



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2020
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 guidance, 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. As with prior annual update cycles, revisions were made in an effort to streamline and clarify reporting expectations for Michigan MMPs.

Please see below for a summary of the substantive changes to the Michigan-Specific Reporting Requirements. Note that the Michigan-Specific Value Sets Workbook also includes changes; Michigan MMPs should carefully review and incorporate the updated value sets, particularly for measures MI2.5, MI5.6, MI7.1, and MI7.3.

Michigan MMPs must use the updated specifications and value sets for measures due on or after June 1, 2020. Michigan MMPs must also reference the latest Prevention Quality Indicators (PQI) technical specifications when reporting measure MI5.1 on April 30, 2020.

Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Introduction

- In the “Variations from the Core Reporting Requirements Document” section, updated the Michigan-specific guidance regarding data sources for reporting Core Measure 9.2.

Measure MI2.5

- 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 MI2.6

- In the Notes section, revised the data element C guidance to include additional methods for transmitting the transition record.

Measure MI3.1

- In the Analysis section, added information about additional calculations that will be used to evaluate reported data.

Measure MI4.2

- In the Notes section, clarified that care coordinators should be counted in data element A if they were with the MMP for at least 3 months at any point during the reporting period.

Measure MI5.1

- Removed dehydration admissions from data element B, since that indicator was retired by the measure steward (AHRQ/PQI).
- In the Notes section, updated the website link for the PQI technical specifications.

Measure MI5.2

- This measure, which was previously designated as “suspended,” was updated to “retired” since CMS and the state do not intend to reinstate it.

Measure MI5.3

- Retired this measure, since it was added as required HEDIS reporting for Medicare health plans (including MMPs) as of the 2019 measurement year.

Measure MI5.6

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

Measure MI7.1

- Revised the Edits and Validation Checks section to indicate that the sum of data elements B through J should be equal to data element A.
- In the Notes Section, added a definition for “Unclassified,” which includes all emergency department (ED) visits categorized as “unclassified” by the algorithm and all ED visits not accounted for by the algorithm.
- Also in the Notes section, added guidance for data element J, which should capture all ED visits that are not included in data elements B through I.

Measure MI7.3

- In the Notes section, revised the hospice exclusion for data elements A, C, E, and G 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.