

Medicare Advantage Organization (MAO)
Quality Improvement Project (QIP) and Chronic Care Improvement Program (CCIP)
Annual Update Training
Frequently Asked Questions
October 30, 2013

Annual Update Submissions

Q: What is the timeframe for MAOs to submit their Annual Updates?

A: The timeframe for MAOs to submit their 2013 Annual Update(s) through the Quality and Performance module in HPMS is November 14, 2013 through November 25, 2013.

Q: Will the MAOs receive individualized feedback from CMS regarding their Annual Update submission(s)?

A: MAOs will not receive individualized feedback from CMS unless their Annual Update submission(s) failed to address all of the required elements. MAOs will, however, receive a confirmation email from the Health Plan Management System (HPMS) once they have entered their Annual Update submission(s) into HPMS. MAOs should discuss their Annual Update and ongoing progress with the CMS Regional Office Account Managers during regularly scheduled meetings and teleconferences.

Q: How will MAOs know if their Annual Update submission(s) has addressed all of the required elements and is considered “approved?”

*A: Following the Annual Update review process, CMS will directly notify **only those** MAOs that submitted Annual Updates that did not address all of the required elements. CMS will work with each MAO on a case-by-case basis to identify which elements were not addressed and request a resubmission as necessary. MAOs should feel free to ask their CMS Account Managers about the status of their updates. If the MAO has not been contacted by the end of the year, the MAO may presume that the Annual Update is acceptable.*

Q: What is the timeframe for a resubmission of an Annual Update(s)?

A: CMS will work with the affected MAO on a case-by-case basis to determine the timeframe for a resubmission of an Annual Update.

Q: Will CMS share QIP/CCIP best practices and lessons learned with the MAOs at a future date?

A: Yes, CMS expects to be able to share some promising approaches and lessons learned based on the information in these early updates on implementation of the CCIPs and QIPs.

Annual Update Requirements

Q: Where are the requirements for the Annual Update located?

A: The requirements for the Annual Update are located in the QIP and CCIP HPMS User Guides, and in CMS’ October 30, 2013 MAO QIP-CCIP MAO Industry Annual Update Training

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Presentation. The HPMS User Guides along with the training slides and corresponding audio recordings are available for download at <http://www.cms.gov/Medicare/Health-Plans/Medicare-Advantage-Quality-Improvement-Program/Overview.html>.

Q: Are additional resources related to QIP/CCIP initiatives available?

A: *For additional information and training materials related to QIP/CCIP initiatives, MAOs are encouraged to visit the CMS MA Quality website at <http://www.cms.gov/Medicare/Health-Plans/Medicare-Advantage-Quality-Improvement-Program/Overview.html>. In addition, MAOs may submit individual questions to CMS at: MAQuality@cms.hhs.gov.*

Q: Are MAOs required to complete the entire Do, Study and Act section for the Annual Update submission?

A: *The Annual Update is comprised of the Do, Study, and Act (DSA) components of the Plan, Do, Study, Act (PDSA) quality improvement model. MAOs are required to address **all** of the required elements in the Annual Update within HPMS.*

Q: If the initial submission was completed by another MAO, is the incumbent MAO required to submit an Annual Update?

A: *Yes. The incumbent MAO must have implemented a QIP/CCIP based on an approved Plan, even if that Plan was created by the previously-responsible MAO. If the approved Plan was revised prior to, or during, implementation by the incumbent MAO, documentation of the revisions and rationale must be included in the Annual Update. As stated above, MAOs must address all of the required elements in the Annual Update.*

Health Plan Management System (HPMS)

Q: When will the Annual Update in HPMS be available for use?

A: *The Annual Update module in HPMS, comprised of the DSA sections of the PDSA model, will be available for use starting on November 14, 2013.*

Q: Does the 4,000 character limit apply to all of the fields in the Annual Update in HPMS?

A: *With the exception of the “Total Population,” the “Numerator” and “Denominator” fields, all of the fields in the Annual Update module in HPMS have a 4,000 character limit.*

Q: If an MAO has multiple interventions, will there be a Do section for each intervention?

A: *The Do section in HPMS is comprised of one screen; however, it will auto-populate **each** intervention that has been identified in the Plan section.*

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Q: Can MAOs enter outcome(s) data on more than one goal?

A: *Yes, MAOs can enter outcome(s) data on more than one goal. However, for MAOs that have more than one goal, CMS suggests identifying one of the goals as primary and reporting on that goal in the “results” field within the Study section. Additional goals and/or outcome(s) measures should be labeled as such, and reported in the “other data” field, also in the Study section.*

Q: Does HPMS allow users to enter partial information into the Annual Update, and return at a later date, or, must all of the information be entered and submitted at once?

A: *The Annual Update does allow for partial entry of the required information, so that the user may return at a later point in time to complete the entry and submit the Annual Update. As presented in the User Guides, the user needs to save each section as entries are made.*

Q: Does the Annual Update in HPMS allow the use of symbols when entering information/data?

A: *The Annual Update has the same symbol limitations as the Plan section. However, HPMS will allow the use of the percentage (%) symbol, which may be especially useful in the Study section.*

Q: Does the Annual Update in HPMS allow users to submit graphs, tables etc.?

A: *No, the fields within the Annual Update do not allow for the submission of tables, graphs etc. HPMS does provide the ability to upload graphs, tables, etc. as supporting documentation. Note: MAOs **must** provide all data and corresponding analysis in the designated fields within the Annual Update. Providing supporting documentation does not take the place of entering the required data and/or information within the Annual Update itself.*

Q: Does HPMS allow users to make changes to the auto-populated fields in the Annual Update?

A: *No, the auto-populated fields in the Annual Update cannot be modified. As part of the Annual Update submission, MAOs should note changes to their QIP/CCIP Plan sections along with a detailed rationale for those changes in the Act section of the Annual Update module.*

QIP/CCIP Plan Section Revisions

Q: Are MAOs allowed to revise language in their initially approved QIP/CCIP Plan sections?

A: *No, changes to the approved QIP/CCIP Plan section cannot be made in HPMS. However, MAOs should continually assess their progress in relation to target goals and enhance or modify their original Plan as needed. MAOs should document any modifications to their QIP/CCIP*

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Plan, including the reason for and timing of needed changes, along with any barriers or other relevant information. All of this information, as applicable, is expected to be included in the Annual Update.

Reporting Outcome(s)

Q: What is the timeframe for the baseline year?

A: CY 2013 is the baseline year for implementation. Data for measurement, however, can be from previous years.

***For example:** If an MAO indicated that it would use HEDIS data to determine the level of improvement for its 2012 QIP/CCIP Plan, that MAO will most likely be reporting 2012 data for the first Annual Update in the fall of 2013, and 2013 HEDIS data for its 2014 Annual Update, etc.*

Q: If an MAO with a new 2013 SNP contract is using HEDIS data to measure outcome(s), how would it report its outcome(s) results for the first Annual Update?

*A: In the case of a brand new SNP contract, the MAO will not have any HEDIS data to report for the first Annual Update. In this circumstance, the MAO will note this in the Annual Update. MAOs are allowed to utilize other data sources, such as internal data, to measure progress in relation to the target goal. Going forward, in order to achieve reliable and consistent measurement, CMS recommends that MAOs use the **same primary data source** over time for the Annual Update so that the findings are comparable*

Q: Can MAOs use more than one source of data to report outcome(s) results, and will the Annual Update section in HPMS accommodate this?

A: Yes, MAOs can use more than one source of data to report outcome(s) measures, but they should have at least one primary data source that is consistent across years. The Annual Update provides fields for both the primary source of data, as well as other data sources.

Annual Update Reporting Period and Measurement Cycle

Q: What is the timeframe for the reporting period of the first Annual Update? And, how is this different from the measurement cycle?

A: The timeframe for reporting is reflective of the first year QIP/CCIP reporting period and is specified in HPMS as “January 1, 2013 through Annual Update Period,” which is November 2013. As specified in the Plan section, the measurement cycle is the beginning and end date for which MAOs will collect their outcome(s) data, and use that data to evaluate the impact of an intervention(s).

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For example: An MAO specified in their Plan section that they would collect and analyze claims data on a quarterly basis (measurement cycle) to assist them in evaluating their interventions. As part of their Annual Update, they will provide 3 quarters worth of data for 2013 (the measurement cycle), and provide any other items of interest, including barriers encountered, mitigation strategies, lessons learned etc., that have occurred up until the Annual Update submission is due (the reporting period).

Q: How does the measurement cycle relate to reporting outcome(s) data in the first Annual Update?

A: Recognizing that MAOs indicated various measurement cycles and associated data source(s) in their Plan sections, MAOs should provide any outcome(s) data available when the update is due, and indicate the data source(s) and the data collection period.

Note: The measurement cycle may not be in direct alignment with the QIP/CCIP Annual Update reporting period, especially for the first Annual Update. Because the QIP is a 3-year project, and the CCIP a 5-year project, CMS anticipates that MAOs will observe trends over time based on the outcome(s) data and lessons learned over the course of these quality initiatives. Given the limited time period of operations addressed as part of the initial Annual Update, there may not be much to report in terms of initial results. However, MAOs should focus on providing any available outcome(s) data, a preliminary analysis, and lessons learned from the first year of implementation.

Total Population

Q: Can CMS provide clarification on what is required for the total population?

A: The total population is the total number of enrollees in the plan(s) at the time the Annual Update is due. If there is significant fluctuation in enrollment during the reporting period, the MAO should discuss the reasons why, particularly if the total population included in the study section is significantly different from what was estimated in the Plan section.

*Note: With the exception of special needs plans (SNPs), the Annual Updates are submitted by MAOs at the **contract** level. Therefore, the total population and results will reflect the aggregate number of enrolled beneficiaries and experience across **all** applicable non-SNP coordinated care plans under that contract. For SNPs, the MAO will submit the total population and results for each SNP individually.*

Numerator and Denominator

Q: Can CMS provide clarification on what is required for the numerator and denominator, as it relates to the total population in the study section of the Annual Update?

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*A: The numerator is the total number of plan members that met the inclusion criteria (criteria for participation as defined in the Plan section) **and** who actually received the project intervention(s). The denominator is the total number of plan members that met inclusion criteria and were therefore eligible to receive project intervention(s).*

For example: If a MAO has 100 enrollees that met the criteria for participation, and 35 of those 100 enrollees participate in the CCIP, the numerator is 35, and the denominator is 100.

*In summary, the **numerator** is the total number of eligible enrollees who received interventions, over the **denominator**, which is the total number of enrollees who were eligible to participate.*

Miscellaneous

Q: Will the QIPs and CCIPs eventually be included as a Star Ratings metric?

A: At this time, CMS has not made a determination regarding incorporating the QIP and CCIP results into the Star Ratings metric. In the near term, CMS is focused on thoroughly evaluating the QIP and CCIP programs and sharing promising approaches and lessons learned with MAOs. However, CMS believes that the QIP and CCIP projects have the potential to positively influence some of the measures that are accounted for under the current Star Ratings. CMS strongly encourages MAOs to take this opportunity to focus, first and foremost, on achieving the anticipated outcome(s) of their QIPs and CCIPs, thereby improving the quality of care for Medicare beneficiaries.