



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: March 21, 2016
TO: Medicare-Medicaid Plans in Ohio
FROM: Lindsay Barnette
Director, Models, Demonstrations and Analysis Group
Medicare-Medicaid Coordination Office
SUBJECT: Revised Ohio-Specific Reporting Requirements

The purpose of this memorandum is to announce the release of the revised Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Ohio-Specific Reporting Requirements. The document is designed to provide updated guidance and technical specifications for the state-specific measures that Ohio Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration.

Please see below for a high-level summary of the changes that were made to the Ohio-Specific Reporting Requirements. Ohio MMPs must use the updated specifications for all measures due on or after May 2, 2016. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Introduction

- In the “Variation from the Core Document” section, added guidance about how to identify nursing home certifiable members for purposes of reporting Core 9.2.
- Added a “Guidance on Assessments and Care Plans for Members with a Break in Coverage” section. Note that this guidance was previously released via the NORC OH HelpDesk on May 29, 2015. However, additional language was added to clarify that if an MMP prefers to conduct assessments on all re-enrolled members regardless of health status, the MMP may continue to do so. This guidance was also revised to clarify how MMPs should classify re-enrolled members who refused to provide an update on their health status or who cannot be reached by the MMP.

- In the “Quality Withhold Measures” section, added a reference to the final Demonstration Year 1 Ohio-specific quality withhold technical notes. Note that the quality withhold designation for relevant measures was also updated throughout the document.
- Added a “Value Sets” section that provides information about the separate Ohio State-Specific Value Sets Workbook, which contains all codes needed to report certain measures. The Ohio State-Specific Value Sets Workbook is also included with this memorandum.

Measure OH1.1

- In the Notes section, added several additional bullets to provide detailed guidance on the inclusion criteria for data elements A, B, C, and D.

Measure OH1.2

- Clarified that data element A should capture the total number of members with an initial care plan completed, and data element B should capture the total number of members with at least one documented discussion of care goals in the initial care plan.
- Added data element C to capture the total number of revised care plans, and data element D to capture the total number of revised care plans with at least one documented discussion of new or existing care goals.
- Modified the Edits and Validation Checks section and the Analysis section to reflect the addition of data elements C and D.
- In the Notes section, added several additional bullets to provide detailed guidance on the inclusion criteria for data elements A, B, C, and D.

Measure OH1.3

- Clarified that the measure should include all inpatient stays and ambulatory care follow-up visits identified, including denied and pended claims.
- Removed the code tables since applicable codes are now provided separately in the Ohio State-Specific Value Sets Workbook. Note that the workbook also includes updated codes for this measure due to the ICD-10 conversion effective October 1, 2015.

Measures OH3.1 through OH3.7

- Added information about the analysis for these measures, which will be calculated by the Ohio Department of Medicaid (ODM). For detailed specifications, refer to ODM’s MyCare Ohio Rebalancing and Long Term Care Measures Methods document.
- Note that measure OH3.1 (Long-Term Care Overall Balance) is a state-specific quality withhold measure for Demonstration Years 2 and 3.

Measures OH3.8 and OH3.9

- Added these additional measures, which will be calculated by ODM. For detailed specifications, refer to ODM's MyCare Ohio Rebalancing and Long Term Care Measures Methods document.
- Note that measure OH3.8 (Nursing Facility Diversion) is a state-specific quality withhold measure for Demonstration Years 1, 2, and 3. Also note that Ohio MMPs are still required to report the core nursing facility diversion measure (Core 9.2), but only OH3.8 will be included in the quality withhold analysis.

Measure OH4.1

- Added detailed specifications for this measure, which is now required reporting for Ohio MMPs. The first reporting period for this annual measure is CY 2016, which will be due in February 2017.

Measure OH5.1

- In the Notes section, added a reference to the MyCare Waiver Procedure Codes document, which contains waiver procedure codes, modifiers, and service descriptions to identify services that fall under HCBS.