



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: November 1, 2024

TO: Medicare-Medicaid Plans

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

SUBJECT: CY 2025 Core Reporting Requirements for Medicare-Medicaid Plans

The purpose of this memorandum is to announce the release of the Calendar Year (CY) 2025 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 2024 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 Measure 9.1.

MMPs should follow these revised requirements for all reporting periods that commence on or after January 1, 2025. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsreporting@cms.hhs.gov.

SUMMARY OF CHANGES

Medicare Part C and Part D Reporting Requirements Sections – Clarified that MMPs are excluded from Part C and Part D reporting as of the CY 2025 reporting period.

Core Measure 4.2 – Removed references to reporting of Part D appeals and grievances under the Part D Reporting Requirements.

Core Measure 7.1 – Retired the measure, since Medicare provider network reporting is not required for MMPs in CY 2025.

Core Measure 9.3 – Revised the specifications to align with updates by the measure steward, including modifying the definitions for “facility” and “community residence,” adding a definition for “measurement period,” and updating the risk adjustment guidance for Data Element C in the Notes section.