



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2023

TO: Medicare-Medicaid Plans in Michigan

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

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

Please see below for a summary of the substantive changes to the Michigan-Specific Reporting Requirements as compared to the prior version dated February 28, 2022. Note that the Michigan-Specific Value Sets Workbook also includes changes; Michigan MMPs should carefully review and incorporate the updated value sets, particularly for measures MI2.5, MI5.6, and MI7.3.

Michigan MMPs must use the updated specifications and value sets for measures due on or after May 31, 2023. Michigan MMPs must also reference the latest Prevention Quality Indicators technical specifications when reporting measure MI5.1 on May 1, 2023. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at 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.

Measures MI2.6 and MI5.6

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

Measure MI5.1

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