

Michigan Medicare-Medicaid Plan Quality Withhold Analysis Results Demonstration Year 2 (Calendar Year 2017)

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 MI Health Link demonstration for Demonstration Year (DY) 2, which covers Calendar Year 2017. On the following pages, 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). 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 Michigan Quality Withhold Technical Notes for DY 2 through 5. 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.

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: 56%	Benchmark: 73%	Benchmark: 80%
Aetna Better Health of Michigan, Inc.	Met	Not Met	Met	Met	Met	Met
AmeriHealth Michigan, Inc.	Met	Not Met	N/A	Met	Met	Met
HAP Midwest Health Plan, Inc.	Met	Met	Met	Not Met	Met	Not Met
Meridian Health Plan of Michigan, Inc.	Met	Met	Met	Met	Met	Not Met
Michigan Complete Health, Inc.	Met	Met	Not Met	Met	Met	Met
Molina Healthcare of Michigan, Inc.	Met	Met	Met	Not Met	Met	Met
Upper Peninsula Health Plan, LLC	Met	Met	Met	Met	Met	Met

Table 2: Michigan State-Specific Measure Results

Medicare-Medicaid Plan	MIW4 – Care Transition Record Transmitted to Health Care Professional	MIW5 – Medication Review – All Populations*	MIW6 – Documentation of Care Goals*	MIW7 – Urinary Tract Infection
	Benchmark: Timely and accurate reporting, plus submission of a satisfactory narrative	Benchmark: 60%	Benchmark: 92%	Benchmark: 4%
Aetna Better Health of Michigan, Inc.	Met	Met	Met	Met
AmeriHealth Michigan, Inc.	Met	Met	Not Met	Met
HAP Midwest Health Plan, Inc.	Met	Met	Not Met	Met
Meridian Health Plan of Michigan, Inc.	Met	Met	Met	Met
Michigan Complete Health, Inc.	Met	Met	Met	Met
Molina Healthcare of Michigan, Inc.	Met	Met	Met	Met
Upper Peninsula Health Plan, LLC	Met	Met	Met	Met

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

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 of Michigan, Inc.	6	4	10	5	4	9	83%	100%	90%	100%
AmeriHealth Michigan, Inc.	5	4	9	4	3	7	80%	75%	78%	75%
HAP Midwest Health Plan, Inc.	6	4	10	4	3	7	67%	75%	70%	75%
Meridian Health Plan of Michigan, Inc.	6	4	10	5	4	9	83%	100%	90%	100%
Michigan Complete Health, Inc.	6	4	10	5	4	9	83%	100%	90%	100%
Molina Healthcare of Michigan, Inc.	6	4	10	5	4	9	83%	100%	90%	100%
Upper Peninsula Health Plan, LLC	6	4	10	6	4	10	100%	100%	100%	100%
Michigan Averages	6	4	10	5	4	9	83%	93%	87%	93%