



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: July 28, 2016

TO: Medicare-Medicaid Plans in Massachusetts

FROM: Lindsay Barnette
Director, Models, Demonstrations and Analysis Group
Medicare-Medicaid Coordination Office

SUBJECT: Revised Massachusetts-Specific Reporting Requirements

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

Please see below for a high-level summary of the substantive changes that were made to the Massachusetts-Specific Reporting Requirements. Massachusetts MMPs must use the updated specifications for all measures due on or after August 31, 2016.

Note that reporting of certain measures was temporarily delayed pending revisions to the specifications. For information about updated due dates, see the third page of this memorandum.

Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Introduction

- In the “Variation from the Core Document” section, added guidance about how to identify nursing home certifiable members for purposes of reporting Core 9.2. Note that this guidance was previously released via the NORC MA HelpDesk on January 15, 2016.
- Updated the “Quality Withhold Measures” section to include links to the Massachusetts-Specific Quality Withhold Technical Notes documents for both DY 1 and DY 2-3.

- Added a “Guidance on Assessments and Care Plans for Members with a Break in Coverage” section. Note that this guidance was previously released via the NORC MA HelpDesk on May 29, 2015. However, additional language was added to clarify that if an MMP prefers to conduct assessments on all re-enrolled members regardless of health status, the MMP may continue to do so. This guidance was also revised to clarify how MMPs should classify re-enrolled members who refused to provide an update on their health status or who cannot be reached by the MMP.
- Added a “Hybrid Sampling” section to provide sampling instructions for measures that require medical record review.
- Added a “Value Sets” section that provides information about the separate Massachusetts State-Specific Value Sets Workbook, which contains all codes needed to report certain measures (including updated codes due to the ICD-10 conversion effective October 1, 2015). The Massachusetts State-Specific Value Sets Workbook is also included with this memorandum.
- Added a “Resubmission of Data” section, which articulates the process for requesting and completing resubmissions of measure data.

Measure MA1.1

- In the Notes section, added several additional bullets to provide detailed guidance on the inclusion criteria for data elements A, B, C, and D.

Measure MA1.2

- Clarified that data element A should capture the total number of members with an initial care plan completed, and data element B should capture the total number of members with at least one documented discussion of care goals in the initial care plan.
- Added data element C to capture the total number of revised care plans, and data element D to capture the total number of revised care plans with at least one documented discussion of new or existing care goals.
- Modified the Edits and Validation Checks section and the Analysis section to reflect the addition of data elements C and D.
- In the Notes section, added several additional bullets to provide detailed guidance on the inclusion criteria for data elements A, B, C, and D.

Measure MA2.1

- In the Notes section, 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. Also 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.

Measures MA4.2 and MA4.3

- Substantial revisions were made to these measures, including clarifying continuous enrollment criteria, specifying that medical record review is required, adding definitions for key terms, and detailing the inclusion/exclusion criteria for the data elements.
- MMPs should carefully review the revised specifications for these measures. Should you have any questions or comments, contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov by August 11, 2016.

Measures MA4.4 and MA4.5

- Revised to align with updated HEDIS specifications.
- Revised the code table references since applicable codes are now provided separately in the Massachusetts State-Specific Value Sets Workbook.

Measure MA4.6

- Added this new measure, which captures the number of members who were screened for clinical depression and the number of members who had a follow-up plan documented within 30 days of a positive depression finding.
- MMPs should carefully review the specifications for this new measure. Should you have any questions or comments, contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov by August 11, 2016.

Measures MA6.1 and MA6.2

- Revised the code table references since applicable codes are now provided separately in the Massachusetts 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.

REPORTING DUE DATES

Measures MA4.2 and MA4.3: CY 2014-15 reporting will be due October 31, 2016.

Measures MA4.4 and MA4.5: CY 2015 reporting will be due September 30, 2016.

Measure MA4.6: CY 2015 reporting will be due October 31, 2016.

Measures MA6.1 and MA6.2: Q4 2015 reporting will be due September 30, 2016 (note that Q1 2016 reporting is also due at that time).