



**MEDICARE-MEDICAID COORDINATION OFFICE**

---

**DATE:** February 28, 2022  
**TO:** Medicare-Medicaid Plans in California  
**FROM:** Lindsay P. Barnette  
Director, Models, Demonstrations and Analysis Group  
**SUBJECT:** Revised California-Specific Reporting Requirements and Value Sets Workbook

The purpose of this memorandum is to announce the release of the revised Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: California-Specific Reporting Requirements and corresponding California-Specific Value Sets Workbook. These documents provide updated technical specifications and applicable codes for the state-specific measures that California Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration in accordance with Sections 2.16.4.1 and 2.19.2 of the Three-Way Contract. As with prior annual update cycles, revisions were made in an effort to streamline and clarify reporting expectations for California MMPs.

Please see below for a summary of the substantive changes to the California-Specific Reporting Requirements as compared to the prior version dated February 26, 2021. Note that the California-Specific Value Sets Workbook also includes changes; California MMPs should carefully review and incorporate the updated value sets, particularly for measures CA4.1 and CA4.3.

California MMPs must use the updated specifications and value sets for measures due on or after May 31, 2022. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at [mmcocsreporting@cms.hhs.gov](mailto:mmcocsreporting@cms.hhs.gov).

## **SUMMARY OF CHANGES**

### **Introduction**

- In the Definitions section, clarified that definitions for terms listed in that section and throughout the Reporting Requirements apply whenever the term is used, unless otherwise noted.
- In the Hybrid Sampling section, added clarification to the steps for determining the oversample.