



Commonwealth of Virginia Department of Medical Assistance Services

SFY 2027 Cardinal Care Performance Withhold Program Methodology

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Project Overview

The Virginia Department of Medical Assistance Services (DMAS) contracted with Health Services Advisory Group, Inc. (HSAG), as their External Quality Review Organization (EQRO), to establish, implement, and maintain a scoring mechanism for the Cardinal Care Performance Withhold Program (PWP), also referred to as the “quality withhold”. For the state fiscal year (SFY) 2027 PWP, managed care organizations’ (MCOs’) performance is evaluated on nine National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) measures/indicators (14 measures/indicators),¹ one Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicator (PDI) measure, and two Centers for Medicare and Medicaid Services (CMS) Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) measures. The EQRO is responsible for collecting MCOs’ audited HEDIS measure/indicator rates, the AHRQ PDI measure rates, and CMS Adult Core Set measure rates from DMAS. The EQRO will derive PWP scores for each measure/indicator and calculate the portion of the 1 percent quality withhold earned back for each MCO.

Please note that DMAS continues to collect data for three behavioral health measures/indicators (i.e., *Metabolic Monitoring for Children and Adolescents on Antipsychotics* [APM-E], *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* [APP], and *Diabetes Monitoring for People with Diabetes and Schizophrenia* [SMD])² in calendar year (CY) 2026.

The following sections provide the PWP calculation methodology for the SFY 2027. MCOs will be eligible to earn back all, or a portion of, their 1 percent quality withhold based on the scoring methods and quality withhold funds model described in this document

Performance Measures

As indicated in Table 1, DMAS selected 10 PWP measurement domains. These are composed of nine HEDIS measures (five of which have additional indicators), one AHRQ PDI measure, and two CMS Adult Core Set measures. In total, data are drawn from 17 distinct measures/indicators.

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

² Please note that NCQA has marked SMD for potential retirement in the MY 2027 technical specifications. DMAS may choose to update the behavioral health measure list to account for the retirement of this measure.

Table 1—PWP Measures/Indicators

Domain	Measure/Indicator	Measurement Specification	Required Reporting Method
1	Asthma Admission Rate (per 100,000 Member Months [MM])*	AHRQ PDI	Administrative
2	Child and Adolescent Well-Care Visits—Total	HEDIS	Administrative
3	Childhood Immunization Status—Combination 3	HEDIS	Hybrid
4	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (per 100,000 MM)—Total*	CMS Adult Core Set	Administrative
5	Comprehensive Diabetes Care Composite ³ (3 measures) – Blood Pressure Control for Patients With Diabetes—Total – Eye Exam for Patients With Diabetes—Total – Glycemic Status Assessment for Patients With Diabetes (2 Indicators) • <i>Glycemic Status <8.0%—Total</i> • <i>Glycemic Status >9.0%—Total*</i>	HEDIS	Hybrid
6	Follow-Up After Emergency Department (ED) Visit for Substance Use (2 Indicators) • <i>7-Day Follow-Up—Total</i> • <i>30-Day Follow-Up—Total</i>	HEDIS	Administrative
7	Follow-Up After ED Visit for Mental Illness (2 Indicators) • <i>7-Day Follow-Up—Total</i> • <i>30-Day Follow-Up—Total</i>	HEDIS	Administrative
8	Heart Failure Admission Rate (per 100,000 MM)—Total*	CMS Adult Core Set	Administrative
9	Initiation and Engagement of Substance Use Disorder (SUD) Treatment (2 Indicators) • <i>Initiation of SUD Treatment—Total</i> • <i>Engagement of SUD Treatment—Total</i>	HEDIS	Administrative
10	Prenatal and Postpartum Care (2 Indicators) • <i>Timeliness of Prenatal Care—Total</i> • <i>Postpartum Care—Total</i>	HEDIS	Hybrid

*For this measure/indicator, a lower rate indicates better performance.

³ Starting with HEDIS MY 2022, the Comprehensive Diabetes Care measure/indicator has been removed and three new measures/indicators have been established. For the purposes of the PWP, the measures/indicators are combined as a composite and weighted similar to the other measures/indicators.

Performance Period

The SFY 2027 PWP assesses CY 2026 performance measure data (i.e., the performance measures/indicators will be calculated following HEDIS Measurement Year [MY] 2026, AHRQ's PDI Technical Specifications [September 2026],⁴ and CMS federal fiscal year [FFY] 2027 Adult Core Set Specifications that use a CY 2026 measurement period) to determine what portion, if any, the MCOs will earn back from the funds withheld in SFY 2027 (i.e., the 1 percent of capitation payments withheld from July 1, 2026, through June 30, 2027).⁵

Data Collection

The HEDIS Interactive Data Submission System (IDSS) files for the PWP calculation will be audited as required by NCQA. The auditor-locked IDSS files containing the HEDIS measure/indicator rates will be provided to the EQRO by the MCOs. DMAS will contract with their EQRO to validate the AHRQ PDI measure and the two CMS Adult Core Set measures in accordance with *CMS External Quality Review (EQR) Protocols: Protocol 2. Validation of Performance Measures*, February 2023.⁶ Following the performance measure validation, the EQRO will provide the true, audited rates for the AHRQ PDI and CMS Adult Core Set measures to DMAS.

Only measure/indicator rates with a “Reportable (R)” (HEDIS and non-HEDIS rates) audit result (i.e., the plan produced a reportable rate for the measure/indicator in alignment with the technical specifications) will be included in the PWP calculation. Measure/indicator rates with a “Small Denominator (NA)” (HEDIS rates only) status (i.e., the plan followed the specifications, but the denominator was too small to report a valid rate) will be excluded from the PWP calculation. Measure/indicator rates with any result other than a “Reportable (R)” audit result or “Small Denominator (NA)” status will receive a score of zero (i.e., the MCO will not be eligible to earn a portion of the quality withhold back for that measure).

SFY 2027 PWP

The SFY 2027 PWP will use the MCOs' audited HEDIS MY 2026 and validated CY 2026 AHRQ PDI and CMS FFY 2027 CMS Adult Core Set performance measure data. Table 2 shows the percentage of the withhold associated with each domain.

⁴ Of note, the AHRQ PDI Technical Specifications are expected to be released by September 2026.

⁵ Per the AHRQ technical measure specifications, the Asthma Admission Rate is reported per 100,000 members age 2 to 17. Available at: https://qualityindicators.ahrq.gov/Downloads/Modules/PDI/V2025/TechSpecs/PDI_14_Asthma_Admission_Rate.pdf. However, this measure should be reported to DMAS per 100,000 MM for members age 2 to 17. This slight deviation is needed to align with the approach for reporting in CMS' Adult Core Set.

⁶ Department of Health and Human Services, Centers for Medicare and Medicaid Services. CMS External Quality Review (EQR) Protocols, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Aug 17, 2026.

Table 2— SFY 2027 PWP Domain Weights

Domain	Measure/Indicator	Domain Weight
1	Asthma Admission Rate (per 100,000 MM)*	5%
2	Child and Adolescent Well-Care Visits—Total	10%
3	Childhood Immunization Status—Combination 3	10%
4	COPD or Asthma in Older Adults Admission Rate (per 100,000 MM)—Total*	5%
5	Comprehensive Diabetes Care Composite (3 measures) – Blood Pressure Control for Patients With Diabetes—Total – Eye Exam for Patients With Diabetes—Total – Glycemic Status Assessment for Patients With Diabetes (2 Indicators) • <i>Glycemic Status <8.0%—Total</i> • <i>Glycemic Status >9.0%—Total*</i>	10%
6	Follow-Up After ED Visit for Substance Use (2 Indicators) • <i>7-Day Follow-Up—Total</i> • <i>30-Day Follow-Up—Total</i>	10%
7	Follow-Up After ED Visit for Mental Illness (2 Indicators) • <i>7-Day Follow-Up—Total</i> • <i>30-Day Follow-Up—Total</i>	10%
8	Heart Failure Admission Rate (per 100,000 MM)—Total*	5%
9	Initiation and Engagement of SUD Treatment (2 Indicators) • <i>Initiation of SUD Treatment—Total</i> • <i>Engagement of SUD Treatment—Total</i>	10%
10	Prenatal and Postpartum Care (2 Indicators) • <i>Timeliness of Prenatal Care—Total</i> • <i>Postpartum Care—Total</i>	25%

*For this measure/indicator, a lower rate indicates better performance.

Scoring Methods

The next several sections describe the PWP calculation method for the SFY 2027 PWP.

Measure/Indicator Partial Score

For SFY 2027, the AHRQ PDI and CMS Adult Core Set measure scoring will be based on whether the MCO reported valid CY 2026 measure rates in the required reporting method as indicated in Table 3.

As indicated in Table 3, only measures with a “*Reportable (R)*” audit result (i.e., the plan produced a reportable rate for the measure in alignment with the technical specifications) will be included in the PWP calculation for the AHRQ PDI and CMS Adult Core Set measures. Measure rates with the following audit results will receive a score of zero (i.e., the MCO will not be eligible to earn a portion of the quality withhold back for that measure):

- “*Do Not Report (DNR)*” audit result (i.e., the calculated rate was materially biased)
- “*Not Applicable (NA)*” audit result (i.e., the plan was not required to report the measure)
- “*No Benefit (NR)*” audit result (i.e., the measure was not reported because the plan did not offer the required benefit)

Table 3—Audit Designations (AHRQ PDI and CMS Adult Core Set)

Audit Designation	
Eligible for Points	Ineligible for Points
<i>Reportable (R)</i>	<i>Do Not Report (DNR)</i>
	<i>Not Applicable (NA)</i>
	<i>No Benefit (NR)</i>

The performance scores for the HEDIS measures/indicators will be determined by comparing each rate to NCQA’s Quality Compass^{®7} national Medicaid health maintenance organization (HMO) percentiles (referred to in this document as percentiles). Table 4 presents the possible scores for each HEDIS measure/indicator based on the MCO performance for the current year. Rates will be rounded to two decimals prior to comparing to the percentiles and determining the measure/indicator score, and no scores will be dropped.

Table 4—PWP HEDIS Measure/Indicator Scoring

Criteria for Each Measure/Indicator	Score
MCO’s rate is below the lower percentile threshold	0.00
MCO’s rate is at or above the lower percentile threshold but below the upper percentile threshold	Between 0.00 and 1.00

⁷ Quality Compass[®] is a registered trademark of NCQA.

Criteria for Each Measure/Indicator	Score
MCO's rate is at or above the upper percentile threshold	1.00

For the *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total*, and *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment—Total* indicators, the lower percentile threshold will be the 50th percentile and the upper percentile threshold will be the 66.67th percentile. For all other HEDIS measures/indicators, the lower percentile threshold will be the 25th percentile and the upper percentile threshold will be the 50th percentile. HEDIS measure/indicator rates that are below the lower percentile threshold will receive a score of zero (i.e., no portion of the quality withhold will be earned for this indicator). Measure/indicator rates that are at or above the upper percentile threshold will receive the maximum score for that measure/indicator (i.e., 1 point). If a measure/indicator rate is at or above the lower percentile threshold but below the upper percentile threshold, the MCO will be eligible to receive a partial score (i.e., a partial point value that falls between 0 and 1). To calculate the partial points at the measure/indicator level, each MCO's rate will be compared to the percentiles to determine how close the MCO's rate is to the upper percentile threshold. In future iterations of the PWP, the lower percentile threshold and upper percentile threshold may increase to encourage continued positive performance and quality improvement. The partial score for each measure/indicator will be derived using the following formula:

$$\text{Partial Point Value} = \left\lceil \frac{(\text{MCO Rate} - \text{Lower Percentile Threshold})}{(\text{Upper Percentile Threshold} - \text{Lower Percentile Threshold})} \right\rceil$$

For example, if the lower percentile threshold is 40 percent and the upper percentile threshold is 60 percent, and an MCO has a rate of 55 percent for a measure/indicator, then the partial point value is calculated as follows:

$$\text{Partial Point Value} = \left\lceil \frac{(55 - 40)}{(60 - 40)} \right\rceil = 0.75$$

Improvement Bonus

Please note, Humana is a new MCO as of July, 2025, two years of data will not be available for the SFY 2027 PWP. As such, Humana will not be eligible for an improvement bonus in the SFY 2027 PWP due to only having one year of data.

For the SFY 2027 PWP, MCOs that failed to meet the upper percentile threshold in CY 2025 (i.e., HEDIS MY 2025 data) for a HEDIS measure/indicator may be eligible to earn an improvement bonus if a measure/indicator rate demonstrates substantial improvement from CY 2025. Substantial improvement will be defined as 20 percent of the difference between the lower and upper percentile thresholds. An improvement bonus of 0.25 points will be awarded for each measure/indicator, if the MCO was below the upper percentile threshold in CY 2025 and the following is true:

$$|\text{MCO Current Rate} - \text{MCO CY 2025 Rate}| \geq \left\lceil \left\lceil \frac{(\text{Upper Percentile Threshold} - \text{Lower Percentile Threshold})}{5} \right\rceil \right\rceil$$

For each MCO, HSAG will assess which measure/indicator rates are eligible for an improvement determination. HSAG will only determine improvement bonus eligibility if a measure/indicator meets the following criteria:

- The MCO current year rate demonstrated an improvement from the CY 2025 rate;
- The MCO reported the measure/indicator rate in both the current year and CY 2025;
- The MCO's reported measure/indicator rate was below the upper percentile threshold in CY 2025;
- The MCO reported the measure/indicator rate using the same reporting methodology in both years (e.g., the reporting methodology did not change from administrative in CY 2025 to hybrid in the current year); and
- NCQA did not recommend a break in trending for the measure/indicator due to a change in the technical specifications for the Medicaid product line.

If an MCO demonstrates substantial improvement for a measure/indicator rate and meets all of the criteria for improvement bonus determinations, then the MCO will receive an improvement bonus for that measure/indicator.

High-Performance Bonus

For the SFY 2027 PWP, if an MCO demonstrates a strong performance trend over time for a HEDIS measure/indicator, the MCO will be eligible for a high-performance bonus. For the *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total*, and *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment—Total* indicators, the high-performance value will be the 75th percentile. For all other HEDIS measures/indicators, the high-performance value will be the 66.67th percentile. The high-performance bonus will be awarded for measure/indicator rates that exceed the high-performance value for both the current year and CY 2025. Each measure/indicator rate that is awarded the high-performance bonus will be eligible for a maximum high-performance bonus of 0.25 points that will be added to the measure/indicator partial score described above (i.e., 1 point). Humana will be awarded a high-performance bonus for each measure/indicator if its current year rates exceed the high-performance value.

Scoring Model Example

Table 5 and Table 6 provide examples of how measure/indicator partial scores will be determined by MCO. All data presented in the tables below (both measure/indicator rates and percentile values) are mock data and do not represent actual data or results.

Table 5—Measure/Indicator Partial Score Calculations—HEDIS Measures/Indicators
(Example Using Mock Data)

Measure/Indicator	Current Year Rate	Lower Percentile Threshold	Upper Percentile Threshold	Measure/Indicator Partial Score
Child and Adolescent Well-Care Visits				
<i>Total</i>	55.55%	44.28%	54.26%	1.00

Measure/Indicator	Current Year Rate	Lower Percentile Threshold	Upper Percentile Threshold	Measure/Indicator Partial Score
Childhood Immunization Status				
Combination 3	73.82%	65.45%	70.68%	1.00
Comprehensive Diabetes Care Composite				
Blood Pressure Control for Patients With Diabetes—Total	53.00%	50.23%	54.55%	0.64
Eye Exam for Patients With Diabetes—Total	42.68%	41.77%	52.00%	0.09
Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%—Total	54.74%	44.11%	51.22%	1.00
Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%—Total*	50.70%	45.55%	38.66%	0.00
Follow-Up After ED Visit for Substance Use				
7-Day Follow-Up—Total	6.94%	6.25%	9.73%	0.20
30-Day Follow-Up—Total	11.04%	9.89%	15.25%	0.21
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up—Total	46.22%	29.21%	35.49%	1.00
30-Day Follow-Up—Total	58.92%	43.17%	51.45%	1.00
Initiation and Engagement of SUD Treatment				
Initiation of SUD Treatment—Total	42.26%	39.25%	41.99%	1.00
Engagement of SUD Treatment—Total	11.16%	9.53%	11.01%	1.00
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—Total	78.01%	78.10%	83.76%	0.00
Postpartum Care—Total	64.70%	59.38%	65.69%	0.84

*For this measure/indicator, a lower rate indicates better performance.

Please note that the numbers in the table have been rounded for display purposes. Calculations will be based off unrounded data.

Table 6—Measure/Indicator Partial Score Calculations—AHRQ PDI and CMS Adult Core Set Measures
(Example Using Mock Data)

Measure	Audit Designation*	Met Reporting Requirements	Measure Partial Score
Asthma Admission Rate (per 100,000 MM)			
Total	R	Yes	1.00

Measure	Audit Designation*	Met Reporting Requirements	Measure Partial Score
COPD or Asthma in Older Adults Admission Rate (per 100,000 MM)			
Total	R	Yes	1.00
Heart Failure Admission Rate (per 100,000 MM)			
Total	NA	No	0.00

*Audit designations include: Reportable (R); Do Not Report (DNR); Not Applicable (NA); No Benefit (NR).

The measure/indicator partial scores for the HEDIS measures/indicators are calculated by first determining the applicable percentile level for the measure/indicator rate. For example, the *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total* indicator received a measure/indicator partial score of one point because the rate (46.22 percent) is above the upper percentile threshold (35.49 percent). For the AHRQ PDI and CMS Adult Core Set measures, the *Asthma Admission Rate—Total* measure receives a measure partial score of 1.00 because the audit designation was “Reportable (R).”

Table 7 provides an example of how the improvement bonus scores will be determined by MCO based on performance for the current year and CY 2025 for the HEDIS measures/indicators.

Table 7—Measure/Indicator Improvement Bonus Score Calculations—HEDIS Measures/Indicators
(Example Using Mock Data)

Measure/Indicator	CY 2025 Rate	Current Year Rate	Rate Difference	Substantial Improvement Value	Below Upper Percentile Threshold in Prior Year	Met Substantial Improvement	Improvement Bonus†
Child and Adolescent Well-Care Visits							
Total	50.85%	55.55%	4.70%	2.00%	Y	Y	0.25
Childhood Immunization Status							
Combination 3	71.29%	73.82%	2.53%	1.05%	N	Y	0.00
Comprehensive Diabetes Care Composite							
Blood Pressure Control for Patients With Diabetes—Total	53.25%	53.00%	-0.25%	0.86%	Y	N	0.00
Eye Exam for Patients With Diabetes—Total	44.27%	42.68%	-1.59%	2.05%	Y	N	0.00
Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%—Total	57.41%	54.74%	-2.67%	1.42%	N	N	0.00

Measure/Indicator	CY 2025 Rate	Current Year Rate	Rate Difference	Substantial Improvement Value	Below Upper Percentile Threshold in Prior Year	Met Substantial Improvement	Improvement Bonus†
<i>Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%—Total*</i>	52.26%	50.70%	-1.56%	-1.38%	Y	Y	0.25
Follow-Up After ED Visit for Substance Use							
<i>7-Day Follow-Up—Total</i>	5.66%	6.94%	1.28%	0.70%	Y	Y	0.25
<i>30-Day Follow-Up—Total</i>	11.42%	11.04%	-0.38%	1.07%	Y	N	0.00
Follow-Up After ED Visit for Mental Illness							
<i>7-Day Follow-Up—Total</i>	45.12%	46.22%	1.10%	1.26%	N	N	0.00
<i>30-Day Follow-Up—Total</i>	59.67%	58.92%	-0.75%	1.66%	N	N	0.00
Initiation and Engagement of SUD Treatment							
<i>Initiation of SUD Treatment—Total</i>	41.68%	42.26%	0.58%	0.55%	N	Y	0.00
<i>Engagement of SUD Treatment—Total</i>	11.11%	11.16%	0.05%	0.30%	Y	N	0.00
Prenatal and Postpartum Care							
<i>Timeliness of Prenatal Care—Total</i>	77.62%	78.01%	0.39%	1.13%	Y	N	0.00
<i>Postpartum Care—Total</i>	60.58%	64.70%	4.12%	1.26%	Y	Y	0.25

†A measure/indicator is eligible for an improvement bonus if the measure/indicator rate was below the upper percentile in CY 2025 and the measure/indicator rate demonstrated substantial improvement from CY 2025.

*For this measure/indicator, a lower rate indicates better performance.

Table 8 provides an example of how the high-performance bonus scores will be determined, by MCO, based on performance for the current year and CY 2025 for the HEDIS measures/indicators. Once the high-performance bonus scores are determined, the measure/indicator partial score, the improvement bonus score, and high-performance bonus score (i.e., 0.00 or 0.25) will be summed to obtain the final measure/indicator score.

Table 8—High-Performance Bonus Score Calculations—HEDIS Measures/Indicators
(Example Using Mock Data)

Measure/Indicator	CY 2025 Rate	CY 2025 High-Performance Value	Current Year Rate†	Current Year High-Performance Value	High-Performance Bonus		
					Prior Year	Current Year	Points Earned
Child and Adolescent Well-Care Visits							
<i>Total</i>	50.85%	59.49%	55.55%	60.34%	N	N	0.00
Childhood Immunization Status							
<i>Combination 3</i>	71.29%	73.72%	73.82%	72.75%	N	Y	0.00
Comprehensive Diabetes Care Composite							
<i>Blood Pressure Control for Patients With Diabetes—Total</i>	53.25%	56.12%	53.00%	57.89%	N	N	0.00
<i>Eye Exam for Patients With Diabetes—Total</i>	44.27%	57.16%	42.68%	58.02%	N	N	0.00
<i>Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%—Total</i>	57.41%	53.48%	54.74%	54.51%	Y	Y	0.25
<i>Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%—Total*</i>	52.26%	33.23%	50.70%	34.15%	N	N	0.00
Follow-Up After ED Visit for Substance Use							
<i>7-Day Follow-Up—Total</i>	5.66%	10.85%	6.94%	11.01%	N	N	0.00
<i>30-Day Follow-Up—Total</i>	11.42%	15.30%	11.04%	15.75%	N	N	0.00
Follow-Up After ED Visit for Mental Illness							
<i>7-Day Follow-Up—Total</i>	45.12%	44.56%	46.22%	45.77%	Y	Y	0.25
<i>30-Day Follow-Up—Total</i>	59.67%	54.66%	58.92%	55.79%	Y	Y	0.25
Initiation and Engagement of SUD Treatment							
<i>Initiation of SUD Treatment—Total</i>	41.68%	47.00%	42.26%	48.04%	N	N	0.00
<i>Engagement of SUD Treatment—Total</i>	11.11%	12.16%	11.16%	12.13%	N	N	0.00

Measure/Indicator	CY 2025 Rate	CY 2025 High-Performance Value	Current Year Rate†	Current Year High-Performance Value	High-Performance Bonus		
					Prior Year	Current Year	Points Earned
Prenatal and Postpartum Care							
Timeliness of Prenatal Care—Total	77.62%	85.59%	78.01%	86.37%	N	N	0.00
Postpartum Care—Total	60.58%	67.82%	64.70%	68.36%	N	N	0.00

† Because CY 2026 is Humana's first year reporting data, Humana will earn an improvement bonus if the current year rate exceeds the high-performance value.

*For this measure/indicator, a lower rate indicates better performance.

Table 9 shows the domain level score calculations for each MCO by determining the average of the measure/indicator level scores for each measure/indicator.

Table 9—Domain Level Score Calculations
(Example Using Mock Data)

Measure/Indicator	Measure/Indicator Level Score	Improvement Bonus	High-Performance Bonus	Final Measure/Indicator Score	Domain Level Score
Asthma Admission Rate (Per 100,000 MM)*					
<i>Total</i>	1.00	NE	NE	1.00	1.00
Child and Adolescent Well-Care Visits					
<i>Total</i>	1.00	0.25	0.00	1.25	1.25
Childhood Immunization Status					
<i>Combination 3</i>	1.00	0.00	0.00	1.00	1.00
COPD or Asthma in Older Adults Admission Rate (per 100,000 MM)*					
<i>Total</i>	1.00	NE	NE	1.00	1.00
Comprehensive Diabetes Care Composite					
<i>Blood Pressure Control for Patients with Diabetes—Total</i>	0.64	0.00	0.00	0.64	0.56
<i>Eye Exam for Patients with Diabetes—Total</i>	0.09	0.00	0.00	0.09	
<i>Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%—Total</i>	1.00	0.00	0.25	1.25	
<i>Glycemic Status Assessment for Patients</i>	0.00	0.25	0.00	0.25	

Measure/Indicator	Measure/ Indicator Level Score	Improvement Bonus	High- Performance Bonus	Final Measure/ Indicator Score	Domain Level Score
<i>With Diabetes—Glycemic Status >9.0%—Total*</i>					
Follow-Up After ED Visit for Substance Use					
7-Day Follow-Up—Total	0.20	0.25	0.00	0.45	0.33
30-Day Follow-Up—Total	0.21	0.00	0.00	0.21	
Follow-Up After ED Visit for Mental Illness					
7-Day Follow-Up—Total	1.00	0.00	0.25	1.25	1.25
30-Day Follow-Up—Total	1.00	0.00	0.25	1.25	
Heart Failure Admission Rate (per 100,000 MM)*					
Total	0.00	NE	NE	0.00	0.00
Initiation and Engagement of SUD Treatment					
Initiation of SUD Treatment—Total	1.00	0.00	0.00	1.00	1.00
Engagement of SUD Treatment—Total	1.00	0.00	0.00	1.00	
Prenatal and Postpartum Care					
Timeliness of Prenatal Care—Total	0.00	0.00	0.00	0.00	0.55
Postpartum Care—Total	0.84	0.25	0.00	1.09	

Please note that the numbers in the table have been rounded for display purposes. Calculations will be based off unrounded data.

NE indicates the measure/indicator is not eligible for an Improvement Bonus or High-Performance Bonus.

*For this measure/indicator, a lower rate indicates better performance.

As shown in Table 9, the *Follow-Up After ED Visit for Substance Use* domain level score (0.33) was obtained by averaging the measure/indicator level scores for *7-Day Follow-Up—Total* and *30-Day Follow-Up—Total* (0.45 and 0.21 respectively).

Table 10 provides an example of how the percentage of the quality withhold is derived (i.e., overall withhold earned) based on the 10 domain level scores calculated above. The percentage of the quality withhold that the MCO is eligible to earn back is calculated by multiplying the domain level score with the applicable domain weight and then summing the domain withhold earned values together. An MCO is not able to earn back more than 100 percent of its total withhold amount. If an overall withhold amount is greater than 100 percent (due to bonus points), the overall withhold earned will be reduced to 100 percent.

Table 10—Percentage Withhold Earned
(Example Using Mock Data)

Domain	Domain Level Score	Domain Weight	Domain Withhold Earned	Overall Withhold Earned
<i>Asthma Admission Rate (per 100,000 MM)</i>	1.00	5.00%	5.00%	77.55%
<i>Child and Adolescent Well-Care Visits</i>	1.25	10.00%	12.50%	
<i>Childhood Immunization Status</i>	1.00	10.00%	10.00%	
<i>COPD or Asthma in Older Adults Admission Rate (per 100,000 MM)</i>	1.00	5.00%	5.00%	
<i>Comprehensive Diabetes Care Composite</i>	0.56	10.00%	5.58%	
<i>Follow-Up After ED Visit for Substance Use</i>	0.33	10.00%	3.30%	
<i>Follow-Up After ED Visit for Mental Illness</i>	1.25	10.00%	12.50%	
<i>Heart Failure Admission Rate (per 100,000 MM)</i>	0.00	5.00%	0.00%	
<i>Initiation and Engagement of SUD</i>	1.00	10.00%	10.00%	
<i>Prenatal and Postpartum Care</i>	0.55	25.00%	13.66%	

Please note that the numbers in the table have been rounded for display purposes. Calculations will be based off unrounded data.

Quality Withhold Funds Model

For SFY 2027, the quality withhold percentage is 1 percent of the total MCO capitation payments for the year. An MCO is eligible to earn the entire quality withhold by having 100 percent for the overall withhold (i.e., the MCO would not lose any quality withhold funds).

Table 11—PWP Funds Allocation
(Example Using Mock Data)

MCO Name	Total Capitation Payment	Maximum At-Risk Amount (1% Withhold)	Percentage Withhold Earned	Final Withhold Earned Back Amount
MCO	\$735,790,000.00	\$7,357,900.00	77.55%	\$5,706,298.83

Please note that the numbers in the table have been rounded for display purposes. Calculations will be based off unrounded data.

As shown in Table 11, the one percent at risk amount for the example MCO is \$7,357,900.00. The MCO earned 77.55 percent of the quality withhold through the review of the HEDIS, AHRQ PDI, and CMS Adult Core Set measure/indicator rates, thus the MCO is eligible to receive \$5,706,298.83 of the quality withhold according to the following equation:

$$\text{Final Withhold Earned Back Amount} = (\text{Maximum At Risk Amount} \times \text{Percentage Withhold Earned})$$