



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: November 22, 2016

TO: Illinois Medicare-Medicaid Plans Required to Resubmit Model of Care for CY 2018

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

SUBJECT: Illinois MMPs: CY 2018 Model of Care Requirements

This memorandum provides Illinois Medicare-Medicaid Plans (MMPs) required to resubmit their model of care (MOC) following their initial approval by the National Committee for Quality Assurance (NCQA) with guidance on the substantive requirements of that resubmission. Given that the currently approved MOC expires on December 31, 2017, your organization must submit an updated MOC for CY 2018 and beyond by February 15, 2017. Additional information about the submission process will be provided to all resubmitting Medicare Advantage Special Needs Plans (SNPs) and MMPs later this year, including dates for training calls in early 2017.

CMS has worked with Illinois to tailor the current CMS MOC elements to reflect requirements and processes for Illinois MMPs. In addition, unlike the initial MOC submissions at the time of application, Illinois will review MOCs concurrently with NCQA based on the inclusion of state-specific elements. In the attached CY 2018 MOC matrix upload document, CMS' MOC requirements are captured in Elements 1 through 4, and the state-specific requirements appear in Additional State Elements 1 through 4. NCQA will review the standard CMS required elements, and the state will review the state-specific elements.

In addition, Illinois MMPs should ensure that their entire MOC submission is aligned with the care model, health risk assessment, and Enrollee Care Plan and care coordination provisions in sections 2.5 and 2.6 of the three-way contracts.

Illinois MMPs receiving this memorandum must submit their MOCs and completed versions of the attached matrix upload documents via HPMS no later than **February 15, 2017**. Illinois will provide MMPs with the results of its review of state-specific information in the MOC submission concurrent with MMPs' receipt of NCQA's comments and scoring in HPMS in April 2017. MMPs will have an opportunity to make revisions to state-specific information in the MOCs to address state comments as indicated by the state. Changes to CMS' MOC requirements will be permitted consistent with CMS' policy for SNP MOC resubmissions.

Any questions regarding the contents of this memorandum should be directed to your contract management team or to the Medicare-Medicaid Coordination Office at mmcocapsmodel@cms.hhs.gov