# MEDICARE-MEDICAID
# CAPITATED FINANCIAL ALIGNMENT MODEL
# QUALITY WITHHOLD TECHNICAL NOTES (DY 2 – 5):
# NEW YORK FIDA-SPECIFIC MEASURES

Effective as of January 1, 2016; Issued September 19, 2017

**Attachment C**
**New York FIDA 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 New York Fully Integrated Duals Advantage (FIDA) program 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 and 3, which can be found at the following address: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/DY2and3QualityWithholdGuidance042916.pdf.

DY 2 through 5 in the FIDA program are defined as follows:

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| DY 2 | January 1, 2016 – December 31, 2016 |
| DY 3 | January 1, 2017 – December 31, 2017 |
| DY 4 | January 1, 2018 – December 31, 2018 |
| DY 5 | January 1, 2019 – December 31, 2019 |

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.

### *Variations from the CMS Core Quality Withhold Technical Notes*

Because of the six month continuous enrollment requirement and sampling timeframe associated with CAHPS, MMPs in the New York FIDA program were unable to report CMS core quality withhold measures CW3 and CW5 for DY 1. As a result, these measures will be included as part of the withhold analysis for DY 2 for New York MMPs that meet the requirements to report CAHPS. The details and benchmarks for these measures are provided in the CMS Core Quality Withhold Technical Notes for DY 1, and also reiterated on pages 3 through 4 of this document.

### *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 and 3 **will** apply to the state-specific measures contained in this attachment for DY 3 and beyond, unless otherwise noted in the measure description below.

## New York FIDA-Specific Measures: Demonstration Years 2 through 5

### Measure: NYW3 – Improvement/Stability in Activities of Daily Living (ADL) Functioning

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|---|---|
| Description: | Risk-adjusted percentage of Participants in the MMP who remained stable or improved in ADL functioning between previous assessment and most recent assessment |
| Metric: | Measure NY1.3 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: New York-Specific Reporting Requirements |

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|---|---|
| Measure Steward/ Data Source: | State-defined measure/Uniform Assessment System for New York (UAS-NY) |
| NQF #: | N/A |
| Benchmark: | 82% |
| Notes: | Improvement or stability in ADL functioning will be determined by comparing the ADL composite (ADL Locomotion, ADL Hygiene, and ADL Bathing) from the most recent assessment completed between January and June of the current measurement year to the ADL composite from the previous assessment completed between January and June of the prior measurement year. If no assessment was completed between January and June of the prior measurement year, the comparison will be made to the previous assessment completed between July and December of the prior measurement year. An increase in the ADL composite of up to two, no change in the ADL composite, or a decrease in the ADL composite from the previous to the most recent assessment is considered stable or improved. However, an ADL composite of 18 (maximum) on both assessments is not considered stable or improved.<br><br>The final rate will be risk adjusted. For more information about the measure calculation, including continuous enrollment criteria and other exclusions, refer to the State's Dictionary of Selected Managed Long-Term Care Measures.<br><br>If an MMP's rate for this measure is based on a denominator of less than 30 members, the measure will be removed from the total number of withhold measures on which the MMP will be evaluated. |

**Measure: NYW4 – Nursing Facility Diversion Measure**

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| Description: | Reporting of the number of nursing home certifiable Participants who lived outside the nursing facility (NF) during the current measurement year as a proportion of the nursing home certifiable Participants who lived outside the NF during the previous year |
| Metric: | Core Measure 9.2 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements |
| Measure Steward/ Data Source: | CMS-defined measure |
| NQF #: | N/A |
| Benchmark: | Timely and accurate reporting according to the Core 9.2 measure specifications |
| Notes: | The gap closure target methodology does not apply to this measure. |

**Additional CMS Core Measures for New York MMPs: Demonstration Year 2 Only**

**Measure: CW3 – Customer Service**

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| Description: | Percent of the best possible score the plan earned on how easy it is for members to get information and help from the plan when needed:<br>• In the last 6 months, how often did your health plan's customer service give you the information or help you needed?<br>• In the last 6 months, how often did your health plan's customer service treat you with courtesy and respect?<br>• In the last 6 months, how often were the forms for your health plan easy to fill out? |
| Measure Steward/ Data Source: | AHRQ/CAHPS (Medicare CAHPS – Current Version) |
| NQF #: | 0006 |
| Benchmark: | 86% |
| Minimum Enrollment: | 600 |
| Continuous Enrollment Requirement: | Yes, 6 months |
| Notes: | The case-mix adjusted composite measure is used to assess how easy it was for the member to get information and help when needed. CAHPS measures are adjusted for self-reported physical and mental health status, age, education, proxy status, dual eligibility, low income subsidy eligibility, and language of survey. For a list of CAHPS case-mix coefficients, please see the Star Ratings Technical Notes at http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html.<br><br>The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100. The percentage of the best possible score each plan earned is an average of scores for the questions within the composite. |

**Measure: CW5 – Getting Appointments and Care Quickly**

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|---|---|
| Description: | Percent of best possible score the plan earned on how quickly members get appointments and care:<br>• In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?<br>• In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?<br>• In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time? |
| Measure Steward/ Data Source: | AHRQ/CAHPS (Medicare CAHPS – Current Version) |
| NQF #: | 0006 |
| Benchmark: | 74% |

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|---|---|
| Minimum Enrollment: | 600 |
| Continuous Enrollment Requirement: | Yes, 6 months |
| Notes: | This case-mix adjusted composite measure is used to assess how quickly the member was able to get appointments and care. CAHPS measures are adjusted for self-reported physical and mental health status, age, education, proxy status, dual eligibility, low income subsidy eligibility, and language of survey. For a list of CAHPS case-mix coefficients, please see the Star Ratings Technical Notes at http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html.<br><br>The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100. The percentage of the best possible score each plan earned is an average of scores for the questions within the composite. |