



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2022
TO: Medicare-Medicaid Plan in Rhode Island
FROM: Lindsay P. Barnette
Director, Models, Demonstrations and Analysis Group
SUBJECT: Revised Rhode Island-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: Rhode Island-Specific Reporting Requirements and corresponding Rhode Island-Specific Value Sets Workbook. These documents provide updated technical specifications and applicable codes for the state-specific measures that the Rhode Island Medicare-Medicaid Plan (MMP) is required to collect and report under the demonstration in accordance with Sections 2.12.3.3 and 2.15.1.2 of the Three-Way Contract. As with prior annual update cycles, revisions were made in an effort to streamline and clarify reporting expectations for the Rhode Island MMP.

Please see below for a summary of the substantive changes to the Rhode Island-Specific Reporting Requirements as compared to the prior version dated February 26, 2021. While there were no changes to the Rhode Island-Specific Value Sets Workbook, the Rhode Island MMP should carefully review the value sets to ensure accurate reporting.

The Rhode Island MMP must use the updated specifications and value sets for measures due on or after May 31, 2022. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Introduction

- In the Definitions section, clarified that definitions for terms listed in that section and throughout the Reporting Requirements apply whenever the term is used, unless otherwise noted.
- In the Variations from the Core Reporting Requirements Document section, clarified that members with an initial care plan completed that meets measure criteria should be reported in Core Measure 3.2.