Overview
CMS’s Medicaid Innovation Accelerator Program (IAP) is focused on improving health and health care for Medicaid beneficiaries by supporting states’ efforts to accelerate new payment and service delivery reforms. Through these improvements, CMS can reduce costs for the Medicaid program and, by extension, the health system more generally. As part of IAP, CMS will work closely with states through targeted program support to build states’ data analytic capacities.

Through IAP, the Center for Medicaid and CHIP Services (CMCS) is partnering with CMS’s Medicare-Medicaid Coordination Office (MMCO) to assist states in accessing and using Medicare data needed to improve care coordination for Medicare-Medicaid eligible beneficiaries. Several states1 have previously been eligible to receive technical assistance to access and use Medicare data related to their participation in the Financial Alignment Demonstration. CMCS will now also offer the same data analytic technical support with integrated Medicaid-Medicare data for up to six states that are not participating in the Financial Alignment Demonstration. In addition, IAP will cull lessons learned through each year-long technical assistance opportunity and disseminate these lessons through national webinars.

Program Support for States
The purpose of this opportunity is to support the implementation of state programs to integrate care for individuals enrolled in both Medicare and Medicaid. Using contracting support provided by FEI Systems, Inc., IAP will provide states assistance with their efforts to integrate data from multiple state and CMS databases to plan for and evaluate care transformation. The goal of offering this type of program support is to make it easier for states to access and use linked Medicare-Medicaid data by:

- Developing protocols and common guidelines which will assist states with the integration of multiple datasets, database consolidation, data extraction for data used in addressing goals for care coordination.
- Creating a common taxonomy to assist states with the consistent interpretation of data fields across different databases.
- Identifying platforms for use in state data integration efforts.
- Assisting states to develop/find solutions for gaps associated with missing or inconsistent data (e.g. problems with enrollment status on Medicare data resulting in flawed classification as dual-eligible (Full vs. Partial), and many to one, one to many, and many to many relationships with crosswalk files that are used in the integration process.

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1 Virginia, Ohio, Minnesota (already receiving this particular technical support through MMCO).
• Development of a crosswalk between differing enrollment periods and services to establish a minimum level of accuracy related to service use and expenditure patterns.
• Assisting states with programming and complex algorithms that may be required to read and use the data for integration.
• Developing protocols for cleaning and linking data sets.

Key Dates & Selection Criteria

Key Dates

• Cutoff date for 2015 Expression of Interest forms – July 24, 2015*
• Selected states notified by – Early August, 2015*
• Start date with selected states – Late August, 2015*

*Expression of interest forms will be considered on a rolling basis. After July 24th cutoff date, completed 2015 expression of interest forms will be considered based on availability.

Which states are eligible to express interest and how will states be selected?

All state Medicaid agencies are eligible to apply for this opportunity, unless they are a Financial Alignment Demonstration state. Financial Alignment Demonstrations states can continue to apply for this support through a separate, but related mechanism (Financial Alignment Demonstration states should contact Wendy.Alexander@cms.hhs.gov or Dawn.Harvey@cms.hhs.gov).

Selection Criteria

• States that can articulate a use case in which the availability to link Medicare data to Medicaid data will support planning or implementation of care coordination for Medicaid and Medicare dual eligible beneficiaries.
• States committed to sharing results of linked information with CMS and with publicly disseminating their approach and findings so other states and stakeholders can learn from it.
• States proposing to use the linked Medicaid-Medicare data to evaluate State Plan Amendments or Waiver programs (excluding Financial Alignment Demonstrations).
• States making progress with submitting TMSIS data to CMCS.
2015 Expression of Interest Form for States Medicaid Agencies:

Name of State Medicaid Agency:

1. Describe the Medicaid agency team lead and composition. In addition, include the name, title, email address, and phone number of the senior Medicaid agency contact lead for this project:

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<thead>
<tr>
<th>Team lead</th>
<th>Name</th>
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<tbody>
<tr>
<td>Title</td>
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2. List the major data integration and care coordination-related goals for the Medicare-Medicaid dually-eligible population you want to achieve with this program support. Include in your description what state partners were involved in planning this work and will be involved as the project moves forward.

3. Provide a description of the policy questions you will address with the requested Medicare data. Include a description of the state dataset(s) that will be linked with the requested data and a description of the key data elements you will look at in your project.

4. Describe any prior experience your state has had (if any) in linking state and Medicare data for care transformation planning, implementation, or evaluation in the past.

5. Is your state already participating with CMS with the submission of T-MSIS data and, at a minimum, in the pre-operational testing phase of T-MSIS?

6. How do you see this IAP opportunity playing a role in accelerating your state’s ability to better coordinate care for its Medicare-Medicaid dually-eligible beneficiaries?

Send a completed expression of interest form via email to: MedicaidIAP@cms.hhs.gov with the subject line: M-M Data Integration. For additional questions, states can contact Karen LLanos karen.llanos@cms.hhs.gov.