

Illinois Medicare-Medicaid Plan Quality Withhold Analysis Results Demonstration Year 7 (Calendar Year 2021)

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, or where applicable, the gap closure target.² 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 MMPs in the Illinois Medicare-Medicaid Alignment Initiative for Demonstration Year (DY) 7, which covers Calendar Year 2021. 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. In Tables 1 and 2, measures that also utilize the gap closure target methodology are marked with an asterisk (as noted above, for these measures, MMPs can earn a “met” designation by meeting the benchmark or the gap closure target).³

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 2 through 10 and the Illinois Quality Withhold Technical Notes for DY 2 through 9. 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 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 Due to the COVID-19 public health emergency, MMPs were not required to report Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures for CY 2020. As a result, each MMP’s CY 2019 rate was used as the “prior calendar year” to calculate the gap closure target for measure CW7 – Annual Flu Vaccine.

Table 1: CMS Core Measure Results

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
	Benchmark: 1.00	Benchmark: 69%	Benchmark: 56%	Benchmark: 71%	Benchmark: 80%	Benchmark: 80%
Aetna Better Health, Inc.	Not Met	Not Met	Not Met	Met	Not Met	Met
Health Care Service Corporation	Not Met	Met	Met	Met	Met	Met
Humana Health Plan, Inc.	Not Met	Not Met	Not Met	Met	Met	Met
Meridian Health Plan of Illinois, Inc.	Not Met	Not Met	Not Met	Met	Met	Met
Molina Healthcare of Illinois, Inc.	Not Met	Met	Met	Met	Met	Met

Table 2: Illinois State-Specific Measure Results

Medicare-Medicaid Plan	ILW7 – Adults’ Access to Preventive/Ambulatory Health Services*	ILW8 – Initiation of Alcohol and Other Drug Abuse or Dependence Treatment*	ILW9 – Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*	ILW10 – Movement of Members within Service Populations
	Benchmark: 95%	Benchmark: 50%	Benchmark: 12%	Benchmark: Timely and Accurate Reporting
Aetna Better Health, Inc.	Not Met	Not Met	Met	Met
Health Care Service Corporation	Met	Not Met	Not Met	Met
Humana Health Plan, Inc.	Met	Met	Not Met	Met
Meridian Health Plan of Illinois, Inc.	Not Met	Not Met	Met	Met
Molina Healthcare of Illinois, Inc.	Not 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	
Aetna Better Health, Inc.	6	4	10	2	2	4	33%	50%	40%	50%
Health Care Service Corporation	6	4	10	5	2	7	83%	50%	70%	75%
Humana Health Plan, Inc.	6	4	10	3	3	6	50%	75%	60%	75%
Meridian Health Plan of Illinois, Inc.	6	4	10	3	2	5	50%	50%	50%	50%
Molina Healthcare of Illinois, Inc.	6	4	10	5	3	8	83%	75%	80%	100%
Illinois Averages	6	4	10	4	2	6	60%	60%	60%	70%

* Indicates measures that also utilize the gap closure target methodology.