



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2022

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 in accordance with Sections 2.13.4.3 and 2.16.2 of the Three-Way Contract. As with prior annual update cycles, revisions were made in an effort to streamline and clarify reporting expectations for 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 26, 2021. While there were no changes to the Michigan-Specific Value Sets Workbook, Michigan MMPs should carefully review the value sets to ensure accurate reporting.

Michigan MMPs must use the updated specifications and value sets for measures due on or after May 31, 2022. Michigan MMPs must also reference the latest Prevention Quality Indicators technical specifications when reporting measure MI5.1 on May 2, 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, added guidance on reporting appeals and grievances related to Medicaid and Medicare behavioral health services for Core Measure 4.2.
- Also in the Variations from the Core Reporting Requirements Document section, updated the Michigan-specific guidance regarding data sources for reporting Core Measure 9.2. Specifically, one PET code (ICO-HLTC) was removed from the list.
- In the Hybrid Sampling section, added clarification to the steps for determining the oversample.

Measure MI5.1

- In the Notes section, added an instruction that MMPs should report the Observed Rate from the AHRQ quality indicator software for data element B.

Measure MI7.1

- In the Notes section, clarified that MMPs should use the same claim type for both the ED service and ED discharge diagnosis.