South Carolina Medicare-Medicaid Plan Quality Withhold Analysis Results
Demonstration Year 1 (Calendar Years 2015 – 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.[1] For each measure, MMPs earn a "met" or "not met" designation depending on their achieved rate relative to the benchmark level. 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 South Carolina Healthy Connections Prime demonstration for Demonstration Year (DY) 1, which includes Calendar Years (CY) 2015 and 2016 (when a demonstration year crosses two calendar years, the quality withhold analysis is conducted separately for each calendar year). On the following pages, Table 1 (2015) and Table 4 (2016) provide results for each CMS Core measure; Table 2 (2015) and Table 5 (2016) provide results for each State-Specific measure; and Table 3 (2015) and Table 6 (2016) provide summary results for the quality withhold analysis. When interpreting this information, note that some measures are designed to be competitive (e.g., the benchmark for the CMS Core Assessments measure is calculated separately for each demonstration based on the rate achieved by the highest scoring MMP minus ten percentage points); therefore, an MMP's performance may be considered adequate even if its rate did not meet the benchmark level.

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 1 and the South Carolina Quality Withhold Technical Notes for DY 1. 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.

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[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.

CY 2015 Quality Withhold Results

Table 1: CMS Core Measure Results – CY 2015

Medicare-Medicaid Plan	CW1 – Assessments Benchmark: 90%	CW2 – Consumer Governance Board Benchmark: 100% Compliance	CW4 – Encounter Data Benchmark: 80%
Absolute Total Care, Inc.	Met	Met	Met
Advicare, Corp.	Not Met	Met	Not Met
Molina Healthcare of South Carolina, Inc.	Met	Met	Not Met
Select Health of South Carolina, Inc.	Met	Met	Not Met

Table 2: South Carolina State-Specific Measure Results – CY 2015

Medicare-Medicaid Plan	SCW1 – Individualized Care Plan Benchmark: 90%	SCW2 – Hospital, Nursing Facility and Community Transition Planning Benchmark: 100% Compliance	SCW3 – Adjudicated Claims Benchmark: 90%
Absolute Total Care, Inc.	Met	Met	Not Met
Advicare, Corp.	Not Met	Met	Met
Molina Healthcare of South Carolina, Inc.	Met	Met	Met
Select Health of South Carolina, Inc.	Met	Met	Met

Table 3: Quality Withhold Analysis Summary Results – CY 2015

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	
Absolute Total Care, Inc.	3	3	6	3	2	5	100%	67%	83%	100%
Advicare, Corp.	3	3	6	1	2	3	33%	67%	50%	50%
Molina Healthcare of South Carolina, Inc.	3	3	6	2	3	5	67%	100%	83%	100%
Select Health of South Carolina, Inc.	3	3	6	2	3	5	67%	100%	83%	100%
South Carolina Averages	**3**	**3**	**6**	**2**	**3**	**5**	**67%**	**83%**	**75%**	**88%**

CY 2016 Quality Withhold Results

Table 4: CMS Core Measure Results – CY 2016

Medicare-Medicaid Plan	CW1 – Assessments Benchmark: 86%	CW2 – Consumer Governance Board Benchmark: 100% Compliance	CW4 – Encounter Data Benchmark: 80%
Absolute Total Care, Inc.	Met	Met	Met
Advicare, Corp.	Not Met	Not Met	Not Met
Molina Healthcare of South Carolina, Inc.	Met	Met	Met
Select Health of South Carolina, Inc.	Met	Met	Met

Table 5: South Carolina State-Specific Measure Results – CY 2016

Medicare-Medicaid Plan	SCW1 – Individualized Care Plan Benchmark: 84%	SCW2 – Hospital, Nursing Facility and Community Transition Planning Benchmark: 100% Compliance	SCW3 – Adjudicated Claims Benchmark: 90%
Absolute Total Care, Inc.	Met	Met	Met
Advicare, Corp.	Not Met	Met	Met
Molina Healthcare of South Carolina, Inc.	Not Met	Met	Met
Select Health of South Carolina, Inc.	Met	Met	Met

Table 6: Quality Withhold Analysis Summary Results – CY 2016

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	
Absolute Total Care, Inc.	3	3	6	3	3	6	100%	100%	100%	100%
Advicare, Corp.	3	3	6	0	2	2	0%	67%	33%	25%
Molina Healthcare of South Carolina, Inc.	3	3	6	3	2	5	100%	67%	83%	100%
Select Health of South Carolina, Inc.	3	3	6	3	3	6	100%	100%	100%	100%
South Carolina Averages	**3**	**3**	**6**	**2**	**3**	**5**	**75%**	**83%**	**79%**	**81%**