

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: November 3, 2014

TO: Medicare-Medicaid Plans Operating in Massachusetts

FROM: Kathryn A. Coleman
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SUBJECT: Contract Year 2014 Chronic Care Improvement Program and Quality Improvement Project Information for Medicare-Medicaid Plans in Massachusetts

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 Massachusetts 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 Massachusetts will be required to submit:

- One (1) QIP; MMPs may select one of the following topics (as outlined in Appendix E of the three-way contract—please review for additional detail).
 - Emergency Department (ED) utilization among enrollees and impact of long term supports and services (LTSS) on such usage;
 - Use of IL-LTSS Coordinators by enrollees; or
 - Access issues experienced by enrollees.

- One (1) CCIP; MMPs may select either cardiovascular disease or diabetes as the focus of the CCIP.

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