



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** February 28, 2019  
**TO:** Medicare-Medicaid Plans in California  
**FROM:** Lindsay P. Barnette  
Director, Models, Demonstrations and Analysis Group  
**SUBJECT:** Revised California-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: California-Specific Reporting Requirements and corresponding California-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that California Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration. As with prior annual update cycles, revisions were made in an effort to streamline and clarify reporting expectations for California MMPs.

Please see below for a summary of the substantive changes to the California-Specific Reporting Requirements. Note that the California-Specific Value Sets Workbook also includes changes; California MMPs should carefully review and incorporate the updated value sets, particularly for measures CA1.11, CA4.1, and CA4.3.

California MMPs must use the updated specifications and value sets for measures due on or after May 31, 2019. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at [mmcocapsreporting@cms.hhs.gov](mailto:mmcocapsreporting@cms.hhs.gov).

## **SUMMARY OF CHANGES**

### **Introduction**

- Revised the “Guidance on HRAs and ICPs for Members with a Break in Coverage” section to indicate that under certain circumstances, a new assessment that was completed for a member upon reenrollment may also be reported in Core Measure 2.3. California MMPs should refer to the specifications for Core Measure 2.3 for more information.
- Added a new section titled “Reporting on Passively Enrolled and Opt-In Enrolled Members,” which instructs California MMPs to include all members who meet measure

criteria, regardless if the member was enrolled through passive or opt-in enrollment. Note that this guidance was previously included in the Notes section for each measure.

### **General Changes to All State-Specific Measures**

- For each measure, formulas were added to the Analysis section to further clarify how measure rates are calculated.
- Additionally, the Notes section for each measure was reorganized to add subheadings that group bullets by relevance for reporting each data element.

### **Measure CA1.5**

- Revised data elements A and C to indicate that members reported in those elements must be currently enrolled as of the last day of the reporting period.
- In the Notes section, clarified the instructions for determining each member's 90th day of enrollment.
- Also in the Notes section, restated guidance that this measure should only include Individualized Care Plans (ICPs) that were developed with involvement from the member or the member's authorized representative.

### **Measure CA1.6**

- In the Notes section, added guidance that MMPs should include all ICPs that meet the criteria outlined in data element D, regardless of whether the members are disenrolled as of the end of the reporting period.

### **Measure CA1.9**

- This measure, which was originally designated as calculated by the state, is retired effective immediately.

### **Measure CA1.11**

- Revised data element A to incorporate continuous enrollment criteria that were previously included in the Notes section.
- In the Notes section, added an exclusion for members who use hospice services or elect to use a hospice benefit at any time between the hospital discharge date and 30 days following the hospital discharge.

### **Measure CA1.12**

- Revised data element A to incorporate continuous enrollment criteria that were previously included in the Notes section.
- In the Notes section, added information about what qualifies as care coordinator or care team contact for purposes of reporting the measure. This guidance was also issued to California MMPs via the NORC Help Desk on February 15, 2019.

### **Measure CA3.2**

- Revised data element A to clarify that full-time and part-time care coordinators should be counted in the measure. This guidance was previously included in the Notes section.

**Measure CA4.1**

- Revised data element A to clarify that there is no allowable gap in the continuous enrollment criteria.

**Measure CA4.2**

- This measure, which was originally designated as calculated by the state, is retired effective immediately.

**Measure CA4.3**

- Revised data elements A and G to reference continuous enrollment criteria, which are further detailed in the Notes section.