U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

REPORT TO CONGRESS

Fiscal Year 2022
The Administration, Cost, and Impact of the Quality Improvement Organization Program for Medicare Beneficiaries

November 2023

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Executive Summary

Section 1161 (see appendix for requirements) of the Social Security Act requires the submission of an annual report to Congress on the administration, cost, and impact of the Centers for Medicare & Medicaid Services (CMS)'s Quality Improvement Organization (QIO) Program during the preceding fiscal year. This report fulfills this requirement for Fiscal Year (FY) 2022. The statutory mission of the QIO Program is set forth in Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act. More specifically, Section 1862(g) of the Act states that the general mission of the QIO Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries and to ensure that those services are reasonable and necessary. The quality improvement strategies of the Medicare QIO Program are implemented by area- and task-specific QIO contractors that work directly with health care providers and practitioners in their geographic service areas.

On November 7, 2019, the CMS launched the QIO Program's 12th Statement of Work (SOW) contract period to enhance the quality of services provided to Medicare beneficiaries. Five-year contracts are currently divided between two sets of QIO contractors: Beneficiary and Family Centered Care-Quality Improvement Organizations (BFCC-QIOs) serving the Medicare program's case review needs (see Tables 1 and 3) and Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) supporting healthcare delivery professionals and systems as they perform quality improvement work (see Table 2).

This Report to Congress covers FY 2022 (October 1, 2021 to September 30, 2022). In FY 2022, QIO Program expenditures, under Titles XVIII and XIX, totaled approximately $697,843,970.

Table 1. Task Order 2 BFCC-QIOs by CMS Region and States/Other Jurisdictions

CMS Region	BFCC-QIO	States/Other Jurisdictions
Region 1: Boston	Kepro	CT, ME, MA, NH, RI, VT
Region 2: New York	Livanta	NJ, NY, PR, VI
Region 3: Philadelphia	Livanta	DE, DC, MD, PA, VA, WV
Region 4: Atlanta	Kepro	AL, FL, GA, KY, MS, NC, SC, TN
Region 5: Chicago	Livanta	IL, IN, MI, MN, OH, WI
Region 6: Dallas	Kepro	AR, LA, NM, OK, TX
Region 7: Kansas City	Livanta	IA, KS, MO, NE
Region 8: Denver	Kepro	CO, MT, ND, SD, UT, WY
Region 9: San Francisco	Livanta	AS, AZ, CA, GU, HI, MP, NV

CMS Region	BFCC-QIO	States/Other Jurisdictions
Region 10: Seattle	Kepro	AK, ID, OR, WA

Table 2. QIN-QIOs by States/Other Jurisdictions

QIN-QIO	States/Other Jurisdictions
Alliant Health Solutions	AL, FL, GA, KY, LA, NC, TN
Comagine Health	ID, NV, NM, OR, UT, WA
Great Plains	ND, SD
Health Quality Innovators (HQI)	KS, MO SD, VA
Health Services Advisory Group (HSAG)	AZ, CA
IPRO	CT, DE, D.C., ME, MD, MA, NH, NJ, NY, OH RI, VT
Mountain-Pacific Quality Health	AK, AS, GU, HI, MP, MT, WY
Qsource	IN
Quality Insights	PA, WV
Superior Health Quality Alliance	MI, MN, WI
Telligen	CO, IL, IA, OK
TMF	AR, MS, NE, PR, TX, VI*

*The Virgin Islands (VI) have no nursing homes that accept Medicare.

Background

The statutory provisions governing the QIO Program are found in Part B of Title XI of the Social Security Act. Its statutory mission is set forth in Title XVIII, Health Insurance for the Aged and Disabled, of the Act. Specifically, Section 1862(g) of the Act states that the mission of the QIO Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries and to make sure that those services are reasonable and necessary. Part B of Title XI of the Act was amended by Section 261 of the Trade Adjustment Assistance Extension Act of 2011 (Trade Bill), which made several changes to the Secretary's contracting authority for QIOs beginning with contracts entered into or renewed after January 1, 2012. These changes include separating the functions of the BFCCs and QIN-QIOs; modifying the eligibility requirements for QIOs, the term of QIO contracts, and the geographic area served by QIOs; and updates to the functions performed by the QIOs under their contracts.

I. Program Administration

Description of Quality Improvement Organization Contracts

By law, the mission of the QIO Program is to improve the effectiveness, efficiency, and quality of services delivered to Medicare beneficiaries. Based on this statutory requirement, the provisions in sections 1154, 1862, and 1867 of the Act, and CMS' program experience, CMS has identified the core functions of the QIO Program as:

- Improving quality of care for Medicare beneficiaries;
- Protecting the integrity of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds by ensuring that Medicare pays only for services and goods that are reasonable and necessary and are provided in the most appropriate setting; and
- Protecting beneficiaries by expeditiously addressing individual complaints; reviews or appeals of provider notices of discharge or termination of services; violations of the Emergency Medical Treatment and Labor Act (EMTALA); and other related responsibilities articulated in the Social Security Act and implementing regulations.

The QIOs are now categorized and known as BFCC-QIOs and QIN-QIOs, depending on the QIO functions that they perform. QIOs are private, mostly not-for-profit, organizations staffed by doctors and other health care professionals. BFCC-QIOs are trained to review medical care and help beneficiaries with complaints about the quality of care. QIN-QIOs direct and implement improvements in the quality of care available throughout the spectrum of care. QIOs are reimbursed on a monthly basis, consistent with the Federal Acquisition Regulation. The 12th SOW also includes a performance-based payment model where a portion of the QIO reimbursement is directly tied to the achievement of quantitative outcomes. This model shifts from paying for services rendered to paying QIN-QIOs for accomplishing meaningful and measurable targets as stipulated in the contract. This adjustment is a benefit to the government.

QIOs Interacting with Health Care Providers and Practitioners

QIOs work with and provide technical assistance to health care practitioners and providers such as physicians, hospitals (including Critical Access Hospitals [CAHs]), nursing homes, and home health agencies. QIOs support partnerships that are comprised of healthcare providers from various clinical settings, and local non-clinical community support and service organizations including faith-based entities to work together on quality improvement initiatives in 499 communities impacting more than 49 million Medicare beneficiaries. QIOs also work with practitioners, providers, beneficiaries, community entities, and others participating in quality improvement work affecting beneficiaries, to improve the quality of health care provided to beneficiaries through a variety of health care delivery systems and address beneficiary complaints regarding quality of care. For instance, a process called Immediate Advocacy involves direct communication between QIOs and beneficiaries in which the BFCC-QIO addresses complaints raised by the beneficiary. Through this process, QIO staff work with providers and practitioners to resolve miscommunication or other concerns voiced by the beneficiary or a family member. QIOs analyze data and beneficiary records to identify areas of improvements in care and ensure beneficiaries' voices are heard by addressing individual complaints and bringing their perspective into the improvement process. From October 1, 2021

through September 30, 2022, the BFCC-QIOs conducted 368,735 case reviews for beneficiary complaints, appeals, and other review types.

Any provider or practitioner who treats Medicare beneficiaries and is paid under Title XVIII of the Social Security Act may receive technical assistance from a QIO and may be subject to review by a QIO in connection with Medicare participation.

I. Program Cost

Under federal budget rules, the QIO Program is defined as mandatory spending rather than discretionary spending because QIO costs are financed directly from the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds and are not subject to the annual appropriations process. QIO costs are subject to the apportionment process administered through OMB.

In FY 2022, QIO Program expenditures, under Titles XVIII and XIX, totaled approximately $697,843,970.

II. Program Impact

The QIO Program impacts Medicare beneficiaries on an individual basis and the beneficiary population as a whole. In calendar year 2022, Medicare covered more than 65.2 million beneficiaries: more than 53.9 million people age 65 or older and 8.6 million people of all ages with disabilities and/or with end stage renal disease (ESRD).

<u>Outcomes directly attributable to QIO work:</u>

- In order to respond expediently and effectively to the pandemic and its significant impact to nursing home residents, CMS transformed the ability of the QIOs to move from aggregated, remote technical assistance to a **rapid response force** through establishment of a national nursing home command center within CMS, utilizing weekly data, the CDC's NHSN (National Health Safety Network) data, and CMS' Survey data to deploy QIOs to provide direct, onsite and virtual assistance to 12,501 nationwide nursing homes in response to COVID-19 outbreaks and infection control failures since the beginning of the pandemic. This effort is in close coordination with CMS, HHS Strike Teams under the HHS Assistant Secretary for Health, and the CDC.
    - CMS' Independent Evaluation Contractor (the IEC) is currently conducting a multivariate statistical analysis to determine the likelihood that the CMS QIN-QIO Program's targeted response interventions **decreased:** 1.) nursing home resident COVID-19 infections, 2.) hospitalizations, 3.) mortality, and 4.) employee COVID-19 infections from the period from May 24, 2020 through December 31, 2022. The evaluation found: July 2020 to March 2021: TR for infection control experienced 25% fewer resident COVID-19 cases; 26%

fewer resident COVID-19 hospitalizations, and 24% fewer resident COVID-19 deaths, translating to 6,884 lives saved over that period compared to non-participating nursing homes.
    - June 2021 to December 2022: TR for infection control led to a 22-30% reduction in resident COVID-19 incidence. No statistically significant impact was found in resident COVID-19 hospitalizations and deaths over that time

- A study to determine the effects of targeted response interventions was published in September, 2021. It compared 2,103 nursing homes that received targeted response between April 24, 2020 and October, 28, 2020 to 2,103 similar nursing homes that did not. In this preliminary analysis, nursing homes receiving targeted response had 27.7% lowered incidence rates of COVID-19 compared to similar nursing homes that did not receive targeted response interventions. Deploying targeted response for quality improvement in nursing homes in real-time demonstrated a relative improvement in infection control. Further study information is located at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8441493/

- BFCC QIOs ***achieved timeliness*** performance results of greater than 96.7% on all five measures for the period through September 2022.

Beneficiary and Family Centered Care Quality Improvement Organizations (BFCC-QIOs)

In March 2019, CMS launched a new contract structure for the 12th SOW BFCC-QIO contractors using multiple award/indefinite delivery/indefinite quantity (IDIQ) 5-year contracts. Four contractors—Kepro, Livanta, Avar Consulting, and Provider Resources Inc.—were awarded IDIQ contracts.

Table 3: BFCC QIO Case Review Tasks and Program

BFCC QIO Case Review Tasks	**BFCC QIO Case Review Program**
Task Order 1 Awarded to Avar Consulting, Inc. on May 8, 2019	National Coordinating and Oversight Review Center (NCORC): Provides support and assists CMS for all BFCC-QIO related activities by facilitating collaboration meetings, maintaining BFCC-QIO program dashboards, and conducting independent BFCC-QIO program evaluation and monitoring. NCORC also partners with the Clinical Data Abstraction Center and Agency for Healthcare Research & Quality to conduct reviews of medical charts for preventable patient safety events.
Task Order 2 Awarded to Kepro and Livanta on May 1, 2019	Case Review Services: BFCC-QIOs help Medicare beneficiaries exercise their right to high-quality health care. They manage all beneficiary complaints and quality of care reviews to ensure consistency in the review process while taking into consideration local factors important to beneficiaries and their families. They also handle cases in

	which beneficiaries want to appeal a health care provider's decision to discharge them from a facility or discontinue other types of Part A services (e.g., inpatient hospital admissions, skilled nursing facilities, hospice, home health, comprehensive outpatient rehabilitation facilities.). BFCC-QIOs review referrals from CMS Survey Operations Group for potential violations of Emergency Medical Treatment and Labor Act (EMTALA).
Task Order 3 Awarded to Livanta on February 12, 2021	Claims Review Services: Conducts Post Payment Hospital Part A Claims Review work. This includes claims review of higher weighted diagnoses related groups, hospital inpatient short stays (that is, reviews conducted under the 2-midnight rule and focused reviews. The goal is to ensure that these claims are billed and paid appropriately as per CMS policies.
Task Order 4 Awarded to Provider Resources, Inc. on September 25, 2019	Beneficiary Care Management Program (BCMP) *The BCMP performance period ended September 2022.* The function of the Beneficiary Care Management Program (BCMP) was to promote person-centered care by providing beneficiary and family support services that address: Discharge planning, care coordination, and health care navigation; Health literacy, shared decision-making, and beneficiary activation.
BFCC Survey Center Awarded to Rainmakers on September 18, 2020	Provides Beneficiary Experience Survey data about the BFCC-QIO Case Review Process. The beneficiary experience data areas include Appeals, Immediate Advocacy and Quality of Care complaints.

The BFCC program focuses on statutorily mandated QIO case review activities, as well as on interventions to promote responsiveness to beneficiary and family needs; providing opportunities for listening to and addressing beneficiary and family concerns; providing resources for beneficiaries and caregivers in decision making; and using information gathered from individual experiences to improve Medicare's entire system of health care. Beneficiary-generated concerns provide an excellent opportunity to explore root causes of adverse health care outcomes, to develop alternative approaches to improving care, and to improve beneficiary/family experiences within the health care system. Beneficiary and family engagement and activation efforts are needed to produce the best possible outcomes of care. These BFCC-QIO beneficiary and family-centered efforts align with the National Quality Strategy (NQS), which encourages patient and family engagement.

Case review types include Quality of Care Reviews, EMTALA Reviews, beneficiary requested appeals of provider discharge/termination of service decisions and denials of hospital admissions, and other review types. The QIO Manual describes the various case review types and provides additional detail and guidance on BFCC-QIO responsibilities for the reviews.

CMS contracted with Livanta LLC and Kepro as the two BFCC-QIOs to furnish the BFCC services in the 50 states, the District of Columbia, and U.S. territories, as it relates to Task Order 02 Case Review Services. The 10 BFCC-QIO regions align with the 10 CMS Regions.

Table 4 provides the national performance summary of the BFCC-QIO Program on four timeliness measures and one beneficiary experience measure for the 42nd month, reporting period of the contract. As shown, the results of the timeliness analysis reveal that the BFCC-QIO performance exceeded Year 3 target requirements. The BFCC-QIOs achieved national performance results greater than 96.7% on all five measures for the period through September 2022. The overall rate of timeliness across all measures in Table 4 is 99.5%.

Table 4. BFCC-QIO Annual Performance Criteria Measures

Measure	Target	Result
Timeliness of Beneficiary Complaints and Other Quality of Care Reviews	95%	98.9%
Timeliness of Immediate Advocacy	95%	99.7%
Timeliness of Discharge/ Service Termination Reviews	98%	99.2%
Timeliness of EMTALA Reviews	95%	100%
Beneficiary Experience with BFCC-QIO	85%	85.5%

Covid-19 Impacts on BFCC-QIO Activities and Beneficiaries

During the COVID-19 Pandemic, the BFCC QIO Program saw an increase in Immediate Advocacy activities and beneficiaries demonstrated the need for help transitioning to the next setting of care. The BFCC QIO Program also saw an increase in appeals as beneficiaries were concerned about COVID-19 in the next setting of care into which they were being discharged.

Table 5. BFCC Immediate Advocacy and Appeals Increase (FY 2021-2022)

	2021	2022	% Increase
Immediate Advocacy	9906	14635	47.74%
Appeals	258895	333615	28.86%

Quality Innovation Network-Quality Improvement Organization (QIN-QIO)

The 12th SOW was awarded to 12 QIN-QIO contractors on November 7, 2019. Each QIN-QIO contractor covers a region that includes as many as twelve states, across the United States, the District of Columbia, and U.S. territories, as shown in Table 2 on page 3.

The QIN-QIOs are responsible for working with health care providers and the community on data-driven projects to improve patient safety, reduce harm, and improve health outcomes at the local level.

The purpose of the QIN-QIO Program is to improve healthcare quality and safety through the provision of technical assistance and education to those providing healthcare services. CMS procures expert healthcare quality improvement services from the QIN-QIOs, to improve care for Medicare beneficiaries in nursing homes and the communities in which beneficiaries reside. Under CMS' direction, and aligned with the Agency's priorities, QIN-QIOs work with providers and beneficiary-focused community partnerships on data-driven quality initiatives to improve patient safety, reduce harm, and improve clinical care at local and regional levels.

The five broad goals established by CMS for the 12th SoW QIN QIO Program are:

1. Improve Behavioral Health Outcomes, Focusing on Decreased Opioid Misuse
2. Increase Patient Safety
3. Increase Chronic Disease Self-Management (Cardiac and Vascular Health, Diabetes, Slowing Chronic Kidney Disease and Preventing End Stage Renal Disease [ESRD])
4. Increase Care Coordination
5. Improve Nursing Home Quality

Each goal has an established and associated set of quality measures for nursing homes, beneficiary-focused community partnerships, or both that hold the 12 QIN-QIOs accountable for effectiveness and measurable outcomes. Although CMS pivoted the QIOs to address the COVID-19 pandemic in FY2020, FY2021 and FY2022, the QIN-QIOs carried out work pertaining to the other broad goals in FY2022 in addition to pandemic response and nursing home quality. Special attention was given to those activities that may be impacted by the COVID 19 pandemic and/or Health Disparities Reduction. Some of those activities include:

- Adverse Drug Events Data Collection and Support
    - Outcome measures: Reduction in ADEs related to Opioids, Anticoagulants and Diabetic medications in nursing homes
    - Outcome measure: Reduce ADEs related to Opioids in the community
    - Outcome measure: Use coalitions to implement best practices for pain control and opioid use in the community

- Quality Reporting Programs and Supporting Clinicians in the Quality Payment Program
- Improving Medicare Beneficiary Immunization Rates with a Special Focus on Reducing Disparities
    - Outcome measures: Increase vaccination rates for COVID-19, Influenza, and Pneumococcal Pneumonia in nursing homes and communities with healthcare disparities
- Improving Identification of Depression and Alcohol Use Disorder in Primary Care and Care Transitions for Behavioral Health Conditions

Table 6: QIN-QIO Activity and Task Area

Care Setting	Task Area
Long-Term Care	Contract-Specified Provider-based Quality Improvement services intended to better Resident Outcomes in Nursing Homes
Partnerships for Community Health	Contract-Specified Community-based Quality Improvement services intended to better outcomes in the Medicare Beneficiary Population in Communities
Targeted Response - Quality Improvement Initiative	Ad-hoc Quality Improvement Projects to Address Immediate Identified Needs, Emerging Trends, etc. **This was particularly useful to quickly address infection control at the unexpected onset of the COVID-19 pandemic.*

Health Equity Disparities Reduction

Under CMS' direction, and aligned with the Agency's priorities, QIN-QIOs work with providers and communities on data-driven quality initiatives that will advance Health Equity in areas of disparity. Community work includes 49 million Medicare beneficiaries in approximately 34,000 zip codes. Health equity work takes place in a subset of these zip codes, identified as priority zip codes, based on the Area Deprivation Index (ADI), USDA's Food Access Research Atlas, and CDC's Social Vulnerability Index (SVI). There are 11 million beneficiaries in the priority zip codes. The QIN-QIOs are currently in the enrollment phase of community work. Community Work enrollment will be complete in November 2023 and additional information about health equity work will be included in the 2023 Report to Congress.

Covid-19 Impacts on QIN-QIO Activities and Beneficiaries

Long-Term Care—Nursing Homes

CMS deployed the QIN-QIOs to provide targeted assistance to nursing homes serving, rural residents, and populations requiring greater care, to improve nursing home quality. Prior to the pandemic, the QIN-QIOs had just begun enrolling nursing homes from a CMS-provided list, to participate in their technical assistance programs based on CMS' pre-pandemic 12th SOW goals. CMS' Provider Enrollment List comprised of nursing homes most in need of quality improvement, specifically facilities with a Star rating of 4 Stars or less based on the latest available Nursing Home Compare data; small, rural providers including those serving vulnerable populations, and providers who lacked the resources to otherwise access quality improvement assistance. Each QIN-QIO was required to reach its proposed target number of nursing homes, contributing to collectively achieving CMS' national recruitment goal. In February 2020, the CDC informed the nation that a COVID-19 outbreak occurred at a nursing home in Kirkland, Washington, thus highlighting the vulnerability of nursing home residents. CMS quickly pivoted the entire QIN QIO Program to respond swiftly to the needs of nursing homes across the country, to manage outbreaks and mitigate the spread of COVID-19. The older adult population was and continues to be disproportionately affected by COVID-19, and was also more likely to be at risk for severe COVID-19 infection, hospitalization, and death from the disease. As a result, infection

control within nursing homes became the priority of the QIO program. However, other quality improvement initiatives were conducted in FY 2022.

Targeted Response Quality Improvement Initiatives

With the severity of COVID-19 spreading throughout nursing homes, CMS reprioritized the QIN-QIOs to provide intensive one-on-one support on CDC guidelines and infection control practices to nursing homes based on identified deficiencies and/or COVID-19 infection rates. CMS leveraged a pre-existing section of the QIN-QIO contract designated for Quality Improvement Initiatives (QIIs) to provide targeted response (TR) to those facilities in greatest need based on data, and expanded its focus and requirements. A Quality Improvement Initiative (QII) is any formal activity designed to serve as a catalyst and/or support for quality improvement that uses proven methodologies to achieve these improvements. The improvements may relate to safety, healthcare, health and value and involve providers, practitioners, beneficiaries, and/or communities.

Specific TR-QIIs were developed to support the pandemic response. CMS used data from infection control practice deficiencies documented during inspection, county COVID-19 rates, and nursing home COVID-19 case counts to identify and refer those in greatest need of direct assistance to QIN-QIOs for TR-QIIs each week. In each referred facility, QIN-QIOs provided onsite or virtual intensive support within 5 days of referral, and provided continuing support until the QIN-QIO documented clear evidence that the problem had been addressed, a process that usually took between 6 and 9 months. The QIN-QIO assisted providers and/or practitioners in identifying the root cause(s) of concern, developing a customized plan to address concerns, coaching the facility's administration or staff in implementing at least one process or system-based improvement consistent with the plan, and providing support to monitor changes in processes and outcomes.

Table 7: Pandemic Response Chronology

DATE	PANDEMIC- RELATED ACTIVITY
3/13/2020	The President declared the COVID-19 pandemic to be a national emergency (in effect as of 3/1/2020). CMS issued blanket waivers (retroactive to 3/1/2020) that included expanded telehealth services. CMS directed QIN-QIOs to provide support to nursing homes in the use of telehealth technology, with the aim of increasing use of telehealth services for nursing home residents.
4/2020	The first referrals were provided to the QIN-QIOs on April 20, 2020. CMS identified nursing homes that received infection control deficiencies during CMS facility surveys. CMS directed QIN-QIOs to provide infection prevention training and infection control program development to these nursing homes. 97 referrals were provided in the month of April.

4/21/2020	CMS required QIN-QIOs to begin providing weekly and later biweekly updates on resources (state, local and community levels) available for nursing home providers to respond to the pandemic. These resources were collated and shared nationally with all nursing homes as a Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes. The Toolkit was updated and shared biweekly with providers. It served as a rapid-access compendium for providers and administrators of nursing homes in the United States to learn from the many creative plans that state governments and other entities have put into operation in a short period of time. The Toolkit was retired in October 2022, after 26 version updates, with >21,000 downloads cumulatively. Relevant tools and resources were later placed on the QIO Program website, and are still available for use.
4/23/2020	CMS modified the QIN-QIO contract to focus specifically on infection control, adjusted enrollment criteria to include the nursing homes with the greatest infection control needs, and changed the deadline for the QIOs to enroll Communities and Nursing Homes from May 2020 to November 2020 to allow additional time to conduct outreach and enrollment activities with providers who were dealing with critical pandemic priorities. 2020 enrollment totals for nursing homes, communities, and beneficiaries residing in enrolled communities: 9,163 Nursing Homes enrolled. 516 communities enrolled covering 26,324,679 Medicare Fee-for-Service and 41,465,842 ***total*** Medicare beneficiaries.
4/29/2020	CMS deployed the QIN-QIOs to conduct weekly outreach to provide Technical Assistance to nursing homes when infection control deficiencies were identified during surveys of those nursing homes.
5/8/2020	QIN-QIOs began providing additional technical assistance to nursing homes for NHSN reporting for enrollment and reporting into NHSN in response to CMS published interim final rule requiring nursing homes to report COVID-19 facility data to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) and to residents and their representatives/families. 461 referrals were provided in the month of May.
5/28/2020	CMS and the CDC, in collaboration with the QIN-QIOs began providing a series of weekly general outreach trainings on infection control to all (enrolled) nursing homes and those across the nation. Initially, approximately 3,000 – 4,000 participants joined each week, averaging approximately 300 questions in

	the chat during each session. Participation diminished in early 2021, as other resources, such as on-line, in-demand training, became available.
7/1/2020	CMS began directing QIOs to implement targeted responses based on high community COVID-19 infection rates ("county hot spots") as identified by NHSN data. This response included both onsite and virtual one-on-one technical assistance.
7/28/2020	CMS instructed the QIN-QIOs to develop content for the COVID-19 Training for Nursing Homes that was posted on the Quality, Safety and Education Portal (QSEP) in August. The QIN-QIOs provided scenario-based content, pre- and post-test results, questions to be delivered to the learner, animation, graphics, real-life examples, and video clips for 30-minute modules for their assigned topics. This training may be found at https://qsep.cms.gov/COVID-Training-Instructions.aspx As of 12/30/2020, 232,478 individuals completed training, reflecting data from 8/25/2020-12/28/2020.
8/10/2020	CMS began hosting a Weekly QIN-QIO TR QII Actionable Insights Peer Sharing Call Series**.** During these calls, the QIN-QIOs shared effective interventions and knowledge gained from working on the TR-QIIs
5/2021	The American Recovery Plan Act (ARPA) of 2021 was enacted in March 2021 and included QIO funding for infection control and vaccination uptake support to skilled nursing facilities relating to the prevention or mitigation of COVID-19. In May 2021, as part of a Directed Change Order (DCO), QIO QIN contracts were modified for this purpose in Medicare-certified nursing homes.
5/2021 and subsequent months	ARPA funding allowed for continued infection control and vaccination uptake support in Medicare-certified nursing homes.
1/7/2022	An additional Directed Change Order allowed additional ARPA funds to be used for the purpose of QIOs carrying out infection control and vaccination uptake support relating to the prevention or mitigation of COVID-19 within Medicare-certified nursing homes.
6/8/2022	A contract modification was executed for the QIOs with further direction for use of ARPA funds.
7/27/2022	Initiated a 2-week Covid-19 booster blitz intended to increase booster rates among nursing home staff and residents. At the beginning of the blitz, average nursing home booster rates were 23.9%. Booster rates increased to 54.6% by the end of the blitz.
8/17/2022	A Technical Direction Letter was issued, clarifying QIO expectations. The intention was to provide guidance and to reduce burden so that QIOs could continue the focus on COVID, and provide additional work for other improvement measures, such as Opioid use disorder.
12/2022	CMS initiated a 6-week Vaccine Sprint intended to increase resident and staff reported as Up-to-Date with the COVID-19 vaccine. Sprint results will be shared in the 2023 Report to Congress

FY 2022: TR QII Summary	Infection Control Targeted Response: CMS referred 6,141 nursing homes for FY22 assistance with infection control. The 12 QIN-QIOs engaged in targeted response with 4,933 of those referred nursing homes. The QIOs continued to work with previously referred nursing homes and engaged in infection control targeted response with 7,568 facilities. Vaccine Targeted Response: CMS referred 8,208 unique nursing homes for low initial or booster vaccination rates of residents and/or staff. 89% (>7,300) of these received *at least one* targeted assistance encounter to increase vaccination uptake of the COVID-19 vaccine. In total, QIN-QIOs had more than 27,000 one-on-one encounters with referred nursing homes (working with a nursing home multiple times if needed) as part of their TR-QIIs in FY 2022.
FY 2022: Community Health Partners Enrollment	11,625 unique Nursing Homes are currently enrolled as part of community partnerships. 499 Partnerships for Community Health have been created that cover 26,284,361 Medicare Fee-for-Service, and 49,302,851 ***total*** Medicare beneficiaries.

Conclusion

Medicare beneficiaries, like all Americans, deserve to have confidence in their health care system. A system that delivers the right care to every person, every time, is the goal. The CMS' QIO Program, with a national network of knowledgeable and skilled independent organizations under contract with Medicare, is charged with identifying and spreading evidence-based health care practices as well as conducting case reviews to make sure that the quality and standard of care provided to Medicare beneficiaries is satisfactory. The work of the QIO Program has been and continues to be a factor for improvements in health care in the Medicare program.

Preview of Next Report

Our next report (FY 2023) will address the specific performance measures of the 12th SOW. CMS Quality Improvement Organization (QIO) 12th Statement of Work (SOW) is aligned with agency and administration priorities to:

- Advance Equity
- Increase COVID vaccination
- Expand Access to Quality
- Engage Partners and
- Drive Innovation

CMS intends to achieve this through voluntary programs that systematically leverage communities to spread proven practices and implement quality improvement interventions to improve healthcare quality. In 2023, QIOs will reach the 48 months of the contract, which will

include additional anticipated quality improvement outcomes for beneficiaries, and QIN-QIO performance-based payments for achieving quality improvement targets.