



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** February 28, 2023

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

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

**SUBJECT:** Revised Texas-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: Texas-Specific Reporting Requirements and corresponding Texas-Specific Value Sets Workbook. These documents provide updated technical specifications and applicable codes for the state-specific measures that Texas 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 Texas MMPs.

Please see below for a summary of the substantive changes to the Texas-Specific Reporting Requirements as compared to the prior version dated February 28, 2022. Note that the Texas-Specific Value Sets Workbook also includes changes; Texas MMPs should carefully review and incorporate the updated value sets, particularly for measures TX1.3, TX4.13, and TX4.14.

Texas MMPs must use the updated specifications and value sets for measures due on or after May 31, 2023. Texas MMPs must also reference the latest Prevention Quality Indicators technical specifications when reporting measure TX4.17 on May 1, 2023. 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 Disenrolled and Retro-disenrolled Members section, clarified that MMPs should report on all enrolled members who meet the definition of the data elements at the time of reporting deadline.
- In the Hybrid Sampling section:

- Clarified that medical record and supplemental documentation review are examples of manual abstraction of data; and
- Clarified in Step 1 that claim header level information should be used to determine the eligible population.

**Measure TX4.13**

- In the Notes section, added clarification for data element B to use medical record review or supplemental documentation for hybrid sampling.

**Measure TX4.17**

- Revised the Data Element Definitions and Notes sections to align with updated specifications from the measure steward (AHRQ PQI).