# MEDICARE-MEDICAID
# CAPITATED FINANCIAL ALIGNMENT MODEL
# QUALITY WITHHOLD TECHNICAL NOTES (DY 2 – 10): TEXAS-SPECIFIC MEASURES

Effective as of January 1, 2017; Issued May 9, 2018;
Updated December 1, 2023

**Attachment D**
**Texas Quality Withhold Measure Technical Notes: Demonstration Years 2 through 10**

## Introduction

The measures in this attachment are quality withhold measures for all Medicare-Medicaid Plans (MMPs) in the Texas Dual Eligible Integrated Care Project for Demonstration Years (DY) 2 through 10. These state-specific measures directly supplement the Medicare-Medicaid Capitated Financial Alignment Model CMS Core Quality Withhold Technical Notes for DY 2 through 12.

DY 2 through 10 in the Texas Dual Eligible Integrated Care Project are defined as follows:

| Year | Dates Covered |
|---|---|
| DY 2 | January 1, 2017 – December 31, 2017 |
| DY 3 | January 1, 2018 – December 31, 2018 |
| DY 4 | January 1, 2019 – December 31, 2019 |
| DY 5 | January 1, 2020 – December 31, 2020 |
| DY 6 | January 1, 2021 – December 31, 2021 |
| DY 7 | January 1, 2022 – December 31, 2022 |
| DY 8 | January 1, 2023 – December 31, 2023 |
| DY 9 | January 1, 2024 – December 31, 2024 |
| DY 10 | January 1, 2025 – December 31, 2025 |

Information about the applicable demonstration years for each state-specific measure, as well as benchmarks and other details, can be found in the measure descriptions below. Note that CMS and the State may elect to adjust the benchmarks or other details based on additional analysis or changes in specifications. Stakeholders will have the opportunity to comment on any substantive changes prior to finalization.

### *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 **will** apply to the state-specific measures contained in this attachment, unless otherwise noted in the measure descriptions below.

## Texas-Specific Measures: Demonstration Years 2 through 10

### Measure: TXW4 – Decisions about Long-Term Services and Supports

| | |
|---|---|
| Description: | Percent of members reporting that service coordinators involved them in decisions about their long-term services and supports |
| Metric: | Supplemental question collected via CAHPS |
| Measure Steward/ Data Source: | State-defined measure |
| CMIT #: | N/A |
| Applicable Years: | DY 2 through 6 |

| | |
|---|---|
| Utilizes Gap Closure: | Yes[1] |
| Benchmark: | 72% responding “usually” or “always” to the survey question |
| Notes: | MMPs will be instructed to add the state-defined questions listed below to their CAHPS surveys. Question three will be used to calculate the metric used under this withhold measure. The first two questions are screening questions necessary to ensure an accurate response to question three. |

1. A service coordinator is the person from your STAR+PLUS health plan who helps set up and coordinate services with you. Do you currently have a service coordinator from your STAR+PLUS health plan who helps arrange your medical and other types of services?

   Response options: Yes, No, Don't Know

2. Long-term services and supports might include attendant care, day program services, or adaptive aids. In the last 6 months, did you speak with a service coordinator that helped arrange long-term services and supports for you?

   Response options: Yes, No

3. In the last 6 months, how often did your service coordinator involve you in decisions about your long-term services and supports?

   Response options: Never, Sometimes, Usually, Always

This measure will be removed from the quality withhold analysis if the denominator does not meet or exceed a threshold of 61 responses.

**Measure: TXW5 – Nursing Facility Transition**

| | |
|---|---|
| Description: | Percent of members who went from the community to the hospital to the nursing facility and remained in the nursing facility |
| Metric: | Measure TX5.1 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Texas-Specific Reporting Requirements |
| Measure Steward/ Data Source: | State-defined measure |
| CMIT #: | N/A |
| Applicable Years: | DY 2 through 6 |
| Utilizes Gap Closure: | No |
| Benchmark: | 1.5% |
| Notes: | For quality withhold purposes, this measure is calculated as follows:<br>Denominator: Total number of members who were admitted to the hospital from the community and who remained in the hospital for 30 days or less (Data Element A). |

[1] Due to the COVID-19 public health emergency, MMPs did not submit 2020 CAHPS survey data. Consequently, for the DY 6 quality withhold analysis, gap closure targets for the Decisions about Long-Term Services and Supports measure were calculated using measure scores from DY 4 as the “prior calendar year.”

| | |
|---|---|
| | Numerator: Total number of members from Data Element A who were discharged to a nursing facility and remained in the nursing facility for at least 120 continuous days (Data Element B).<br><br>Note that lower rates are better for this measure. |

**Measure: TXW6 – Integrated Plan of Care Update**

| | |
|---|---|
| Description: | Percent of members whose Integrated Plan of Care was updated annually before the expiration date |
| Metric: | Measure TX1.4 of Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Texas-Specific Reporting Requirements |
| Measure Steward/ Data Source: | State-defined measure |
| CMIT #: | N/A |
| Applicable Years: | DY 2 through 10 |
| Utilizes Gap Closure: | Yes |
| Benchmarks: | DY 2 through 6: 91%<br>DY 7 through 10: 95% |
| Notes: | For quality withhold purposes, this measure is calculated as follows:<br><br>Denominator: Total number of members eligible for an Integrated Plan of Care annual update (Data Element A).<br><br>Numerator: Total number of members from Data Element A whose Integrated Plan of Care was updated annually before the expiration date (Data Element B). |

**Measure: TXW7 – Minimizing Facility Length of Stay**

| | |
|---|---|
| Description: | The ratio of the MMP's observed performance rate to the MMP's expected performance rate. The performance rate is based on the proportion of admissions to a facility that result in successful discharge to the community within 100 days of admission. |
| Metric: | Core Measure 9.3 of the Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements |
| Measure Steward/ Data Source: | CMS-defined measure |
| CMIT #: | 968 |
| Applicable Years: | DY 7 through 10 |
| Utilizes Gap Closure: | No |
| Benchmark: | 1.00 |
| Notes: | The analysis for this measure is based on the MMP's observed-to-expected (O/E) ratio, which compares the actual performance rate to the |

performance rate that the MMP is expected to have given its case mix. The observed rate and expected rate are calculated as follows:

1. The observed rate equals the total number of discharges from a facility to the community that occurred within 100 days or less of admission (Data Element B) divided by the total number of admissions to a facility (Data Element A).
2. The expected rate equals the total number of expected discharges to the community (Data Element C) divided by the total number of admissions to a facility (Data Element A).

Note that a higher O/E ratio indicates better performance (i.e., the MMP's O/E ratio must be greater than or equal to 1.00 to receive a "met" designation). An O/E ratio that is greater than 1.00 signifies a higher than expected rate of successful discharges.

**Measure: TXW8 – Initiation and Engagement of Substance Use Disorder Treatment**

| | |
|---|---|
| Description: | The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:<br>• Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.<br>• Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. |
| Measure Steward/ Data Source: | NCQA/HEDIS (MMPs should follow the version of the HEDIS Technical Specifications that is referenced in the HEDIS Reporting Requirements HPMS memorandum issued for the relevant reporting year) |
| HEDIS Label: | Initiation and Engagement of Substance Use Disorder Treatment (IET) |
| CMIT #: | 394 |
| Applicable Years: | DY 9 and 10[2] |
| Utilizes Gap Closure: | Yes |
| Benchmarks: | Initiation of SUD Treatment: 38%<br>Engagement of SUD Treatment: 6% |
| Notes: | The MMP must meet or exceed the benchmark or gap closure target for both metrics in order to pass the measure as a whole.<br>This measure will be removed from the quality withhold analysis if the MMP has fewer than 1,000 enrollees as of July of the measurement year. It will |

[2] Due to significant specification changes as of the 2022 measurement year, this measure is temporarily suspended from the quality withhold analysis for DY 7 (CY 2022) and DY 8 (CY 2023).

also be removed if the MMP's HEDIS audit designation is "NA", which indicates that the denominator is too small (<30) to report a valid rate.