DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: November 1, 2021

TO: Medicare-Medicaid Plans

FROM: Lindsay P. Barnette

Director, Models, Demonstrations and Analysis Group

SUBJECT: CY 2022 Core Reporting Requirements for Medicare-Medicaid Plans

The purpose of this memorandum is to announce the release of the Calendar Year (CY) 2022 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 2021 Core Reporting Requirements. Note that the Core Value Sets Workbook also includes changes; MMPs should carefully review and incorporate the updated value sets, particularly for Core Measure 9.1.

MMPs should follow these revised requirements for all reporting periods that commence on or after January 1, 2022. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Core Measure 4.2 – In the Notes section, clarified that data elements M through S are mutually exclusive.

Core Measure 5.3 – In the Data Submission section, added guidance that MMPs should refer to the applicable state-specific reporting appendix for any reporting variations and additional fields required in the file name.