



**MEDICARE-MEDICAID COORDINATION OFFICE**

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

Please see below for a summary of the substantive changes to the Illinois-Specific Reporting Requirements. Note that the Illinois-Specific Value Sets Workbook also includes changes; Illinois MMPs should carefully review and incorporate the updated value sets, particularly for measure IL3.4.

Illinois MMPs 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](mailto:mmcocapsreporting@cms.hhs.gov).

## **SUMMARY OF CHANGES**

### **Introduction**

- In the “Variations from the Core Reporting Requirements Document” section, updated the Illinois-specific guidance for reporting Core Measure 9.2. Specifically, the waiver code table was revised to remove codes that are inapplicable or no longer in use.
- Revised the “Guidance on Screenings, Assessments, and Care Plans for Members with a Break in Coverage” section to indicate that under certain circumstances, a new screening or assessment that was completed for a member upon reenrollment may also be reported

in Core Measure 2.3. Illinois 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 Illinois 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 IL2.2**

- In the Notes section, clarified the guidance for identifying each member’s 90th day of enrollment (data elements A and E), and added guidance for identifying each member’s 60th day of enrollment (data elements C and G).
- Also in the Notes section, revised guidance for data elements B and F to further clarify the criteria that qualify a member as unwilling to participate in the assessment.

### **Measure IL3.4**

- 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 IL5.2**

- 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 IL7.3**

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

### **Measure IL7.4**

- Revised data element A to clarify that the element should include members receiving HCBS for any length of time during the reporting period.