

New York FIDA-IDD Medicare-Medicaid Plan Quality Withhold Analysis Results Calendar Year 2016

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. 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 the MMP in the New York Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) demonstration for the first calendar year (CY 2016) of Demonstration Year (DY) 1.² On the following page, 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.

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 1 and the New York FIDA-IDD Quality Withhold 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/MMPInformationandGuidance/MMPQualityWithholdMethodologyandTechnicalNotes.html>.

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 The results for the second calendar year (CY 2017) of DY 1 are forthcoming.

Table 1: CMS Core Measure Results

Medicare-Medicaid Plan	CW1 – Assessments	CW2 – Consumer Governance Board	CW4 – Encounter Data
	Benchmark: 85%	Benchmark: 100% Compliance	Benchmark: 80%
Partners Health Plan, Inc.	Met	Met	Met

Table 2: New York FIDA-IDD State-Specific Measure Results

Medicare-Medicaid Plan	IDDW1 – Participants with Documented Discussion of Care Goals	IDDW2 – Long Term Care Overall Balance
	Benchmark: 95%	Benchmark: Timely and Accurate Reporting
Partners Health Plan, Inc.	Met	Met

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	
Partners Health Plan, Inc.	3	2	5	3	2	5	100%	100%	100%	100%