



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: March 4, 2016
TO: Medicare-Medicaid Plans in Texas
FROM: Lindsay Barnette
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SUBJECT: Revised Texas-Specific Reporting Requirements

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. The document is designed to provide updated guidance and technical specifications for the state-specific measures that Texas 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 Texas-Specific Reporting Requirements. Texas 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

- In the Quality Withhold section, added a reference to the final Demonstration Year 1 Texas-specific quality withhold technical notes, which were released on March 2, 2016.
- Added a Value Sets section that provides information about the separate Texas State-Specific Value Sets Workbook, which includes all codes needed to report certain measures. The Texas State-Specific Value Sets Workbook is also included with this memorandum.

Measure TX1.1

- 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 TX1.3

- Revised the code table references since applicable codes are now provided separately in the Texas 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 TX1.4

- Delayed the implementation of the measure to CY 2. This change was previously communicated by the Texas NORC HelpDesk in February 2016.
- Added the DY 1.b quality withhold benchmark and calculation information.
- In the Notes section, revised the enrollment criteria to only include members who are currently enrolled as of the last day of the reporting period. Also added detailed guidance about inclusion criteria for data elements A and B.

Measures TX4.1 through TX4.11 (PQI Measures)

- Revised the code table references since applicable codes are now provided separately in the Texas State-Specific Value Sets Workbook. Note that the workbook also includes updated codes for these measures due to the ICD-10 conversion effective October 1, 2015.

Measure TX4.12

- The “Medication Management for People with Asthma” measure is now included in CMS’ required HEDIS reporting to the National Committee for Quality Assurance. Therefore, this measure is suspended from separate Texas-specific reporting.

Measures TX4.13

- Revised to align with updated HEDIS specifications.
- Revised the code table references since applicable codes are now provided separately in the Texas 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 TX4.14

- Revised to align with updated HEDIS specifications.
- Revised the code table references since applicable codes are now provided separately in the Texas 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 TX4.15

- This measure is suspended since the corresponding “Use of Appropriate Medications for People with Asthma” measure was retired from HEDIS.

Measure TX4.16

- Revised to align with updated HEDIS specifications.
- Revised the code table references since applicable codes are now provided separately in the Texas 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 TX5.1

- Removed the due date since MMP reporting is not required for this measure (the Texas Health and Human Services Commission will be calculating the rate).
- Added the DY 1 quality withhold benchmark and calculation information.

Appendices A through D

- Removed these appendices since applicable codes are now provided separately in the Texas State-Specific Value Sets Workbook.