



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2018
TO: Medicare-Medicaid Plans in Illinois
FROM: Lindsay P. Barnette
Director, Models, Demonstrations and Analysis Group
SUBJECT: Revised Illinois-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: Illinois-Specific Reporting Requirements and corresponding Illinois-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that Illinois 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 Illinois 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 Illinois-Specific Reporting Requirements. Note that the Illinois-Specific Value Sets Workbook also includes changes; Illinois MMPs should carefully review and incorporate the updated value sets, particularly for measure IL3.4.

Illinois 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

Measures IL1.1, IL2.1, IL3.3, IL3.5, IL6.1 – IL6.7, IL7.1, IL7.2, and IL7.5 – IL7.7

- These measures, which were previously designated as “suspended,” were updated to “retired” since CMS and the state do not intend to reinstate them.

Measure IL2.2

- Revised data elements C and G to clarify that the outreach attempts should be for the purpose of participating in the health risk assessment (HRA).

- In the Notes section, reaffirmed that declinations to participate in the HRA must be documented by the MMP.

Measure IL3.1

- 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 IL3.2

- In the Notes section, clarified that this measure should only include care plans that were developed/revised with participation from the member.

Measure IL3.4

- 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 IL5.1

- Retired this measure effective as of Calendar Year 2018.