



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: July 30, 2019

TO: Medicare-Medicaid Plans

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

SUBJECT: Request for Comments on Updates to the CY 2020 Core Reporting Requirements for Medicare-Medicaid Plans

Included with this memorandum is the draft Calendar Year (CY) 2020 Medicare-Medicaid Capitated Financial Alignment Model Core Reporting Requirements for Medicare-Medicaid Plans (MMPs).¹ Please see below for a summary of the substantive changes as compared to the CY 2019 Core Reporting Requirements. At this time, we are seeking comments on these proposed changes only. Please submit any comments, using the included template, to the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov by August 20, 2019. We will revise the draft document as appropriate based on comments received.

SUMMARY OF CHANGES

Core Measure 4.2 – In the Notes section, clarified that this measure should not include appeals from contract providers that are governed under the contractual arrangement between the MMP and the provider. Also clarified that data element R should not include post-service payment appeals from contract providers, but should include post-service payment appeals from the member, their authorized representative, or a non-contract provider who signed a Waiver of Liability.

Core Measure 9.3 – Added this reporting requirement, which is based on the “Minimizing Institutional Length of Stay” measure from the newly developed Medicaid managed long term services and supports (LTSS) quality measure set. We are adding this measure in support of our ongoing efforts to address measurement gaps for MMPs, particularly in the area of community integration/LTSS.

¹ For informational purposes, we have also included the draft CY 2020 Core Value Sets Workbook, which is a separate file that provides the codes needed to report certain MMP-specific measures. Note that additional coding changes may be included in the final release.