



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: September 11, 2017

TO: Medicare-Medicaid Plans

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

SUBJECT: Changes to Medicare-Medicaid Plan Model of Care Requirements

The purpose of this memorandum is to notify Medicare-Medicaid Plans (MMPs) of changes to Model of Care (MOC) requirements as part of CMS' ongoing efforts to reduce administrative burden in the Medicare and Medicaid programs. Specifically, effective upon release of this memorandum, MMPs will no longer be required to maintain or submit a MOC to CMS or to states for review and approval except as detailed below.

As part of the implementation of capitated financial alignment model demonstrations in 2013, CMS extended the MOC requirements applicable to Medicare Advantage Special Needs Plans (SNPs) to MMPs. As a result, all current MMP contracts have been required to submit a MOC for review and approval consistent with the process used for SNPs.

In collaboration with our state partners, CMS has determined that the MOC process is burdensome and duplicative of a variety of other operational care management requirements we have implemented for MMPs since the beginning of each demonstration that accomplish the same goals. These include: (1) care management, assessment, and care plan requirements included in each state's three-way contract; (2) incorporation of demonstration-specific care management and quality improvement program requirements into our MMP auditing strategy and data validation processes; (3) systematic collection and monitoring of data related to initial and ongoing health risk assessments and care plan completion as part of our core set of MMP-specific plan-reported measures; and (4) processes for collaborative partnerships with MMPs based on monitoring of reported data to continuously improve performance. As a result, CMS is changing the MOC requirement for MMPs as part of our ongoing efforts to reduce burden for plans and states.

Following are some operational clarifications related to this policy change:

- **Maintenance of currently approved MOCs.** Effective immediately, MMPs will no longer need to maintain currently approved MOCs. The only exception to this is for MMPs that were selected for 2017 audits, as documentation for the currently-approved MOC is required for purposes of the audit. Audit protocols will be modified for 2018 and beyond to reflect this policy change. While CMS works to remove the MMP MOC functionality, MMPs should not submit off-cycle changes in HPMS, as they will not be reviewed.

- **Submission of MOCs for MMPs with MOCs expiring on December 31, 2018.** MMPs with MOC approvals expiring on December 31, 2018 will not be required to submit an updated MOC for review and approval in February 2018. The current Health Plan Management System (HPMS) functionality will be updated to reflect this policy change.
- **Mention of MOCs in marketing materials.** As provided in the Medicare Marketing Guidelines and state-specific marketing guidance, MMPs are not permitted to market their MOC score but may include a disclaimer indicating that their MOC has been approved by the National Committee for Quality Assurance (NCQA) and, as applicable, by the state. MMPs will not be required to make changes to currently approved materials or to current stock of materials including this disclaimer language. However, effective with the release of this memorandum, new marketing materials submitted in HPMS may no longer include this disclaimer language. State-specific marketing guidance will be updated in the CY 2019 cycle to reflect this policy change.
- **Three-way contract changes.** Any changes to three-way contracts that are necessary to reflect this policy change will be made in the next contract amendment for each state.
- **No impact on Medicare Advantage.** This policy change only impacts MMPs. This memo does not apply to Medicare Advantage Special Needs Plans.

For any questions about the contents of this memorandum, please contact your Contract Management Team or the Medicare-Medicaid Coordination Office at mmcocapsmodel@cms.hhs.gov.