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



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: November 1, 2022

TO: Medicare-Medicaid Plans

FROM: Lindsay P. Barnette

Director, Models, Demonstrations and Analysis Group

SUBJECT: CY 2023 Core Reporting Requirements for Medicare-Medicaid Plans

The purpose of this memorandum is to announce the release of the Calendar Year (CY) 2023 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 2022 Core Reporting Requirements. Note that the Core Value Sets Workbook also includes changes; MMPs should carefully review and incorporate the updated value sets for Core Measures 9.1, 9.2, and 9.3.

MMPs should follow these revised requirements for all reporting periods that commence on or after January 1, 2023. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Core Measure 5.3 – Revised the reporting template to better align with the measure specifications. The updated template is posted on the MMP Reporting Requirements webpage.

Core Measure 9.3 – Removed the term "institutional" from the measure name and throughout the specifications to align with updates by the measure steward. Revised the facility admission definition in the Notes section to clarify that the facility admission is based on paid claims only. Added guidance to the Notes section for data element A on retaining the original facility admission that preceded a direct transfer. And finally, removed guidance regarding reporting on paid claims only from the Notes section for data element B to align with updates by the measure steward.