DATE: March 10, 2021

TO: Medicare-Medicaid Plan in Rhode Island

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 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 in accordance with Sections 2.12.3.3 and 2.15.1.2 of the Three-Way Contract. As with prior annual update cycles, CMS and the state revised these documents in an effort to streamline and clarify reporting for the Rhode Island MMP.

Please see below for a summary of the substantive changes to the Rhode Island-Specific Reporting Requirements as compared to the version previously released on February 28, 2020. 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 measure RI1.4.

The Rhode Island MMP must use the updated specifications and value sets for measures due on or after June 1, 2021 (note that this includes measures RI4.2 and RI4.3, which are now next due on June 30, 2021). The Rhode Island MMP must also use the updated specifications and value sets when reporting measure RI1.4 on April 30, 2021. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Introduction

- Updated the “Reporting on Assessments and Care Plans” section to reflect the new name of the care plan for community-based members who are not receiving LTSS services and are not otherwise determined to be high-risk (Community Care Plan or CCP).
Measure RI1.1
- In the Notes section, clarified that members should be counted in data element A or F every time they have a Comprehensive Functional Needs Assessment (CFNA) or Wellness Assessment completed during the reporting period, respectively.
- Also in the Notes section, revised guidance for data elements B and G to further clarify the criteria that qualify a member as unwilling to complete an Interdisciplinary Care Plan (ICP) or Wellness Plan, respectively.

Measure RI1.2
- In the Notes section, added an instruction that data element A should only include members who are currently enrolled as of the last day of the reporting period, including deceased members who were enrolled through the end of the reporting period.

Measure RI1.4
- In the Notes section, updated the list of value sets for identifying data element B to include a new Telephone Visits value set.

Measure RI3.1
- Retired this measure effective as of Calendar Year (CY) 2021.

Measure RI4.2
- In the reporting timeline table, changed the due date to the sixth month following the last day of the reporting period. This new due date applies as of the CY 2020 submission.
- Revised the Data Element Definitions and Notes sections to align with the updated measure specifications in the MDS 3.0 Quality Measures User’s Manual (Version 14.0).

Measure RI4.3
- In the reporting timeline table, changed the due date to the sixth month following the last day of the reporting period. This new due date applies as of the CY 2020 submission.
- Revised the Notes section to align with the updated measure specifications in the MDS 3.0 Quality Measures User’s Manual (Version 14.0).

Measure RI4.4
- Retired this measure effective as of CY 2020.

Measure RI4.8
- Retired this measure effective as of CY 2021.

Measure RI4.9
- Retired this measure effective as of CY 2021.

Measure RI4.10
- Retired this measure effective as of CY 2021.