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



## MEDICARE-MEDICAID COORDINATION OFFICE

**DATE:** May 21, 2018

**TO:** Medicare-Medicaid Plans

**FROM:** Lindsay P. Barnette

Director, Models, Demonstrations and Analysis Group

**SUBJECT:** 2018 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 core and state-specific measures. For the 2018 PMV cycle (covering data reported for the 2017 measurement year), the following measures will be validated:

- Members with an assessment completed within 90 days of enrollment (Core 2.1)
- Members with a care plan completed within the state-specific timeframe (CA1.2, CA1.4, IDD1.1, IL3.1, MA1.1, MI2.1, NY2.1, OH1.1, RI1.1, SC2.1, TX1.1, and VA2.1)

Similar to previous cycles, the PMV review of the MMPs' reported data will consist of prevalidation, 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 2018, with remote validation (i.e., WebEx reviews) occurring in August, September, and October 2018. Final PMV reports will be available in January 2019.

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.

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