

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

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TO: Medicare-Medicaid Plans

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SUBJECT: Release of Contract Year 2015 Medicare-Medicaid Plan Reporting Requirements

CMS is releasing the Contract Year 2015 Medicare-Medicaid reporting requirements. The purpose of this document is to provide Medicare-Medicaid Plans (MMPs) with an overview of the changes from the 2014 Medicare-Medicaid reporting requirements. Since its original release, CMS has continued to evaluate feedback from States and MMPs. The 2015 release incorporates the feedback received and serves as updated guidance for MMPs in all states for Contract Year 2015. Therefore, MMPs should review the updates listed below and incorporate the changes into their systems.

Below is a description of the changes that have been made:

- Removed reporting of Part D Section I – Enrollment and Disenrollment.
- Added reporting of Part D Section II – Retail, Home Infusion, and Long-Term Care Pharmacy Access.
- Removed reporting of Part D Section X – Plan Oversight of Agents.
- Removed reporting of MMP Specific Core Measure 1.1.
- Updated reporting of MMP Specific Core Measure 1.2 to reflect changes issued in May 19, 2014 HPMS memo.
- Added clarifying notes to MMP Specific Core Measure 2.1—Members with an assessment completed within 90 days of enrollment.

- Added clarifying notes to MMP Specific Core Measure 2.2 – Members with an assessment completed.
- Added reporting of MMP Specific Measure 2.3 – Members with an annual reassessment.
- In addition to adding clarifying notes, changed the reporting period and reporting frequency for MMP Specific Core Measure 3.1. This measure will now be reported on an annual basis, with data due by the end of the second month following the last day of the reporting period (i.e. February 28).
- Removed reporting of MMP Specific Core Measure 4.1 – Part D Appeals. This removes the monthly reporting of this measure and requires only the reporting under Part D Section VI – Coverage Determinations and Redeterminations.
- Removed reporting of MMP Specific Core Measure 5.2 – Annual staffing worksheets.
- Added clarifying notes related to MMP Specific Core Measure 6.1 and alignment with the Medicaid Adult Core Set.
- Added clarifying notes to MMP Specific Core Measure 8.1 – LTSS clean claims paid within 30 days, 60 days, and 90 days.
- Added clarifying notes to MMP Specific Core Measure 9.1 – Emergency room behavioral health services utilization.
- Added clarifying notes to MMP Specific Core Measure 9.2 – Nursing Facility Diversion.

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