



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2022
TO: Medicare-Medicaid Plans in South Carolina
FROM: Lindsay P. Barnette
Director, Models, Demonstrations and Analysis Group
SUBJECT: Revised South Carolina-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: South Carolina-Specific Reporting Requirements and corresponding South Carolina-Specific Value Sets Workbook. These documents provide updated technical specifications and applicable codes for the state-specific measures that South Carolina Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration in accordance with Sections 2.12.4.3 and 2.15.2 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 South Carolina MMPs.

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

South Carolina 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 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.