



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: April 13, 2017
TO: Medicare-Medicaid Plans in Ohio
FROM: Lindsay P. Barnette
Director, Models, Demonstrations and Analysis Group
SUBJECT: Revised Ohio-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: Ohio-Specific Reporting Requirements and corresponding Ohio-Specific Value Sets Workbook. The documents are designed to provide updated guidance, technical specifications, and applicable codes for the state-specific measures that Ohio 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 Ohio-Specific Reporting Requirements. Note that the Ohio-Specific Value Sets Workbook also includes changes; Ohio MMPs should carefully review and incorporate the updated value sets, particularly for measure OH1.3.

Ohio 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

Measure OH1.3

- 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 OH5.1

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