



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** May 21, 2019  
**TO:** Medicare-Medicaid Plans  
**FROM:** Lindsay P. Barnette  
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**SUBJECT:** 2019 Performance Measure Validation Requirements for Medicare-Medicaid Plans

As you know, Medicare-Medicaid Plans (MMPs) are required to report various monitoring and performance measures as articulated in the Medicare-Medicaid Capitated Financial Alignment Model Core Reporting Requirements and State-Specific Reporting Requirements.<sup>1</sup> In order to ensure that MMPs' reported data are reliable, valid, complete, and comparable, CMS sponsors ongoing performance measure validation (PMV) of select measures. For the 2019 PMV cycle (covering data reported for the 2018 measurement year), the following core measures will be validated:

- Members with an assessment completed within 90 days of enrollment (Core 2.1)
- Members with a care plan completed within 90 days of enrollment (Core 3.2)

Similar to previous cycles, the PMV review of the MMPs' reported data will consist of pre-validation, remote validation, and post-validation activities focusing on enrollment and eligibility data processes, assessment and care plan completion processes, performance measure production, and primary source verification. Every effort will be made to ensure that each step in the PMV review is as streamlined as possible. CMS expects that the pre-validation activities will commence in June 2019, with remote validation (i.e., WebEx reviews) occurring in August, September, and October 2019. Final PMV reports will be available in January 2020.

Note that beginning with the 2019 PMV cycle, MMPs will be limited to no more than two WebEx reviews during the review period. Additionally, MMPs that receive a finding of "Not Reported (NR)" in their final PMV report for Core 2.1 and/or Core 3.2 may be subject to compliance action from CMS.

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<sup>1</sup> The Core and State-Specific Reporting Requirements documents are available on the CMS website at: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPReportingRequirements.html>

In the upcoming weeks, CMS contractors NORC at the University of Chicago (NORC) and Health Services Advisory Group, Inc. (HSAG) will be in touch with MMPs to provide more information about next steps. Should you have any questions in the meantime, please contact the Medicare-Medicaid Coordination Office at [mmcocapsreporting@cms.hhs.gov](mailto:mmcocapsreporting@cms.hhs.gov).