



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: November 20, 2015

TO: Michigan Medicare-Medicaid Plans Required to Resubmit their Model of Care for CY 2017

FROM: Sharon Donovan
Director, Program Alignment Group

SUBJECT: Michigan MMPs: CY 2017 Model of Care Requirements

This memorandum provides Michigan Medicare-Medicaid Plans (MMPs) required to resubmit their model of care (MOC) following their initial two-year approval by the National Committee for Quality Assurance (NCQA) and Michigan with guidance on the substantive requirements of that resubmission. Given that the currently approved MOC expires on December 31, 2016, your organization must submit an updated MOC for CY 2017 and beyond by February 17, 2016. 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 2016.

CMS has worked with Michigan to tailor the current CMS MOC elements to reflect requirements and processes for Michigan MMPs. In addition, as occurred with the initial MOC submissions, Michigan will review MOCs concurrently with NCQA. In the attached CY 2017 MOC matrix upload document, CMS' MOC requirements are captured in Elements 1 through 4, and the state-specific requirements appear in MOC Elements 2B, 2C, and 2D. NCQA will review the standard CMS required elements, and the state will review the state-specific elements.

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

Michigan MMPs receiving this memorandum must submit their MOCs and completed versions of the attached matrix upload documents via HPMS no later than **February 17, 2016**. Michigan 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 2016. 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