

Rhode Island Medicare-Medicaid Plan Quality Withhold Analysis Results Demonstration Year 1 (Calendar Years 2016 – 2017)

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 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 the MMP in the Rhode Island Integrated Care Initiative for Demonstration Year (DY) 1, which includes Calendar Years (CY) 2016 and 2017.² On the following pages, Table 1 (2016) and Table 4 (2017) provide results for each CMS Core measure; Table 2 (2016) and Table 5 (2017) provide results for each State-Specific measure; and Table 3 (2016) and Table 6 (2017) provide 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 [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 When a demonstration year crosses two calendar years, the quality withhold analysis is conducted separately for each calendar year.

CY 2016 Quality Withhold Results

Table 1: CMS Core Measure Results – CY 2016

| 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 – CY 2016

| 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 – CY 2016

| 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% |

CY 2017 Quality Withhold Results

Table 4: CMS Core Measure Results – CY 2017

| Medicare-Medicaid Plan | CW1 – Assessments | CW2 – Consumer Governance Board | CW3 – Encounter Data |
|--|-------------------|---------------------------------|----------------------|
| | Benchmark: 85% | Benchmark: 100% Compliance | Benchmark: 80% |
| Neighborhood Health Plan of Rhode Island | Not Met | Met | Met |

Table 5: Rhode Island State-Specific Measure Results – CY 2017

| 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: Decrease by 4% from Q1 to Q4 | Benchmark: 63% | Benchmark: 13% | Benchmark: 30% | Benchmark: Timely and Accurate Reporting | Benchmark: 90% |
| Neighborhood Health Plan of Rhode Island | Met | Not Met | Not Met | Not Met | Met | Met |

Table 6: Quality Withhold Analysis Summary Results – CY 2017

| 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 | 3 | 6 | 9 | 2 | 3 | 5 | 67% | 50% | 56% | 50% |