



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** March 10, 2021

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

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

**SUBJECT:** Revised Michigan-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: Michigan-Specific Reporting Requirements and corresponding Michigan-Specific Value Sets Workbook. These documents provide updated technical specifications and applicable codes for the state-specific measures that Michigan Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration in accordance with Sections 2.13.4.3 and 2.16.2 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 Michigan MMPs.

Please see below for a summary of the substantive changes to the Michigan-Specific Reporting Requirements as compared to the version previously released on February 28, 2020. Note that the Michigan-Specific Value Sets Workbook also includes changes; Michigan MMPs should carefully review and incorporate the updated value sets, particularly for measure MI2.5.

Michigan MMPs must use the updated specifications and value sets for measures due on or after June 1, 2021. Michigan MMPs must also use the updated specifications and value sets when reporting measure MI2.5 on April 30, 2021, and must reference the latest Prevention Quality Indicators (PQI) technical specifications when reporting measure MI5.1 on April 30, 2021. 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 MI2.2**

- 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 MI2.5**

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

**Measure MI2.6**

- In the Data Element Definitions section, revised data element C to update the timeframe for transmission of the transition record.
- In the Notes section, revised guidance for data element C to align with the updated timeframe for transmission of the transition record.

**Measure MI5.1**

- In the Data Element Definitions section, revised the indicator name for “Community-acquired pneumonia” in data element B to align with updated specifications from the measure steward (AHRQ/PQI).
- In the Notes section, revised the reference to the indicator name as noted above.

**Measure MI5.6**

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

**Measure MI7.1**

- In the Notes section, added guidance regarding classifying principal diagnosis codes for ED visits.