DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850



## MEDICARE-MEDICAID COORDINATION OFFICE

**DATE:** October 5, 2017

**TO:** Texas Medicare-Medicaid Plans

**FROM:** Lindsay P. Barnette

Director, Models, Demonstrations, and Analysis Group

**SUBJECT:** Texas 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) Annual Updates that the Medicare-Medicaid Plans (MMPs) operating in the Texas capitated financial alignment model demonstration are required to submit.

## **QIP Annual Update #2 (2016 – 2018 cycle):**

- Based on state-specific feedback, the MMPs in Texas will not be required to use the QIP module in the HPMS system for submitting the Annual Update #2 submissions for the current QIP 3-year cycle. While MMPs in Texas 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 Texas will be required to submit the Annual Update #2 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 Texas 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 Texas will be required to send the Contract Management Team (CMT) a courtesy copy of the final approved Annual Update #2 submissions following the state's review, for CMS records.

If you have any questions, please contact the Medicare-Medicaid Coordination Office at <a href="mmcocapsmodel@cms.hhs.gov">mmcocapsmodel@cms.hhs.gov</a>.