

New York FIDA-IDD Medicare-Medicaid Plan Quality Withhold Analysis Results Demonstration Year 3 (Calendar Year 2019)

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 Due to the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE), MMPs were not required to report Healthcare Effectiveness Data and Information Set (HEDIS) measures for CY 2019. To account for this change, all MMPs automatically received a “met” designation for these measures in the quality withhold analysis.³ Based on the percent of measures with a “met” designation, including reportable measures that earned a “met” designation based on the MMP’s performance and unreportable measures with an automatic “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 New York Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) demonstration for Demonstration Year (DY) 3, which covers Calendar Year 2019. 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). HEDIS measures that received an automatic “met” designation are marked with a plus sign. Additionally, any measures that were not applicable for an MMP due to low enrollment or inability to meet other reporting criteria are listed as “N/A.”

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 For more information on the COVID-19 PHE impacts on the quality withhold, please see the July 29, 2020 HPMS memo, “Quality Withhold Updates for Medicare-Medicaid Plans,” available on the [MMP Quality Withhold Methodology & Technical Notes](#) webpage.

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 8 and the New York FIDA-IDD Quality Withhold Technical Notes for DY 2 through 7. These documents are available on the [MMP Quality Withhold Methodology & Technical Notes](#) webpage.

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**	CW12 – Medication Adherence for Diabetes Medications*	CW13 – Encounter Data
	Benchmark: 1.00	Benchmark: 69%	Benchmark: 56%	Benchmark: 73%	Benchmark: 80%
Partners Health Plan, Inc.	Met	Met	Met	Met	Met

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

Medicare-Medicaid Plan	IDDW3 – Annual Dental Visit	IDDW4 – Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) Diversion
	Benchmark: 79%	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.	5	2	7	5	2	7	100%	100%	100%	100%

* Indicates measures that also utilize the gap closure target methodology. ⁺ Indicates measures received automatic “Met.” See page 1 for more information.