



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2019

TO: Medicare-Medicaid Plans in Massachusetts

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

SUBJECT: Revised Massachusetts-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: Massachusetts-Specific Reporting Requirements and corresponding Massachusetts-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that Massachusetts 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 Massachusetts MMPs.

Please see below for a summary of the substantive changes to the Massachusetts-Specific Reporting Requirements. Note that the Massachusetts-Specific Value Sets Workbook also includes changes; Massachusetts MMPs should carefully review and incorporate the updated value sets, particularly for measures MA4.5, MA4.6, and MA6.2.

Massachusetts MMPs must use the updated specifications and value sets for measures due on or after May 31, 2019 (except measures MA6.1 and MA6.2; for those measures, Massachusetts MMPs must use the updated specifications and value sets as of the Q1 2019 submission on September 30, 2019). Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Introduction

- Revised the “Guidance on Assessments and Care Plans 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. Massachusetts 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 Massachusetts 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.

Measure MA1.3

- In the Notes section, clarified the guidance for identifying each member’s 90th day of enrollment (data element A).
- Also in the Notes section, added a table that provides guidance for reporting the data elements within the Monthly Enrollment and Assessment Progress Tracking tool.

Measure MA3.1

- 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 MA4.5

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

Measure MA6.1

- In the Notes section, added an additional exclusion for data element B.