

New York FIDA Medicare-Medicaid Plan Quality Withhold Analysis Results Demonstration Year 4 (Calendar Year 2018)

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 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 New York Fully Integrated Duals Advantage (FIDA) demonstration for Demonstration Year (DY) 4, which covers Calendar Year 2018. 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 8 and the New York FIDA 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 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	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%
AgeWell New York, LLC	N/A	N/A	N/A	Met	Not Met
Centers Plan for Healthy Living, LLC	N/A	N/A	N/A	N/A	Met
Elderplan, Inc.	N/A	N/A	N/A	Met	Not Met
ElderServe Health, Inc.	N/A	N/A	N/A	N/A	Not Met
GuildNet, Inc.	N/A	N/A	N/A	Met	Met
Healthfirst Health Plan, Inc.	Met	Met	N/A	Met	Met
MetroPlus Health Plan, Inc.	N/A	N/A	N/A	Met	Met
Senior Whole Health of New York, Inc.	N/A	N/A	N/A	N/A	Met
Village Senior Services Corporation	N/A	N/A	N/A	N/A	Not Met
VNS Choice	Met	Met	N/A	Met	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
AgeWell New York, LLC	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
MetroPlus Health Plan, Inc.	Met	Met
Senior Whole Health of New York, Inc.	Not Met	Met
Village Senior Services Corporation	N/A	Met
VNS Choice	Met	Met

Table 3: Alternative Measure Results[^]

Medicare-Medicaid Plan	AW1 – Annual Reassessment*
	Benchmark: 65%
AgeWell New York, LLC	–
Centers Plan for Healthy Living, LLC	Met
Elderplan, Inc.	–
ElderServe Health, Inc.	Met
GuildNet, Inc.	–
Healthfirst Health Plan, Inc.	–
MetroPlus Health Plan, Inc.	–
Senior Whole Health of New York, Inc.	–
Village Senior Services Corporation	Met
VNS Choice	–

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	
AgeWell New York, LLC ⁺	2	2	–	4	1	2	–	3	50%	100%	–	75%	N/A
Centers Plan for Healthy Living, LLC	1	1	1	3	1	1	1	3	100%	100%	100%	100%	100%
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. ⁺	2	2	–	4	2	2	–	4	100%	100%	–	100%	N/A
Healthfirst Health Plan, Inc.	4	2	–	6	4	2	–	6	100%	100%	–	100%	100%
MetroPlus Health Plan, Inc. ⁺	2	2	–	4	2	2	–	4	100%	100%	–	100%	N/A
Senior Whole Health of New York, Inc.	1	2	–	3	1	1	–	2	100%	50%	–	67%	75%
Village Senior Services Corporation ⁺	1	1	1	3	0	1	1	2	0%	100%	100%	67%	N/A
VNS Choice	4	2	–	6	4	2	–	6	100%	100%	–	100%	100%
New York FIDA Averages	2	2	1	4	2	2	1	4	70%	95%	100%	85%	88%

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

^ 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 4 quality withhold analysis, an Alternative measure was required for three New York FIDA MMPs.

+ Indicates MMPs that terminated on or before January 1, 2019 and were therefore not eligible for a quality withhold payment. The amount that each terminated MMP would have received was pooled and added to the amounts earned by the MMPs participating in the FIDA Demonstration on January 1, 2019. For more information, see the New York FIDA three-way contract, sections 4.3.4.6.2 and 4.3.4.6.3.