



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2019

TO: New York Medicare-Medicaid Plans (FIDA Plans)

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

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

Please see below for a summary of the substantive changes to the New York FIDA-Specific Reporting Requirements. Note that the New York FIDA-Specific Value Sets Workbook also includes changes; FIDA Plans should carefully review and incorporate the updated value sets, particularly for measure NY2.3.

FIDA Plans 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

- Revised the “Guidance on Assessments and PCSPs for Participants with a Break in Coverage” section to indicate that under certain circumstances, a new assessment that was completed for a Participant upon reenrollment may also be reported in Core Measure 2.3. FIDA Plans 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 Participants,” which instructs FIDA Plans to include all Participants who meet measure

criteria, regardless if the Participant 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 NY2.3

- 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 Participants 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 NY3.1

- Revised data element A to incorporate continuous enrollment criteria that were previously included in the Notes section.
- In the Notes section, updated the long stay definition from “more than 100 days” to “101 days or longer” for data element C.

Measure NY3.2

- Revised data element B (and corresponding guidance in the Notes section) to reference discharges to a “community-based setting.”

Measure NY4.1

- In the Notes section, clarified that data element A should include all Participants enrolled in the FIDA Plan who received LTSS for any amount of time during the reporting period.

Measure NY6.1

- Updated the Data Submission section to indicate that the Participant Level File should be submitted to the OQPS MLTC Evaluation mailbox at NYSDOH.