



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** February 28, 2018

**TO:** Medicare-Medicaid Plans in Massachusetts

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

**SUBJECT:** Revised Massachusetts-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: Massachusetts-Specific Reporting Requirements and corresponding Massachusetts-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that Massachusetts Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration. Many of the updates were made in an effort to clarify and simplify reporting expectations for Massachusetts MMPs, consistent with the Administration's commitment to reduce administrative burden and increase efficiency.

Please see below for a summary of the substantive changes to the Massachusetts-Specific Reporting Requirements. Note that the Massachusetts-Specific Value Sets Workbook also includes changes; Massachusetts MMPs should carefully review and incorporate the updated value sets, particularly for measures MA4.2, MA4.3, MA4.5, MA4.6, MA6.1, and MA6.2.

Massachusetts MMPs must use the updated specifications and value sets for measures due on or after May 31, 2018. 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**

### **Measure MA1.1**

- Given that all MMPs will report timely care plan completion under the new Core Measure 3.2, this state-specific measure is retired effective as of Quarter 1 2018. Note that supplementary reporting instructions in the applicable introductory sections were also updated to reflect the removal of this measure.

**Measure MA1.2**

- In the Notes section, clarified that this measure should only include care plans that were developed/revised with participation from the member.

**Measure MA4.1**

- This measure, which was previously designated as “suspended,” was updated to “retired” since CMS and the state do not intend to reinstate it.

**Measure MA4.3**

- In the Notes section, added clarification that if more than one screening occurred during the current two-year reporting period, MMPs should reference the most recent screening.

**Measure MA4.4**

- Retired this measure effective as of Calendar Year 2017.

**Measure MA4.5**

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

**Measure MA4.6**

- In the Notes section, added additional exceptions for data element B.