



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2023
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. As with prior annual update cycles, revisions were made 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 28, 2022. Note that the Illinois-Specific Value Sets Workbook also includes changes; Illinois MMPs should carefully review and incorporate the updated value sets, particularly for measure IL3.4.

Illinois MMPs must use the updated specifications and value sets for measures due on or after May 31, 2023. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Introduction

- 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, one waiver code (GN) was removed from the Waiver Code table.
- In the Reporting on Disenrolled and Retro-disenrolled Members section, clarified that MMPs should report on all enrolled members who meet the definition of the data elements at the time of reporting deadline.