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MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: April 12, 2013

TO: Medicare Advantage Organizations

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

SUBJECT: Chronic Care Improvement Program and Quality Improvement Project
Submission Information for New 2013 Plans

The purpose of this memorandum is to provide Medicare Advantage Organizations (MAOs) with information about the contract year (CY) 2013 Chronic Care Improvement Program (CCIP) and Quality Improvement Project (QIP) submission process for those plans that are new in CY 2013. All MAOs, with the exception of section 1876 Cost Plans and the Program of All-Inclusive Care for the Elderly, must conduct a CCIP and QIP as part of their required Quality Improvement program in accordance with federal regulations at 42 CFR §422.152. All plans existing in CY 2012 were required to submit the QIP and CCIP “Plan” section of the “Plan, Do, Study and Act” project cycle to CMS by August 15, 2012. Plans that are new in CY 2013 have not yet been required to submit QIP and CCIP “Plan” sections. This memorandum presents information about those required submissions for new plans.

Consistent with the CY 2012 requirements, MAOs will be required to submit, in the fall of 2013, CCIP and QIP “Plan” sections through the HPMS Plan Reporting Module for their plans that are new in CY 2013. CMS will provide a specific date for those submissions in subsequent guidance, well in advance of the deadline. The CCIPs must focus on reducing risks for cardiovascular disease and QIPs are to focus on the reduction of 30-day all-cause hospital readmissions. MAOs will submit the same detailed information for CY 2013 CCIP and QIP “Plan” sections as they did for CY 2012.

CCIP and QIP submissions for new CY 2013 plans will consist of only the “Plan” section of the “Plan, Do, Study and Act” project cycle. CMS staff will review the submissions and, once approved, MAOs will begin collecting data that will subsequently be used in the CY 2014 Annual Update which will include the “Do, Study and Act” sections.

Although all MA plans are required to conduct CCIP and QIP activities, the submission requirements vary somewhat depending on whether the new plan is a SNP and whether or not it is offered under an existing or new contract. These requirements are clarified below.

New Non-SNP under an Existing Contract

New plans that have been created under an existing contract *and* are **not** Special Needs Plans (non-SNPs) are *not* required to submit a new CCIP and QIP. Rather, new non-SNP plans will conduct their CCIPs and QIPs according to the “Plan” sections approved by CMS for the corresponding CY 2013 contract number. In other words, a new non-SNP under an existing contract is expected to conduct the CCIP and QIP that has been approved for CY 2013 for the other non-SNP plans under the contract. The MAO will not be required to submit a separate “Plan” section for these plans in the fall of 2013.

New Non-SNP under a New Contract

The MAO must develop and conduct a CCIP and QIP for all new non-SNP plans under a new contract. The CCIP and QIP may be the same across all of those non-SNP plans.

New SNP under Existing and New Contracts

Each new SNP - including those of the same subtype - under both existing and new contracts must develop and conduct a CCIP and QIP that is appropriate for its individual enrollee population. The MAO will be required to submit a “Plan” section for both the CCIP and QIP for each of these new SNPs.

Training materials, further guidance, and specific deadlines for both the CY 2013 Plan submissions and CY 2013 Annual Update will be provided at a later time.

If you have any questions about the information in this memorandum, please send an email to the Medicare Advantage Quality Mailbox at MAQuality@cms.hhs.gov.