Ohio Medicare-Medicaid Plan Quality Withhold Analysis Results

Demonstration Year 6 (Calendar Year 2020)

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 typically 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 withhold payment according to a tiered scale (see table below); however, MMPs that experienced an extreme and uncontrollable circumstance during the measurement year are eligible for 100% of the withheld amount, irrespective of measure performance.[3]

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 MyCare Ohio demonstration for Demonstration Year (DY) 6, which covers Calendar Year (CY) 2020. **Due to the COVID-19 public health emergency (PHE), all MMPs were eligible for the quality withhold adjustment for an extreme and uncontrollable circumstance. Consequently, all MMPs received 100% of the withheld amount for CY 2020 based solely on full reporting of all applicable quality withhold measures.** On the following page, Table 1 lists the CMS Core measures that were reported by the MMPs, Table 2 lists the State-Specific measures that were reported by the MMPs, and Table 3 lists the additional CMS measure that was reported by the MMPs.[4]

For more information about the quality withhold methodology, measures, benchmarks, and the adjustment for extreme and uncontrollable circumstances, refer to the CMS Core Quality Withhold Technical Notes for DY 2 through 9 and the Ohio Quality Withhold Technical Notes for DY 2 through 8. Additional information about COVID-19 PHE impacts on the quality withhold can be found in an HPMS memorandum dated July 29, 2020. All of these documents are available on the MMP Quality Withhold Methodology & Technical Notes webpage.

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[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.

[3] For MMPs that are affected by an extreme and uncontrollable circumstance, such as a major natural disaster, CMS and the State remit the full quality withhold payment for the year in which the extreme and uncontrollable circumstance commenced, provided that the MMP fully reports all applicable quality withhold measures. Affected MMPs are identified according to the methodology utilized for Medicare Part C and D Star Ratings for the applicable measurement year.

[4] Starting in Demonstration Year 6, CMS applies an additional 1% quality withhold to the Medicare rate component only. Repayment of the withheld amount is based on a single measure, referred to as the "additional CMS measure."

Table 1: CMS Core Measure Reporting

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
Aetna Better Health, Inc.	Complete	Not Applicable	Complete	Complete	Complete	Complete
Buckeye Community Health Plan, Inc.	Complete	Not Applicable	Complete	Complete	Complete	Complete
CareSource	Complete	Not Applicable	Complete	Complete	Complete	Complete
Molina Healthcare of Ohio, Inc.	Complete	Not Applicable	Complete	Complete	Complete	Complete
United Healthcare Community Plan of Ohio, Inc.	Complete	Not Applicable	Complete	Complete	Complete	Complete

Table 2: Ohio State-Specific Measure Reporting

Medicare-Medicaid Plan	OHW5 – Minimizing Institutional Length of Stay	OHW6 – Medication Reconciliation Post-Discharge
Aetna Better Health, Inc.	Complete	Complete
Buckeye Community Health Plan, Inc.	Complete	Complete
CareSource	Complete	Complete
Molina Healthcare of Ohio, Inc.	Complete	Complete
United Healthcare Community Plan of Ohio, Inc.	Complete	Complete

Table 3: Additional CMS Measure Reporting

Medicare-Medicaid Plan	OCW1 – Diabetes Care: Blood Sugar Controlled
Aetna Better Health, Inc.	Complete
Buckeye Community Health Plan, Inc.	Complete
CareSource	Complete
Molina Healthcare of Ohio, Inc.	Complete
United Healthcare Community Plan of Ohio, Inc.	Complete

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* Due to the COVID-19 PHE, MMPs were not required to report 2020 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey measures.