

Rhode Island 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 Rhode Island Integrated Care Initiative 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 Rhode Island 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/MMPIInformationandGuidance/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
	Benchmark: 85%	Benchmark: 100% Compliance
Neighborhood Health Plan of Rhode Island	Met	Met

Table 2: Rhode Island State-Specific Measure Results

Medicare-Medicaid Plan	RIW1 – LTC Nursing Facility Diversion	RIW2 – SNF Discharges to the Community	RIW3 – SNF Hospital Admissions	RIW4 – Rhode to Home Eligibility	RIW5 – Out-of-Plan Services	RIW6 – Person-Centered Care Plan
	Benchmark: Timely and Accurate Reporting	Benchmark: 63%	Benchmark: 13%	Benchmark: Timely and Accurate Reporting	Benchmark: Timely and Accurate Reporting	Benchmark: 90%
Neighborhood Health Plan of Rhode Island	Met	Not Met	Met	Met	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	
Neighborhood Health Plan of Rhode Island	2	6	8	2	5	7	100%	83%	88%	100%