

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

Effective as of July 1, 2016; Issued May 29, 2018

Attachment B: Rhode Island Quality Withhold Measure Technical Notes: Demonstration Year 1

Introduction

The measures in this attachment are quality withhold measures for the Medicare-Medicaid Plan (MMP) in the Rhode Island Integrated Care Initiative (ICI) 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 2016 and CY 2017

Demonstration Year 1 in the Rhode Island ICI Demonstration is defined as July 1, 2016 through December 31, 2017. As outlined in the three-way contract, because Demonstration Year 1 crosses calendar years, the MMP will be evaluated to determine whether it has met quality withhold requirements at the end of both CY 2016 and CY 2017, and the withheld amounts will be repaid separately for each calendar year.

Variations from the CMS Core Quality Withhold Technical Notes

Given that the Rhode Island ICI Demonstration includes only one MMP, a different benchmark will apply for core quality withhold measure CW1. The MMP in the Rhode Island ICI Demonstration will be evaluated against a benchmark of 85% for both CY 2016 and CY 2017.

Additionally, as outlined further in this document, the Rhode Island MMP is required to begin formal submission of encounters in CY 2017. Therefore, core quality withhold measure CW4 is excluded from the quality withhold analysis for CY 2016, but will apply for CY 2017. See page 5 for more information.

And finally, due to the six month continuous enrollment requirement and sampling timeframe associated with CAHPS, core quality withhold measures CW3 and CW5 are excluded from the DY 1 quality withhold analysis. The Rhode Island MMP will be evaluated on these measures in DY 2 (i.e., CY 2018).

Quality Withhold Requirements in Future Years

CMS and the State shall provide subsequent guidance and technical notes for withhold measures required for DY 2 through 4.

Rhode Island-Specific Measures: Demonstration Year 1

Measure: RIW1 – LTC Nursing Facility Diversion

Description:	Percent of long-stay nursing facility residents with low care needs
Metric:	Measure RI4.9 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Rhode Island-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined measure
NQF #:	N/A
Benchmarks:	CY 2016: Timely and accurate reporting according to the RI4.9 measure specifications CY 2017: Decrease by a minimum of 4% from Quarter 1 to Quarter 4

Note: For quality withhold purposes in CY 2017, this measure is calculated for Quarter 1 and Quarter 4 as follows:

Denominator: Total number of long-stay nursing facility residents age 65 and older during the reporting period (Data Element A).

Numerator: Total number of long-stay nursing facility residents age 65 and older who meet the requirements for 'low-level care needs status' (Data Element B).

Measure: RIW2 – SNF Discharges to the Community

Description: Percent of all new skilled nursing facility (SNF) admissions from a hospital who are discharged back to the community alive and remain out of a SNF for the next 30 days

Metric: Measure RI4.5 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Rhode Island-Specific Reporting Requirements

Measure Steward/
Data Source: State-defined measure

NQF #: N/A

Benchmark: 63%

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

Denominator: Total number of members admitted to a SNF from an acute hospital during the prior 12 months who did not have a stay in a nursing facility in the 100 days prior to the SNF admission (Data Element A).

Numerator: Total number of members who were discharged back to the community alive from a SNF within 100 days of admission and remained out of any SNF for at least 30 days (Data Element B).

Measure: RIW3 – SNF Hospital Admissions

Description: Percent of members in a SNF that are sent back to any hospital (excluding ER only visits) from the SNF within 30 days of admission

Metric: Measure RI4.6 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Rhode Island-Specific Reporting Requirements

Measure Steward/
Data Source: State-defined measure

NQF #: N/A

Benchmark: 13%

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

Denominator: Total number of members admitted to a SNF from an acute hospital who had an MDS admission assessment during the prior 12 months (Data Element A) summed over the applicable number of quarters.

Numerator: Total number of members readmitted to any hospital from the SNF within 30 days of admission (Data Element B) summed over the applicable number of quarters.

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

Note that lower rates are better for this measure.

Measure: RIW4 – Rhode to Home Eligibility

Description:	Percent of members eligible for the Rhode to Home program who are transitioned out of a nursing facility to the community
Metric:	Measure RI4.7 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Rhode Island-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined measure
NQF #:	N/A
Benchmarks:	CY 2016: Timely and accurate reporting according to the RI4.7 measure specifications CY 2017: 30%
Note:	For quality withhold purposes in CY 2017, this measure is calculated as follows: Denominator: Total number of members eligible for the Rhode to Home program (Data Element A) summed over the applicable number of quarters. Numerator: Of the members eligible for the Rhode to Home program, total number of members discharged from a nursing facility to the community (Data Element B) summed over the applicable number of quarters. By summing denominators and numerators before calculating the rate, the final calculation is adjusted for volume.

Measure: RIW5 – Out-of-Plan Services

Description:	Reporting of the number of member discharges from, and placements into, residential settings involving out-of-plan services, including residential services for members with intellectual and developmental disabilities
Metric:	Measure RI4.8 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Rhode Island-Specific Reporting Requirements
Measure Steward/ Data Source:	State-defined measure
NQF #:	N/A
Benchmark:	Timely and accurate reporting according to the RI4.8 measure specifications

Measure: RIW6 – Person-Centered Care Plan

Description:	Percent of members with care plans within required timeframes
Metric:	Measure RI1.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Rhode Island-Specific Reporting Requirements

Measure Steward/ Data Source:	State-defined measure
NQF #:	N/A
Benchmark:	90%
Note:	<p>For quality withhold purposes, this measure is calculated as follows:</p> <p>Denominator: Total number of members who had an assessment completed within the reporting period, excluding the total number of members who were unwilling to complete a care plan within 15 days of assessment completion and the total number of members the MMP was unable to reach within 15 days of assessment completion (Data Elements A + F – B – C – G – H) summed over the applicable number of quarters.</p> <p>Numerator: Total number of members with a care plan completed within 15 days of assessment completion (Data Elements D + I) summed over the applicable number of quarters.</p> <p>By summing denominators and numerators before calculating the rate, the final calculation is adjusted for volume.</p>

Rhode-Island 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 2017, the MMP in the Rhode Island ICI Demonstration must begin submitting encounters no later than **June 30, 2017**. 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 MMP.

The MMP 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.