



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2022
TO: Medicare-Medicaid Plans in Illinois
FROM: Lindsay P. Barnette
Director, Models, Demonstrations and Analysis Group
SUBJECT: Revised Illinois-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: Illinois-Specific Reporting Requirements and corresponding Illinois-Specific Value Sets Workbook. These documents provide updated technical specifications and applicable codes for the state-specific measures that Illinois Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration in accordance with Sections 2.13.14 and 2.16.2 of the Three-Way Contract. As with prior annual update cycles, CMS and the state revised these documents in an effort to streamline and clarify reporting expectations for Illinois MMPs.

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

Illinois MMPs 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 mmcocsreporting@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, updated the Illinois-specific guidance regarding data sources for reporting Core Measure 9.2. Specifically, two codes (WK and WL) were removed from the Waiver Code table.