

**MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP**

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**DATE:** April 11, 2014

**TO:** All Medicare Advantage Organizations

**FROM:** Danielle Moon, J.D., M.P.A.  
Director

**SUBJECT:** Update to Chapter 5 of the Medicare Managed Care Manual

Accompanying this memo is the final version of Chapter 5 of the Medicare Managed Care Manual (MMCM) titled, "Quality Improvement Program." The updated chapter is available at: <http://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/index.html>.

The draft Chapter 5 update was issued for public comment last December. We received 75 comments on the draft from 22 entities and thank those who submitted comments for their valuable feedback. We made a number of revisions in response to those comments and believe the chapter is clearer and more comprehensive as a result.

This updated chapter includes:

- Current requirements specific to the Chronic Care Improvement Programs and Quality Improvement Projects that Medicare Advantage (MA) Organizations are required to implement;
- Some reorganization as a result of combining some material that was previously in separate sections;
- Updated standard MAO Reporting Requirements for HEDIS, HOS, and CAHPS;
- Updated MA deeming program information; and,
- Newly-revised Model of Care (MOC) elements and associated modified scoring criteria;
- Information regarding Special Needs Plans' Health Risk Assessments (HRA) that was previously included in Chapter 16b of the MMCM. Please note that we have further clarified expectations regarding the HRA; in particular, we emphasize the importance of direct beneficiary/caregiver input for both the initial HRA assessment and annual reassessments.

Please direct any questions about the policies articulated in this Chapter to your respective Regional Office Account Manager.