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**Quality Improvement Organization Manual  
Chapter 6 - Medicare+Choice Organizations (M+COs)**

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(Rev. 11, 10-03-03)**

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## **6000 – Background**

**(Rev. 11, 10-03-03)**

Quality Improvement Organizations (QIOs) are specifically required by statute to undertake an equivalent level of effort for the review of services provided to beneficiaries enrolled in Medicare + Choice (M+C) plans and in Fee-For-Service (FFS) Medicare. The Centers for Medicare & Medicaid Services (CMS) requires Medicare + Choice Organizations (M+COs) to implement Quality Assessment and Performance Improvement (QAPI) projects to improve health outcomes and enrollee satisfaction for beneficiaries enrolled in an M+C plan. The purpose of this effort is to improve care for beneficiaries enrolled in M+C plans while assuring that QIOs meet the statutory obligation, support M+C plans in meeting QAPI requirements, and reduce burden for practitioners and providers by encouraging consistency among M+COs in the State.

## **6010 - QIO Requirements**

**(Rev. 11, 10-03-03)**

### **A. Providing Technical Assistance to Medicare+Choice Organizations (M+COs)**

You are required to offer technical assistance to every M+C plan in your State to promote and support the plan's QAPI projects. Most M+C plans will want to take advantage of your expertise to enable them to ensure the success of the QAPI projects. You are expected to take a proactive approach in offering assistance to M+C plans. The approach may be as simple as sending a notice to the plans in the State informing them of your availability and the type of assistance that you can provide.

- The type of assistance that you will provide includes, but is not limited to:
  - Clinical and biostatistical expertise;
  - Assistance in the design and conduct of their projects;
  - Review/Analysis of project findings and interventions;
  - Advice on sampling, data collection and analysis, etc.; and
  - Review of plan materials, Quality Improvement (QI) studies, and intervention materials.
- Initiate and/or support Statewide/regional/local collaborative quality improvement activities by acting as a convener, facilitator, collaborator, and/or clearinghouse for the required QAPI projects.
- Resources permitting, offer technical assistance to M+COs for quality improvement activities that may not be related to QAPI requirements.

You may also provide other types of assistance, for example, information that you receive from the Quality Improvement Organization Support Centers (QIOSCs) (e.g., information regarding best practices, successful interventions that distinguish major population groups, including vulnerable populations).

Further, you shall help create and/or support multi-plan improvement projects by acting as a convener, facilitator, collaborator, and/or clearinghouse. For example, where a plan does particularly well in getting participants in for a mammogram, you could determine what intervention strategies are used by this plan and share this information with other plans whose mammography rate may not be as high.

### **B. M+COs in All Settings**

The QIOs shall include M+COs in their work in the following settings: nursing home, home health agency, hospital, and inpatient and physician office. QIOs shall submit to CMS a plan regarding the methods they will use to reach out to M+COs to include them in the QIOs' activities that the QIOs perform in all settings.

### **C. Assisting or working with M+COs that cross over State boundaries**

The CMS policy is that where an M+CO's immediate service area crosses States lines, the QIO's review activity remains the responsibility of the QIO in the State in which the M+CO has its risk contract (as indicated by the first two digits of the provider number).

Frequently, M+COs have plans in several States. When this is the case, our policy is to promote a collaborative effort between the plans and QIOs, especially in cases where an M+CO may want to pursue a similar project in several of its contract areas. For example, if an organization wants to start a standardized diabetes project using the Diabetes Quality Improvement Project (DQIP) measures in all of the areas in which its plans operate, which may include several States, we would expect the QIOs in each State to work with the plans in their area and with other QIOs to implement a single diabetes project. Also, if the QIO responsible for the area where an M+C plan operates requests data on care delivered in its own State and outside of its State, the QIOs in each State could work together to agree to share the data.

## **6020 - Memorandum of Agreement (MOA) (Rev. 11, 10-03-03)**

Under the Balanced Budget Act of 1997, PL 105-133, each M+CO (except for private FFS plans or non-network MSA plans that do not employ utilization review) must have an agreement with a QIO to carry out required "review activities." This should be in the form of a Memorandum of Understanding between the QIO and the plan.

Review, amend, or develop new written MOAs with an M+CO. The type of information contained in the MOA includes, but is not limited to, the following:

- Information regarding the process in which you will provide assistance/guidance. For example:
- Identify an appropriate contact person within the QIO and the M+CO for required activities;
  - Logistical information regarding the method, amount, and timing of how information will be transferred;
  - The process for Notices of Discharge & Medicare Appeal Rights (NODMARs);
  - Opportunities/Methods to collaborate on QI projects; and
  - A procedure for obtaining records or copies of records (e.g., photocopying) and the amount the QIO is to pay for photocopying and mailing records.

## **6030 - Quality Assessment and Performance Improvement (QAPI) Projects**

**(Rev. 11, 10-03-03)**

To find out information regarding the background and statutory requirements for QAPI, go to [http://cms.gov/manuals/116\\_mmc/mc86toc.asp](http://cms.gov/manuals/116_mmc/mc86toc.asp).

### **A. Changes to the QAPI Policy**

The requirement for an M+CO selected QAPI project was eliminated by CMS in 2002, and no M+CO selected QAPI project is required for that year. Effective 2003, M+COs are required to initiate only one QAPI project per year.

### **B. Your Responsibility for a New M+CO Contracting With Medicare**

You are expected to contact a new M+CO in your area to inform them of your organization's activities and the technical assistance that you will provide. A newly contracting M+CO is expected to initiate the yearly CMS national QAPI projects (see Chapter 5 §30.3.1 and Appendix A of the Medicare Managed Care Manual) before the end of the second contract year and in each subsequent year. For example, organization A signs a contract with CMS on January 1, 2002, and organization B signs a contract on August 1, 2002. For both organizations, the second contract year will be 2003; initiation of a QAPI project is not required in year 2002, the first year of the contract.

### **C. Alternative Options - Local Marketplace Initiative QAPI Projects With QIOs**

Organizations may satisfy the QAPI requirements standards by collaborating with one another. CMS and some State Medicaid Agencies encourage local marketplace

initiatives under which several contracting organizations undertake a joint quality improvement project addressing a common topic. For example, M+COs have the option to complete either the National Diabetes QAPI Project for 2004 or a local marketplace initiative. Parameters for an acceptable local marketplace initiative require that:

- The initiative must be a community-wide initiative in which most or all M+COs participate and be initiated, facilitated, approved, or required by a private purchaser group, QIO, State Medicaid Agency, or other State government agency. This does not preclude M+COs from the role of facilitator, initiator, or requestor so long as one or more of the other organizations function in these roles;
- The topic must be relevant to the Medicare population;
- Medicare enrollees must be in the population sample for the project; and
- The M+CO must report on M+CO specific data although Medicare data does not need to be separated from the other purchasers (Medicaid/commercial) unless separation of data is necessary for other reporting purposes such as Medicare Healthplan Employer Data Information Sets (HEDIS) requirements. M+COs must follow QAPI requirements such as the use of baseline, measurement, re-measurement, and interventions.

## Transmittals Issued for this Chapter

<b>Rev #</b>	<b>Issue Date</b>	<b>Subject</b>	<b>Impl Date</b>	<b>CR#</b>
<a href="#">R11QIO</a>	10/03/2003	Workload and Costs	N/A	N/A

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