



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2018

TO: Medicare-Medicaid Plans in South Carolina

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

SUBJECT: Revised South Carolina-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: South Carolina-Specific Reporting Requirements and corresponding South Carolina-Specific Value Sets Workbook. These documents provide updated guidance, technical specifications, and applicable codes for the state-specific measures that South Carolina 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 South Carolina 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 South Carolina-Specific Reporting Requirements. Note that the South Carolina-Specific Value Sets Workbook also includes changes; South Carolina MMPs should carefully review and incorporate the updated value sets, particularly for measure SC2.4.

South Carolina MMPs must use the updated specifications and value sets for measures due on or after May 31, 2018. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Measures SC1.1 and SC1.2

- Retired these measures 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 SC1.3

- Retired this measure effective as of Calendar Year 2018.

Measure SC2.1

- Given that all MMPs will report timely care plan completion under the new Core Measure 3.2, this state-specific measure is 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 this measure.

Measure SC2.2

- Clarified that members with an initial Individualized Care Plan (ICP) should be reported under data element B.
- In the Notes section, clarified that this measure should only include ICPs that were developed with participation from the member.

Measure SC2.3

- As previously communicated by the South Carolina NORC Help Desk, this measure was retired as of Quarter 2 2017.

Measure SC2.4

- Updated the reporting frequency to annual and the reporting period to calendar 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 SC2.5

- Retired this measure effective as of Calendar Year 2018.

Measure SC2.6

- Removed data element H, which captured the number of care transitions recorded via Phoenix. Also updated the Edits and Validation Checks section and Analysis section to reflect this removal.

Measure SC5.2

- Retired this measure effective as of Calendar Year 2018.

Measure SC6.1

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

Measure SC6.3

- Retired this measure effective as of Calendar Year 2018.