

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
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**CENTERS FOR MEDICARE & MEDICAID SERVICES**

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**DATE:** November 3, 2014

**TO:** Medicare-Medicaid Plans Operating in Ohio

**FROM:** Kathryn A. Coleman  
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Tim Engelhardt  
Director, Models, Demonstrations and Analysis Group, Medicare Medicaid Coordination Office

**SUBJECT:** Contract Year 2014 Chronic Care Improvement Program and Quality Improvement Project Information for Medicare-Medicaid Plans in Ohio

The purpose of this memorandum is to provide additional clarification/information associated with the contract year (CY) 2014 Chronic Care Improvement Program (CCIP) and Quality Improvement Project (QIP) initial Plan section that Medicare-Medicaid Plans (MMPs) in Ohio are required to submit.

As outlined in our October 17, 2014 memo, MMPs will submit **all** required quality and performance improvement projects outlined in the three-way contract via 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.

MMPs operating in Ohio will be required to submit:

- One (1) QIP on long-term care, in support of the state's rebalancing and diversion efforts.
- One (1) CCIP on cardiovascular disease.

Please contact the Medicare-Medicaid Coordination Office at [mmcocapsmodel@cms.hhs.gov](mailto:mmcocapsmodel@cms.hhs.gov) if you have any questions.