



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2018

TO: Medicare-Medicaid Plans in Texas

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

SUBJECT: Revised Texas-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: Texas-Specific Reporting Requirements and corresponding Texas-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that Texas 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 Texas 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 Texas-Specific Reporting Requirements. Note that the Texas-Specific Value Sets Workbook also includes changes; Texas MMPs should carefully review and incorporate the updated value sets, particularly for measures TX1.3, TX4.13, TX4.14, and TX4.16.

Texas 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

General Update

- Throughout the document, all references to "Plan of Care" were updated to "Integrated Plan of Care (IPC)" in order to align with revised terminology in the three-way contract.

Measure TX1.1

- 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 TX1.2

- Clarified that members with an initial IPC should be reported under data element B.

Measure TX1.3

- 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.

Measure TX1.4

- In the Notes section, updated the guidance regarding reporting IPCs for members who have a break in enrollment to 1) refer to Core 3.2 rather than TX1.1, and 2) provide an example that better aligns with the continuous enrollment criteria.

Measures TX4.1 through TX4.11

- Retired these measures effective as of Calendar Year 2018 (note that measure TX4.9 was previously suspended). These retired measures are replaced by the Prevention Quality Indicators (PQI) composite measure (PQI #90), listed as state-specific measure TX4.17.

Measure TX4.12

- This measure, which was previously designated as “suspended,” was updated to “retired” since CMS and the state do not intend to reinstate it.

Measure TX4.13

- Revised to align with updated specifications from the measure steward (NCQA/HEDIS).
- In the Notes section, added guidance regarding inclusion/exclusion of services rendered outside of MMP-specific enrollment spells.

Measure TX4.14

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

Measure TX4.15

- This measure, which was previously designated as “suspended,” was updated to “retired” since CMS and the state do not intend to reinstate it.

Measure TX4.16

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