

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 Virginia

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 Virginia

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 Virginia 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 Virginia will be required to submit:

- One (1) QIP on enrollee care management, including enrollee assessment, care planning, facilitation, care and support services coordination, evaluation and advocacy for options and services in order to meet an individual's medical, behavioral health psychosocial and other needs. The Virginia Department of Medical Assistance Services (DMAS) will provide MMPs with additional detail regarding this required topic.
- One (1) CCIP on cardiovascular disease consistent with the MA-PD CCIP requirements and in support of the Million Hearts Campaign.

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