DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE-MEDICAID COORDINATION OFFICE

DATE: November 1, 2023

TO: Medicare-Medicaid Plans

FROM: Lindsay P. Barnette
Director, Models, Demonstrations and Analysis Group

SUBJECT: CY 2024 Core Reporting Requirements for Medicare-Medicaid Plans

The purpose of this memorandum is to announce the release of the Calendar Year (CY) 2024 Medicare-Medicaid Capitated Financial Alignment Model Core Reporting Requirements and Value Sets Workbook. These documents provide updated technical specifications and applicable codes for the core measures that Medicare-Medicaid Plans (MMPs) collect and report in accordance with the applicable three-way contract.

As with every annual update cycle, we revised the requirements in an effort to streamline and clarify reporting expectations for MMPs. Please see below for a summary of the substantive changes as compared to the CY 2023 Core Reporting Requirements. Note that the Core Value Sets Workbook also includes changes; MMPs should carefully review and incorporate the updated value sets for Core Measure 9.1.

MMPs should follow these revised requirements for all reporting periods that commence on or after January 1, 2024. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Core Measure 2.1 – Added the Definitions sub-section to the Notes section to provide guidance on the definition of authorized representative.

Core Measure 3.2 – Added the Definitions sub-section to the Notes section to provide guidance on the definition of authorized representative. Added clarification to the Notes section for Data Element B that indicates a refusal to participate in the assessment does not also count as refusal to complete the care plan.

Core Measure 9.3 – Removed guidance about reporting on paid claims only from the Notes section for Data Element C to align with the 2022 MLTSS measure specifications.