



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 29, 2024
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. 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 version previously released on February 28, 2023. 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, 2024. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Introduction

- Updated the SCDHHS website links for Home and Community Based Services (HCBS) and HCBS-like services in the Definitions section.

Measure SC6.2

- Updated the SCDHHS website links for the definitions of HCBS and HCBS-like services in the Notes section.