



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** May 20, 2024  
**TO:** Medicare-Medicaid Plans  
**FROM:** Lindsay P. Barnette  
Director, Models, Demonstrations, and Analysis Group  
**SUBJECT:** 2024 Performance Measure Validation Requirements for Medicare-Medicaid Plans

As you know, Medicare-Medicaid Plans (MMPs) report various monitoring and performance measures consistent with the three-way contracts with states, the Medicare-Medicaid Capitated Financial Alignment Model Core Reporting Requirements, and State-Specific Reporting Requirements.<sup>1</sup> To ensure that MMPs' reported data are reliable, valid, complete, and comparable, CMS sponsors ongoing performance measure validation (PMV) of certain measures. For the 2024 PMV cycle (covering data reported for the 2023 measurement year), CMS will select a subset of MMPs to undergo validation. The selection will be based on performance in prior PMV cycles, concerns regarding data accuracy, and/or a random sample. All MMPs, including those not selected for the 2024 PMV cycle, will be eligible for selection in future PMV cycles. For the selected MMPs, 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 selected 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 2024, with remote validation (i.e., virtual reviews) occurring in August and September 2024. Final PMV reports will be available in December 2024.

As with the prior PMV cycle, selected MMPs will be limited to no more than two virtual reviews during the review period. Additionally, selected MMPs that receive a finding of "Do Not Report

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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>

(DNR)” in their final PMV report for Core 2.1 and/or Core 3.2 may be subject to compliance action from CMS.

In the coming 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, including informing each MMP regarding its selection status. 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).