virginia Department of Medical Assistance Services (DMAS) will be releasing new specifications for the state-specific reporting requirement related to the development/implementation of a work plan for ensuring smooth transitions to and from hospitals, nursing facilities and the community. As a result, this measure is not reportable for CY 2014.

As a result, CMS core withhold measures CW3, CW4, and CW5 and state-specific withhold VAW6 will not be included as part of the withhold calculation at the end of CY 2014. MMPs in Virginia will be evaluated on the full set of CMS core and Virginia-specific withhold measures at the end of CY 2015.

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.

Virginia- Specific Measures: Demonstration Year 1

Certain quality withhold measures will be validated by DMAS's External Quality Review Organization (EQRO). If major concerns are identified that impact the accuracy of the MMP submitted performance reporting data, CMS and DMAS reserve the right to either request that the MMP resubmit the

performance reporting data and/or deem the MMP failed the specific measure for quality withhold purposes.

Measure: VAW1- Adjudicated Clean Claims

Description:	Percent of adjudicated claims submitted to MMPs that were paid within the timely filing requirements
Metric:	Measure VA5.3 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	CY2014: 89% CY2015: 90%
Note:	The measure is calculated as follows for CY2014 and CY2015:

CY2014

Denominator: Total number of adjudicated clean claims for the Elderly and Disabled with Consumer Direction (EDCD) waiver covered services, traditional Medicaid covered nursing facility services, and other traditional Medicaid covered services (Data Elements B, E, and H) summed over quarters 2, 3 and 4 in 2014.

Numerator: Total number of adjudicated clean claims for EDCCD covered services paid within 30 days of receipt, traditional Medicaid covered nursing facility services paid within 30 days of receipt, and other traditional Medicaid covered services paid within 30 days of receipt (Data Elements D, G, and J) summed over quarters 2, 3 and 4 in 2014.

CY2015

Denominator: Total number of adjudicated clean claims for EDCCD covered services, traditional Medicaid covered nursing facility services, traditional Medicaid covered behavioral health services, and other traditional Medicaid covered services (Data Elements B, E, H and K) summed over 4 quarters.

Numerator: Total number of adjudicated clean claims for EDCCD covered services paid within 14 days of receipt, traditional Medicaid covered nursing facility services paid within 14 days of receipt, traditional Medicaid covered behavioral health services paid within 14 days of receipt, and other traditional Medicaid covered services paid within 14 days of receipt (Data Elements C, F, I and L) summed over 4 quarters.

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

Measure: VAW2- Assessments Completed for Community Well Enrollees

Description:	Percent of community well enrollees with a health risk assessment completed within 90 days of enrollment
Metric:	Measure VA1.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	CY2014: 86% CY2015: 90%
Note:	For withhold purposes, the measure is calculated as follows for both CY2014 and CY2015: Denominator: Total number of members classified as Community Well upon enrollment whose 90th day of enrollment occurred within the reporting period, excluding the total number of Community Well members who were documented as unwilling to complete a health risk assessment within 90 days of enrollment and the total number of Community Well members the MMP was unable to reach, following three documented attempts within 90 days of enrollment (Data Elements A – B – C) summed over the applicable number of quarters. Numerator: The number of Community Well members with a health risk assessment completed within 90 days of enrollment (Data Element D) summed over the applicable number of quarters. By summing the denominators and numerators before calculating the rate, the final calculation is adjusted for volume.

Measure: VAW3- Assessments Completed for Vulnerable Subpopulation Enrollees, EDCD Enrollees, and Nursing Facility Enrollees

Description:	Percent of vulnerable subpopulation enrollees, EDCD Enrollees, and nursing facility Enrollees with a health risk assessment completed within 60 days of enrollment
Metric:	Measure VA1.2 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	CY2014: 78% CY2015: 90%
Note:	The measure is calculated as follows for CY2014 and CY2015:

CY2014

Denominator: Total number of members classified as vulnerable subpopulation members, EDCD members, and nursing facility members whose 60th day of enrollment occurred within the reporting period, excluding the total number of vulnerable subpopulation, EDCD, and nursing facility members who were documented as unwilling to complete a health risk assessment within 60 days of enrollment and the total number of vulnerable subpopulation and EDCD members the MMP was unable to locate, following three documented attempts within 60 days of enrollment (Data Element A + E + H – B – C – F – I – J) summed over quarters 2, 3 and 4 in 2014.

Numerator: The total number of vulnerable subpopulation, EDCD, and nursing facility members with a health risk assessment completed within 60 days of enrollment (Data Elements D, G, and K) summed over quarters 2, 3 and 4 in 2014.

CY2015

Denominator: Total number of members classified as vulnerable subpopulation members, EDCD members, and nursing facility members whose 60th day of enrollment occurred within the reporting period, excluding the total number of vulnerable subpopulation, EDCD, and nursing facility members who were documented as unwilling to complete a health risk assessment within 60 days of enrollment and the total number of vulnerable subpopulation, EDCD, and nursing facility members the MMP was unable to reach, following three documented attempts within 60 days of enrollment (Data Element A + E + I – B – C – F – G – J – K) summed over 4 quarters.

Numerator: The total number of vulnerable subpopulation, EDCD, and nursing facility members with a health risk assessment completed within 60 days of enrollment (Data Elements D, H, and L) summed over 4 quarters.

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

Measure: VAW4- Documentation of Care Goals

Description:	Percent of Enrollees with documented discussion of care goals
Metric:	Measure VA2.2 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	CY2014: 79%

CY2015: 95%

Note:

The measure is calculated as follows for CY2014 and CY2015:

CY2014

Denominator: Total number of members sampled (Data Element B) summed over quarters 2, 3 and 4 in 2014.

Numerator: Total number of members with a documented discussion of care goals in the Plan of Care (POC) (Data Element C) summed over quarters 2, 3 and 4 in 2014.

CY2015

Denominator: Total number of members with an initial POC developed (Data Element A) summed over 4 quarters.

Numerator: Total number of members with a documented discussion of care goals in the initial POC (Data Element B) summed over 4 quarters.

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

Measure: VAW5- Plan of Care

Description: Percent of Enrollees with a Plan of Care (POC) completed within 90 days of enrollment.

Metric: Measure VA2.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements

Measure Steward/

Data Source: State-defined process measure

NQF #: N/A

Benchmark: CY2014: 59%
CY2015: Benchmark to be calculated based on the percentage achieved by the highest scoring MMP minus 10 percentage points

Note: For withhold purpose, this measure is calculated as follows for both CY2014 and CY2015:

Denominator: Total number of members whose 90th day of enrollment occurred within the reporting period, excluding the total number of members who were documented as unwilling to complete a POC within 90 days of enrollment and the total number of members the MMP was unable to reach, following three documented attempts within 90 days of enrollment (Data Element A – B – C) summed over the applicable number of quarters.

Numerator: The total number of members with a POC completed within 90 days of enrollment (Data Element D) summed over the applicable number of quarters.

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

Measure: VAW6- Transitions Work Plan

Description:	MMPs with established work plan and systems in place for ensuring smooth transitions to and from hospitals, nursing facilities and the community.
Metric:	Measure VA2.10 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Virginia-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	For CY 2015 only: 100% compliance

Virginia-Specific Adjustments to CW4-Encounter Data

As noted in the Medicare-Medicaid Capitated Financial Alignment CMS Core Quality Withhold Measure 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 Virginia 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.