



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** March 10, 2021

**TO:** Medicare-Medicaid Plans in California

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

**SUBJECT:** Revised California-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: California-Specific Reporting Requirements and corresponding California-Specific Value Sets Workbook. These documents provide updated technical specifications and applicable codes for the state-specific measures that California Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration in accordance with Sections 2.16.4.1 and 2.19.2 of the Three-Way Contract. As with prior annual update cycles, CMS and the state revised these documents in an effort to streamline and clarify reporting for California MMPs.

Please see below for a summary of the substantive changes to the California-Specific Reporting Requirements as compared to the version previously released on February 28, 2020. Note that the California-Specific Value Sets Workbook also includes changes; California MMPs should carefully review and incorporate the updated value sets, particularly for measures CA1.11, CA4.1, and CA4.3.

California MMPs must use the updated specifications and value sets for measures due on or after June 1, 2021. California MMPs must also use the updated specifications and value sets when reporting measure CA1.11 on April 30, 2021. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at [mmcocapsreporting@cms.hhs.gov](mailto:mmcocapsreporting@cms.hhs.gov).

**SUMMARY OF CHANGES**

**Measure CA1.5**

- In the Notes section, added an instruction that data elements A and C should only include members who are currently enrolled as of the last day of the reporting period, including deceased members who were enrolled through the end of the reporting period.

**Measure CA1.7**

- In the Edits and Validation Checks section, added a requirement that MMPs validate that the sum of data elements B and C and the sum of data elements D and E do not exceed data element A.
- In the Notes section, clarified that data elements B, C, D, and E are subsets of data element A.

**Measure CA1.11**

- In the Notes section, updated the list of value sets for identifying data element B to include a new Telephone Visits value set.

**Measure CA4.1**

- In the Notes section, added guidance for reporting data element C, which should be based on de-duplicated, adjudicated claims. Also clarified that MMPs may report based on facility claims only to avoid double counting the hospital claim submission and the professional claim submission for the same ED visit.