



CENTERS FOR MEDICARE & MEDICAID SERVICES

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TO: One Care Plans

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SUBJECT: Update to Contract Year 2014 Massachusetts Medicare-Medicaid Plan Reporting Requirements

In February 2014, CMS released the Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: Massachusetts-Specific Reporting Requirements. Since its release, CMS has received additional feedback from MassHealth and One Care plans. This update provides clarification on measures for One Care plans for Contract Year 2014. Therefore, One Care plans should review the updates listed below and incorporate the changes into their systems.

Below is a summary of the changes that have been made.

Definitions

- Updated the definition for calendar year.

Variations from the Core Document

- Clarified core measures 2.1 and 2.2 for One Care Plans

Quality Withhold Measures

- Removed Measure 3.1 as a state-specific quality withhold measure. Plans are still required to report this as a core demonstration measure.

Reporting on Disenrolled and Retro-disenrolled Members

- Added clarifying language to explain how One Care plans should report on disenrolled and retro-disenrolled members.

Reporting Periods

- Updated the timeframes for the implementation and ongoing periods during demonstration year 1.

Data Submission and Applicable Measures

- Added language to provide instructions for submission of data through a new web-based Financial Alignment Initiative Data Collection System instead of through Excel spreadsheets to the CMS contractor NORC.

Measure MA1.1

- Deleted data element B and updated edit and validation check bullets accordingly.
- Added clarifying notes on which members should be included in the data elements.
- Updated analysis bullets for how CMS and Massachusetts will evaluate the measure.

Measure MA1.2

- Deleted data element B and updated edit and validation bullets accordingly.
- Added in the methodology to determine the threshold for the measure.
- Updated analysis bullets for how CMS and Massachusetts will evaluate the measure.
- Added clarifying notes on which members should be included in the data elements.

Measure MA1.3

- Updated data elements, definitions, and allowable values to the measure.
- Added in the methodology to determine the threshold for the measure.
- Updated edit and validation bullets.
- Updated analysis bullets for how CMS and Massachusetts will evaluate the measure.
- Added clarifying notes on which members should be included in the data elements.

Measure MA3.1

- Changed the reporting period from demonstration year to calendar year.

Measure MA4.1

- Added in language clarifying this measure will be collected by Massachusetts via a survey and that the One Care plans will not be required to report data for this measure.

Measure MA4.2

- Changed the due date to the end of the sixth month following the last day of the reporting period.
- Added data elements C and D to the measure and updated the edit and validation bullets accordingly.
- Added clarifying notes that Medicaid-only members should not be included for this measure.
- Added clarifying notes that visits may include telephonic visits and incorporates previously answered frequently asked questions.

Measure MA4.3

- Changed the due date to the end of the sixth month following the last day of the reporting period.
- Clarified the definition of members included in element A.
- Added data elements C and D to the measure and updated the edit and validation bullets accordingly.
- Added clarifying notes that Medicaid-only members should not be included for this measure.
- Added clarifying notes on which members should be included in the data elements.
- Added clarifying notes that visits may include telephonic visits and incorporates previously answered frequently asked questions.

Measure MA4.4

- Changed the reporting period from demonstration year to calendar year.
- Added clarifying notes to include all inpatient discharges and incorporates previously answered frequently asked questions.

Measure MA4.5

- Changed the reporting period from demonstration year to calendar year.
- Added clarifying notes that Medicaid-only members should not be included for this measure.

Measure MA5.1

- Changed the reporting period from demonstration year to calendar year.
- Added in the methodology to determine the threshold for the measure.
- Added clarifying notes that Medicaid-only members should not be included for this measure.

Measures MA6.1 and MA6.2

- Revised the measure to reflect changes to the Medicaid Adult Core Set measure.
- Added clarifying notes that Medicaid-only members should not be included for this measure.