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

DATE: October 25, 2017

TO: Medicare-Medicaid Plans

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

SUBJECT: CY 2018 Core Reporting Requirements for Medicare-Medicaid Plans

The purpose of this memorandum is to announce the release of the final Calendar Year (CY) 2018 Medicare-Medicaid Capitated Financial Alignment Model Core Reporting Requirements and Value Sets Workbook. Medicare-Medicaid Plans (MMPs) should follow these revised requirements for all reporting periods that commence on or after January 1, 2018.

As noted when the draft CY 2018 Core Reporting Requirements document was released for public comment on July 26, 2017, updates were made in order to clarify and simplify reporting expectations for MMPs, consistent with the Administration's commitment to burden reduction for states, health plans, and providers. We thank those organizations that provided comments on the proposed revisions. Please see below for a summary of the additional changes that were made based on the feedback received.

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

SUMMARY OF CHANGES

Core Measure 2.1 – Revised data element C and the Notes section to reaffirm the expectation that outreach attempts and refusals must be documented by the MMP. Also added a note to clarify that MMPs must continue to follow the applicable three-way contract regarding the required number of outreach attempts, but may report a member as 'unable to reach' under this measure after three outreach attempts.

Core Measure 3.2 – Revised data element C and the Notes section to reaffirm the expectation that outreach attempts and refusals must be documented by the MMP. Also added a note to clarify that MMPs must continue to follow the applicable three-way contract regarding the required number of outreach attempts, but may report a member as 'unable to reach' under this

measure after three outreach attempts. Additionally, clarified that the three outreach attempts should be specific to the completion of the care plan, and provided guidance on classifying outreach attempts when the member was or was not reached for an assessment. Lastly, clarified that MMPs should only report completed care plans where the member or the member's authorized representative was involved in the development of the care plan.

Core Measure 4.2 – Revised the Notes section to indicate that grievances and appeals related to supplemental benefits should be reported in the measure. Additionally, clarified that the date the MMP notified the member of its decision should be used to assess which reporting period the grievance or appeal should be reported within. Also added information regarding the types of grievances that should be included in the home health/personal care category.

Core Measure 9.1 – Revised the wording of data element A to improve clarity.