

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: August 21, 2015

TO: Medicare-Medicaid Plans

FROM: Sharon Donovan
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Acting Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Final Contract Year 2015 Texas State-Specific Reporting Requirements Appendix

The purpose of this memorandum is to announce the release of the state-specific reporting requirements appendix for the Texas Dual Eligible Integrated Care Project under the Financial Alignment Initiative. The document is designed to provide guidance and technical specifications for the state-specific measures that the Texas 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/FinalCY2015CoreReportingRequirements.pdf>

The specifications for the state-specific demonstration measures include their reporting frequency and due dates. Given the delays in releasing this document, we are modifying/clarifying the frequency and due dates for certain measures as follows:

- Measures TX1.1, TX1.2, and TX2.1 require simultaneous reporting of implementation and ongoing periods. However, we are not requiring implementation period monthly reporting on these measures. Texas MMPs are still required to report all applicable ongoing period quarters.
- For measures TX1.1 and TX1.2, the Quarter 2 and Quarter 3 submissions will be due on November 30, 2015. Quarter 1 is not reportable for these measures.

- For measure TX2.1, the Quarter 1, Quarter 2, and Quarter 3 submissions will be due on November 30, 2015.
- And finally, the Quarter 1 and Quarter 2 submissions for measure TX1.3 will be due on November 30, 2015. The Quarter 3 submission for this measure will be due on time on February 1, 2016.

As outlined in the MOU 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 capitation rate. Specifications for these measures are included in the Texas-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 mmcocapsreporting@cms.hhs.gov with any questions.