

California Medicare-Medicaid Plan Quality Withhold Analysis Results Demonstration Year 8 (Calendar Year 2022)

The Medicare-Medicaid Financial Alignment Initiative (FAI) seeks to better serve people who are dually eligible for Medicare and Medicaid by testing person-centered, integrated care models. In order to ensure that dually eligible individuals receive high quality care and to encourage quality improvement, both Medicare and Medicaid withheld a percentage of their respective components of the capitation rate paid to each Medicare-Medicaid Plan (MMP) participating in a capitated model demonstration under the FAI. MMPs are eligible for repayment of the withheld amounts subject to their performance on a combination of CMS Core and State-Specific quality withhold measures.¹ For each measure, MMPs earn a “met” or “not met” designation depending on their achieved rate relative to the benchmark level, or where applicable, the gap closure target.² Based on the percent of measures with a “met” designation, MMPs receive a quality withhold payment according to the following tiered scale:

Percent of Measures Met	Percent of Withhold MMP Receives
0-19%	0%
20-39%	25%
40-59%	50%
60-79%	75%
80-100%	100%

This report provides the results of the quality withhold analysis for MMPs in the Cal MediConnect demonstration for Demonstration Year (DY) 8, which covers Calendar Year (CY) 2022. On the following pages, Table 1 provides results for each CMS Core measure, Table 2 provides results for each State-Specific measure, and Table 3 provides summary results for the quality withhold analysis. In Tables 1 and 2, measures that also utilize the gap closure target methodology are marked with an asterisk (as noted above, for these measures, MMPs can earn a “met” designation by meeting the benchmark or the gap closure target). Additionally, any measures that were not applicable for an MMP due to low enrollment or inability to meet other reporting criteria are listed as “N/A.”

For more information about the quality withhold methodology, measures, and benchmarks, refer to the Medicare-Medicaid Capitated Financial Alignment Model CMS Core Quality Withhold Technical Notes for DY 2 through 12 and the California Quality Withhold Technical Notes for DY 2 through 8. These documents are available on the [MMP Quality Withhold Methodology & Technical Notes](#) webpage.

¹ CMS Core measures apply consistently across all capitated model demonstrations, unless a certain measure is inapplicable due to differences in demonstration design or timing/enrollment constraints. State-Specific measures apply to a specific capitated model demonstration. Note that the number, type, and complexity of State-Specific measures vary depending on key areas of interest for the respective demonstration.

² For certain measures, an MMP can also earn a “met” designation if the MMP closes the gap between its performance in the prior calendar year and the benchmark by a stipulated improvement percentage (typically 10%). The gap closure target methodology applies to most CMS Core measures. For State-Specific measures, states have the discretion to determine whether the gap closure target methodology applies.

Table 1: CMS Core Measure Results

Medicare-Medicaid Plan	CW6 – Plan All-Cause Readmissions	CW7 – Annual Flu Vaccine*	CW8 – Follow-Up After Hospitalization for Mental Illness*	CW11 – Controlling Blood Pressure*	CW12 – Medication Adherence for Diabetes Medications*	CW13 – Encounter Data
	Benchmark: 1.00	Benchmark: 69%	Benchmark: 56%	Benchmark: 71%	Benchmark: 80%	Benchmark: 80%
Blue Cross of California Partnership Plan, Inc.	Met	Met	N/A	Not Met	Met	Met
Blue Shield of California Promise Health Plan	Met	Met	Met	Met	Met	Met
Community Health Group	Met	Met	Met	Met	Met	Met
Health Net Community Solutions, Inc.	Met	Met	Met	Met	Met	Met
Inland Empire Health Plan	Not Met	Not Met	Met	Met	Met	Met
Local Initiative Health Authority for L.A. County	Not Met	Met	Met	Met	Met	Met
Molina Healthcare of California	Met	Met	Met	Met	Met	Met
Orange County Health Authority	Not Met	Met	Met	Met	Met	Met
San Mateo Health Commission	Met	Met	Met	Not Met	Met	Met
Santa Clara County Health Authority	Not Met	Met	Met	Met	Met	Met

Table 2: California State-Specific Measure Results

Medicare-Medicaid Plan	CAW7 – Behavioral Health Shared Accountability Outcome Measure*	CAW8 – Documentation of Care Goals*	CAW9 – Interaction with Care Team*	CAW10 – Care Plan Completion*
	Benchmark: 10% Decrease	Benchmark: 95%	Benchmark: 95%	Benchmark: 85%
Blue Cross of California Partnership Plan, Inc.	Met	Met	Met	Met
Blue Shield of California Promise Health Plan	Met	Met	Not Met	Not Met
Community Health Group	Met	Not Met	Met	Met
Health Net Community Solutions, Inc.	Met	Met	Not Met	Not Met
Inland Empire Health Plan	Not Met	Met	Not Met	Met
Local Initiative Health Authority for L.A. County	Met	Met	Met	Met
Molina Healthcare of California	Met	Met	Not Met	Met
Orange County Health Authority	Met	Met	Met	Met
San Mateo Health Commission	Not Met	Met	Met	Met
Santa Clara County Health Authority	Not Met	Met	Not Met	Met

* Indicates measures that also utilize the gap closure target methodology (see page 1 for more information).

Table 3: Quality Withhold Analysis Summary Results

Medicare-Medicaid Plan	# of Measures in Analysis			# of Measures Met			% of Measures Met			% of Withhold Received
	Core	State	Total	Core	State	Total	Core	State	Total	
Blue Cross of California Partnership Plan, Inc.	5	4	9	4	4	8	80%	100%	89%	100%
Blue Shield of California Promise Health Plan	6	4	10	6	2	8	100%	50%	80%	100%
Community Health Group	6	4	10	6	3	9	100%	75%	90%	100%
Health Net Community Solutions, Inc.	6	4	10	6	2	8	100%	50%	80%	100%
IEHP Health Access	6	4	10	4	2	6	67%	50%	60%	75%
Local Initiative Health Authority for L.A. County	6	4	10	5	4	9	83%	100%	90%	100%
Molina Healthcare of California	6	4	10	6	3	9	100%	75%	90%	100%
Orange County Health Authority	6	4	10	5	4	9	83%	100%	90%	100%
San Mateo Health Commission	6	4	10	5	3	8	83%	75%	80%	100%
Santa Clara County Health Authority	6	4	10	5	2	7	83%	50%	70%	75%
California Averages	6	4	10	5	3	8	88%	73%	82%	95%