



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: December 16, 2016
TO: Medicare-Medicaid Plans
FROM: Lindsay P. Barnette
Director, Models, Demonstrations and Analysis Group
Medicare-Medicaid Coordination Office
SUBJECT: CY 2017 Core Reporting Requirements for Medicare-Medicaid Plans

The purpose of this memorandum is to announce the release of the Calendar Year (CY) 2017 Medicare-Medicaid Capitated Financial Alignment Model Core Reporting Requirements. Medicare-Medicaid Plans (MMPs) should follow these revised requirements for all reporting periods that commence on or after January 1, 2017.

Please see below for a summary of the substantive changes that were made as compared to the CY 2016 reporting requirements document that was previously released on August 10, 2016.

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

SUMMARY OF CHANGES

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 addition of one new Part D measure, “Improving Drug Utilization Review Controls.” Note that MMPs are required to report only the Part C and Part D measures that are included in the CY 2017 Core Reporting Requirements.

MMP-Specific Reporting Section

- Core Measure 2.1 – In the Notes section, added a reference to the Core 2.1 FAQ document located on the CMS website: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html>

- Core Measure 4.2 – Revised the reporting frequency from quarterly to annual. Note that MMPs will continue to report quarterly reporting periods for this measure, but will do so on an annual basis.
- Core Measure 5.1 – In the Notes section, added guidance that FTE reported values should be rounded to the nearest positive integer. Additionally, clarified that data element D should include care coordinators who are assigned to a different role within the MMP.
- Core Measure 5.3 – In the Data Element Definitions table, clarified that data element E should be a subset of both data elements C and D. In the Edits and Validation Checks section, added additional checks that MMPs should perform prior to measure submission.
- Core Measure 7.1 – Revised to reflect the correct due date (third Tuesday of September).
- Core Measure 8.1 – Revised to require reporting of this measure during the initial implementation period only. Note that information about the implementation period for each demonstration is provided in the state-specific reporting requirement appendices.
- Core Measure 9.2 – In the Notes section, clarified that data element B should count all members who were nursing home certifiable for more than 100 continuous days at any point during the previous reporting period (January through December). Also added guidance on determining nursing home certifiable status for members with a one month coverage gap in the previous reporting period. And finally, clarified that for purposes of reporting this measure, the term “nursing facility” includes skilled nursing facilities, but does not include adult family care homes, assisted living facilities, intermediate care facilities, or supportive living facilities.