

Massachusetts Medicare-Medicaid Plan Quality Withhold Analysis Results Demonstration Year 9 (Calendar Year 2022)

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 target² or modified benchmark.³ 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 Massachusetts One Care demonstration for Demonstration Year (DY) 9, which covers Calendar Year (CY) 2022. 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 or modified benchmark 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, or in the case of new MMPs, the modified benchmark). 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.”

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 12 and the Massachusetts Quality Withhold Technical Notes for DY 2 through 12. 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.

³ For an MMP that newly joins the demonstration, the quality withhold methodology is modified for the first year of operation, given that the new MMP does not have prior year data available in order to calculate gap closure targets as applicable. For measures that normally utilize the gap closure target methodology, the new MMP can earn a “met” designation based on meeting either the benchmark less ten percentage points or the highest performing MMP’s rate less ten percentage points.

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*	CW13 – Encounter Data
	Benchmark: 1.00	Benchmark: 69%	Benchmark: 56%	Benchmark: 71%	Benchmark: 80%
Commonwealth Care Alliance, Inc.	Not Met	Met	Met	Met	Met
Tufts Health Public Plans, Inc.	Met	Met	Met	Met	Met
UnitedHealthcare Insurance Company	N/A	N/A	Not Met	N/A	Met

Table 2: Massachusetts State-Specific Measure Results

Medicare-Medicaid Plan	MA6 – Diabetes Care: Blood Sugar Controlled*	MA7 – Timely Assessment*	MA8 – Tracking of Demographic Information*	MA9 – Documentation of Care Goals*	MA10 – Access to LTS Coordinator*
	Benchmark: 74%	Benchmark: 90%	Benchmark: 85%	Benchmark: 95%	Benchmark: 95%
Commonwealth Care Alliance, Inc.	Met	Met	Met	Met	Met
Tufts Health Public Plans, Inc.	Met	Met	Not Met	Not Met	Not Met
UnitedHealthcare Insurance Company	N/A	Not Met	Not Met	Met	Not 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	
Commonwealth Care Alliance, Inc.	5	5	10	4	5	9	80%	100%	90%	100%
Tufts Health Public Plans, Inc.	5	5	10	5	2	7	100%	40%	70%	75%
UnitedHealthcare Insurance Company	2	4	6	1	1	2	50%	25%	33%	25%
Massachusetts Averages	4	5	9	3	3	6	77%	55%	64%	67%

* Indicates measures that also utilize the gap closure target or modified benchmark methodology. For these measures, UnitedHealthcare Insurance Company – which newly joined the demonstration in DY 9 – was assessed according to the modified benchmark methodology. See page 1 for more information.