



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2019
TO: Medicare-Medicaid Plans in Texas
FROM: Lindsay P. Barnette
Director, Models, Demonstrations and Analysis Group
SUBJECT: Revised Texas-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: Texas-Specific Reporting Requirements and corresponding Texas-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that Texas 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 Texas MMPs.

Please see below for a summary of the substantive changes to the Texas-Specific Reporting Requirements. Note that the Texas-Specific Value Sets Workbook also includes changes; Texas MMPs should carefully review and incorporate the updated value sets, particularly for measures TX1.3, TX4.13, TX4.14, and TX4.16.

Texas MMPs must use the updated specifications and value sets for measures due on or after May 31, 2019. Texas MMPs must also reference the latest Prevention Quality Indicators (PQI) technical specifications when reporting measure TX4.17 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

- Revised the “Guidance on Assessments and Integrated Plans of Care 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. Texas 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 Texas 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.
- Added a new section titled “Hybrid Sampling,” which provides guidance on the sampling procedure for measures that allow medical record/supplemental documentation review to identify the numerator. Note that this guidance was previously included in the Core Reporting Requirements.

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 TX1.2

- In the Notes section, made the following revisions:
 - Clarified the instructions for determining each member’s 90th day of enrollment.
 - Clarified that Integrated Plans of Care (IPCs) 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.
 - Restated guidance that this measure should only include IPCs that were developed with involvement from the member or the member’s authorized representative.

Measure TX1.3

- 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 TX2.1

- In the Notes section, added a reference to the Texas Administrative Code for definitions of abuse, neglect, and exploitation.

Measure TX3.1

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

Measure TX4.13

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

Measure TX4.14

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

Measure TX4.16

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

Measure TX4.17

- 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, Texas MMPs should use the latest PQI technical specifications when reporting CY 2018 data for this measure on April 30, 2019.