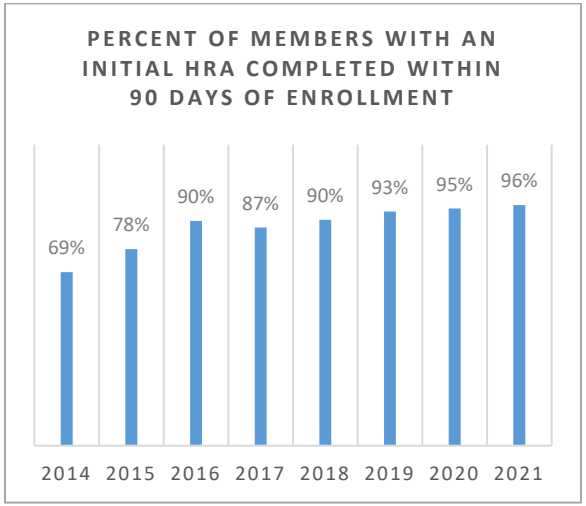
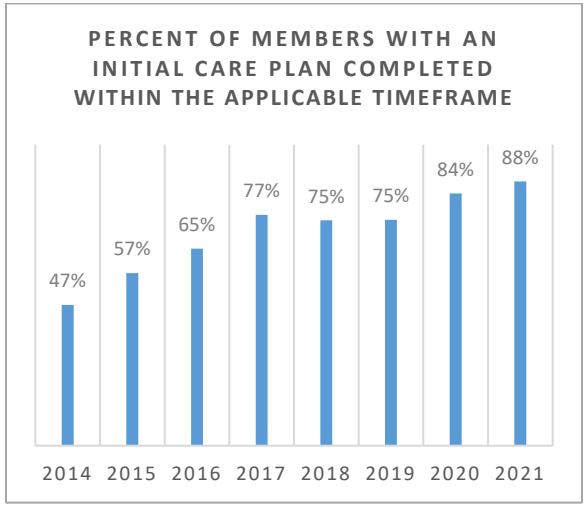
MEDICARE-MEDICAID FINANCIAL ALIGNMENT INITIATIVE
CARE COORDINATION DATA SNAPSHOT FOR THE CAPITATED MODEL

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.[1] Under the capitated model demonstrations, Medicare-Medicaid Plans (MMPs) are required to offer care coordination services to each beneficiary, including a health risk assessment (HRA) of the beneficiary's needs, goals, and preferences; development of a person-centered care plan; and assistance to ensure timely and coordinated access to care. The following charts provide annual performance rates for several measures related to care coordination activities. The rates in the first six charts are based on data reported by the MMPs according to the CMS Core and State-Specific Reporting Requirements, while rates in the last two charts are based on results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey conducted by MMPs.



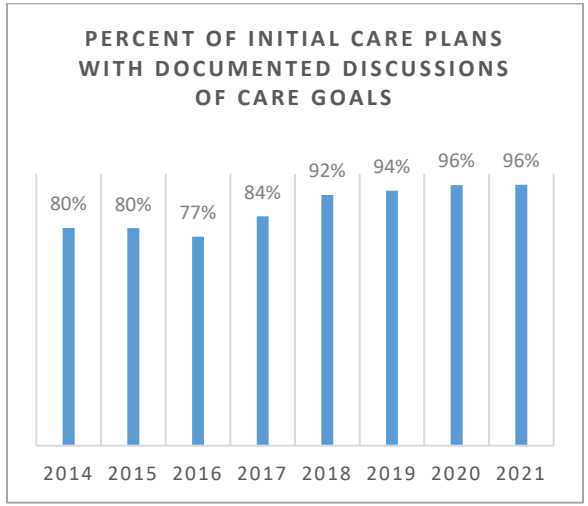
Source: Quarterly data reported by MMPs via Core Measure 2.1.

Notes: MMPs in CA, IL, MA, OH, and VA began reporting this measure in 2014. MMPs in MI, NY-FIDA, SC, and TX began reporting this measure in 2015. MMPs in NY-IDD and RI began reporting this measure in 2016. Measure includes only members whose 90th day of enrollment occurred during the respective calendar year. Measure excludes members who were unwilling to participate or who did not respond to at least three outreach attempts. Measure also excludes HRAs completed after the 90th day of enrollment.



Source: Quarterly data reported by MMPs via state-specific measures (2014 – 2017) and via Core Measure 3.2 (2018+).

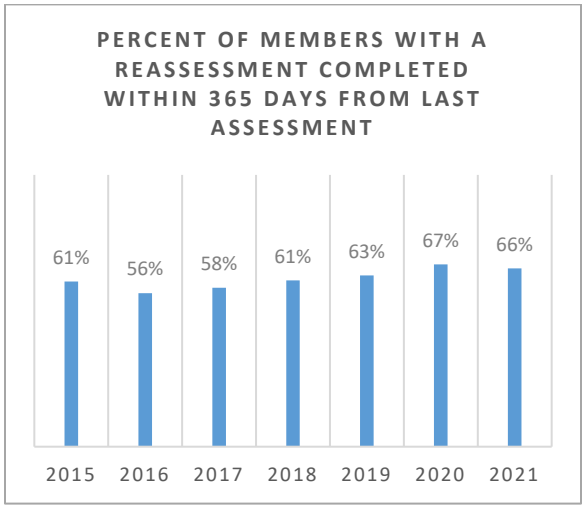
Notes: MMPs in IL, MA, OH, and VA began reporting this measure in 2014. MMPs in CA, MI, NY-FIDA, SC, and TX began reporting this measure in 2015. MMPs in NY-IDD and RI began reporting this measure in 2016. Measure includes only members who meet denominator criteria (e.g., reached 90th day of enrollment during the calendar year). Measure excludes members who were unwilling to participate or who did not respond to outreach attempts. Measure also excludes care plans completed after the designated timeframe.



Source: Quarterly data reported by MMPs via state-specific measures.

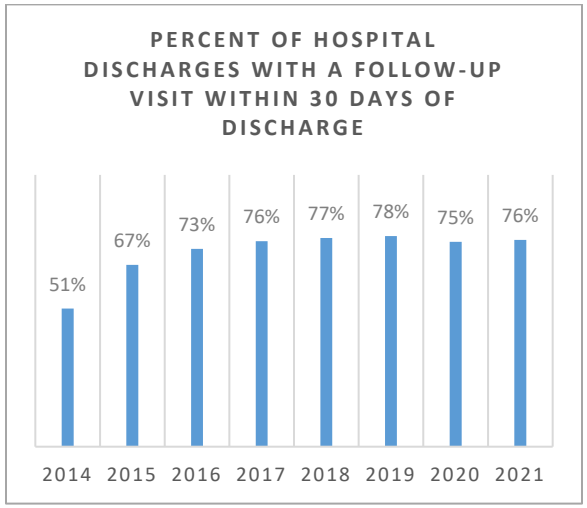
Notes: MMPs in CA, IL, MA, OH, and VA began reporting this measure in 2014. MMPs in MI and NY-FIDA began reporting this measure in 2015. MMPs in NY-IDD and RI began reporting this measure in 2016. MMPs in SC and TX are not required to report this measure. Measure includes only initial care plans completed within the respective calendar year, regardless of whether they were completed within the required timeframe. Measure excludes any discussions of care goals with the member that are not specifically documented in the care plan.

[1] More information about the FAI is available on the Medicare-Medicaid Coordination Office website.



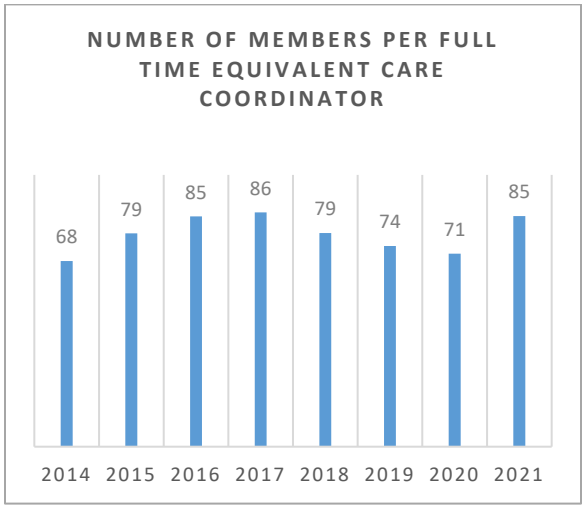
Source: Annual data reported by MMPs via Core Measure 2.3.

Notes: This measure is not reportable until the second calendar year of each demonstration. MMPs in CA, IL, MA, OH, and VA began reporting for 2015. MMPs in MI, NY-FIDA, SC, and TX began reporting for 2016. MMPs in NY-IDD and RI began reporting for 2017. Measure includes members who had an assessment completed during the prior calendar year. Measure excludes reassessments that were completed more than 365 days after the most recent assessment date.



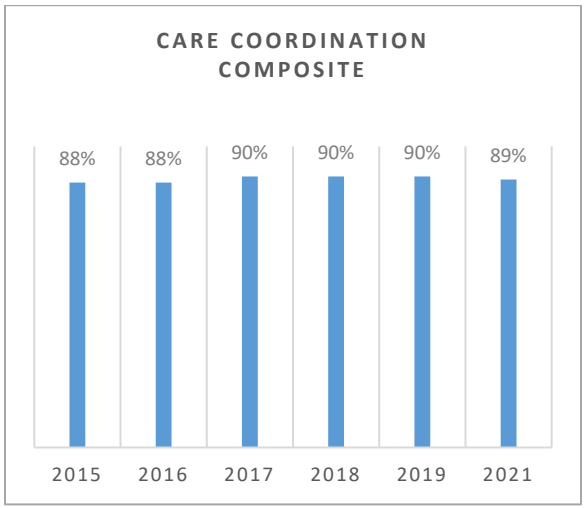
Source: Quarterly data reported by MMPs via state-specific measures.

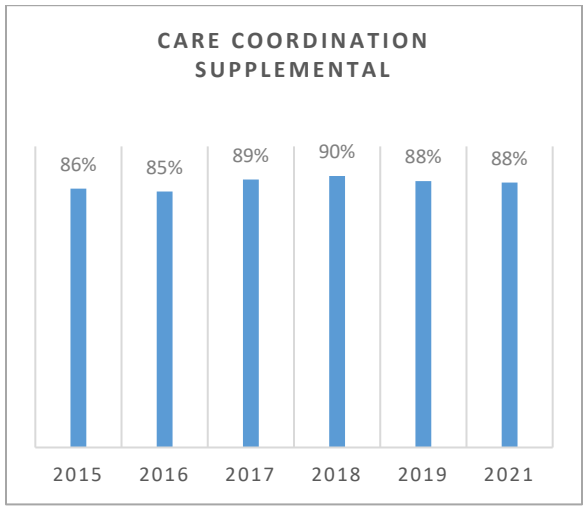
Notes: MMPs in CA, IL, OH, and VA began reporting this measure in 2014. MMPs in MI, NY-FIDA, SC, and TX began reporting this measure in 2015. MMPs in NY-IDD and RI began reporting this measure in 2016. MMPs in MA are not required to report this measure. Measure includes all inpatient discharges that occurred during the calendar year. Measure excludes discharges followed by a transfer or readmission.



Source: Annual data reported by MMPs via Core Measure 5.1.

Notes: MMPs in CA, IL, MA, OH, and VA began reporting this measure for 2014. MMPs in MI, NY-FIDA, SC, and TX began reporting this measure for 2015. MMPs in NY-IDD and RI began reporting this measure for 2016. Measure includes all full-time equivalent care coordinators working on the demonstrations as of the last day of the respective calendar year. Ratio is calculated using total MMP enrollment as of the final month of the respective calendar year.





Source: CAHPS survey results. MMPs in CA, IL, MA, OH, and VA conducted CAHPS for the first time in 2015; MMPs in MI, NY-FIDA, and TX in 2016; MMPs in SC in 2017; the MMP in RI in 2018; and the MMP in NY-IDD in 2019. Note that the CAHPS survey was not conducted in 2020 due to the COVID-19 PHE.

Care Coordination Composite: This measure assesses how an individual experiences coordination of care, including whether doctors had the records and information they need about consumers' care, whether consumers were reminded about getting needed tests/filling prescriptions, and how quickly consumers got their test results. The rate presented here is the percent responding 'usually' or 'always' to the questions included in the composite.

Care Coordination Supplemental: This measure assesses how satisfied consumers were with care coordination. The rate presented here is the percent that were 'somewhat satisfied' or 'very satisfied' with the care coordination they received.