



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: September 8, 2015

TO: Medicare-Medicaid Plans

FROM: Sharon Donovan
Director, Program Alignment Group

SUBJECT: Contract Year 2015 Chronic Care Improvement Program and Quality Improvement Project Information for Medicare-Medicaid Plans

The purpose of this memorandum is to provide Medicare-Medicaid Plans (MMPs) with information about the contract year (CY) 2015 Chronic Care Improvement Program (CCIP) and Quality Improvement Project (QIP) Annual Update and initial Plan section submissions.

Under the Financial Alignment Initiative, CMS is seeking to advance an integrated quality and performance improvement program in which MMPs submit a single set of quality and performance improvement projects that meet the requirements and needs of both CMS and the states, avoid unnecessary duplication, and reduce burden for plans.

Managed care organizations that participate in Medicare and/or Medicaid are required by regulation¹ to develop and implement quality/performance improvement programs and related projects. Under Medicare Advantage (MA), plans are required to conduct and report on: (1) a quality improvement project (QIP) that addresses specified clinical and non-clinical areas of health care that would improve the health outcomes for enrollees; and (2) a chronic care improvement project (CCIP) that targets MA enrollees with multiple or sufficiently severe chronic conditions. Under Medicaid, plans are required to conduct performance improvement projects (PIPs) to assess and improve processes, and ultimately outcomes, of care. Both QIPs and PIPs use a continuous quality improvement model to identify quality problems, implement interventions, evaluate the results, and develop system-wide changes to increase and sustain improvements.

To accomplish CMS' goal of an integrated quality and performance improvement program under the capitated financial alignment model, MMPs will submit **all** required quality and performance improvement projects outlined in the three-way contract, including CCIPs, PIPs and QIPs, via

¹ 42 CFR 422.152 and 42 CFR 438.240 respectively

the HPMS Plan Reporting Module for joint review and approval by CMS and the respective state. Through the HPMS module, MMPs will submit at least two (2) improvement projects: one that will satisfy the general Medicare QIP requirements and one focused on chronic care to satisfy the Medicare CCIP requirements. The ultimate number of topics an MMP will be required to submit and the topics for each will be determined by each state, in consultation with CMS, and provided to MMPs via HPMS under separate cover. We note that MMPs will not be subject to the same mandatory topics as MA-PD plans.

All MMPs whose contracts were first effective at any point in CY 2015 must submit an initial Plan for its CCIP and QIP as part of the broader Medicare Advantage Organization (MAO) CCIP and QIP Annual Update and Initial Plan submission via the HPMS Plan Reporting Module. As stated in the August 12, 2015 HPMS memorandum, “Training information for Chronic Care Improvement Program and Quality Improvement Projects,” MMPs that submitted initial Plan sections in CY 2014 are required to submit their Annual Update during that time as well. The window for all submissions will be from **12:00 am** EST on October 5, 2015 through **8:00 pm** EST on October 13, 2015.

Please contact the Medicare-Medicaid Coordination Office at mmcocapsmodel@cms.hhs.gov if you have any questions.