



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: November 1, 2018

TO: Medicare-Medicaid Plans

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

SUBJECT: CY 2019 Core Reporting Requirements for Medicare-Medicaid Plans

The purpose of this memorandum is to announce the release of the Calendar Year (CY) 2019 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, 2019.

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 2018 Core Reporting Requirements.

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

SUMMARY OF CHANGES

Introduction – Added a new section titled “Reporting on Passively Enrolled and Opt-In Enrolled Members,” which instructs MMPs to include all members who meet measure criteria, regardless of whether the member was enrolled through passive or opt-in enrollment. Note that this guidance was previously included in the Notes section for each core measure.

Medicare Part C Reporting Requirements – Removed the Grievances reporting section and the Organization Determinations/Reconsiderations reporting section, since we anticipate that MMPs will not be required to report these sections as of CY 2019 in order to eliminate duplication with Core Measure 4.2.

Medicare Part D Reporting Requirements – Removed the Retail, Home Infusion, and Long-Term Care Pharmacy Access reporting section, since we anticipate that this section will be eliminated for all Part D sponsors as of CY 2019.

General Changes to MMP-Specific Core Measures – For all core measures, formulas were added to the Analysis sections to further clarify how measure rates are calculated. Additionally, the Notes sections were reorganized to add subheadings that group bullets by relevance for reporting each data element.

Core Measure 2.1 – In the Notes section, clarified that members included in data element A must be continuously enrolled from the most recent effective enrollment date through 90 days of enrollment with no gaps. Additionally, revised guidance in the Notes section for data element B to further clarify the criteria that qualify a member as unwilling to participate in the assessment.

Core Measure 2.3 – Revised the data element E definition to confirm that members must be enrolled for at least 90 continuous days during the previous reporting period. In the Notes section, added guidance regarding inclusion of a re-enrolled member in both Core Measure 2.1 and Core Measure 2.3.

Core Measure 3.2 – In the Notes section, clarified that members included in data element A must be continuously enrolled from the most recent effective enrollment date through 90 days of enrollment with no gaps. Additionally, revised guidance in the Notes section to further clarify the criteria that qualify a member as unwilling to participate in the care plan (data element B) and the criteria for classifying outreach attempts for the purpose of completing a care plan (data element C). Lastly, added a link to the Core Measure 3.2 FAQ document on the CMS website.

Core Measure 9.1 – Updated the reporting frequency from quarterly to annually (note that MMPs will continue to report quarterly reporting periods for this measure, but will do so on an annual basis). Revised the name and definition of data element A to simplify the language and better reflect the data captured by the element. In the Notes section, clarified that two different emergency department (ED) visits on the same date of service should be counted separately in data element A. Also in the Notes section, expanded the guidance regarding excluding ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit. Finally, in the separate Core Value Sets Workbook, added an Inpatient Stay value set for this measure and updated the Mental Health Diagnosis value set to include four new ICD-10 codes.