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



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2019

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. As with prior annual update cycles, revisions were made in an effort to streamline and clarify reporting expectations for Michigan MMPs.

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, MI5.3, and MI5.6.

Michigan MMPs must use the updated specifications and value sets for measures due on or after May 31, 2019. Michigan MMPs must also reference the latest Prevention Quality Indicators (PQI) technical specifications when reporting measure MI5.1 on April 30, 2019.

Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Introduction

• In the "Variations from the Core Reporting Requirements Document" section, updated the Michigan-specific guidance for reporting Core Measure 9.2. Specifically, added clarification that Program Enrollment Type codes are required whenever Level of Care codes are referenced.

- Revised the "Guidance on Assessments and IICSPs for Members with a Break in Coverage" section to indicate that under certain circumstances, a new assessment that was completed for a member upon reenrollment may also be reported in Core Measure 2.3. Michigan MMPs should refer to the specifications for Core Measure 2.3 for more information.
- Added a new section titled "Reporting on Passively Enrolled and Opt-In Enrolled Members," which instructs Michigan MMPs to include all members who meet measure criteria, regardless if the member was enrolled through passive or opt-in enrollment.
 Note that this guidance was previously included in the Notes section for each measure.

General Changes to All State-Specific Measures

- For each measure, formulas were added to the Analysis section to further clarify how measure rates are calculated.
- Additionally, the Notes section for each measure was reorganized to add subheadings that group bullets by relevance for reporting each data element.

Measures MI1.1 and MI1.2

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

Measure MI2.2

- In the Notes section, clarified the guidance for identifying each member's 90th day of enrollment (data element A).
- Also in the Notes section, clarified that IICSPs reported in data element B could have been completed at any time from the member's first day of enrollment through the end of the reporting period.

Measure MI2.5

- Revised data element A to incorporate continuous enrollment criteria that were previously included in the Notes section.
- In the Notes section, added an exclusion for members who use hospice services or elect to use a hospice benefit at any time between the hospital discharge date and 30 days following the hospital discharge.

Measure MI4.2

• Revised data element A to clarify that full-time and part-time care coordinators should be counted in the measure. This guidance was previously included in the Notes section.

Measure MI5.1

- Revised data element B to clarify that members must be age 21 years and older at the time of discharge.
- In the Notes section, updated the list of indicators for data element B to align with the PQI measure names.

• Also in the Notes section, updated the website link for the latest PQI technical specifications. As noted above, Michigan MMPs should use the latest PQI technical specifications when reporting CY 2018 data for this measure on April 30, 2019.

Measure MI5.2

• Effective as of Quarter 1 2019, this measure is temporarily suspended.

Measure MI5.3

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

Measure MI5.6

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

Measure MI7.2

• Revised data element A to incorporate continuous enrollment criteria that were previously included in the Notes section.

Measure MI7.3

• Revised the wording of data element A for clarity.