

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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**CENTER FOR MEDICARE & MEDICAID SERVICES**

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**TO:** Medicare -Medicaid Plans

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**SUBJECT:** Final Contract Year 2014 Medicare-Medicaid Plan Reporting Requirements

In June 2013, CMS released a draft of the Medicare-Medicaid Capitated Financial Alignment Model reporting requirements for comment. The purpose of this document is to provide Medicare-Medicaid Plans (MMPs) with the technical specifications for the metrics that all MMPs will be required to collect and report under the Demonstration. CMS received over 500 comments from a variety of stakeholders, including states, advocates, trade organizations, and MMPs. The attached reporting requirements document incorporates the feedback received and serves as final guidance for MMPs in all states for Contract Year 2014. Therefore, MMPs should use the attached specifications to incorporate the reporting requirements into their systems in preparation for implementation in their respective states.

The final reporting requirements are divided into three sections. Sections 1 and 2 consist of all reporting requirements for Medicare Parts C and D. These requirements are consistent with the Medicare Parts C and D plan reporting requirements. Section 3 of the document consists of the core requirements that are unique for the Capitated Financial Alignment Model across all states. Specifications for these demonstration-specific measures describe their reporting frequency and due dates.

A separate appendix will be provided with state-specific measures and reporting requirements for MMPs operating in each state. These measures will supplement the reporting requirements in the core document described above. Specifications for these state-specific demonstration measures will describe their reporting frequency and due dates. Other state-specific reporting requirements will be provided on a rolling basis as separate guidance at a later date. Until their

state-specific reporting requirements are available, we recommend that MMPs familiarize themselves with the Massachusetts-specific reporting requirements as they prepare for implementation of their own reporting requirements. The Massachusetts-specific reporting document is posted at <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsInCareCoordination.html>

MMPs are also required to meet established thresholds on certain quality-related measures in order to earn back a percentage of the rate that is specifically withheld for this purpose. Specifications for these measures are included in both the core reporting requirements as well as the state-specific appendices; however, additional detail regarding the reimbursement methodology associated with the quality withhold payments and required thresholds will be provided in subsequent guidance.

Please contact the Medicare-Medicaid Coordination Office at [mmcocapsmodel@cms.hhs.gov](mailto:mmcocapsmodel@cms.hhs.gov) if you have any questions.