



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2018
TO: Medicare-Medicaid Plans in Ohio
FROM: Lindsay P. Barnette
Director, Models, Demonstrations and Analysis Group
SUBJECT: Revised Ohio-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: Ohio-Specific Reporting Requirements and corresponding Ohio-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that Ohio 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 Ohio 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 Ohio-Specific Reporting Requirements. Note that the Ohio-Specific Value Sets Workbook also includes changes; Ohio MMPs should carefully review and incorporate the updated value sets, particularly for measure OH1.3.

Ohio 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.

SUMMARY OF CHANGES

Introduction

- In the "Variation from the Core Document" section, updated the supplementary reporting guidance for reporting Core Measures 2.1, 2.2, and 2.3. The edits to this section reflect updates to the three-way contract, which now allows Ohio MMPs to complete different types of assessments depending on member risk level.

- Revised the “Guidance on Assessments and Care Plans for Members with a Break or Change in Coverage” section to clarify that previously completed assessments may be leveraged from any plan in the MyCare Ohio program, including both Medicaid-only products and Medicare-Medicaid products.

Measure OH1.1

- 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 OH1.2

- Updated the terminology used throughout this measure to reference “individualized care plans (ICPs)” in order to align with terminology in the three-way contract.
- In the Notes section, clarified that this measure should only include ICPs that were developed/revised with participation from the member.

Measure OH1.3

- 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.

Measures OH3.1 and OH3.8

- As noted in the memorandum provided to Ohio MMPs on February 21, 2018, these measures are suspended.

Measure OH4.1

- Retired this measure effective as of Calendar Year 2018.