

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

DATE: September 23, 2014

TO: Medicare-Medicaid Plans

FROM: Tim Engelhardt
Director; Models, Demonstrations and Analysis Group; Medicare Medicaid
Coordination Office

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Medicare

SUBJECT: Final Contract Year 2014/2015 California State-Specific Reporting Requirements
Appendix

The purpose of this memorandum is to announce the release of the state-specific reporting requirements appendix for MediConnect, the California 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 California Medicare-Medicaid Plans (MMPs) will be required to collect and report under the demonstration.

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. Please note, our contractor will be providing a webinar to go through the specifications with the MMPs and to discuss the due date for the first submission of data.

As outlined in MMPs' 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 California-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.