



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2018
TO: Medicare-Medicaid Plans in California
FROM: Lindsay P. Barnette
Director, Models, Demonstrations and Analysis Group
SUBJECT: Revised California-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: California-Specific Reporting Requirements and corresponding California-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that California Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration. Many of the updates were made in an effort to clarify and simplify reporting expectations for California MMPs, consistent with the Administration's commitment to reduce administrative burden and increase efficiency.

Please see below for a summary of the substantive changes to the California-Specific Reporting Requirements. Note that the California-Specific Value Sets Workbook also includes changes; California MMPs should carefully review and incorporate the updated value sets, particularly for measures CA1.11, CA4.1, and CA4.3.

California MMPs must use the updated specifications and value sets for measures due on or after May 31, 2018. California MMPs must also use the updated specifications and value sets for the Calendar Year 2017 submission of measures CA4.1 and CA4.3 on April 30, 2018.

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

SUMMARY OF CHANGES

Introduction

- Revised the "Guidance on HRAs and ICPs for Members with a Break in Coverage" section to reflect guidance provided in the applicable Duals Plan Letter (DPL-17-001).

Measures CA1.1 through CA1.4

- Given that all MMPs will report timely care plan completion under the new Core Measure 3.2, these state-specific measures are retired effective as of Quarter 1 2018. Note that supplementary reporting instructions in the applicable introductory sections were also updated to reflect the removal of these measures.

Measure CA1.5

- Clarified that members with an initial Individualized Care Plan (ICP) should be reported under data elements B and D.
- Revised data element C to capture low-risk members enrolled for 90 days or longer as of the end of the reporting period.
- In the Notes section, clarified that this measure should only include ICPs that were developed with participation from the member.

Measure CA1.6

- In the Notes section, clarified that this measure should only include ICPs that were developed/revised with participation from the member.

Measures CA1.8 and CA1.10

- These measures, which were originally designated as calculated by the state, are retired effective immediately.

Measure CA1.11

- Updated the reporting frequency to annual (i.e., California MMPs will report four calendar quarters once per year).
- Clarified the data elements, Analysis section, and Notes section to reflect that acute inpatient discharges should be included in this measure.
- Revised the Notes section to provide guidance for excluding nonacute inpatient stays and for using UB Type of Bill codes to further identify inpatient hospital discharges.
- Also in the Notes section, revised the exclusion criteria to differentiate discharges followed by direct transfers/readmissions to acute and nonacute facilities.

Measure CA3.1

- Retired this measure effective as of Calendar Year 2018.

Measure CA4.1

- In the Notes section, clarified that this measure should include all members with any diagnosis of serious mental illness and/or substance use disorders (SUD), regardless of whether the diagnosis of mental illness and/or SUD is the primary diagnosis on the claim. Note that this has always been the intent of the measure; therefore, any California MMPs that need to resubmit prior years' data based on this understanding should reach out to the California NORC Help Desk for further instructions.
- Also in the Notes section, clarified exclusions for ED visits or observation stays that resulted in an inpatient stay, and clarified the definition of a member with SUD.