

Massachusetts Medicare-Medicaid Plan Quality Withhold Analysis Results Demonstration Year 1 (Calendar Years 2013 – 2014)

The Medicare-Medicaid Financial Alignment Initiative (FAI) seeks to better serve people who are enrolled in both Medicare and Medicaid by testing person-centered, integrated care models. In order to ensure that Medicare-Medicaid enrollees 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 amount 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. Based on the total number of measures met, 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 Massachusetts One Care demonstration for Demonstration Year (DY) 1, which includes Calendar Years (CY) 2013 and 2014 (when a demonstration year crosses two calendar years, the quality withhold analysis is conducted separately for each calendar year). On the following pages, Table 1 (2013) and Table 4 (2014) provide results for each CMS Core measure; Table 2 (2013) and Table 5 (2014) provide results for each State-specific measure; and Table 3 (2013) and Table 6 (2014) provide summary results for the full quality withhold analysis. When interpreting this information, note that some measures are designed to be competitive (e.g., the benchmark for the CMS Core Assessments measure is calculated separately for each demonstration based on the rate achieved by the highest scoring MMP minus ten percentage points); therefore, an MMP’s performance may be considered adequate even if its rate did not meet the benchmark level.

For more information about the quality withhold methodology, measures, and benchmarks, refer to the Medicare-Medicaid Capitated Financial Alignment Model Quality Withhold Technical Notes for DY 1 and the Massachusetts Withhold Measure Technical Notes for DY 1. These documents are available on the CMS website at the following link: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html>.

¹ CMS Core measures apply consistently across all capitated model demonstrations, unless a certain measure is inapplicable due to differences in demonstration design (e.g., the demonstration’s target population is not captured by the measure) or timing/enrollment constraints (e.g., the reporting period for the measure does not align with the demonstration start date). 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.

Table 1: CMS Core Measure Results – CY 2013

Medicare-Medicaid Plan	CMS Core Measures	
	CW1 – Assessments	CW2 – Consumer Governance Board
	Benchmark: 67%	Benchmark: 100% Compliance
Commonwealth Care Alliance, Inc.	Met	Met
Fallon Total Care	Met	Met
Tufts Health Public Plans, Inc.	Met	Met

Table 2: Massachusetts State-Specific Measure Results – CY 2013

Medicare-Medicaid Plan	MAW1 – ICO Centralized Enrollee Record
	Benchmark: Timely and complete reporting
Commonwealth Care Alliance, Inc.	Met
Fallon Total Care	Met
Tufts Health Public Plans, Inc.	Met

Table 3: Quality Withhold Analysis Summary Results – CY 2013

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	
Commonwealth Care Alliance, Inc.	2	1	3	2	1	3	100%	100%	100%	100%
Fallon Total Care	2	1	3	2	1	3	100%	100%	100%	100%
Tufts Health Public Plans, Inc.	2	1	3	2	1	3	100%	100%	100%	100%
Massachusetts Averages	2.0	1.0	3.0	2.0	1.0	3.0	100%	100%	100%	100%

Table 4: CMS Core Measure Results – CY 2014

Medicare-Medicaid Plan	CMS Core Measures		
	CW1 – Assessments	CW2 – Consumer Governance Board	CW4 – Encounter Data
	Benchmark: 78%	Benchmark: 100% Compliance	Benchmark: Successful submission*
Commonwealth Care Alliance, Inc.	Not Met	Met	Met
Fallon Total Care	Not Met	Met	Met
Tufts Health Public Plans, Inc.	Met	Met	Met

* For Massachusetts MMPs, the DY 1 benchmark for this measure was modified to “Successfully submit production Prescription Drug Event and Risk Adjustment System files on the Medicare-required timeframes.”

Table 5: Massachusetts State-Specific Measure Results – CY 2014

Medicare-Medicaid Plan	Massachusetts State-Specific Measures		
	MAW1 – ICO Centralized Enrollee Record	MAW2 – Documented Care Goals	MAW3 – Access to IL-LTSS Coordinators
	Benchmark: 72%	Benchmark: 90%	Benchmark: 90%
Commonwealth Care Alliance, Inc.	Not Met	Met	Not Met
Fallon Total Care	Met	Met	Met
Tufts Health Public Plans, Inc.	Not Met	Met	Not Met

Table 6: Quality Withhold Analysis Summary Results – CY 2014

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	
Commonwealth Care Alliance, Inc.	3	3	6	2	1	3	67%	33%	50%	50%
Fallon Total Care	3	3	6	2	3	5	67%	100%	83%	100%
Tufts Health Public Plans, Inc.	3	3	6	3	1	4	100%	33%	67%	75%
Massachusetts Averages	3.0	3.0	6.0	2.3	1.7	4.0	78%	56%	67%	75%