



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: April 13, 2017

TO: Medicare-Medicaid Plans in Michigan

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

SUBJECT: Revised Michigan-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: Michigan-Specific Reporting Requirements and corresponding Michigan-Specific Value Sets Workbook. The documents are designed to provide updated guidance, technical specifications, and applicable codes for the state-specific measures that Michigan 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 Michigan-Specific Reporting Requirements. Note that the Michigan-Specific Value Sets Workbook also includes changes; Michigan MMPs should carefully review and incorporate the updated value sets, particularly for measures MI2.5, MI5.2, MI5.3, and MI7.3.

Michigan MMPs must use the updated specifications and value sets for measures due on or after May 31, 2017. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Introduction

- Added the “Variations from the Core Document” section, which provides guidance regarding how to identify nursing home certifiable members for purposes of reporting Core 9.2. Note that this guidance was previously released via the Michigan HelpDesk on January 31, 2017.
- In the “Quality Withhold Measures” section, added a reference to quality withhold measures for Demonstration Years (DY) 2 and 3. Also added the DY 2 and 3 quality withhold designation to the relevant measures within the document.

Measure MI1.1

- Revised data element F to be a subset of data element A (rather than B) and to capture members with I/DD with a referral for a Level II Assessment during the reporting period. Also revised data elements G through I to capture the members' status (i.e., unwilling to complete, unable to reach, and Level II Assessment completed) within 15 days of the referral for a Level II Assessment. Finally, revised data element K to be a subset of data element A (rather than J).
- Revised the Edits and Validation Checks section and the Analysis section to align with the revisions to the data elements described above.
- In the Notes section, clarified that MMPs should use the I/DD designation in the PIHP BH TEDS file to identify the number of members with I/DD. Also revised the look out period guidance for data element F, and removed two notes that are no longer applicable given the changes to elements F through I.

Measure MI1.2

- Revised data element F to be a subset of data element A (rather than B) and to capture members with mental illness with a referral for a Level II Assessment during the reporting period. Also revised data elements G through I to capture the members' status (i.e., unwilling to complete, unable to reach, and Level II Assessment completed) within 15 days of the referral for a Level II Assessment. Finally, revised data element K to be a subset of data element A (rather than J).
- Revised the Edits and Validation Checks section and the Analysis section to align with the revisions to the data elements described above.
- In the Notes section, clarified that MMPs should use the MI designation in the PIHP BH TEDS file to identify the number of members with mental illness. Also revised the look out period guidance for data element F, and removed two notes that are no longer applicable given the changes to elements F through I.

Measure MI2.1

- In the Notes section, added guidance regarding the permissibility of counting outreach attempts that were conducted with the purpose of completing a Level I Assessment. Also clarified that MMPs are required to comport with all requirements outlined in the IICSP Signature Requirements document when reporting this measure.

Measure MI2.2

- In the Notes section, clarified that members must be enrolled on the last day of the reporting period to be included in this measure. Also clarified that MMPs are required to comport with all requirements outlined in the IICSP Signature Requirements document when reporting this measure.

Measure MI2.3

- Clarified in the Notes section that MMPs are required to comport with all requirements outlined in the IICSP Signature Requirements document when reporting this measure.

Measure MI2.4

- Clarified in the Notes section that MMPs are required to comport with all requirements outlined in the IICSP Signature Requirements document when reporting this measure.

Measure MI2.5

- Revised the Notes section to provide guidance on identifying follow-up visits that are included in bundled payments. Also clarified the steps for identifying inpatient discharges and identifying exclusions for this measure.

Measure MI5.1

- Revised to align with updated specifications from the measure steward (AHRQ PQI).

Measure MI5.2

- In the Notes section, revised the inclusion criteria for the measure and added references to new value sets.

Measure MI5.3

- Revised to align with updated specifications from the measure steward (NCQA/HEDIS).

Measure MI5.4

- Added information regarding the analysis for this state-calculated measure.

Measure MI5.5

- Added information regarding the analysis for this state-calculated measure.

Measure MI5.6

- Revised to align with updated specifications from the measure steward (NCQA/HEDIS).

Measure MI7.2

- In the Notes section, clarified that nursing facility services include any type of nursing facility care, including skilled and custodial services.

Measure MI7.3

- In the Notes section, added a minor clarification to the continuous enrollment definition. Also clarified that MMPs should use the member's age as of December 31 to determine in which age bracket they should be reported.