

DEPARTMENT OF HEALTH & HUMAN SERVICES
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CENTER FOR MEDICARE & MEDICAID SERVICES

DATE: April 25, 2014

TO: Medicare -Medicaid Plans

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SUBJECT: Final Contract Year 2014 Illinois State-Specific Reporting Requirements
Appendix

The purpose of this memorandum is to announce the release of the state-specific reporting requirements appendix for the Medicare-Medicaid Alignment Initiative (MMAI), the Illinois capitated model demonstration under the Financial Alignment Initiative. The document is designed to provide guidance and technical specifications for the state-specific measures that the Illinois Medicare-Medicaid Plans (MMPs) will be required to collect and report under the demonstration. Additionally, a Frequently Asked Questions (FAQ) document is being released concurrently to address the most common and significant questions asked.

These state-specific measures supplement the reporting requirements in the core reporting requirements document available on the CMS website at:

<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/FinalCY2014CoreReportingRequirements.pdf>.

The specifications for these state-specific demonstration measures include their reporting frequency and due dates.

Given the delays in releasing this document and simultaneous reporting of implementation and quarterly periods, we are not requiring reporting of two implementation measures due on April 30, 2014 . Measures IL 3.2 “Members with documented discussions of care goals” and IL 4.2 “The number of critical incident and abuse reports for members receiving LTSS” are reported monthly during the implementation period and quarterly during the ongoing period. The March reporting period for these two monthly implementation measures is scheduled to be due April 30, 2014. Reporting of the ongoing measures for IL 3.2 and IL 4.2 will be required as part of the

quarterly reporting that is due on June 2, 2014. That quarterly report will only capture the one month of March data, which will be the same as the monthly data scheduled to be reported April 30. Therefore, there is no need to report the monthly measures. This change only affects the two measures mentioned above. MMPs will be required to report all monthly measures beginning in May and continue through the end of the implementation period. MMPs must also report timely all existing Part C and Part D measures as outlined in the MMP Core Reporting Requirements.

As outlined in their MOUs and three-way contracts, MMPs will also be required to meet established thresholds on certain “quality withhold” measures in order to earn back a withheld percentage of the demonstration rate. Specifications for these measures are included in the Illinois-specific appendix, and additional details about the quality withhold payment methodology and required thresholds will be provided in subsequent guidance.

Please contact the Medicare-Medicaid Coordination Office at mmcocapsmodel@cms.hhs.gov with any questions.