



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2019

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. As with prior annual update cycles, revisions were made in an effort to streamline and clarify reporting expectations for the Rhode Island MMP.

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 measures RI1.4 and RI4.4.

The Rhode Island MMP must use the updated specifications and value sets for measures due on or after May 31, 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 Rhode Island-specific guidance for reporting the core assessment and care plan measures. Specifically, added a paragraph that articulates the various types of assessments and care plans that can be reported under the measures, and added guidance for reporting members with more than one type of care plan under Core Measure 3.2.
- 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. The Rhode Island MMP 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 the Rhode Island MMP 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 RI1.1

- In the Notes section, revised guidance for data elements B and G to further clarify the criteria that qualify a member as unwilling to participate in the care plan.
- Also in the Notes section, added guidance that the MMP should look up to 15 days past the last day of the reporting period to identify completed care plans.

Measure RI1.2

- 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 care plans 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 RI1.4

- Updated the reporting frequency to annual and the reporting period to calendar year.
- 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 RI3.1

- 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 RI4.1

- In the Notes section, updated the long stay definition from “more than 100 days” to “101 days or longer” for data element C.

Measure RI4.2

- Revised data element B to include “unstageable” pressure ulcers.
- In the Notes section, added guidance regarding when an admission entry record is required.

Measure RI4.3

- In the Notes section, added information for identifying look-back scan assessments that indicate a resident had one or more falls that resulted in major injury.
- Also in the Notes section, added guidance regarding when an admission entry record is required.

Measure RI4.5

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

Measure RI4.6

- Updated the reporting frequency to annual and the reporting period to calendar year.

Measure RI4.7

- Effective as of Quarter 1 2019, this measure is retired.

Measure RI4.8

- Updated the reporting frequency to annual and the reporting period to calendar year.
- In the Notes section, clarified that a member can be reported in data elements B, C, and/or D during the reporting period (i.e., these data elements are not mutually exclusive).

Measure RI4.9

- Updated the reporting frequency to annual and the reporting period to calendar year.

Measure RI4.10

- Updated the reporting frequency to annual and the reporting period to calendar year.
- In the Notes section, added guidance regarding when an admission entry record is required.