

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: June 22, 2015

TO: Medicare-Medicaid Plans

FROM: Tim Engelhardt
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SUBJECT: Update to Contract Year 2015 California State-Specific Reporting Requirements with Request for Comment on New Measures

In September 2014, CMS released the Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: California-Specific Reporting Requirements. Since its release, CMS has received additional feedback from California and the California Medicare-Medicaid Plans (MMPs). Based on the feedback, this updated release provides clarification on existing measures for MMPs, as well as adds new measures. CMS is requesting comments solely for the newly added measures – CA1.1, CA1.2, CA1.3, CA1.4, CA1.6, CA1.7, and CA3.1.

These state-specific measures supplement the reporting requirements in the core reporting requirements document. We will revise this document following the comment period for the newly added measures announced in this memorandum.

Please provide comments using the attached template by Monday, June 29, 2015 to the Medicare-Medicaid Coordination Office at MMCOCapsModel@cms.hhs.gov.

Below is a summary of the changes that have been made from the Contract Year 2014 California State-Specific Reporting Requirements.

Introduction

- Added an email address for technical assistance questions.

Definitions

- Updated the definition for Calendar Year for those MMPs that have a first effective enrollment date of July 1, 2015.

Variations from the Core Document

- Provide guidance for how CA MMPs should report Core Measure 9.2 and how to properly interpret “nursing home certifiable” or “nursing home level of care.”

Reporting on HRAs and ICPs Completed Prior to the First Effective Enrollment Date

- Provide guidance for those MMPs that have received CMS approval to complete HRAs 20 days prior to the first effective date of enrollment on how to report data for Core Measures 2.1 and 2.2, and CA Measures 1.1-1.4.

Guidance on HRAs and ICPs for Members with a Break in Coverage

- Provides guidance for MMPs to report HRAs, ICPs and reassessments in those instances where an enrollee has a break in coverage within a year from when the HRA and/or ICP were completed.

Reporting on Disenrolled and Retro-disenrolled Members

- Added clarifying language to explain how MMPs should report on disenrolled and retro-disenrolled members.

Data Submission and Applicable Measures

- Added language to provide instructions for submission of data through a new web-based Financial Alignment Initiative Data Collection System instead of through Excel spreadsheets to the CMS contractor NORC.

Resubmission of Data

- Added language to provide instructions to resubmit data after an established due date.

Measure CA1.1

- Clarified measure and added new data elements to capture members unwilling to complete a HRA or an ICP.
- Updated the edits, validation checks, and analysis to capture the new data elements.

- Added clarifying notes on the data elements to address unable to locate members and members unwilling to complete the HRAs, as well as how to address the initial risk level categorization.
- Notes were updated to include previously released FAQs.

Measure CA1.2

- Created a new measure to assess high risk members with an ICP within 30 working days after completion of the HRA.

Measure CA1.3

- Replaces the previous CA1.2 measure.
- Revises the data elements to capture completion of the HRAs for low-risk enrollees
- Updated the edits, validation checks, analysis and notes to reflect the revised data elements.

Measure CA 1.4

- Created a new measure to assess low risk members with an ICP within 30 working days after completion of the HRA.

Measure CA 1.5

- Changed numbering from CA1.3 to CA1.5.
- Updated the reporting due dates for the implementation and ongoing phases.
- Updated notes to reflect that Medicaid-only members should not be included in reporting data for this measure.
- Added clarifying note for reporting data elements B and D.

Measure CA1.6

- Changed numbering from CA1.4 to CA1.6.
- Updated data elements to distinguish initial ICPs and initial discussions of ICP goals.
- Added new data elements related to revised ICPs.
- Added validation checks for the new data elements.
- Clarified the analysis for the measure.
- Added clarifying notes describing which members should be included in the data elements.
- Added notes pertaining to sampling for purposes of this measure.

Measure CA1.7

- Changed numbering from CA1.5 to CA1.7.

- Clarified members to be included in data element A.
- Removed references to Drug Medi-Cal services.
- Added notes to detail which members should be included regardless if they are disenrolled as of the end of the reporting period.
- Added clarifying notes that Medicaid-only members should not be included for this measure.

Measure CA1.8

- Changed numbering from CA1.6 to CA1.8.

Measure CA1.9

- Changed numbering from CA1.7 to CA1.9.
- Revised the title of the measure to “IHSS social worker contact with member”.

Measure CA1.10

- Changed numbering from CA1.8 to CA1.10.
- Revised the title of the measure to “Satisfaction with IHSS social worker, home workers, personal care.”

Measure CA1.11

- Changed numbering from CA1.9 to CA1.11.
- Added clarifying notes that Medicaid-only members should not be included for this measure.
- Added notes to detail which members should be included regardless if they are disenrolled as of the end of the reporting period.

Measure CA1.12

- Changed the numbering from CA1.10 to CA1.12. Added clarifying notes that Medicaid-only members should not be included for this measure.
- Replaced references of “case manager” to “care coordinator” throughout the measure.
- Added notes to detail which members should be included regardless if they are disenrolled as of the end of the reporting period.

Measure CA2.1

- Clarified wording in the analysis.

- Added clarifying notes that Medicaid-only members should not be included for this measure.
- Added notes to detail which members should be included regardless if they are disenrolled as of the end of the reporting period.

Measure CA2.2

- Added in the analysis that will be used to assess the policies and procedures for this measure.
- Added in the email address for MMPs to submit the data for this measure directly to the State.

Measure CA3.1

- Revised the title of the measure.
- Updated the data elements related to physical access compliance.
- Added in language for the edits and validation checks.
- Provided analysis that helps define each data element -- physical access compliance policy, the person responsible for oversight, and the provider tool.
- Added in notes to provide additional guidance to the MMPs.

Measure CA4.1

- Added clarifying notes that Medicaid-only members should not be included for this measure.
- Added notes to detail which members should be included regardless if they are disenrolled as of the end of the reporting period.

Measure CA4.3

- Added clarifying notes that Medicaid-only members should not be included for this measure.
- Added notes to detail which members should be included regardless if they are disenrolled as of the end of the reporting period.
- Added notes to distinguish short-term and long-term stays.