



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** February 28, 2020  
**TO:** Rhode Island Medicare-Medicaid Plan  
**FROM:** Lindsay P. Barnette  
Director, Models, Demonstrations and Analysis Group  
**SUBJECT:** Revised Rhode Island-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: Rhode Island-Specific Reporting Requirements and corresponding Rhode Island-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that the Rhode Island Medicare-Medicaid Plan (MMP) is 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 the Rhode Island MMP.

Please see below for a summary of the substantive changes to the Rhode Island-Specific Reporting Requirements. Note that the Rhode Island-Specific Value Sets Workbook also includes changes; the Rhode Island MMP should carefully review and incorporate the updated value sets, particularly for measures RI1.4, RI4.4, and RI4.8.

The Rhode Island MMP must use the updated specifications and value sets for measures due on or after June 1, 2020. 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**

- In the “Reporting on Assessments and Care Plans” section, added language to reinforce that only care plans that were developed with member participation can be included in measure reporting.

**Measure RI1.1**

- In the Notes section, clarified that data element F should include all members who meet the criteria for the element, regardless of whether the members are disenrolled as of the end of the reporting period.

#### **Measure RI1.4**

- In the Notes section, revised the hospice exclusion for data element A to reflect that the Hospice value set was replaced with two value sets (Hospice Encounter and Hospice Intervention) and to clarify that supplemental data may be used as well.

#### **Measure RI2.1**

- In the Analysis section, added information about additional calculations that will be used to evaluate reported data.
- In the Notes section, revised the definition of critical incident to include unplanned hospitalizations.

#### **Measure RI3.1**

- In the Notes section, clarified that care managers should be counted in data element A if they were with the MMP for at least 30 days at any point during the reporting period.

#### **Measure RI4.2**

- In the Notes section, made revisions to align with the MDS 3.0 Quality Measure specifications (Version 12), including updating the exclusions for data element A and the guidance for identifying data element B.

#### **Measure RI4.3**

- In the Notes section, added a reference to OBRA assessments under General Guidance, in order to align with the MDS 3.0 Quality Measure specifications (Version 12).

#### **Measure RI4.4**

- In the Notes section, removed inapplicable guidance for data element A regarding the member's measurement period.
- Also in the Notes section, added a hospice exclusion for data element A.

#### **Measure RI4.9**

- Within the data element table, revised the data element B definition to clarify that the member must meet the requirements for 'low-level care needs status' for the entirety of the long stay during the reporting period.
- In the Notes section, clarified the definition of low-level care needs and updated the website link for the MDS 3.0 Resident Assessment Instrument Manual.

#### **Measure RI4.10**

- In the Notes section, revised the exclusions for data element A to include the following conditions on the target assessment: psychotic disorder, manic depression (bipolar disease), and hospice care.