

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

Effective as of April 1, 2014 issued July 8, 2015

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

Introduction

The measures in this attachment are quality withhold measures for all MMPs in the California Cal MediConnect 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 California Cal MediConnect initiative is defined as April 1, 2014 through December 31, 2015 for MMPs in the following counties: Los Angeles, San Bernardino, San Diego, San Mateo and Riverside. It is defined as January 1, 2015 through December 31, 2015 for Santa Clara county. Demonstration Year 1 is July 1, 2015 through December 31, 2015 for Orange county.

As outlined in the three-way contract, because Demonstration Year 1 may cross 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. Because of the six month continuous enrollment requirement and sampling time frame associated with CAHPS, MMPs in the Cal MediConnect initiative will not be able to report CAHPS until CY 2015. In addition, 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. As outlined further in this document, CMS anticipates MMPs in California will begin formal submission of encounters in 2015. As a result, CMS core withhold measures CW3, CW4, and CW5 will not be included as part of the withhold calculation at the end of CY 2014. MMPs in California will be evaluated on the full set of CMS core and California-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.

California- Specific Measures: Demonstration Year 1

Measure: CAW1- Documentation of Care Goals

Description:	Percent of members with documented discussion of care goals
Metric:	Measure CA 1.6 of Medicare-Medicaid Capitated Financial Alignment Demonstration Reporting Requirements: California-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure

NQF #:	N/A
Benchmark:	Percentage achieved by highest scoring MMP minus 10 percentage points

Measure: CAW2- Behavioral Health Shared Accountability: Policies and Procedures Facilitating Coordination between MMPs and County Behavioral Health Agencies

Description:	Policies and procedures attached to the MOU with county behavioral health agency(ies) around assessments, referrals, coordinated care planning, and information sharing
Metric:	Measure CA 2.2 of Medicare-Medicaid Capitated Financial Alignment Demonstration Reporting Requirements: California-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	100%

Measure: CAW3- Mental Health Shared Accountability: ICP with Primary Mental Health Provider

Description:	Percent of members receiving Medi-Cal specialty mental health services receiving coordinated care plans as indicated by having an individualized care plan (ICP) with the primary mental health provider
Metric:	Measure CA 1.7 of Medicare-Medicaid Capitated Financial Alignment Demonstration Reporting Requirements: California-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	Percentage achieved by highest scoring MMP minus 10 percentage points

Measure: CAW4- Interaction with Care Team

Description:	Percent of members who have a care coordinator and have at least one care team contact during the reporting period
Metric:	Measure CA 1.12 of Medicare-Medicaid Capitated Financial Alignment Demonstration Reporting Requirements: California-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	Percentage achieved by highest scoring MMP minus 10 percentage points

Measure: CAW5- Ensuring Physical Access to Buildings, Services and Equipment

Description:	MMPs with an established physical access compliance policy and identification of an individual who is responsible for physical access compliance.
Metric:	Measure CA 3.1 of Medicare-Medicaid Capitated Financial Alignment Demonstration Reporting Requirements: California-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined process measure
NQF #:	N/A
Benchmark:	100%

California-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 California must begin submitting encounters no later than **November 15, 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;
- CMS systems are prepared to transmit encounter data to DHCS; 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.