



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: October 5, 2017

TO: Ohio Medicare-Medicaid Plans

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

SUBJECT: Ohio 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 Ohio capitated financial alignment model demonstration are required to submit.

QIP Annual Update #3 (2015 – 2017 cycle):

1. Based on state-specific feedback, the MMPs in Ohio will not be required to use the QIP module in the HPMS system for submitting the Annual Update #3 submissions for the current QIP 3-year cycle. While MMPs in Ohio 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 January 2018.
2. As a result, the MMPs in Ohio will be required to submit the Annual Update #3 directly to the state for a state-only review. The state will determine the method and format for those submissions and will issue guidance to plans. Please note that the MMPs in Ohio 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 Ohio will be required to send the Contract Management Team (CMT) a courtesy copy of the final approved Annual Update #3 submissions following the state's review, for CMS records.

QIP Plan Section (2018 – 2020 cycle):

1. Based on state-specific feedback, the MMPs in Ohio will not be required to use the QIP module in the HPMS system for submitting the new Plan Section submissions for the next QIP 3-year cycle. While MMPs in Ohio 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 Ohio 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 Ohio 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 Ohio 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.