



**CENTERS FOR MEDICARE & MEDICAID SERVICES**

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**DATE:** December 17, 2014

**TO:** Ohio Medicare-Medicaid Plans (MMPs)

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**SUBJECT:** Update to Contract Year 2014 Ohio Medicare-Medicaid Plan Reporting Requirements

In June 2014, CMS released the Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Ohio-Specific Reporting Requirements. This update provides clarification on measures for Ohio MMPs' Contract Year 2014, including detailed instructions for reporting measures related to assessment completion. Therefore, MMPs should review the updates listed below and incorporate the changes into their systems.

Below is a summary of the changes that have been made.

**Ohio MyCare Demonstration Reporting Population**

- Added in language to clarify the reporting population between those members who receive Medicare and Medicaid coverage through MyCare Ohio and those members that only receive their Medicaid benefits through MyCare Ohio.

**Variations from the Core Document**

- Clarified core measures 2.1, 2.2, and 2.3.

**Reporting on Disenrolled and Retro-disenrolled Members**

- Added clarifying language to explain how MMPs should report on disenrolled and retro-disenrolled members.

### **Data Submission and Applicable Measures**

- Added language to provide instructions for submission of data through a new web-based Financial Alignment Initiative Data Collection System instead of through Excel spreadsheets to the CMS contractor NORC.

### **Measure OH1.1, OH1.2, OH1.3, OH5.1**

- Added clarifying notes on which members should be included in the data elements.

### **Measure OH3.3, OH3.4, OH3.5, OH3.6, OH3.7**

- Clarified the reporting period from current quarter to current calendar quarter.