DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2018

TO: Rhode Island Medicare-Medicaid Plan

FROM: Lindsay P. Barnette

Director, Models, Demonstrations and Analysis Group

SUBJECT: Revised Rhode Island-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: Rhode Island-Specific Reporting Requirements and corresponding Rhode Island-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that the Rhode Island Medicare-Medicaid Plan (MMP) is required to collect and report under the demonstration.

Please see below for a summary of the substantive changes to the Rhode Island-Specific Reporting Requirements. Note that the Rhode Island-Specific Value Sets Workbook also includes changes; the Rhode Island MMP should carefully review and incorporate the updated value sets, particularly for measure RI1.4.

The Rhode Island MMP 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

Measure RI1.1

• In the Notes section, clarified that data element A should include members with either an initial assessment or a reassessment completed using the Comprehensive Functional Needs Assessment, and data element F should include members with either an initial assessment or a reassessment completed using the Wellness Assessment.

Measure RI1.4

• Clarified the data elements, Analysis section, and Notes section to reflect that <u>acute inpatient</u> 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 RI3.1

• Revised data element B to remove the reference to "state-based" training for supporting self-direction under the demonstration.