CENTERS FOR MEDICARE & MEDICAID SERVICES

# Medicare Advantage QIP/CCIP *Annual Update Open Door Forum*

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# PRESENTATION OVERVIEW

**2013 Annual Updates Submission:**

- **QIP & CCIP Background**
- **Submission Summary**
- **Review Findings**
- **Opportunities for Improvement**
- **Next Steps**
- **Plan Feedback**
- **Q&A Session**

# QIP/CCIP 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**
- **All approved QIP/CCIPs Plan sections implemented in January 2013**

# QIP/CCIP BACKGROUND

**QIP Mandatory topic (3 years)**

- Address 30-day all-cause hospital readmissions
- Expected to have favorable effect on health outcomes and enrollee satisfaction
- Supports the national HHS initiative —Partnership for Patients

**CCIP Mandatory topic (5 years)**

- Reducing the incidence and severity of cardiovascular disease
- CCIPs must be clinically focused
- Supports the national HHS initiative—Million Hearts Campaign

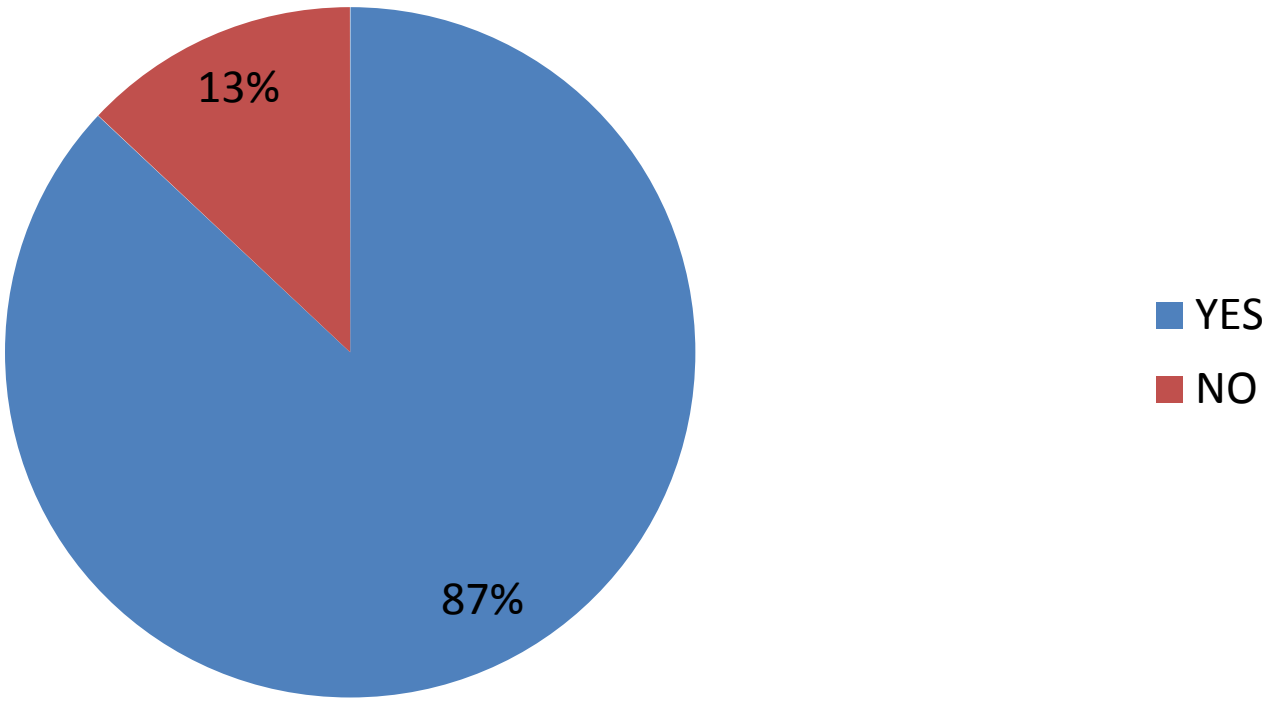
# ANNUAL UPDATE REQUIREMENTS

- **DO**
  - Implementation of the project
  - Barriers
  - Mitigation Plan
- **STUDY**
  - Analysis of the results
- **ACT**
  - Action plan, i.e. next steps
  - Lessons learned
  - Best practices, i.e. promising approaches

# 2013 ANNUAL UPDATE SUBMISSION SUMMARY

- 816 QIPs
- 819 CCIPs
- HPMS Technical Issues
- Submission window extension
- Most Annual Updates completed within the submission window
- Very small number of plans were required to resubmit

# EDUCATION (CCIP Only)



# BARRIERS ENCOUNTERED

- Lack of collaboration between plans and providers
- Interventions not delivered timely, uncoordinated, or duplicative in nature
- Poor member engagement
- Lack of sophisticated and integrated IT systems
- Lag in communication and necessary data

# BARRIERS ENCOUNTERED(Continued)

| QIP | CCIP |
| --- | --- |
| Insufficient discharge planning | Medication and lifestyle non-adherence |
| Lack of social support | Leadership changes & staff turnover |
| Patient already enrolled in other programs | Low response from direct mailing intervention |
| Unable to Contact | |

# MITIGATION STRATEGIES

- Revise interventions
- Refinement of inclusion criteria
- Field Nurses/CM to help with coordination post discharge
- Increase outreach/coordination
- Integrate outreach programs to reduce duplication

# POPULATION/RESULTS

- Population
- Numerator
- Denominator
- Results & Analysis

# ACTION PLAN

- Revise Intervention
- Revise Methodology
- Change Goal
- Other

# BEST PRACTICES & LESSONS LEARNED

- Use of Clinical Guidelines
- Better reporting mechanisms
- Member support and follow-up
- Partnering with community resources
- A multi-dimensional approach to interventions (including telephonic and written outreach to Members, Caregivers and Providers)

# BEST PRACTICES & LESSONS LEARNED(Continued)

- The use of Predictive Modeling to facilitate early identification of at-risk patients
- Facilitate physician follow-up within 7 days of discharge
- Home and field visits for hard to reach patients
- Utilize targeted, focused, personally relevant member education materials

# OPPORTUNITIES FOR IMPROVEMENT

The key to a successful Annual Update is:

- Organization
- Clarity
- Individualized Results

# OPPORTUNITIES FOR IMPROVEMENT (Continued)

**J1. Total Population:** XX

**J2. Numerator:** 15

**J3. Denominator:** 35

**J4. Results and/or Percentage:** 42.9% of [Plan Name] had 35 admissions with a primary diagnosis of heart failure in CY2013 with claims run out through 10/2013. This represents an increase of 2 admissions over the CY2012 admits for this diagnosis of 33. This is the highest number of admits for CY2013 in [State where plan is located] and the second highest number of days of any minor diagnostic category. Of those Members, 15 or 42.9% were readmitted within 30 days as compared to CY2011 in which 30.3% of members in this category were readmitted. This is a 12.6 percentage point increase in the rate, but does not represent a statistically significant decrease per the CHI Square and p-value formulas. The total overall readmit rate for all diagnoses in [State where plan is located] was 42.9%. The target goal for the heart failure diagnosis was chosen as the national best practice Northeast rate for readmission at 14.1%. The readmission rate for 2013 did not meet the target goal of 14.1% by 28.8 percentage points.

**J5. Other Data or Results:** In 2013 [Plan Name] identified 314 members via claims who met the criteria for the [Name of QIP]. 137 or 44% of those members identified were enrolled in the program in 2013. 68 or 22% were targeted but not enrolled due to disqualifiers. Of the 314 members targeted. 101 were disenrolled for the top three (3) reasons, Medical disqualifiers, Eligibility loss, and No Reason or Reason Unknown.

**J6. Analysis of Results or Findings:** Due to the limited timeframe for the intervention to run and the limited data available. The results of the interventions are not statistically significant. The program would need a full year of results for analysis of the program going forward. [Plan Name] utilized the delegated entity [Name of Subcontractor] for the [Name of QIP] beginning in 2013 in order to outreach to members who were identified via diagnosis as having CHF.

# OPPORTUNITIES FOR IMPROVEMENT(Continued)

**E4. Total Population:** (Number) XX

**E5. Numerator:** 3009

**E6. Denominator:** 28463

**E7. Results and/or Percentage:** 1. Question Are you taking Aspirin? Result for Total Screenings: No - 1561(52%), Don't Know – 65(2%), Blank – 11(0.4%), Yes – 1372(46%). Result for Screening 1: No – 1170(39%), Don't Know – 55(2%), Blank – 10(0.3%), Yes – 1045(35%). Result for Screening 2 No – 210(54%), Don't Know – 9(.02%), Blanks – 0, Yes – 173(44%). 2. ACE/ARB Use (Pharmacy Claims) Pre-CCIP – 1797, Jun '13 increased 862, Jul'13 increased 195, Aug'13 decreased 234, Sept'13 decreased 265, Oct increased 66. 3. LDL Screening within year (medical claims/labs) Pre-CCIP – 2556, Jun'13 increased 2689, Jul'13 increased 752, Aug'13 increased 269, Sep'13 decreased 980, Oct'13 decreased 1148. 4. LDL Result less than 100 (Lab claims and self-report) Pre-CCIP – 5, Jun'13 increased 9, Jul'13 increased 9, Aug'13 increased 9, Sep'13 increased 8 and Oct'13 increased 9. 392(13%) were self-reported. 5. BP less than 140/90 (Self-Reported) Result for Total Screenings less than 140/90 – 1364(45%), = or more than 140/90 – 472(16%), Don't know – 925(31%), Blank – 33 (1%). Result for Screening 1 less than 140/90 – 944(44%), = or more than 14090 – 348(16%), Don't know – 824(38%), Blank – 30 (1%). Result for Screening 2 less than 140/90 – 230(63%), = or more than 140/90 – 62(17%), Don't know – 69(19%), Blank – 2 (0.6%). 6. Annual PCP or Specialist (Cardiologist) visit Pre-CCIP – 2773, Jun'13 increased 335, Jul'13 decreased 724, Aug'13 decreased 430, Sep'13 decreased 715, Oct'13 decreased 622. 7. Annual Flu Vaccine Pre-CCIP – 0, Jun'13 no change 0, Jul'13 no change 0, Aug'13 increased 11, Sep'13 increased 148, Oct'13 decreased 51. 8. ER visit or Hospitalization for Cardiac event Pre-CCIP – ER 16 Hosp 22, Jun'13 increased ER 21 Hosp 51, Jul'13 decreased ER 1 increased Hosp 23, Aug'13 increased increased ER 2 decreased Hosp 17, Sep'13 decreased ER 9 increased Hosp 9, Oct'13 increased ER 4 decreased Hospt 53.

# PROPOSED HPMS ENHANCEMENTS

- Eliminate redundancies
- Modify auto populated fields
- Decrease character limits
- Improve CMS' ability to analyze results
- Improve means to report results
- User guide revisions

# NEXT STEPS

- Ongoing assessment
- Document efforts
- Summarize progress for 2nd Annual Update
- Continuous communication with Regional Account Manager
- The 2014 CIP/CCIP Annual Updates will be due in November 2014
- CMS Annual Updates training-Fall 2014

# FEEDBACK/OPEN DISCUSSION

- What are some of the barriers you have overcome?
- What  lessons have you learned?
- What best practices can you share?

# QUESTION & ANSWER SESSION

# QIP/CCIP RESOURCES

**MA Quality Mailbox:**
MAQuality@cms.hhs.gov

**MA Quality Improvement Program Website*:***
http://www.cms.gov/Medicare/Health-Plans/Medicare-Advantage-Quality-Improvement-Program/Overview.html

**QIP/CCIP HPMS User Guide:**
https://gateway.cms.gov/

**HPMS Help Desk :**
800-220-2028
HPMS@cms.hhs.gov