



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: October 5, 2017

TO: California Medicare-Medicaid Plans

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

SUBJECT: California MMPs: Contract Year 2017 Quality Improvement Project Information

The purpose of this memorandum is to provide information associated with the procedural changes for the contract year (CY) 2017 Quality Improvement Project (QIP) initial Plan Sections and Annual Updates that the Medicare-Medicaid Plans (MMPs) operating in the California capitated financial alignment model demonstration are required to submit.

QIP Annual Update #2 (2015 – 2017 cycle) and Annual Update #3 (2016 – 2018 cycle):

1. Based on state-specific feedback, the MMPs in California will be required to use the QIP module in HPMS for submitting the Annual Update #2 (contracts that started in 2015) and Annual Update #3 (contracts that started in 2014) submissions for the current QIP 3-year cycle. As MMPs have done in the past, they will be required to submit information directly to CMS via the QIP module in the HPMS system for a joint review by CMS reviewers and state reviewers in January 2018.
2. As a result, the MMPs in California will be required to follow the same process and format for the QIP Annual Update #2 and Annual Update #3 submissions via the QIP module in the HPMS system as previous years and according to the QIP MMP User Guide documentation. The Annual Update #2 and Annual Update #3 submissions will take place during the open window in January 2018 (Monday - January 8, 2018 through Friday - January 12, 2018).

QIP Plan Section (2018 – 2020 cycle):

1. Based on state-specific feedback, the MMPs in California will not be required to use the QIP module in HPMS for submitting the new Plan Section submission for the next QIP

3-year cycle. While MMPs in California are still required to conduct the QIP, they will no longer be required to submit information directly to CMS via the QIP module in the HPMS system for a joint review by CMS reviewers and state reviewers in October 2017.

2. As a result, the MMPs in California will be required to submit the new Plan Section submissions directly to the state for a state-only review in the fall of 2017. The state will determine the method and format for those submissions and will issue guidance to plans. Please note that the MMPs in California are still subject to QIP requirements, even if plans are not directly reporting them to CMS via the QIP module in the HPMS system.
3. In addition, MMPs in California will be required to send the Contract Management Team (CMT) a courtesy copy of the final approved new Plan Section submissions following the state's review, for CMS records.

If you have any questions, please contact the Medicare-Medicaid Coordination Office at mmcocapsmodel@cms.hhs.gov.