



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2025

TO: Medicare-Medicaid Plans in Massachusetts

FROM: Lauren Gavin
Acting Director, Models, Demonstrations and Analysis Group

SUBJECT: Revised Massachusetts-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: Massachusetts-Specific Reporting Requirements and corresponding Massachusetts-Specific Value Sets Workbook. These documents provide updated technical specifications and applicable codes for the state-specific measures that Massachusetts 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 Massachusetts MMPs.

Please see below for a summary of the substantive changes to the Massachusetts-Specific Reporting Requirements as compared to the prior version dated February 29, 2024. Note that the Massachusetts-Specific Value Sets Workbook also includes changes; Massachusetts MMPs should carefully review and incorporate the updated value sets, particularly for measures MA4.5, MA4.6, and MA6.2.

Massachusetts MMPs must use the updated specifications and value sets for measures due on or after June 2, 2025. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Measure MA4.5

- Revised the Notes section for data elements C, D, and E to align with updated specifications from the measure steward (NCQA/HEDIS).

Measure MA4.6

- Added guidance to the Notes section to clarify that when more than one depression screening is administered during the reporting period, the most recent depression screening should be referenced by the MMP.

- Also in the Notes section, clarified that in instances where more than one depression screening is administered to a member on the same day during the reporting period, the MMP should reach out to the provider where the screenings were administered to understand the provider's policy for administering screenings and which type of screening represents the final determination.