DEPARTMENT OF HEALTH & HUMAN SERVICES
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CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: February 22, 2016

TO: Medicare-Medicaid Plans in South Carolina

FROM: Lindsay Barnette
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SUBJECT: Revised South Carolina-Specific Reporting Requirements

The purpose of this memorandum is to announce the release of the revised Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: South Carolina-Specific Reporting Requirements. The document is designed to provide updated guidance and technical specifications for the state-specific measures that South Carolina Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration.

Please see below for a high-level summary of the changes that were made to the South Carolina-Specific Reporting Requirements. South Carolina MMPs must use the updated specifications for all reporting periods that commence on or after October 1, 2015. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Introduction

- Added a section about the separate South Carolina State-Specific Value Sets Workbook, which includes all codes needed to report certain measures. The South Carolina State-Specific Value Sets Workbook is also included with this memorandum.

Measure SC1.1

- Clarified that members reported in data elements B, C, and D must also be reported in data element A.
- Since data elements B, C, and D must be mutually exclusive, added guidance about how to classify members that could meet the criteria for multiple data elements.

Measure SC1.2

- Clarified that members reported in data elements B, C, and D must also be reported in data element A.
- Since data elements B, C, and D must be mutually exclusive, added guidance about how to classify members that could meet the criteria for multiple data elements.

Measure SC1.3

- Removed the code tables since applicable codes are now provided separately in the South Carolina State-Specific Value Sets Workbook. Note that the workbook also includes updated codes for this measure due to the ICD-10 conversion effective October 1, 2015. Also note that the value sets were updated to align with the measure steward, which necessitated the addition and removal of several ICD-9 codes.

Measure SC2.1

- Clarified that members reported in data elements B, C and D must also be reported in data element A; members reported in data elements F, G and H must also be reported in data element E; and members reported in data elements J, K and L must also be reported in data element I.
- Since the data elements that are subsets of A, E, and I must be mutually exclusive, added guidance about how to classify members that could meet the criteria for multiple data elements.

Measure SC2.3

- Clarified that this measure is not reportable until responsibility for HCBS waiver service plan development is transitioned to the MMPs. MMPs will be notified when reporting of this measure is required.

Measure SC2.4

- Removed the code tables since applicable codes are now provided separately in the South Carolina State-Specific Value Sets Workbook. Note that the workbook also includes updated codes for this measure due to the ICD-10 conversion effective October 1, 2015.
- Clarified that the measure should include all inpatient stays and ambulatory care follow-up visits identified, including denied and pended claims.

Measure SC2.5

- Added detailed specifications for this measure. Should you have any questions or comments about these new specifications, contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov by February 29, 2016.

Measure SC2.6

- Revised data element H to capture the number of care transitions recorded (not transmitted) via Phoenix. This edit was made to align with guidance that was previously released by the South Carolina NORC HelpDesk in September 2015.

Measure SC3.1

- Clarified that MMPs should include all new critical incident and abuse cases that are reported during the reporting period, regardless if the case status is open or closed as of the last day of the reporting period.
- Clarified that critical incident and abuse reports could be reported by the MMP or any provider, and are not limited to only those providers defined as LTSS providers.

Measure SC5.1

- Clarified that data elements D and E are not reportable until responsibility for HCBS claims adjudication is transitioned to the MMPs. This edit was made to align with guidance that was previously released by the South Carolina NORC HelpDesk in September 2015. MMPs will be notified when reporting of these data elements is required.

Measure SC5.2

- Removed the code tables since applicable codes are now provided separately in the South Carolina State-Specific Value Sets Workbook. Note that the workbook also includes updated codes for this measure due to the ICD-10 conversion effective October 1, 2015.

Measure SC6.1

- This measure is suspended effective as of the Q4 2015 reporting period. Note that the state will continue to monitor authorization levels for HCBS members.

Measure SC6.3

- Revised data element B to capture the total number of members receiving palliative care (not the number of members that began receiving palliative care). This edit was made to align with guidance that was previously released by the South Carolina NORC HelpDesk in October 2015.
- Removed the code table since applicable codes are now provided separately in the South Carolina State-Specific Value Sets Workbook. Note that the workbook also includes updated codes for this measure due to the ICD-10 conversion effective October 1, 2015.
- Note that the due date for the Q4 2015 submission of this measure is delayed to May 2, 2016. All future reporting of this measure will occur on time (i.e. by the end of the second month following the last day of the reporting period).