

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE & MEDICAID SERVICES

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TO: Medicare-Medicaid Plans

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SUBJECT: Update to Contract Year 2014 Medicare-Medicaid Plan Reporting Requirements

In November 2013, CMS released the Medicare-Medicaid Capitated Financial Alignment Model reporting requirements. The purpose of this document is to provide Medicare-Medicaid Plans (MMPs) with the technical specifications for the metrics that all MMPs will be required to collect and report under financial alignment model demonstrations. Since its release, CMS has received additional feedback from states and MMPs. The update incorporates the feedback received and serves as updated guidance for MMPs in all states for Contract Year 2014. Therefore, MMPs should review the updates listed below and incorporate the changes into their systems.

Below is a description of the changes that have been made along with a rationale for those changes.

Introduction

Description of Changes: Added language to explain that only the quality withhold measures for Demonstration Year 1 are flagged

Rationale: Language was added to further clarify the timeframe for application of certain measures as quality withhold measures.

Part D Section IV

Description of Changes: Removed this section of from the reporting requirements

Rationale: To align with 2014 Part D reporting requirements, this measure was suspended for 2014.

Part D Section VI

Description of Changes: Reformatted the section. Divided it into three separate sections with their own data elements:

1. Coverage Determination and Exceptions.
2. Redeterminations.
3. Reopenings.

Rationale: To align with 2014 Part D reporting requirements.

Part D Section VIII

Description of Changes: Reformatted the section. Divided it into three separate sections with their own data elements:

1. Coverage Determination and Exceptions.
2. Redeterminations.
3. Reopenings.

Rationale: To align with 2014 Part D reporting requirements, this measure was suspended for 2014.

Core Introduction

Description of Changes:

- Added language to explain why some measures that are quality withhold measures in years 2-3 are not indicated in this version.
- Added language to explain that state-specific exceptions to the quality withhold measures may exist.
- Edited the definition for “Continuous Reporting measures”
- Added language about reporting on weekends and holidays.
- Edited text in the reporting period cell of the reporting timeline table.

Rationale: All of the updates help clarify the original language.

Core Measure 1.1 and 1.2

Description of Change:

- Templates were removed and language was added to direct users to CMS' website for download.
- Language was added to Sections B and D describing NORC's approach to sampling and analysis when plans report less than 30 rejected claims.
- Three new fields were added to the field layout for both measures. Changed the date format.
- Updated the reporting frequency, reporting period and dues dates for measure 1.2. Added language to measure 1.2 to clarify that previously submitted claims should not be re-submitted.

Rationale: Templates were made available on CMS' website because embedded templates were not functional in the PDF versions of the core document. Sample size language edits were made to explain how samples would be generated when MMPs have rejected fewer than 30 claims in the reporting period.

Core Measure 2.1

Description of Change:

- Added language clarifying that assessments reported should be comprehensive risk assessments.
- Edited text in the reporting period cell of the reporting timeline table.

Rationale: Clarification regarding comprehensive risk assessments was included to better align with reporting required in core measure 2.2. Reporting period text edited to clarify that quarterly reporting periods do not necessarily align with calendar quarters.

Core Measure 3.1

Description of Change: Edited text in the reporting period cell of the reporting timeline table.

Rationale: To clarify that quarterly reporting periods do not necessarily align with calendar quarters.

Core Measure 4.1

Description of Changes:

- Updated page and section references within the measure to align with the Part D reporting requirements.
- Updated language in Sections B, C, and D of measure 4.1 to reflect that “QA Checks/Thresholds” information is not available in the 2014 Part D reporting requirements.
- Added the naming convention for the measure 4.1 data collection template. One of the data elements in the Part D reporting requirements asks for additional information to be submitted that cannot be collected in the current data collection tool, so a separate template was created.
- Added language to direct users to the CMS website to download the template.

Rationale: To align with 2014 Part D reporting requirements.

Core Measure 4.2

Description of Changes:

- Updated data elements information in the reporting timeline table to reflect the numbering sequence used for data elements used in Part D Section VI.
- Updated page numbers to accurately direct plans to the appropriate Part C and Part D reporting requirements sections.
- Edited text in the reporting period cell of the reporting timeline table.

Rationale: Data element numbering was updated to align with 2014 Part D Section VI reporting requirements. Reporting period text edited to clarify that quarterly reporting periods do not necessarily align with calendar quarters.

Core Measure 5.1

Description of Changes: Edited text in the reporting period cell of the reporting timeline table. Added definition language for Data Element C.

Rationale: Reporting period text was added to clarify that quarterly reporting periods do not necessarily align with calendar quarters. Added Data Element C definition language to ensure alignment between the element name and definition.

Core Measure 5.3

Description of Changes: Templates were removed and language was added to directed users to CMS’ website for download.

Rationale: Templates were made available on CMS’ website because embedded templates were not functional in the PDF versions of the core and Massachusetts reporting documents.

Core Measure 6.1 (Deleted)

Description of Changes: Measure deleted from document. MMPs are no longer required to report measure 6.1.

Rationale: These data are not directly available to the plans. CMS will be able to monitor this measure through MDS data.

Core Measure 6.2

Description of Changes:

- Measure is now Core Measure 6.1. Added clarifying language and a code table to identify numerator events.
- Changed eligible population to the number of members aged 18 or older who had an outpatient visit and eliminated one data element.
- All of the tables that followed the new table inserted were renumbered.

Rationale: To align with the 2013 Addendum to the Medicaid Adult Core Set Specifications.

Core Measure 8.1

Description of Changes:

- Updated the reporting timeline table to better indicate that the semi-annual reporting period is not necessarily aligned with the mid-point of the calendar year.
- Updated “Definition” column to reflect clean claims paid within 60 and 90 days, not between 31 and 60 and 61 and 90 days.
- Updated the “Analysis” section to reflect this change.

Rationale: To clarify the date ranges for clean claims paid.

Core Measure 9.1

Description of Changes: Edited text in the reporting period cell of the reporting timeline table.

Rationale: To clarify that quarterly reporting periods do not necessarily align with calendar quarters.

Core Measure 9.2

Description of Changes: Indicator for quality withhold measure (“^{ci}”) removed from measure. Added language to the notes section further defining a nursing home certifiable member.

Rationale: Measure 9.2 is not a quality withhold measure for Demonstration Year 1. To clarify the definition of a nursing home certifiable member.

Tool Updates

All data collection tools were updated to reflect changes described above. Templates for the data collection tools are posted at <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html>

An additional template was created to facilitate data submission for the “Reopenings” section of core measure 4.1.

Please contact the Medicare-Medicaid Coordination Office at mmcocapsmodel@cms.hhs.gov if you have any questions.