



# **CY 2016 QIP & CCIP Plan Section Training**



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**October 5, 2016**

# Quality Improvement Project (QIP) Plan Section Submission

## Presentation Overview

- QIP/CCIP Background
- Reducing All-Cause Hospital Readmissions
  - Results & Lessons Learned
- Mandatory QIP Topic
  - CMS Quality Strategy Goals
  - Promote Effective Management of Chronic Disease
- Changes to HPMS
- Plan Section Submission Requirements
- Potential Outcome Measures
- CCIP Requirements
- MMP Submission Requirements

# Important Dates

- QIP Plan Section Follow-up Q&A Session
  - October 26, 2016 - 2:00-3:00 p.m. ET
- QIP/CCIP Resource Guide & Templates Release
  - Week of October 10, 2016
- HPMS QIP User Guide Release
  - October 28, 2016
- QIP Plan Section Submission Window
  - Gates Open: 12:00 a.m. ET on October 31, 2016
  - Gates Close: 8:00 p.m. ET on November 4, 2016
- New QIPs Implemented
  - January 1, 2017
- QIP Annual Update Submission Window
  - January 2017

# QIP Background

- Quality Improvement Program Requirements
  - CMS regulations at 42 CFR §422.152
  - Quality Improvement Project (QIP)
  - Chronic Care Improvement Program (CCIP)
  - Requires progress be reported to CMS
- Focus on Interventions and Outcomes
- Utilize the Plan, Do, Study, Act (PDSA) quality improvement model

# Reducing All-Cause Hospital Readmissions

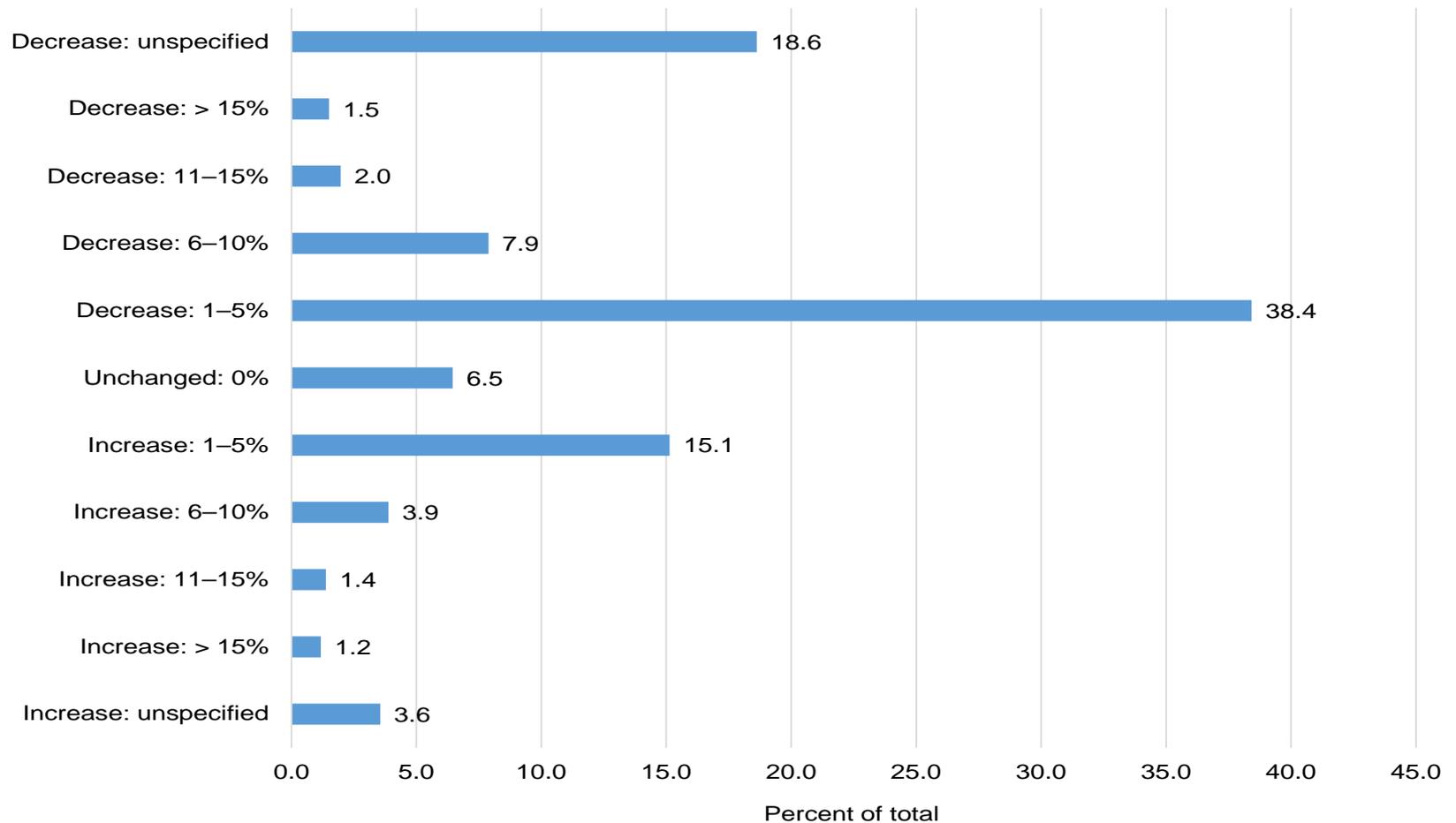
- Mandatory QIP Topic Implemented 2012
- Independent Analysis
- Assess level of success in reducing hospital readmissions
  - Common barriers & mitigation strategies
  - Identify best practices & lessons learned
- Recommendations for MAOs & CMS
  - Improving data quality & analytical capabilities

# Reducing All-Cause Hospital Readmissions

## Results

- 71% of QIPs reported a reduction in readmission rates
- 41% of QIPs reported meeting their goal

# Changes in Readmission Rates



# Reducing All-Cause Hospital Readmissions

## Barriers

- Health care team issues, communication, non-compliance, technology, external influences, medications, support systems, transportation & financial

## Mitigation Strategies

- Health care team coordination, communication, case management, IT solutions, post-hospital discharge care, follow-up appointment coordination

# Reducing All-Cause Hospital Readmissions

## Best Practices & Lessons Learned

- Improving communication/provider engagement
- Connecting with enrollees is vital
- Technology enhancements/timely data transmission
- Developing better analytical infrastructure/identifying risk factors
- Case management/Disease management
- MAO staff training
- Focus on weekend discharges

# Reducing All-Cause Hospital Readmissions

## Best Practices & Lessons Learned (continued)

- **Primary Care Provider (PCP)**
  - Increased involvement, more frequent visits for preventive care and appropriate treatment
- **Education**
  - Improve education of case managers, caregivers in the community & primary care providers
  - End of life care and decision making
- **QIP Development**
  - Set goals that are measurable, identify metrics, analyze data and implement interventions accordingly

# CMS 2016 Quality Strategy Goals

- Safer care by reducing harm;
- Strengthen person and family engagement as partners in their care;
- Promote effective communication and care coordination;
- Promote effective prevention and treatment of chronic disease;
- Work with communities to promote best practices of healthy living; and
- Make care affordable.

# **QIP Mandatory Topic: Promote Effective Management of Chronic Disease**

## **QIP Objectives**

- Support the National and CMS Quality Strategy Goals;
- Advance CMS' efforts to assure that enrollees receive high quality care & care coordination;
- Effectively manage enrollees with chronic conditions;
- Ensure appropriate preventive services for specific conditions;
- Have favorable effects on health outcomes and enrollee satisfaction; and
- Eliminate disparities in care.

# Promote Effective Management of Chronic Disease

## Effective management of chronic conditions

- Is expected to slow disease progression;
- Helps to prevent complications and development of comorbidities;
- Helps to prevent emergency room (ER) encounters and inpatient stays;
- Improves quality of life for the enrollee; and
- Provides cost savings to the plan and the enrollee.

# Promote Effective Management of Chronic Disease

## Role of the MAO/SNP is to promote:

- Care coordination/care management;
- Appropriate services (including prevention);
- Partnerships/collaboration amongst stakeholders (enrollees, caregivers, providers, vendors, community supports etc.);
- Linkage to appropriate resources.

# Promote Effective Management of Chronic Disease

## **Role of the MAO/SNP is to promote (continued):**

- Use of provider tools to better manage chronic conditions, e.g., clinical guidelines;
- Enrollee/caregiver engagement;
- Participation in disease management programs
  - Improve self-management skills & health literacy;
- Health information exchange across provider settings;
- Addressing gaps and disparities in care.

# QIP Plan Section Submissions

- Each MAO must establish a single QIP for all non-SNP coordinated care plans and network-based MSA/PFFS plans offered under a single contract (1876 cost plans and PACE plans are excluded).
- Starting in 2016, MAOs will no longer be required to submit a QIP for each individual SNP PBP. We have consolidated SNP submissions so that MAOs, by contract, will only submit a single QIP per SNP type/subtype. All affected contracts have been notified of their 2016 SNP submission requirements.
- Plans completing their 3<sup>rd</sup> year QIP cycle will submit a new QIP Plan section this Fall.
- MAOs with new contracts or new SNP type/subtypes, first effective in January 2016, will also submit a new Plan Section this Fall.

# CY 2016 QIP Plan Section Submission

## HPMS

### Changes to the HPMS Quality Module

- More logical flow in the overall navigation
- More standardized responses (drop downs)
- For assistance on how to navigate plan user data entry, please refer to the HPMS QIP Technical User Guide
  - The HPMS Technical User Guide will be available in HPMS on October 28th
  - For HPMS technical assistance, please contact the HPMS Help Desk at [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov)
  - For assistance with HPMS access, please e-mail [hpms\\_access@cms.hhs.gov](mailto:hpms_access@cms.hhs.gov)

# Plan Section Submission

## Changes to Guidance Documents

- Beginning with 2016 QIP submissions, the HPMS User Guide will be technical only
  - HPMS navigation
  - Technical data entry instructions
  - Available in HPMS on October 28th
- CMS will release a separate Resource Document
  - More detailed guidance
  - Will include additional guidance concerning the content of your submission

# QIP Plan Section: Section A

## MAO Information

TEST USER | User Resources | Log Out | A A A  
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[Contract Management](#) | [Plan Bids](#) | [Plan Formularies](#) | [Monitoring](#) | [Quality and Performance](#) | [Risk Adjustment](#) | [Data Extract Facility](#)

Home » Quality Improvement Program » Plan - A. Information and Main Menu

### QIP2 - Data Entry

QIP2 +

#### QIP - Plan Section

#### Plan Selection

**A. Medicare Advantage Organization (MAO) Information**

**MAO Name:** EXAMPLE MAO NAME  
**Contract Number:** Z0001  
**Plan:** EXAMPLE PLAN  
**Parent Organization:** EXAMPLE PARENT ORGANIZATION  
**Project Cycle:** Plan - 2016  
**QIP Topic:** EXAMPLE QIP TOPIC  
**MAO Location:** 123 Main Street  
Arlington, VA 22201

**Quality Contact Person**

**Name:** John Smith  
**Title:** President & CEO  
**Telephone:** 555-555-5555  
**Email:** smith@test.com

**Compliance Contact Person**

**Name:** Mr. John Smith  
**Title:** President & CEO  
**Telephone:** 555-555-5555  
**Email:** smith@test.com

**Section:**

<b>B. QIP Summary</b>	<a href="#">View</a>	<a href="#">Edit</a>	<a href="#">Create PDF</a>
<b>C. Enrollee Population</b>	<a href="#">View</a>	<a href="#">Edit</a>	<a href="#">Create PDF</a>
<b>D. Goal of QIP</b>	<a href="#">View</a>	<a href="#">Edit</a>	<a href="#">Create PDF</a>
<b>E. Planned Interventions</b>	<a href="#">View</a>	<a href="#">Edit</a>	<a href="#">Create PDF</a>

[Create PDF for All Sections](#)

**Note:**  
You must select Submit to ensure your submission is official, when all sections are completed.  
You will then be asked to attest and receive a confirmation number.

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# QIP Plan Section: Section B

## Summary of QIP

**HPMS**  
Health Plan Management System

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Contract Management | Plan Bids | Plan Formularies | Monitoring | Quality and Performance | Risk Adjustment | Data Extract Facility

Home » Quality Improvement Program » Plan - B. QIP Summary

### QIP2 - Data Entry

QIP2

**QIP - Plan Section**

**Contract Number:** Z0001  
**Plan:** EXAMPLE PLAN  
**QIP Topic:** EXAMPLE QIP TOPIC  
**QIP Title:**

**B. Summary of QIP**

**B1. QIP Title:**

**B2. Implementation Date:** January 2017

**B3. Target Diagnosis:**

<input type="radio"/> *Atrial Arrhythmias	<input type="radio"/> Behavioral Health Condition - Anxiety Disorders
<input type="radio"/> Behavioral Health Condition - Bipolar Disorder	<input type="radio"/> Behavioral Health Condition - Depression
<input type="radio"/> Behavioral Health Condition - Major Depression	<input type="radio"/> Behavioral Health Condition - Schizophrenia
<input type="radio"/> Cancer	<input type="radio"/> Chronic Kidney Disease (CKD) Stages 4 or 5
<input type="radio"/> Chronic Obstructive Pulmonary Disease (COPD) and/or Asthma	<input type="radio"/> *Congestive Heart Failure (CHF)
<input type="radio"/> *Coronary Artery Disease (CAD)	<input type="radio"/> Artery Disease
<input type="radio"/> Dementia	<input type="radio"/> *Diabetes
<input type="radio"/> End Stage Renal Disease (ESRD)	<input type="radio"/> HIV/AIDS
<input type="radio"/> *Hypertension	<input type="radio"/> Osteoporosis
<input type="radio"/> Parkinson's Disease	<input type="radio"/> N/A

*\*These conditions may only be selected if they are not part of a current CCIP initiative*

**B4. Description of QIP:**

**B5. Clinical Guidelines Used to Shape QIP:**

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**CMS**

# Attachment A

## CMS Identified Chronic Conditions

\*Atrial Arrhythmias

Behavioral Health Condition-Anxiety Disorders

Behavioral Health Condition-Bipolar Disorder

Behavioral Health Condition-Depression

Behavioral Health Condition-Major Depression

Behavioral Health Condition-Schizophrenia

Cancer

Chronic Kidney Disease (CKD) Stages 4 or 5

Chronic Obstructive Pulmonary Disease (COPD) and or Asthma

\*Congestive Heart Failure (CHF)

\*Coronary Artery Disease (CAD)

Dementia

\*Diabetes

End Stage Renal Disease (ESRD)

HIV/AIDS

\*Hypertension

Osteoporosis

Parkinson Disease

\*These conditions may only be selected if they are not part of a current CCIP initiative

# QIP Plan: Section C Enrollee Population

## QIP2 - Data Entry

QIP2



### QIP - Plan Section

**Contract Number:** Z0001

**Plan:** EXAMPLE PLAN

**QIP Topic:** EXAMPLE QIP TOPIC

**QIP Title:** EXAMPLE QIP TITLE

### C. Enrollee Population

**C1. Total Enrollment:**

**C2. Population Description:**

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# QIP Plan: Section D

## Goal of QIP

 TEST USER | User Resources | Log Out | A A  
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Contract Management | Plan Bids | Plan Formularies | Monitoring | **Quality and Performance** | Risk Adjustment | Data Extract Facility

Home » Quality Improvement Program » Plan - D: Goal of QIP

### QIP2 - Data Entry

QIP2

**QIP - Plan Section**

**Contract Number:** Z0001  
**Plan:** EXAMPLE PLAN  
**QIP Topic:** EXAMPLE QIP TOPIC  
**QIP Title:** EXAMPLE QIP TITLE

**D. Goal of QIP**

**D1. Target Goal:**

Quantifiable Goal (enter number and/or percentage):

Description of Goal:

**D2. Baseline:**

**D3. National Standard (if applicable):**

**D4. Data Source(s) Used to Measure Goal (check all that apply):**

- Medical Records
- Claims (Medical, Pharmacy, Laboratory)
- Appointment Data
- Plan Data (complaints, appeals, customer service)
- Encounter Data
- Health Risk Assessment (HRA) Tools
- Health Effectiveness Data Information Set (HEDIS®)
- Health Outcomes Survey (HOS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Surveys (enrollee, beneficiary satisfaction, other)
- Minimum Data Set (MDS) - I-SNP
- Other

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# Target Goals (D1)

## Potential Examples

- Reducing unplanned inpatient hospital admissions;
- Reducing emergency department (ED) visits;
- Increase/improve follow up visits after discharge or acute event
  - PCP, mental health, other appropriate providers;
- Increase/improve recommended preventive care utilization
- Ensuring appropriate therapies/medications are prescribed,
  - Anemia management in ESRD
  - Persistent medications for diabetics etc.
- Improve therapeutic monitoring as appropriate
  - Coumadin or other pharmacologic agents

# Target Goals (D1)

## Potential Examples (continued)

- Medication reconciliation
- Improve medication adherence
- Increase # of enrollees actively participating in disease management programs
- Increase # of enrollees receiving community support services
- Increase engagement of enrollees & their caregivers
  - Education
  - Symptom management
  - Safety
  - Individual goal setting

# QIP Plan: Section D

## Goal of QIP

**HPMS**  
Health Plan Management System

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Contract Management | Plan Data | Plan Formulary | Monitoring | Quality and Performance | Risk Adjustment | Data Extract Facility

Home -> Quality Improvement Program -> Plan -> D. Goal of QIP

### QIP2 - Data Entry

QIP2

QIP - Plan Section

Contract Number: Z0001  
Plan: EXAMPLE PLAN  
QIP Topic: EXAMPLE QIP TOPIC  
QIP Title: EXAMPLE QIP TITLE

#### D. Goal of QIP

**D1. Target Goal:**  
Quantifiable Goal (enter number and/or percentage):  
Description of Goal:

**D2. Baseline:**

**D3. National Standard (if applicable):**

**D4. Data Source(s) Used to Measure Goal (check all that apply):**

- Medical Records
- Claims (Medical, Pharmacy, Laboratory)
- Appointment Data
- Plan Data (complaints, appeals, customer service)
- Encounter Data
- Health Risk Assessment (HRA) Tools
- Health Effectiveness Data Information Set (HEDIS®)
- Health Outcomes Survey (HOS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Surveys (enrollee, beneficiary satisfaction, other)
- Minimum Data Set (MDS) - I-SNP
- Other

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CMS

# QIP Plan: Section E Planned Intervention(s)



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Contract Management | Plan Bids | Plan Formularies | Monitoring | Quality and Performance | Risk Adjustment | Data Extract Facility

Home » Quality Improvement Program » Plan - E. Planned Interventions

## QIP2 - Data Entry

QIP2 +

QIP - Plan Section

Contract Number: Z0001  
Plan: EXAMPLE PLAN  
QIP Topic: EXAMPLE QIP TOPIC  
QIP Title: EXAMPLE QIP TITLE

### E. Planned Intervention(s)

E1. Intervention Type (check up to three):

- Provider Education
- Enrollee Education
- Medication Adherence
- Reward and Incentive Program
- Care Coordination
- Enrollee Outreach
- Plan Outreach to Providers
- Disease Management
- Home Visits
- Promoting Lifestyle Changes
- Other

# QIP Plan Section E

## Planned Intervention(s)

**Intervention 1:**

**E2a. Description of Intervention:**

**E3a. Measurement Methodology:**

**Intervention 2 (if applicable):**

**E2b. Description of Intervention:**

**E3b. Measurement Methodology:**

**Intervention 3 (if applicable):**

**E2c. Description of Intervention:**

**E3c. Measurement Methodology:**

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**Save & Exit**

# CCIP Requirements

## CCIP Mandatory topic

- Reducing the incidence and severity of cardiovascular disease
- CCIPs must be clinically focused
- Supports the national HHS initiative—Million Hearts
- ABCS of heart disease
  - Aspirin
  - Blood pressure control
  - Cholesterol management
  - Smoking cessation

# CCIP Requirements

- MAOs are no longer required to report CCIP activities/progress to CMS. However, MAOs
  - Must comply with CCIP requirements per MA Quality Regulations
  - Must document/track progress internally
- CMS has simplified the CCIP requirements
  - Mirror the QIP requirements
- MAOs may document other aspects of CCIPs

# CCIP Requirements

- CCIP Title
- Target Condition
  - ABCS of cardiovascular disease
- Implementation Date
- Overall Description of the CCIP
- Clinical Guidelines used to shape the CCIP
- Population Description

# CCIP Requirements

- Target Goal
  - Specific and quantifiable
- Baseline
- National Standard/Benchmark
- Interventions
- Educational efforts
- Measurement Methodology

# MA QIP/CCIP Resources

## MA Quality Improvement Program Website

<https://www.cms.gov/Medicare/Health-Plans/Medicare-Advantage-Quality-Improvement-Program/Overview.html>

## CMS Quality Strategy Goals

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>

## HPMS QIP User Guide

<https://hpms.cms.gov/app/login.aspx?ReturnUrl=%2fapp%2fhome.aspx>

*HPMS login > Quality and Performance > QIP > Documentation > User Guide*

## HPMS Help Desk

[hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov) or 1-800-220-2028

## Medicare Part C Policy Mailbox (website)

<https://dpap.lmi.org>

# MMP QIP Overview

Under the Financial Alignment Initiative CMS is seeking to:

- Advance an integrated quality and performance improvement program
- Medicare-Medicaid Plans (MMPs) submit a single set of quality and performance improvement projects
- Projects meet the requirements and needs of both CMS and states, avoid unnecessary duplication and reduce burden for plans

# MMP QIP Overview

To accomplish the goal of an integrated quality and performance improvement program:

- MMPs submit all required quality and performance improvement projects outline in three-way contract
- MMPs submit QIPs via the HPMS Plan Reporting Module - Quality and Performance tab
- Joint review and approval process by CMS and the respective state

# MMP QIP Background

## Quality Improvement Program Requirements:

- CMS regulations 42 CFR §422.152
  - Quality Improvement Project (QIP)
  - Chronic Care Improvement Program (CCIP)
  - Requires progress be reported to CMS
- 
- Focus on Interventions and Outcomes
  - Utilize the Plan, Do, Study, Act (PDSA) quality improvement model

# MMP QIP Topics

- MMPs will submit at least one (1) improvement project via the HPMS module:
  - Project that satisfies the general Medicare QIP requirements
- Total number of projects an MMP must submit, and the topics, will be determined by each state, in consultation with CMS
- Topics will be provided via HPMS memos to MMPs participating in each state demonstration
- **MMPs will not be subject to the same mandatory topics as MA-PD plans**

# MMP Eligibility – Plan Section

- All MMPs whose contracts were first effective at any point in CY 2016 must submit an initial QIP Plan Section as part of the broader Medicare Advantaged Organization (MAO) QIP Plan Section submission via the HPMS Plan Reporting Module
  - Rhode Island (H9576)
  - New York-FIDA-IDD (H9869)
- QIP Plan Section submission window: October 31, 2016 (12AM EST) – November 4, 2016 (8PM EST)

# MMP Eligibility – Annual Update

- MMPs that previously submitted initial QIP Plan Sections in either CY 2014 or CY 2015 will submit a CY 2016 Annual Update as part of the broader Medicare Advantaged Organization (MAO) QIP Annual Update submission via the HPMS Plan Reporting Module during the CY 2016 submission window in January 2017
- QIP Annual Update submission window: January 9, 2017 (12AM EST) – January 13, 2017 (8PM EST)

# MMP QIP Submission Format

- MMP initial QIP Plan Section submission for CY 2016 will use the new HPMS format, which will roughly contain the same data elements as used by MA-PD plans for CY 2016
- There are some alternative data entry options and additional data elements for MMPs under Part B - Summary of QIP
  - MMPs may have a non-clinical focus for the QIP topic
  - MMPs must specify the domain for the QIP topic
  - MMPs must identify the impact for plan members, anticipated outcome(s), and selection rationale

# MMP QIP Submission Format

## QIP - Plan Section

Contract Number: Z0001

Plan: MMP

QIP Topic: EXAMPLE QIP TOPIC

QIP Title:

## B. Summary of QIP

B1. QIP Title:

B2. Focus:

Clinical  Non-clinical

B3. Domain:

B4. Implementation Date: January 2017

B5. Target Diagnosis:

- \*Atrial Arrhythmias
- Behavioral Health Condition - Bipolar Disorder
- Behavioral Health Condition - Major Depression
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD) and/or Asthma
- \*Coronary Artery Disease (CAD)
- Dementia
- End Stage Renal Disease (ESRD)
- \*Hypertension
- Parkinson's Disease
- Behavioral Health Condition - Anxiety Disorders
- Behavioral Health Condition - Depression
- Behavioral Health Condition - Schizophrenia
- Chronic Kidney Disease (CKD) Stages 4 or 5
- \*Congestive Heart Failure (CHF)
- Artery Disease
- \*Diabetes
- HIV/AIDS
- Osteoporosis
- N/A

# MMP QIP Submission Format

**B8. Base of Selection:**

**B8a. Impact on Member:** (check all that apply)

- Health Outcome
- Member Satisfaction
- Other

**B8b. Anticipated Outcome:**

**B8c. Rationale for Selection:**

# MMP QIP Submission Format

- There are also some additional data elements for MMPs under Section E - Planned Interventions
  - MMPs must provide the planned intervention timeframe, inclusion criteria, and target audience
  - MMPs must identify anticipated barriers for planned interventions and provide potential mitigation plans

# MMP QIP Submission Format

**E4a. Inclusion Criteria:**

**E5a. Timeframe:**

**E6a. Target Audience:**

**E7a. Anticipated Barrier:**

**E8a. Mitigation Plan:**

# MMP QIP Materials

- MMP QIP Templates will be available at:  
<https://www.cms.gov/Medicare/Health-Plans/Medicare-Advantage-Quality-Improvement-Program/Overview.html>
- MMP QIP User Guide will also be available in HPMS under the Quality and Performance tab
  - MMP QIP User Guide release date: October 28, 2016

# MMP QIP Questions?

Please submit any MMP QIP questions to the  
Medicare-Medicaid Coordination Office at:

[mmcocapsmodel@cms.hhs.gov](mailto:mmcocapsmodel@cms.hhs.gov)

# QIP Plan Section Q&A Session

- Industry Follow-up Q&A Session for QIP Plan Section:
  - October 26<sup>th</sup> from 2:00 – 3:00 pm (EST)
  - Details in the HPMS memo, “Training for 2016 Quality Improvement Project Plan Section Submissions”, released on September 23, 2016