

South Carolina Medicare-Medicaid Plan Quality Withhold Analysis Results Demonstration Year 4 (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 MMPs in the South Carolina Healthy Connections Prime demonstration for Demonstration Year (DY) 4, 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 South Carolina Quality Withhold Technical Notes for DY 2 through 8. 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%
Absolute Total Care, Inc.	Met	Not Met	Met	Met	Met
Molina Healthcare of South Carolina, Inc.	Met	Met	Met	Met	Met
Select Health of South Carolina, Inc.	Met	Met	Met	Met	Met

Table 2: South Carolina State-Specific Measure Results

Medicare-Medicaid Plan	SCW6 – Comprehensive Diabetes Care**	SCW7 – Follow-Up Visit after Inpatient Discharge*
	Benchmarks: Hba1c Testing: 93% Blood Sugar Control: 68% Eye Exam: 64% Medical Attention for Nephropathy: 87%	Benchmark: 85%
Absolute Total Care, Inc.	Met	Met
Molina Healthcare of South Carolina, Inc.	Met	Met
Select Health of South Carolina, 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	
Absolute Total Care, Inc.	5	2	7	4	2	6	80%	100%	86%	100%
Molina Healthcare of South Carolina, Inc.	5	2	7	5	2	7	100%	100%	100%	100%
Select Health of South Carolina, Inc.	5	2	7	5	2	7	100%	100%	100%	100%
South Carolina Averages	5	2	7	5	2	7	93%	100%	95%	100%

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