



CENTERS FOR MEDICARE & MEDICAID SERVICES

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TO: Medicare-Medicaid Plans Operating in Illinois

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

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 Illinois 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 Illinois will be required to submit:

- Two (2) QIPs on
 1. Care Coordination
 - Draft Study Question: Do targeted interventions increase the number of high to moderate-risk members who:
 - Do not have a readmission within 30 days of a hospital discharge?
 - Had two or more targeted care coordination interactions during medical hospitalization and/or post-acute care discharge?
 - Accessed community resources within 14 days of discharge?
 2. Behavioral Health
 - Draft Study Question: Do targeted interventions increase the percentage of members 6 years of age and older who were hospitalized for a mental health

diagnosis, discharged and had an outpatient visit with a mental health practitioner within 7 and 30 days?

- One (1) CCIP on Hypertension Management
 1. Draft Study Question: Will increased screening and improving education and compliance with blood pressure medications improve the rate for controlling high blood pressure for the following:
 - **Preventive Care and Screening: High Blood Pressure**
NQF 0013- Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.
 - **Hypertension (HTN): Controlling High Blood Pressure**
NQF 0018- Percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.
 - **Self Management:** Measurement to be determined—are members taking their own blood pressure and reporting it to their physician.

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