



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** February 28, 2018

**TO:** Medicare-Medicaid Plans in Michigan

**FROM:** Lindsay P. Barnette  
Director, Models, Demonstrations and Analysis Group

**SUBJECT:** Revised Michigan-Specific Reporting Requirements and Value Sets Workbook

The purpose of this memorandum is to announce the release of the revised Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Michigan-Specific Reporting Requirements and corresponding Michigan-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that Michigan Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration. Many of the updates were made in an effort to clarify and simplify reporting expectations for Michigan MMPs, consistent with the Administration's commitment to reduce administrative burden and increase efficiency.

Please see below for a summary of the substantive changes to the Michigan-Specific Reporting Requirements. Note that the Michigan-Specific Value Sets Workbook also includes changes; Michigan MMPs should carefully review and incorporate the updated value sets, particularly for measures MI2.5, MI2.6, MI5.3, MI5.6, and MI7.3.

Michigan MMPs must use the updated specifications and value sets for measures due on or after May 31, 2018. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at [mmcocapsreporting@cms.hhs.gov](mailto:mmcocapsreporting@cms.hhs.gov).

## **SUMMARY OF CHANGES**

### **Introduction**

- In the "Variations from the Core Document" section, added additional Michigan-specific guidance for reporting the new Core Measure 3.2 and updated the Michigan-specific guidance for reporting Core Measure 9.2.

### **Measures MI1.1 and MI1.2**

- Effective as of Quarter 1 2018, these measures are temporarily suspended while revised specifications are under development.

### **Measure MI2.1**

- Given that all MMPs will report timely care plan completion under the new Core Measure 3.2, this state-specific measure is retired effective as of Quarter 1 2018. Note that supplementary reporting instructions in the applicable introductory sections were also updated to reflect the removal of this measure.

### **Measure MI2.2**

- Clarified that members with an initial Individual Integrated Care and Supports Plan (IICSP) should be reported under data element B.
- In the Notes section, clarified that this measure should only include IICSPs that were developed with participation from the member.

### **Measure MI2.3**

- In the Notes section, clarified that this measure should only include IICSPs that were developed/revised with participation from the member.
- Also in the Notes section, added guidance to clarify what constitutes a revision to the IICSP.

### **Measure MI2.4**

- Retired this measure effective as of Quarter 1 2018.

### **Measure MI2.5**

- Updated the reporting frequency to annual and the reporting period to calendar year.
- Clarified the data elements, Analysis section, and Notes section to reflect that acute inpatient discharges should be included in this measure.
- Revised the Notes section to provide guidance for excluding nonacute inpatient stays and for using UB Type of Bill codes to further identify inpatient hospital discharges.
- Also in the Notes section, revised the exclusion criteria to differentiate discharges followed by direct transfers/readmissions to acute and nonacute facilities.

### **Measure MI2.6**

- Revised the title of the measure.
- Updated the due date to the end of the sixth month following the last day of the reporting period.
- Revised data element A (and the corresponding value sets) to exclude observation stays.
- Revised data element C to capture the number of members for whom a transition record was transmitted on the day of discharge or the following day (rather than within 24 hours of discharge).

**Measure MI4.1**

- Retired this measure effective as of Calendar Year 2018.

**Measure MI5.1**

- In the Notes section, added a link to the AHRQ quality indicator software used for this measure.

**Measure MI5.2**

- Revised data element A to capture the total number of members enrolled in waiver services (rather than the total number of members enrolled in the MMP). Guidance regarding codes for identifying these members was added to the Notes section.

**Measure MI5.3**

- Revised to align with updated specifications from the measure steward (NCQA/HEDIS).

**Measure MI5.6**

- Revised to align with updated specifications from the measure steward (NCQA/HEDIS).
- In the Notes section, added clarification about MMPs' ability to use their own electronic health record (i.e., a supplemental data source) when using the hybrid specifications.

**Measure MI6.1**

- Retired this measure effective as of Calendar Year 2018.

**Measure MI7.3**

- Revised data elements C and D to capture members age 21 to 64; data elements E and F to capture members age 65 to 79; and data elements G and H to capture members age 80 and older. Removed data elements I through P.
- Updated the Edits and Validation Checks section and Analysis section to reflect the changes to the data elements.
- In the Notes section, added guidance regarding excluding members who use hospice services or elect to use a hospice benefit at any time during the reporting period.