

Texas Medicare-Medicaid Plan Quality Withhold Analysis Results

Demonstration Year 6 (Calendar Year 2021)

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 a tiered scale (see table below); however, certain MMPs that experienced an extreme and uncontrollable circumstance during the measurement year are eligible for 100% of the withheld amount, irrespective of measure performance.³

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 Texas Dual Eligible Integrated Care Project for Demonstration Year (DY) 6, which covers Calendar Year 2021. 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).⁴ 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.” In Table 3, MMPs that were eligible for a quality withhold adjustment due to an extreme and uncontrollable circumstance are noted by a plus sign. All Texas MMPs qualified for the adjustment due to severe winter storms that impacted Texas in 2021.

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 10 and the Texas Quality Withhold Technical Notes for DY 2 through 8. 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 MMPs that are affected by an extreme and uncontrollable circumstance, such as a major natural disaster, CMS and the State remit the full quality withhold payment for the year in which the extreme and uncontrollable circumstance occurred, provided that the MMP fully reports all applicable quality withhold measures. Affected MMPs are identified according to the methodology utilized for Medicare Part C and D Star Ratings for the applicable measurement year.

⁴ Due to the COVID-19 public health emergency, MMPs were not required to report Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures for CY 2020. As a result, each MMP’s CY 2019 rate was used as the “prior calendar year” to calculate the gap closure target for measures CW7 and TXW4.

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: 71%	Benchmark: 80%	Benchmark: 80%
Amerigroup Texas, Inc.	Not Met	Met	Met	Met	Not Met	Met
Molina Healthcare of Texas, Inc. (H8423)	Met	Met	N/A	Not Met	Met	Met
Molina Healthcare of Texas, Inc. (H8197)	Not Met	Met	Met	Met	Met	Met
Superior Health Plan, Inc.	Met	Met	Not Met	Not Met	Met	Met
UnitedHealthcare Community Plan of Texas, LLC	Not Met	Met	Not Met	Met	Not Met	Met

Table 2: Texas State-Specific Measure Results

Medicare-Medicaid Plan	TXW4 – Decisions about Long-Term Services and Supports*	TXW5 – Nursing Facility Transition	TXW6 – Integrated Plan of Care Update*
	Benchmark: 72%	Benchmark: 1.5%	Benchmark: 91%
Amerigroup Texas, Inc.	N/A	Not Met	Met
Molina Healthcare of Texas, Inc. (H8423)	N/A	Not Met	Not Met
Molina Healthcare of Texas, Inc. (H8197)	N/A	Not Met	Met
Superior Health Plan, Inc.	Met	Not Met	Met
UnitedHealthcare Community Plan of Texas, LLC	Met	Not 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	
Amerigroup Texas, Inc. ⁺	6	2	8	4	1	5	67%	50%	63%	100%^
Molina Healthcare of Texas, Inc. (H8423) ⁺	5	2	7	4	0	4	80%	0%	57%	100%^
Molina Healthcare of Texas, Inc. (H8197) ⁺	6	2	8	5	1	6	83%	50%	75%	100%^
Superior Health Plan, Inc. ⁺	6	3	9	4	2	6	67%	67%	67%	100%^
UnitedHealthcare Community Plan of Texas, LLC ⁺	6	3	9	3	2	5	50%	67%	56%	100%^
Texas Averages	6	2	8	4	1	5	69%	47%	63%	100%

⁺ Indicates the MMP was eligible for a quality withhold adjustment due to an extreme and uncontrollable circumstance (see page 1 for more information). As a result, the MMP received 100% of the withheld amount, regardless of the percent of measures with a “met” designation.

[^] Indicates that the MMP’s percent of withhold received was increased to 100% due to the quality withhold adjustment for an extreme and uncontrollable circumstance.