



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: December 14, 2015
TO: Medicare-Medicaid Plans
FROM: Sharon Donovan
Director, Medicare-Medicaid Coordination Office Program Alignment Group
SUBJECT: Revised CY 2015 Core Reporting Requirements for Medicare-Medicaid Plans

The purpose of this memorandum is to announce the release of the revised Calendar Year 2015 Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements. Medicare-Medicaid Plans (MMPs) should follow these revised requirements for all future submissions of 2015 measure data. Please see below for a description of the substantive changes that were made as compared to the prior version of the CY 2015 requirements. Note that the majority of the changes were communicated to MMPs previously via separate guidance.

Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

Summary of Substantive Changes

Introduction

- Added two sections to describe the process for submission and resubmission of MMP-specific core measures. Note that the procedures align with those that were previously communicated to MMPs via the state-specific reporting appendices.

Part C and Part D Reporting Sections

- Revised the Part C and Part D sections to reflect updates to the corresponding reporting requirements. This includes the suspension of one Part D measure, Long-Term Care (LTC) Utilization. Note that MMPs are required to report only the Part C and Part D measures that are included in the revised CY 2015 core reporting requirements.
- For more information about Part C reporting, please see the following link:
<https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/ReportingRequirements.html>.

- For more information about Part D reporting, please see the following link:
https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxContracting_ReportingOversight.html.

MMP-Specific Reporting Section

- Introduction Section – Added information about the new Core Value Sets Workbook, which includes all codes needed to report certain MMP-specific measures. The Core Value Sets Workbook is included with this memorandum.
- Core Measure 2.1 – Added the quality withhold benchmark information for Demonstration Year 1. The Notes section for this measure was also updated to include the supplementary guidance provided in the March 6, 2015 HPMS memorandum titled “Update to Contract Year 2015 Medicare-Medicaid Plan Reporting Requirements.” This memorandum is available at the following link: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/FinalCY2015CoreReportingMemo030615.pdf>
- Core Measure 2.2 – Added guidance in the Notes section to clarify that the measure should capture initial assessments only.
- Core Measure 2.3 – Replaced with the updated specifications that were previously released separately to MMPs via an August 13, 2015 HPMS memorandum titled “Update to Contract Year 2015 Medicare-Medicaid Plan Reporting Requirements.” This memorandum is available at the following link: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/FinalCY2015CoreReportingMemo081315.pdf>
- Core Measure 3.1 – Added clarification in the Notes section that a member can qualify for the measure multiple times during the measurement period if he/she has multiple inpatient discharges. This measure was also updated to remove the code tables since applicable codes are now provided separately in the Core Value Sets Workbook.
- Core Measure 5.3 – Added the quality withhold benchmark information for Demonstration Year 1. In the Notes section, also added the clarification that when reporting Elements B, C, D and E, MMPs should only include established consumer advisory board/governance board members.
- Core Measure 6.1 – Removed the specifications and added the notation that this measure is currently suspended. The suspension was previously communicated via an August 13, 2015 HPMS memorandum titled “Update to Contract Year 2015 Medicare-Medicaid Plan Reporting Requirements.” This memorandum is available at the following link: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/FinalCY2015CoreReportingMemo081315.pdf>

- Core Measure 9.1 – Removed the code tables since applicable codes are now provided separately in the Core Value Sets Workbook. Note that the workbook also includes the updated codes due to the ICD-10 conversion effective October 1, 2015.
- Core Measure 9.2 – Replaced with the final revised specifications. Note that the draft revised specifications were previously released for public comment on October 30, 2015. MMPs are required to use the final revised specifications for CY 2015 reporting as applicable (i.e. this measure is not reportable until Calendar Year 2 of each demonstration). Also note that the codes for this measure are included in the Core Value Sets Workbook.