



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** February 28, 2019  
**TO:** Medicare-Medicaid Plans in South Carolina  
**FROM:** Lindsay P. Barnette  
Director, Models, Demonstrations and Analysis Group  
**SUBJECT:** Revised South Carolina-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: South Carolina-Specific Reporting Requirements and corresponding South Carolina-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that South Carolina 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 South Carolina MMPs.

Please see below for a summary of the substantive changes to the South Carolina-Specific Reporting Requirements. Note that the South Carolina-Specific Value Sets Workbook also includes changes; South Carolina MMPs should carefully review and incorporate the updated value sets, particularly for measure SC2.4.

South Carolina 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 Comprehensive Assessments 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. South Carolina 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 South Carolina 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 SC2.2**

- Revised data element A to indicate that members reported in the element must be currently enrolled as of the last day of the reporting period.
- In the Notes section, made the following revisions:
  - Clarified the instructions for determining each member's 90th day of enrollment.
  - Clarified that Individualized Care Plans (ICPs) reported in data element B could have been completed at any time from the member's first day of enrollment through the end of the reporting period.
  - Restated guidance that this measure should only include ICPs that were developed with involvement from the member or the member's authorized representative.

### **Measure SC2.4**

- 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 SC4.1**

- 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 SC6.2**

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