

New York FIDA Medicare-Medicaid Plan Quality Withhold Analysis Results Demonstration Year 2 (Calendar Year 2016)

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, and if required, Alternative quality withhold measure(s).^{1,2} 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.³ 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 New York Fully Integrated Duals Advantage (FIDA) demonstration for Demonstration Year (DY) 2, which covers Calendar Year 2016. On the following pages, Table 1 provides results for each CMS Core measure, Table 2 provides results for each State-Specific measure, Table 3 provides results for an Alternative measure, and Table 4 provides summary results for the quality withhold analysis. In these tables, 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). 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” within the tables.

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 5 and the New York FIDA Quality Withhold Technical Notes for DY 2 through 5. 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.

² MMPs are evaluated on no fewer than three quality withhold measures. If an MMP did not have a reportable result for at least three standard quality withhold measures (either CMS Core or State-Specific), Alternative measure(s) are added to the analysis.

³ 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.

Table 1: CMS Core Measure Results

| Medicare-Medicaid Plan | CW3 – Customer Service ⁱ | CW5 – Getting Appointments and Care Quickly ⁱ | 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: 86% | Benchmark: 74% | Benchmark: 1.00 | Benchmark: 69% | Benchmark: 56% | Benchmark: 56% | Benchmark: 73% | Benchmark: 80% |
| Aetna Better Health, Inc. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Met |
| AgeWell New York, LLC | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Met |
| AlphaCare of New York, Inc. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Not Met |
| CenterLight Healthcare, Inc. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Not Met |
| Centers Plan for Healthy Living, LLC | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Not Met |
| Elderplan, Inc. | N/A | N/A | N/A | N/A | N/A | N/A | Met | Not Met |
| ElderServe Health, Inc. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Not Met |
| GuildNet, Inc. | N/A | Not Met | N/A | Met | N/A | N/A | Met | Met |
| Healthfirst Health Plan, Inc. | N/A | N/A | Not Met | N/A | N/A | Met | Met | Met |
| Independence Care System, Inc. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Met |
| MetroPlus Health Plan, Inc. | N/A | N/A | N/A | N/A | N/A | N/A | Met | Met |
| North Shore-LIJ Health Plan, Inc. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Met |
| NY State Catholic Health Plan, Inc. (Fidelis) | N/A | N/A | N/A | N/A | N/A | N/A | Met | Met |
| Senior Whole Health of New York, Inc. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Met |
| Village Senior Services Corporation | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Not Met |
| VNS Choice | Not Met | Not Met | Not Met | Met | N/A | Not Met | Met | Not Met |
| WellCare of New York, Inc. | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Met |

Table 2: New York FIDA State-Specific Measure Results

| Medicare-Medicaid Plan | NYW3 – Improvement/Stability in Activities of Daily Living Functioning | NYW4 – Nursing Facility Diversion |
|-----------------------------|--|--|
| | Benchmark: 82% | Benchmark: Timely and Accurate Reporting |
| Aetna Better Health, Inc. | Not Met | Met |
| AgeWell New York, LLC | Met | Met |
| AlphaCare of New York, Inc. | N/A | Met |

| Medicare-Medicaid Plan | NYW3 – Improvement/Stability in Activities of Daily Living Functioning | NYW4 – Nursing Facility Diversion |
|---|--|---|
| | Benchmark: 82% | Benchmark: Timely and Accurate Reporting |
| CenterLight Healthcare, Inc. | Met | Met |
| Centers Plan for Healthy Living, LLC | N/A | Met |
| Elderplan, Inc. | Met | Met |
| ElderServe Health, Inc. | N/A | Met |
| GuildNet, Inc. | Met | Met |
| Healthfirst Health Plan, Inc. | Met | Met |
| Independence Care System, Inc. | Not Met | Met |
| MetroPlus Health Plan, Inc. | Not Met | Met |
| North Shore-LIJ Health Plan, Inc. | N/A | Met |
| NY State Catholic Health Plan, Inc. (Fidelis) | Met | Met |
| Senior Whole Health of New York, Inc. | Met | Met |
| Village Senior Services Corporation | N/A | Met |
| VNS Choice | Not Met | Met |
| WellCare of New York, Inc. | N/A | Met |

Table 3: Alternative Measure Resultsⁱⁱ

| Medicare-Medicaid Plan | AW1 – Annual Reassessment |
|--------------------------------------|---------------------------|
| | Benchmark: 65% |
| Aetna Better Health, Inc. | – |
| AgeWell New York, LLC | – |
| AlphaCare of New York, Inc. | Met |
| CenterLight Healthcare, Inc. | – |
| Centers Plan for Healthy Living, LLC | Met |
| Elderplan, Inc. | – |
| ElderServe Health, Inc. | Met |
| GuildNet, Inc. | – |
| Healthfirst Health Plan, Inc. | – |
| Independence Care System, Inc. | – |

| Medicare-Medicaid Plan | AW1 – Annual Reassessment |
|---|---------------------------|
| | Benchmark: 65% |
| MetroPlus Health Plan, Inc. | – |
| North Shore-LIJ Health Plan, Inc. | Met |
| NY State Catholic Health Plan, Inc. (Fidelis) | – |
| Senior Whole Health of New York, Inc. | – |
| Village Senior Services Corporation | Met |
| VNS Choice | – |
| WellCare of New York, Inc. | Met |

Table 4: Quality Withhold Analysis Summary Results

| Medicare-Medicaid Plan | # of Measures in Analysis | | | | # of Measures Met | | | | % of Measures Met | | | | % of Withhold Received |
|---|---------------------------|----------|----------|----------|-------------------|----------|----------|----------|-------------------|------------|-------------|------------|------------------------|
| | Core | State | Alt | Total | Core | State | Alt | Total | Core | State | Alt | Total | |
| Aetna Better Health, Inc. | 1 | 2 | – | 3 | 1 | 1 | – | 2 | 100% | 50% | – | 67% | 75% |
| AgeWell New York, LLC | 1 | 2 | – | 3 | 1 | 2 | – | 3 | 100% | 100% | – | 100% | 100% |
| AlphaCare of New York, Inc. | 1 | 1 | 1 | 3 | 0 | 1 | 1 | 2 | 0% | 100% | 100% | 67% | 75% |
| CenterLight Healthcare, Inc. | 1 | 2 | – | 3 | 0 | 2 | – | 2 | 0% | 100% | – | 67% | 75% |
| Centers Plan for Healthy Living, LLC | 1 | 1 | 1 | 3 | 0 | 1 | 1 | 2 | 0% | 100% | 100% | 67% | 75% |
| Elderplan, Inc. | 2 | 2 | – | 4 | 1 | 2 | – | 3 | 50% | 100% | – | 75% | 75% |
| ElderServe Health, Inc. | 1 | 1 | 1 | 3 | 0 | 1 | 1 | 2 | 0% | 100% | 100% | 67% | 75% |
| GuildNet, Inc. | 4 | 2 | – | 6 | 3 | 2 | – | 5 | 75% | 100% | – | 83% | 100% |
| Healthfirst Health Plan, Inc. | 4 | 2 | – | 6 | 3 | 2 | – | 5 | 75% | 100% | – | 83% | 100% |
| Independence Care System, Inc. | 1 | 2 | – | 3 | 1 | 1 | – | 2 | 100% | 50% | – | 67% | 75% |
| MetroPlus Health Plan, Inc. | 2 | 2 | – | 4 | 2 | 1 | – | 3 | 100% | 50% | – | 75% | 75% |
| North Shore-LIJ Health Plan, Inc. | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 3 | 100% | 100% | 100% | 100% | 100% |
| NY State Catholic Health Plan, Inc. (Fidelis) | 2 | 2 | – | 4 | 2 | 2 | – | 4 | 100% | 100% | – | 100% | 100% |
| Senior Whole Health of New York, Inc. | 1 | 2 | – | 3 | 1 | 2 | – | 3 | 100% | 100% | – | 100% | 100% |
| Village Senior Services Corporation | 1 | 1 | 1 | 3 | 0 | 1 | 1 | 2 | 0% | 100% | 100% | 67% | 75% |
| VNS Choice | 7 | 2 | – | 9 | 2 | 1 | – | 3 | 29% | 50% | – | 33% | 25% |
| WellCare of New York, Inc. | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 3 | 100% | 100% | 100% | 100% | 100% |
| New York FIDA Averages | 2 | 2 | 1 | 4 | 1 | 1 | 1 | 3 | 61% | 88% | 100% | 77% | 82% |

ⁱ Due to the continuous enrollment requirement and sampling timeframe associated with the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, New York FIDA MMPs were unable to report CMS Core measures CW3 and CW5 for DY 1. As a result, these measures were included as part of the withhold analysis for DY 2 for the New York MMPs that met the requirements to administer a CAHPS survey.

ⁱⁱ As noted on page 1, MMPs are evaluated on no fewer than three quality withhold measures. If an MMP did not have a reportable result for at least three standard quality withhold measures (either CMS Core or State-Specific), Alternative measure(s) are added to the quality withhold analysis. For the DY 2 quality withhold analysis, an Alternative measure was required for six New York FIDA MMPs.

* Indicates measures that also utilize the gap closure target methodology (see page 1 for more information).