



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** February 29, 2024

**TO:** Medicare-Medicaid Plans in Illinois

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

**SUBJECT:** Revised Illinois-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: Illinois-Specific Reporting Requirements and corresponding Illinois-Specific Value Sets Workbook. These documents provide updated technical specifications and applicable codes for the state-specific measures that Illinois Medicare-Medicaid Plans (MMPs) are required to collect and report under the demonstration. As with prior annual update cycles, revisions were made in an effort to streamline and clarify reporting expectations for Illinois MMPs.

Please see below for a summary of the substantive changes to the Illinois-Specific Reporting Requirements as compared to the prior version dated February 28, 2023. While there were no changes to the Illinois-Specific Value Sets Workbook, Illinois MMPs should carefully review the value sets to ensure accurate reporting.

Illinois MMPs must use the updated specifications and value sets for measures due on or after May 31, 2024. Should you have any questions, please contact the Medicare-Medicaid Coordination Office at [mmcocapsreporting@cms.hhs.gov](mailto:mmcocapsreporting@cms.hhs.gov).

## **SUMMARY OF CHANGES**

### **Introduction**

- Removed five waiver codes used to indicate members' waiver enrollments for Core 9.2 in the Variations from the Core Reporting Requirements Document section.

### **Measure IL2.2**

- Revised the Edits and Validations Checks section to clarify the intent of the measure validation checks.