

California Medicare-Medicaid Plan Quality Withhold Analysis Results Demonstration Year 1 (Calendar Years 2014 – 2015)

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 MMPs in the Cal MediConnect demonstration for Demonstration Year (DY) 1, which includes Calendar Years (CY) 2014 and 2015 (when a demonstration year crosses two calendar years, the quality withhold analysis is conducted separately for each calendar year). On the following pages, Table 1 (2014) and Table 4 (2015) provide results for each CMS Core measure; Table 2 (2014) and Table 5 (2015) provide results for each State-Specific measure; and Table 3 (2014) and Table 6 (2015) provide summary results for the quality withhold analysis. When interpreting this information, note that some measures are designed to be competitive (e.g., the benchmark for the CMS Core Assessments measure is calculated separately for each demonstration based on the rate achieved by the highest scoring MMP minus ten percentage points); therefore, an MMP’s performance may be considered adequate even if its rate did not meet the benchmark level.

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 California 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/MMPInformationandGuidance/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.

CY 2014 Quality Withhold Results

Table 1: CMS Core Measure Results – CY 2014

Medicare-Medicaid Plan	CW1 – Assessments	CW2 – Consumer Governance Board
	Benchmark: 90%	Benchmark: 100% Compliance
Blue Cross of California Partnership Plan, Inc.	Not Met	Met
Care1st Health Plan	Not Met	Met
Community Health Group	Not Met	Met
Health Net Community Solutions, Inc.	Met	Met
IEHP Health Access	Met	Met
Local Initiative Health Authority for L.A. County	Met	Met
Molina Healthcare of California	Not Met	Met
San Mateo Health Commission	Not Met	Met

Table 2: California State-Specific Measure Results – CY 2014

Medicare-Medicaid Plan	CAW1 – Documentation of Care Goals	CAW2 – Behavioral Health Shared Accountability	CAW3 – Mental Health Shared Accountability ⁱ	CAW4 – Interaction with Care Team	CAW5 – Ensuring Physical Access to Buildings, Services and Equipment
	Benchmark: 90%	Benchmark: 100% Compliance	Benchmark: N/A	Benchmark: 90%	Benchmark: 100% Compliance
Blue Cross of California Partnership Plan, Inc.	Not Met	Met	Suspended	Met	Met
Care1st Health Plan	Met	Met	Suspended	Met	Met
Community Health Group	Met	Met	Suspended	Met	Met
Health Net Community Solutions, Inc.	Not Met	Met	Suspended	Not Met	Met
IEHP Health Access	Met	Not Met	Suspended	Not Met	Met
Local Initiative Health Authority for L.A. County	Not Met	Met	Suspended	Not Met	Met
Molina Healthcare of California	Not Met	Met	Suspended	Met	Met
San Mateo Health Commission	Met	Met	Suspended	Met	Met

Table 3: Quality Withhold Analysis Summary Results – CY 2014

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	
Blue Cross of California Partnership Plan, Inc.	2	4	6	1	3	4	50%	75%	67%	75%
Care1st Health Plan	2	4	6	1	4	5	50%	100%	83%	100%
Community Health Group	2	4	6	1	4	5	50%	100%	83%	100%
Health Net Community Solutions, Inc.	2	4	6	2	2	4	100%	50%	67%	75%
IEHP Health Access	2	4	6	2	2	4	100%	50%	67%	75%
Local Initiative Health Authority for L.A. County	2	4	6	2	2	4	100%	50%	67%	75%
Molina Healthcare of California	2	4	6	1	3	4	50%	75%	67%	75%
San Mateo Health Commission	2	4	6	1	4	5	50%	100%	83%	100%
California Averages	2	4	6	1	3	4	69%	75%	73%	84%

CY 2015 Quality Withhold Results

Table 4: CMS Core Measure Results – CY 2015

Medicare-Medicaid Plan	CW1 – Assessments	CW2 – Consumer Governance Board	CW3 – Customer Service ⁱⁱ	CW4 – Encounter Data ⁱⁱⁱ	CW5 – Getting Appointments and Care Quickly ⁱⁱ
	Benchmark: 88%	Benchmark: 100% Compliance	Benchmark: 86%	Benchmark: N/A	Benchmark: 74%
Blue Cross of California Partnership Plan, Inc.	Not Met	Met	N/A	Suspended	N/A
Care1st Health Plan	Met	Met	N/A	Suspended	Not Met
Community Health Group	Not Met	Met	Not Met	Suspended	Not Met
Health Net Community Solutions, Inc.	Not Met	Met	N/A	Suspended	Not Met
IEHP Health Access	Met	Met	Not Met	Suspended	Not Met
Local Initiative Health Authority for L.A. County	Met	Met	Not Met	Suspended	Not Met
Molina Healthcare of California	Met	Met	N/A	Suspended	Not Met
Orange County Health Authority	Met	Not Met	N/A	Suspended	N/A
San Mateo Health Commission	Not Met	Met	Not Met	Suspended	Met
Santa Clara County Health Authority	Not Met	Met	N/A	Suspended	N/A

Table 5: California State-Specific Measure Results – CY 2015

Medicare-Medicaid Plan	CAW1 – Documentation of Care Goals	CAW2 – Behavioral Health Shared Accountability	CAW3 – Mental Health Shared Accountability ⁱ	CAW4 – Interaction with Care Team	CAW5 – Ensuring Physical Access to Buildings, Services and Equipment
	Benchmark: 90%	Benchmark: 100% Compliance	Benchmark: N/A	Benchmark: 90%	Benchmark: 100% Compliance
Blue Cross of California Partnership Plan, Inc.	Met	Met	Suspended	Met	Met
Care1st Health Plan	Not Met	Met	Suspended	Met	Met
Community Health Group	Met	Met	Suspended	Met	Met
Health Net Community Solutions, Inc.	Not Met	Met	Suspended	Not Met	Met
IEHP Health Access	Not Met	Not Met	Suspended	Not Met	Met
Local Initiative Health Authority for L.A. County	Not Met	Met	Suspended	Not Met	Met
Molina Healthcare of California	Met	Met	Suspended	Met	Met
Orange County Health Authority	Not Met	Met	Suspended	Met	Met
San Mateo Health Commission	Not Met	Met	Suspended	Not Met	Met
Santa Clara County Health Authority	Not Met	Met	Suspended	Not Met	Met

Table 6: Quality Withhold Analysis Summary Results – CY 2015

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	
Blue Cross of California Partnership Plan, Inc.	2	4	6	1	4	5	50%	100%	83%	100%
Care1st Health Plan	3	4	7	2	3	5	67%	75%	71%	75%
Community Health Group	4	4	8	1	4	5	25%	100%	63%	75%
Health Net Community Solutions, Inc.	3	4	7	1	2	3	33%	50%	43%	50%
IEHP Health Access	4	4	8	2	1	3	50%	25%	38%	25%
Local Initiative Health Authority for L.A. County	4	4	8	2	2	4	50%	50%	50%	50%
Molina Healthcare of California	3	4	7	2	4	6	67%	100%	86%	100%
Orange County Health Authority	2	4	6	1	3	4	50%	75%	67%	75%
San Mateo Health Commission	4	4	8	2	2	4	50%	50%	50%	50%
Santa Clara County Health Authority	2	4	6	1	2	3	50%	50%	50%	50%
California Averages	3	4	7	2	3	4	49%	68%	60%	65%

ⁱ State-Specific measure CAW3 was suspended while updated technical specifications were under development. As a result, the measure was removed from the DY 1 quality withhold analysis. The re-specified measure will be included in the DY 3 quality withhold analysis.

ⁱⁱ CMS Core measures CW3 and CW5 are based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Where MMP results are listed as “N/A,” the MMP either did not meet minimum enrollment criteria to conduct the survey, or the measure score had very low reliability. In such cases, the measure was removed from the quality withhold analysis.

ⁱⁱⁱ Originally, CMS Core measure CW5 was designated as applicable for CY 2015 only. However, due to delays in clarifying encounter submission requirements for California MMPs, this measure was removed entirely from the DY 1 quality withhold analysis.