



**Medicare Advantage
Quality Improvement Project (QIP) &
Chronic Care Improvement Program (CCIP)
Plan Section Submission Training**



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**Medicare Drug and Health Plan
Contract Administration Group**

**October 21, 2014
MAO/MMP Training**

Presentation Overview

- **QIP & CCIP Background & Requirements**
- **QIP & CCIP Submission Process**
- **Review of the HPMS QIP Reporting Module**
- **Review of HPMS CCIP Reporting Module**
- **Review of HPMS 'Copy' and 'Upload' Functions**
- **Important Dates**
- **Supporting Resources**
- **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 newly approved QIP/CCIPs will be implemented in January 2015**

QIP Background

QIP Mandatory topic (3 years)

- Address 30-day all-cause hospital readmissions
- Expected to have favorable effect on health outcomes and enrollee satisfaction
- QIPs may be clinical and or non-clinical
 - Clinical: disease management/education
 - Non-clinical: process oriented, i.e. care coordination
- Supports the national HHS initiative — *Partnership for Patients*

Examples of QIP Areas of Focus:

Improving Care Transitions:

- Increased Care Coordination
 - Timely primary care provider follow-up visits
 - Home visits
- Medication reconciliation
- Improving self-care management skills
- Disease management programs
- Other educational efforts

CCIP Background

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*
- **ABCS** of heart disease
 - Aspirin
 - Blood pressure control
 - Cholesterol management
 - Smoking cessation

Examples of CCIP Areas of Focus

- **Disease Management**
 - Self management skills
 - Cardiovascular conditions
 - Other chronic conditions (e.g., Diabetes)
 - Identifying and controlling risk factors
 - Promoting lifestyle modifications
- **Care Coordination**
 - Improved Care management
 - Multidisciplinary teams
- **Provider Education**
 - Promoting the use of evidence-based guidelines

Plan-Do-Study-Act (PDSA) Quality Model

- **Plan**
Identify the potential target of opportunity, plan the project
- **Do**
Implementation of the project
- **Study**
Data collection and analysis
- **Act**
Next Steps

CY 2014 QIP & CCIP Submissions

- **Submission required from all MAOs, including employer, union sponsored plans, MSAs & PFFs plans with contracted networks**
- **Exceptions: 1833 and 1876 cost plans, PACE plans and plans non-renewing as of 12/31/14**
- **Each MAO must establish a single QIP for all non-SNP coordinated care plans offered under a contract**
- **In addition, the MAO must also establish an individual QIP for each SNP offered under a contract**

CY 2014 QIP & CCIP Plan Submissions

- **MA Plans must submit using the HPMS Reporting Module**
- **Submitted in two sections (QIP and CCIP):**
 - **Plan section due November 17 – 25, 2014**
- ***PLAN* section will be reviewed and approved by CMS**
- **Cannot begin QIP or CCIP without approval**
- **CMS approval is completed within the HPMS Reporting Module**

CY 2014 QIP & CCIP Plan Submissions

- **Submission requirements vary depending on whether the new plan is a SNP, and whether or not it is offered under an existing or new contract**
- **New Non-SNP under an Existing Contract**
 - **New plans created under an existing contract and are not SNPs (non-SNPs) are not required to submit a new QIP and CCIP.**
 - **New non-SNP plans will implement the QIP and CCIP “Plan Section” approved by CMS for the corresponding contract number**

CY 2014 QIP & CCIP Plan Submissions

- **New Non-SNP under a New Contract**
 - **MAOs must submit a QIP and CCIP Plan Section for all new non-SNP plans under a new contract**

- **New SNP under Existing and New Contracts**
 - **New SNPs under new and existing contracts must submit a QIP and CCIP Plan Section**
 - **QIP and CCIP Plan Projects must be appropriate for its SNP type/subtype individual enrollee population**

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Announcements

There are no active announcements. Click more to view archived announcements.

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QIP Contract Year Selection Screen

[Contract Year 2012](#)

QIP Functionality

You have access to the following QIP functionality in HPMS:

Contract Year 2012 - To perform a Contract Year 2012 QIP Submission, select the "Contract Year 2012" link.

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HPMS
Health Plan Management System

Enter/Edit

Gates

Plan

Annual Update

Copy

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CY 2013 QIP Start Page

You will use this module to perform the following:

Gates - Enter/Edit Submission Period Start and End date information.

Plan - Enter/Edit the Plan Section Information.

Annual Update - Enter/Edit the Do, Study and Act Section Information.

Copy - Copy a section.

Upload - Upload supporting documentation.

User Guide - Access and View the User Guide.

QIP Reports - Access and View the QIP Reports.

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QIP Gates



QIP - Gates Information

The following dates are the valid Enter/Edit/Submission periods:

Contract Year	Start Date	End Date	Plan	Annual Update
2012	5/1/2012	3/31/2013	X	
2013	10/1/2013	10/31/2013	X	
2013	4/1/2013	3/31/2014		X
2014	4/1/2013	3/31/2014		X

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Copy - Copy a section.

Upload - Upload supporting documentation.

User Guide - Access and View the User Guide.

QIP Reports - Access and View the QIP Reports.

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Contract/Plan/Topic Selection Screen

QIP - Submission

PLAN Section – Contract/Plan/Topic Selection

Mandatory Topics are identified with "(M)".

Select a Contract:	Select a Plan:	Select a QIP Topic:
Z0001 Z0002	Non-SNP	(M) Reducing All-Cause Hospital Readmissions:

Next

MAO Information Screen (A)

QIP - Submission

PLAN Section – Contract/Plan/Topic Selection

Mandatory Topics are identified with "(M)".

Select a Contract:	Select a Plan:	Select a QIP Topic:
Z0001 Z0002	Non-SNP	(M) Reducing All-Cause Hospital Readmissions:

Next

QIP Background (B)

B. Background	
Quality Improvement Project (QIP) Title:	<input type="text"/>
Focus:	Please Select <input type="button" value="v"/>
Domain: (if applicable)	<input type="text"/> (max 50 characters.)

Definition for focus selection

Clinical – An organizational improvement project focused on the structure and processes that will enhance care and services to Medicare Advantage Organization (MAO) plan enrollees in order to improve health outcomes. These include but are not limited to: prevention and wellness programs; care management; utilization management criteria and guidelines; peer review; medical technology review; pharmaceutical management procedures; medical record criteria; and processes to enhance communication and continuity of care between practitioners and providers.

Non-clinical – An organizational project focused on improving and enhancing health plan policies and procedures, benefit and coverage information and service standards (customer service, appeals and grievances) in order to ensure timely access and delivery of services to the MAO enrollees.

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QIP Plan Section (C) Data Sources

QIP - Submission

Enter/Edit - C. Data Sources Used for Problem Identification

MAO Name: Example Contract 1
Contract Number: 20001
Plan: Non-SNP
Project Cycle: Contract Year 2014 - Baseline
Quality Improvement Project (QIP) Topic: Reducing All-Cause Hospital Readmissions: XXXXXXXXXXXXXXX
Focus: Non-clinical
Domain: XXXXXXXXXXXXXXXXXXXX

C. Data Sources Used for Problem Identification (check all that apply)	
<input checked="" type="checkbox"/> Medical Records	<input type="checkbox"/> MAO Part C Reporting Requirements
<input checked="" type="checkbox"/> Claims (Medical, Pharmacy, Laboratory)	<input type="checkbox"/> Encounter Data
<input type="checkbox"/> Appointment Data	<input type="checkbox"/> Audit Findings
<input type="checkbox"/> Plan Data (complaints, appeals, customer service)	<input type="checkbox"/> Health Effectiveness Data Information Set (HEDIS®)
<input type="checkbox"/> Health Risk Assessment (HRA) Tools	<input type="checkbox"/> Health Outcomes Survey (HOS)
<input type="checkbox"/> Surveys (employee, beneficiary satisfaction, other)	<input type="checkbox"/> Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
<input type="checkbox"/> Minimum Data Set (MDS) - Institutional SNP	<input type="checkbox"/> Registries
<input type="checkbox"/> Other Sources (max 2500 characters.)	
<input type="checkbox"/> Other Sources (max 2500 characters.)	
<input type="checkbox"/> Other Sources (max 2500 characters.)	
<input type="checkbox"/> Other Sources (max 2500 characters.)	
<input type="checkbox"/> Other Sources (max 2500 characters.)	

QIP Plan Section (D) Data Sources

QIP - Submission

Enter/Edit - D. Based on Model of Care

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2014 - Baseline
Quality Improvement Project (QIP) Topic: Reducing All-Cause Hospital Readmissions: XXXXXXXXXXXXXXX
Focus: Non-clinical
Domain: XXXXXXXXXXXXXXX

D. Based on Model of Care (check all MOC elements that apply)

This Element is optional for SNPs, and is not applicable to non-SNPs.

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> (1) Description of SNP-Specific Target Population
<input checked="" type="checkbox"/> (2) Measurable Goals	<input type="checkbox"/> (3) Staff Structure and Care Management Roles
<input checked="" type="checkbox"/> (4) Interdisciplinary Care Team	<input type="checkbox"/> (5) Provider Network having Specialized Expertise and Use of Clinical Practice Guidelines and Protocols
<input type="checkbox"/> (6) MOC Training for Personnel and Provider Network	<input checked="" type="checkbox"/> (7) Health Risk Assessment
<input type="checkbox"/> (8) Individualized Care Plan	<input type="checkbox"/> (9) Communication Network
<input checked="" type="checkbox"/> (10) Care Management for the Most Vulnerable Subpopulations	<input checked="" type="checkbox"/> (11) Performance and Health Outcomes Measurement

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QIP Plan Section (E) Basis for Selection

QIP - Submission

Enter/Edit - E. Basis of Selection

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SIP
Project Cycle: Contract Year 2014 - Baseline
Quality Improvement Project (QIP) Topic: Reducing All-Cause Hospital Readmissions: XXXXXXXXXXXXXXXX
Focus: Non-clinical
Domain: XXXXXXXXXXXXXXXXXXXX

E. Basis of Selection

Please provide an overall **Description of the QIP** for the year:

E1. Description of the QIP (max 2500 characters.)

E2. Impact on Member

- Health Outcomes
- Member Satisfaction
- Other (max 2500 characters.)

E3. Anticipated Outcomes (max 2500 characters.)

E4. Rationale for Selection (max 2500 characters.)

QIP Plan Section (F)-Prior Focus

QIP - Submission

Enter/Edit - F. Prior Focus

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2014 - Baseline
Quality Improvement Project (QIP) Topic: Reducing All-Cause Hospital Readmissions: XXXXXXXXXXXXXXXX
Focus: Non-clinical
Domain: XXXXXXXXXXXXXXXXXXXX

F. Prior Focus

Describe any **Previous Attempts** to address the problem.
If you do not make any applicable previous attempts, select "Not Applicable".

- Previous Cycle
 Other (Previously studied but not presented as a QIP) (max 2500 characters.)

- Not Applicable

Intervention 1

F1. Cycle/Year (max 20 characters.)

F2. Intervention (Actions taken to achieve goal) (max 2500 characters.)

F3. Outcome Achieved (max 2500 characters.)

F4. Priority Assessed (max 2500 characters.)

To enter additional intervention, please select the "Add" button.

QIP Plan Section (G1)-Target Goal and Benchmark

QIP - Submission

Enter/Edit - G1. Target Goal and Benchmark

MAO Name: Example Contract 1
Contract Number: 20003
Plan: Non-Stop
Project Cycle: Contract Year 2014 - Baseline
Quality Improvement Project (QIP) Topic: Reducing All-Cause Hospital Readmissions: XXXXXXXXXXXXXXXX
Focus: Non-clinical
Domain: XXXXXXXXXXXXXXXXXXXXXXXX

G. Project Goal and Benchmark

G1. Target Goal and Benchmark

G1a. Target Goal (max 2500 characters.)

G1b. Benchmark

- Baseline
 Internal
 External

G1c. Rationale (max 2500 characters.)

Intervention 1

G1d. Planned Intervention (max 2500 characters.)

G1e. Inclusion Criteria (max 2500 characters.)

G1f. Methodology (max 2500 characters.)

G1g. Timeframe (max 2500 characters.)

To enter additional intervention, please select the "Add" button.

QIP Plan Section (G1d-g)-Target Goal and Benchmark

Intervention 1

G1d. Planned Intervention

G1e. Inclusion Criteria

G1f. Methodology

G1g. Timeframe

To enter additional Intervention, please select the "Add" button.

Add

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Save & N

QIP Plan Section (G2) Risk Assessment

QIP - Submission

Enter/Edit - G2. Risk Assessment

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2014 - Baseline
Quality Improvement Project (QIP) Topic: Reducing All-Cause Hospital Readmissions: XXXXXXXXXXXXXXX
Focus: Non-clinical
Domain: XXXXXXXXXXXXXXX

G2. Risk Assessment

Intervention 1

G2a. Intervention: Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.

G2b. Target Audience (max 2500 characters.)

G2c. Anticipated Barrier (max 2500 characters.)

G2d. Mitigation Plan (max 2500 characters.)

QIP Plan Section (H)-Plan Section Approval

QIP - Submission

Enter/Edit - H. Plan Section Approval

MAO Name: Example Contract 1

Contract Number: Z0001

Plan: Non-SNP

Project Cycle: Contract Year 2014 - Baseline

Quality Improvement Project (QIP) Topic: Reducing All-Cause Hospital Readmissions: XXXXXXXXXXXXXXXX

Focus: Non-clinical

Domain: XXXXXXXXXXXXXXXXXXXX

H. Plan Section Approval: (Medical Director)

This section needs to be completed by the MA plan's Medical Director, a person designated by the Medical Director, or other person of authority.

Name of Individual:
Title:
E-mail Address:
Phone: (###-###-####) Ext.
Date of Approval: (MM/DD/YYYY)

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QIP Plan Section Verification Screen

HPMS Health Plan Management System		Health Plan Management System Home
QIP - Submission		
PLAN Submission Verification		
A. Medicare Advantage Organization (MAO) Information		
MAO Name:	Sample Contract 1	
Contract Number:	20111	
Plan:	Med-CDP	
MAO Address:	2300 Cameron Blvd, Suite 1400 Arlington, VA 22204	
Quality Contact Person		
Name:	John Doe	
Title:	Manager	
Telephone:	703-243-2000	
Email:	john.doe@test.com	
Compliance Contact Person		
Name:	John Doe	
Title:	Manager	
Telephone:	703-243-2000	
Email:	john.doe@test.com	
MAO Plan Type:	Employee/Union Only Direct Contract PPO	
Project Cycle:	Contract Year 2014 - 2016	
B. Background		
Quality Improvement Project (QIP) Title:	Reducing All-Cause Hospital Readmissions: XXXXXXXXXXXXXXXXXXXX	
Focus:	Non-clinical	
Onset:	XXXXXXXXXXXXXXXXXXXX	
C. Data Sources Used for Problem Identification		
Medical Records Claims (Medical, Pharmacy, Laboratory)		
D. Based on Model of Care		
<input type="checkbox"/> Reduce Costs <input type="checkbox"/> Enhance Quality Care Team <input type="checkbox"/> Health Risk Management <input type="checkbox"/> Care Management for the Most Vulnerable Subpopulation <input type="checkbox"/> Performance and Health Outcomes Measurement		
E. Basis of Selection		
E1. Describe of the QIP:	XXXXXXXXXXXXXXXXXXXX	
E2. Impact on Patients:	XXXXXXXXXXXXXXXXXXXX	
E3. Anticipated Outcomes:	XXXXXXXXXXXXXXXXXXXX	
E4. Rationale for Selection:	XXXXXXXXXXXXXXXXXXXX	
F. Prior Focus		
Description of any previous attempts to address the problem:	Previous Cycle	
G. Project Goal and Benchmark		
G1. Target Goal and Benchmark		
G1a. Target goal:	XXXXXXXXXXXXXXXXXXXX	
G1b. Benchmark:	XXXXX XXXXXXXX XXXXXXXXXXXXXXXXXXXX	
G1c. Rationale:	XXXXXX	
G2. Risk Assessment		
G2a. Planned Intervention		
G2a. Target Population:	XXXXXXXXXXXXXXXXXXXX	
G2a. Intervention:	XXXXXXXXXXXXXXXXXXXX	
G2a. Frequency:	XXXXXXXXXXXXXXXXXXXX	
G2a. Timeframe:	XXXXXXXXXXXXXXXXXXXX	
G2b. Risk Assessment		
G2b. Intervention:	XXXXXXXXXXXXXXXXXXXX	
G2b. Target Population:	XXXXXXXXXXXXXXXXXXXX	
G2b. Frequency:	XXXXXXXXXXXXXXXXXXXX	
G2b. Timeframe:	XXXXXXXXXXXXXXXXXXXX	
G2c. Mitigation Plan		
G2c. Intervention:	XXXXXXXXXXXXXXXXXXXX	
G2c. Target Population:	XXXXXXXXXXXXXXXXXXXX	
G2c. Frequency:	XXXXXXXXXXXXXXXXXXXX	
G2c. Timeframe:	XXXXXXXXXXXXXXXXXXXX	
H. Plan Section Approval:		
(Medical Director)		
Name of Individual:	John Doe	
Title:	Medical Director	
E-mail Address:	john.doe@test.com	
Phone:	703-243-2000	
Date of Approval:	01/27/2014	

Please review your responses for accuracy.
To submit the correct information, please select the "Submit" button.

QIP Plan Section Confirmation

QIP - Submission

QIP Plan Information Submission Confirmation

Your data has been submitted.

Contracts included with Submission		
Contract Number	Plan Number	Contract Name
Z0001	Non-SNP	Example Contract 1

Individuals that will be Notified of Submission			
Contract Number	Role	Name	Email
Z0001	Medicare Compliance Officer	John Doe	john.d@test.com
	Quality Contact	John Doe	john.d@test.com
Z0001		John Doe	john.d@test.com

Thank you for submitting your QIP Information. An email will be sent to confirm your submission.

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QIP Plan Section Confirmation

CY 2013 QIP - Submission

QIP Plan Information Submission Confirmation

Your data has been submitted.

Contracts included with Submission		
Contract Number	Plan Number	Contract Name
Z0005	Non-SNP	EXAMPLE CONTRACT 1

Individuals that will be Notified of Submission			
Contract Number	Role	Name	Email
Z0005	Medicare Compliance Officer	John Test	test@test.com
Z0005	Quality Contact	John Test	test@test.com
Z0005		Sam Test	test@test.com

Thank you for submitting your QIP Information. An email will be sent to confirm your submission.

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You will use this module to perform the following:

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Copy - Copy a section.

Upload - Upload supporting documentation.

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CCIP Reports - Access and View the CCIP Reports.

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CCIP Gates



CCIP - Gates Information

The following dates are the valid Enter/Edit/Submission periods:

Contract Year	Start Date	End Date	Plan	Annual Update
2012	5/1/2012	3/31/2013	X	
2013	10/1/2013	10/31/2013	X	
2013	4/1/2013	3/31/2014		X
2014	4/1/2013	3/31/2014		X

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CCIP Start Page – PLAN Section



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You will use this module to perform the following:

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Copy - Copy a section.

Upload - Upload supporting documentation.

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CCIP PLAN Section – Contract/Plan/Topic Selection

CCIP - Submission

PLAN Section – Contract/Plan/Topic Selection

Mandatory Topics are identified with "(M)".

Select a Contract:	Select a Plan:	Select a CCIP Topic:
Z0001	Non-SNP	(M) Decreasing Cardiovascular Disease

Next

CCIP PLAN Section - MAO Information

CCIP - Submission

Enter/Edit - MAO Information

Chronic Care Improvement Program (CCIP): A program to manage chronic conditions by preventing and or minimizing the effects of the condition through patient self-management and integrated care in order to improve health outcomes and decrease costs.

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Mandatory Topic: Decreasing Cardiovascular Disease
MAO Location: 2300 CLARENDON BLVD SUITE
ARLINGTON, VA 22201

Quality Contact Person

Name: John Doe
Title: Manager
Telephone: 703-243-2992
Email: john.doe@test.com

Compliance Contact Person

Name: John Doe
Title: Manager
Telephone: 703-243-2992
Email: john.doe@test.com

MAO Plan Type: PFFS

Project Cycle: Contract Year 2014 - Baseline

Title: (max 100 characters.)

Provide a brief summary of the CCIP to include the specific clinical foci and expected outcomes: (max 1000 characters.)

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CCIP PLAN Section (A) – Basis for Selection

CCIP - Submission

Enter/Edit - A. Basis for Selection

MAO Name: Example Contract 1
 Contract Number: 20001
 Plan: Non-SNP
 Project Cycle: Contract Year 2014 - Baseline
 Mandatory Topic: Decreasing Cardiovascular Disease: XXXXXXXXXXXXXXXX

A1. Disease State: ICD-9 Code(s) (max 100 characters.)

A2. Rationale for Selection: (max 2500 characters.)

A3. Relevance to the Plan Population: (max 2500 characters.)

A4. Anticipated Outcomes: (max 2500 characters.)

A5. Data Source(s) for Selected Chronic Condition (Check all that apply)

<input type="checkbox"/> Medical Records	<input type="checkbox"/> MAO Part C Reporting Requirements
<input type="checkbox"/> Claims (Medical, Pharmacy, Laboratory)	<input type="checkbox"/> Encounter Data
<input type="checkbox"/> Appointment Data	<input type="checkbox"/> Audit Findings
<input type="checkbox"/> Plan Data (complaints, appeals, customer service)	<input type="checkbox"/> Health Effectiveness Data Information Set (HEDIS®)
<input type="checkbox"/> Health Risk Assessment (HRA) Tools	<input type="checkbox"/> Health Outcomes Survey (HOS)
<input type="checkbox"/> Surveys (enrollee, beneficiary satisfaction, other)	<input type="checkbox"/> Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
<input type="checkbox"/> Minimum Data Set (MDS) - Institutional SNP	<input type="checkbox"/> Registries

Other Sources (max 2500 characters.)

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CCIP PLAN Section (A1-A4) – Basis for Selection

CCIP - Submission

Enter/Edit - A. Basis for Selection

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2014 - Baseline
Mandatory Topic: Decreasing Cardiovascular Disease: XXXXXXXXXXXXXXXX

A1. Disease State: ICD-9 Code(s) (max 100 characters.)

A2. Rationale for Selection: (max 2500 characters.)

A3. Relevance to the Plan Population: (max 2500 characters.)

A4. Anticipated Outcomes: (max 2500 characters.)

CCIP PLAN Section (A5) – Basis for Selection

A5. Data Source(s) for Selected Chronic Condition <i>(Check all that apply)</i>	
<input type="checkbox"/> Medical Records	<input type="checkbox"/> MAO Part C Reporting Requirements
<input type="checkbox"/> Claims (Medical, Pharmacy, Laboratory)	<input type="checkbox"/> Encounter Data
<input type="checkbox"/> Appointment Data	<input type="checkbox"/> Audit Findings
<input type="checkbox"/> Plan Data (complaints, appeals, customer service)	<input type="checkbox"/> Health Effectiveness Data Information Set (HEDIS®)
<input type="checkbox"/> Health Risk Assessment (HRA) Tools	<input type="checkbox"/> Health Outcomes Survey (HOS)
<input type="checkbox"/> Surveys (enrollee, beneficiary satisfaction, other)	<input type="checkbox"/> Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
<input type="checkbox"/> Minimum Data Set (MDS) - Institutional SNP	<input type="checkbox"/> Registries
<input type="checkbox"/> Other Sources <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Other Sources <input style="width: 95%; height: 20px;" type="text"/>
<input type="checkbox"/> Other Sources <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Other Sources <input style="width: 95%; height: 20px;" type="text"/>
<input type="checkbox"/> Other Sources <input style="width: 95%; height: 20px;" type="text"/>	

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CCIP PLAN Section (B1) – Population Identification Process

CCIP - Submission

Enter/Edit - B. Program Design (B1)

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2014 - Baseline
Mandatory Topic: Decreasing Cardiovascular Disease: XXXXXXXXXXXXXXXX

B1. Population Identification Process:

B1a. Describe the Target Population: (max 2500 characters.)

B1b. Method of identifying members: (Check all that apply)

<input type="checkbox"/> Health risk assessment	<input type="checkbox"/> Utilization Management Data
<input type="checkbox"/> Claims Data (Medical, Pharmacy, Laboratory)	<input type="checkbox"/> Case Management Referrals
<input type="checkbox"/> Encounter Data	<input type="checkbox"/> Surveys
<input type="checkbox"/> Enrollment Data	<input type="checkbox"/> Registry
<input type="checkbox"/> Other (max 2500 characters.)	
<input type="checkbox"/> Other (max 2500 characters.)	
<input type="checkbox"/> Other (max 2500 characters.)	
<input type="checkbox"/> Other c	
<input type="checkbox"/> Other (max 2500 characters.)	

B1c. Risk Stratification:
(patient acuity level)

- High
 Medium
 Low

B1d. Enrollment Method:

- Opt in
 Opt out

Opt in - Member must ask for inclusion in program.
Opt out - Member automatically included in program and must ask to be excluded.

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CCIP PLAN Section (B2, B3) – B2. Evidence Based Medicine & B3. Care Coordination Approach

CCIP - Submission

Enter/Edit - B. Program Design (B2 & B3)

MAO Name: Example Contract 1

Contract Number: Z0001

Plan: Non-SNP

Project Cycle: Contract Year 2014 - Baseline

Mandatory Topic: Decreasing Cardiovascular Disease: XXXXXXXXXXXXXXXX

B2. Evidence Based Medicine: (max 2500 characters.)

(Provide current clinical practice guidelines and evidence-based treatment modalities, standards of care, evidence-based best practices, etc.)

B3. Care Coordination Approach: (max 2500 characters.)

(Describe the model, e.g., integration, collaboration, community resources, and communication among team members including provider, patient, and CCIP team members.)

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CCIP PLAN Section (B4, B4a & B4b) – Education

CCIP - Submission

Enter/Edit - B. Program Design (B4)

MAO Name: Example Contract 1
Contract Number: 20001
Plan: Non-SNP
Project Cycle: Contract Year 2014 - Baseline
Mandatory Topic: Decreasing Cardiovascular Disease: XXXXXXXXXXXXXXX

B4. Education:

(Select the type of education and then describe the method of education and the topics covered e.g., CAD, hypertension, diabetes, COPD.)

Type of Education:
 Patient Self Management
 Provider Education
 Both

B4a. Patient Self management (Entry #1)

Disease Management: XXXX-XXXXXX

Method:

Training: (max 2500 characters.)

Support: (max 2500 characters.)

Monitoring: (max 2500 characters.)

Follow-up: (max 2500 characters.)

Other: (max 2500 characters.)

Topics Covered

Training: (max 2500 characters.)

Support: (max 2500 characters.)

Monitoring: (max 2500 characters.)

Follow-up: (max 2500 characters.)

Other: (max 2500 characters.)

To enter additional Education, please select the "Add" button.

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CCIP PLAN Section (B5) – Outcome Measures & Interventions

CCIP - Submission

Enter/Edit - B. Program Design (B5)

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2014 - Baseline
Mandatory Topic: Decreasing Cardiovascular Disease: XXXXXXXXXXXXXXXX

B5. Outcome Measures and Interventions:

Outcome Measures and Interventions: (Entry #1) B5a. Goal: (max 2500 characters.)
B5b. Goal: <input type="checkbox"/> Clinical <input type="checkbox"/> Utilization Access <input type="checkbox"/> Satisfaction Survey <input type="checkbox"/> Other (max 2500 characters.)
B5c. Benchmark: (max 2500 characters.)
Benchmark: <input type="checkbox"/> Baseline <input type="checkbox"/> Internal <input type="checkbox"/> External
B5d. Interventions: (max 2500 characters.)
B5e. Rationale for specific intervention related to goal or benchmark: (max 2500 characters.)
B5f. Measurement Methodology: (max 2500 characters.)
B5g. Timeline: (max 1000 characters.)

To enter additional B5a - B5g information, please select the "Add" button.

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CCIP PLAN Section (B5a-c) – Outcome Measures & Interventions

CY 2013 CCIP - Submission

B5. Outcome Measures and Interventions

MAO Name: Example Contract 1

Contract Number: 20001

Plan: Non-SNP

Mandatory Topic: Decreasing Cardiovascular Disease: Example Topic 1

B5. Outcome Measures and Interventions:

Outcome Measures and Interventions: (Entry #1)
B5a. Goal:
B5b. Goal: <input type="radio"/> Clinical <input checked="" type="radio"/> Utilization Access <input type="radio"/> Satisfaction Survey <input type="radio"/> Other
B5c. Benchmarks:
Benchmark: <input type="radio"/> Baseline <input type="radio"/> Internal <input checked="" type="radio"/> External

CCIP PLAN Section (B5d-g) – Outcome Measures & Interventions

B5d. Interventions: <div style="border: 1px solid gray; height: 100px;"></div>
B5e. Rationale for specific intervention related to goal or benchmark: <div style="border: 1px solid gray; height: 100px;"></div>
B5f. Measurement Methodology: <div style="border: 1px solid gray; height: 100px;"></div>
B5g. Timeline: <div style="border: 1px solid gray; height: 100px;"></div>

To enter additional B5a - B5g information, please select the "Add" button.

Add

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CCIP PLAN Section (B6) – Communication Sources including the Interdisciplinary Care Team & Patients

CCIP - Submission

Enter/Edit - B. Program Design (B6)

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2014 - Baseline
Mandatory Topic: Decreasing Cardiovascular Disease: XXXXXXXXXXXXXXX

B6. Communication Sources including the Interdisciplinary Care Team and Patients:

(Describe how the program integrates continuous feedback among all parties.)

B6a. Sources <i>(Check all that apply)</i>	
<input type="checkbox"/> Electronic Communications (Website, portal, email, etc.)	<input type="checkbox"/> Surveys (Satisfaction Survey, Comment Cards, Complaint Tracking, etc.)
<input type="checkbox"/> Telecommunications (Phone calls, phone text messages, public media, etc.)	<input type="checkbox"/> Face-to-face Patient Education
<input type="checkbox"/> Written Materials (Brochures, provider newsletters, member newsletters, flyers, etc.)	<input type="checkbox"/> Other (max 500 characters.)
<input type="checkbox"/> Other (max 500 characters.)	<input type="checkbox"/> Other (max 500 characters.)
<input type="checkbox"/> Other (max 500 characters.)	<input type="checkbox"/> Other (max 500 characters.)

B6b. Target Audience <i>(Check all that apply)</i>	
<input type="checkbox"/> Providers	<input type="checkbox"/> Case Manager
<input type="checkbox"/> Patients	<input type="checkbox"/> Care Team
<input type="checkbox"/> Family Members	<input type="checkbox"/> Educator
<input type="checkbox"/> Other (max 500 characters.)	<input type="checkbox"/> Other (max 500 characters.)
<input type="checkbox"/> Other (max 500 characters.)	<input type="checkbox"/> Other (max 500 characters.)
<input type="checkbox"/> Other (max 500 characters.)	<input type="checkbox"/> Other (max 500 characters.)

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CCIP PLAN Section (C) – Plan Section Approval

CCIP - Submission

Enter/Edit - C. Plan Section Approval

MAO Name: Example Contract 1

Contract Number: Z0001

Plan: Non-SNP

Project Cycle: Contract Year 2014 - Baseline

Mandatory Topic: Decreasing Cardiovascular Disease: XXXXXXXXXXXXXXX

C. Plan Section Approval: (Medical Director)

This section needs to be completed by the MA plan's Medical Director, a person designated by the Medical Director, or other person of authority.

Name of Individual:

Title:

E-mail Address:

Phone: (###-###-####) Ext.

Date of Approval: (MM/DD/YYYY)

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Submission Verification

CCIP - Submission

PLAN Submission Verification

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2014 - Baseline
Mandatory Topic: Decreasing Cardiovascular Disease: XXXXXXXXXXXXXXXX

Medicare Advantage Organization (MAO) Information

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
MAO Location: 2300 CLARENDON BLVD SUITE 14th FLOOR
 ARLINGTON, VA 22201

Quality Contact Person

Name: John Doe
Title: Manager
Telephone: 703-243-2992
Email: john.doe@test.com

Compliance Contact Person

Name: John Doe
Title: Manager
Telephone: 703-243-2992
Email: john.doe@test.com

MAO Plan Type: PFFS

Mandatory Topic: Decreasing Cardiovascular Disease: XXXXXXXXXXXXXXXX

Summary of the CCIP to include the specific clinical foci and expected outcomes: XXXXXXXXXXXXXXXX

A. Basis for Selection	
A1. Disease State: <i>(ICD-9 code(s))</i>	xxx-xxxxx
A2. Rationale for Selection:	xxxx xxxxx xxxxx xxxxx, xxxxx xxxxx xxxxx xxxxxxxxxxxx xxx xxxxxxx.
A3. Relevance to the Plan Population:	xxxxxxxx xxxxx xxxxx xxxxx xxxxxxxxxxx xxxxx.
A4. Anticipated Outcomes:	xxxxxxxxxxxx xxxxx xxxxx xxxxxxxxxxx xx xxxxxxxxxxx xxxxx x xxxxxxx.
A5. Data Source(s) for Selected Chronic Condition:	Medical Records
B. Program Design	
Bi. Population Identification Process	

CCIP PLAN Submission Verification Continued

B3. Care Coordination Approach	
XX XXXXX XX XXXXXX XXX.	
B4. Education	
Type of Education:	Patient Self Management
Disease Management:	XXX-XXXXX
Patient Self Management Entry #1	
Method Training:	XXXXXXXX XX XX XXXXX XXXXX.
Method Support:	XXXXXXXX XX XXXXXXXX.
Method Monitoring:	XXXXX XX XXXXXXXXXXX XXX.
Method Follow-up:	XXX XXXXXX XXX XXXXXXXXXXXX XXXXXXXXXXXXXXX.
Method Other:	XX XXXXXXXXXXXX XXXXXX.
Topic Covered Training:	XXXXXXXX X XXX XX XXXXX XXXXXXX.
Topic Covered Support:	XXXXXXXX XX XXXXXXXX.
Topic Covered Monitoring:	XXX XXXXXXXX XX XXXXXXXXXXX.
Topic Covered Follow-up:	XXXX XXXXXXXX XXX XXXXXXXXXXX.
Topic Covered Other:	XX XXXXXXXXXXXXXXXXXXXX XXX.
B5. Outcome Measures and Interventions	
Outcome Measures and Interventions Entry #1	
B5a. Goal:	XXXXXXXX XX XXXXXXXXXXXXXXXXXXXX XXXX XXXXXXXXXXXXXXX.
B5b. Goal:	Clinical
B5c. Benchmark:	XXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXX.
Benchmark:	Baseline
B5d. Interventions:	XXXXXXXX X XXXXXX XXXXXX XXX XXXXXXXXXXXX XXXXXXXXXXXXXXX.
B5e. Rationale for specific intervention related to goal or benchmark:	XXXX XXXXXXXXXXXXXXXX XX XXXXXXXXXX XXXXXXXXXXXXXXX.
B5f. Measurement Methodology:	XXXXXXXX XX XXXXXXXX XXXXXXXXXXXX XXXXX.
B5g. Timeline:	XXXXXXXXXX XX XXXXXXXXXXXXXXXX XX XXXXXXXXX.
B6. Communication Sources including the Interdisciplinary Care Team and Patients	
B6a. Sources:	Electronic Communications (Website, portal, email, etc.)
B6b. Target Audience:	Providers
C. Plan Section Approval:	
(Medical Director)	
Name of Individual:	XXXXXXXXXXXXXXXX XXXXXX
Title:	XXXXXXXXXX
E-mail Address:	XXXXX@XXXX.COM
Phone:	301-222-5560
Date of Approval:	9/16/2014

CCIP PLAN Section Confirmation

CCIP - Submission

CCIP Plan Information Submission Confirmation

Your data has been submitted.

Contracts included with Submission		
Contract Number	Plan Number	Contract Name
Z0001	Non-SNP	Example Contract 1

Individuals that will be Notified of Submission			
Contract Number	Role	Name	Email
Z0001	Medicare Compliance Officer	John Doe	john.d@test.com
	Quality Contact	John Doe	john.d@test.com
Z0001		John Doe	john.d@test.com

Thank you for submitting your CCIP Information. An email will be sent to confirm your submission.

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CCIP Plan Information Submission Confirmation



CY 2013 CCIP - Submission

CCIP Plan Information Submission Confirmation

Your data has been submitted.

Contracts included with Submission		
Contract Number	Plan Number	Contract Name
Z0001	Non-SNP	Example Contract 1

Individuals that will be Notified of Submission			
Contract Number	Role	Name	Email
Z0001	Medicare Compliance Officer	John Doe	john.doe@test.com
Z0001	Quality Contact	John Doe	john.doe@test.com
Z0001		John Doe	john.doe@test.com

Thank you for submitting your CCIP Information. An email will be sent to confirm your submission.

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QIP & CCIP Start Page – Copy



Enter/Edit

Gates

Plan

Annual Update

Copy

Upload

Documentation

User Guide

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You will use this module to perform the following:

Gates - Enter/Edit Submission Period Start and End date information.

Plan - Enter/Edit the Plan Section Information.

Annual Update - Enter/Edit the Do, Study and Act Section Information.

Copy - Copy a section.

Upload - Upload supporting documentation.

User Guide - Access and View the User Guide.

CCIP Reports - Access and View the CCIP Reports.

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COPY – Criteria Selection

CCIP - Copy Criteria Selection

1. Select a Section

Section:

Plan

2. Select SOURCE Contract Criteria

Select a Contract:

Select a Plan:

Select a QIP Topic:

Z0001	Non-SNP	(M) Decreasing Cardiovascular Disease- Demo Topic
-------	---------	---

3. Select TARGET Contract Criteria

Select a Contract:

Select a Plan:

Select a QIP Topic:

Z0002 Z0003	001	(M) Decreasing Cardiovascular Disease
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COPY – Copy Verification



CCIP - Copy Copy Verification

NOTE:

- Please remember to review the SOURCE data for accuracy before you copy the information.
- The PLAN section is the only section that you can create a new topic for the TARGET data.
- The TARGET information can still be edited from the Enter/Edit sections.

1. Selected SOURCE Contract Criteria

Section:Plan

Contract:Z0001

Plan:Non-SNP

Topic:(M) Decreasing Cardiovascular Disease: Demo Topic

2. Selected TARGET Contract Criteria

Contract:Z0002

Plan:001

Topic: (M) Decreasing Cardiovascular Disease: Copy of Demo Topic

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COPY – Copy Confirmation



CCIP - Copy

Copy Confirmation

The information is successfully duplicated and saved.



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HPMS Copy and Upload Functions

QIP & CCIP Start Page – Upload



HPMS

Health Plan Management System

Enter/Edit

Gates

Plan

Annual Update

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CY 2013 CCIP Start Page

You will use this module to perform the following:

Gates - Enter/Edit Submission Period Start and End date information.

Plan - Enter/Edit the Plan Section Information.

Annual Update - Enter/Edit the Do, Study and Act Section Information.

Copy - Copy a section.

Upload - Upload supporting documentation.

User Guide - Access and View the User Guide.

CCIP Reports - Access and View the CCIP Reports.

Go To: [HPMS Home](#)

HPMS Enhancement New CMS Reviewer Field

Home » CCIP » Plan Section Status Update

CCIP - Plan Section Review

CCIP 

Contract/Plan/Topic Selection

 Select All	Contract ID	Plan ID	Project Year	Topic
<input type="checkbox"/>	Z0001	035	Contract Year 2014 - Baseline	(M) Decreasing Cardiovascular Disease: Improvement in Statin Adherence in At Risk
<input type="checkbox"/>	Z0002	011	Contract Year 2014 - Baseline	(M) Decreasing Cardiovascular Disease: X Improvement Project

Select a status:

- Approved**
 Not Approved - Resubmit

Review Comments for MAO or MMP:

Additional Review Comments for CMS (for internal use only):

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Important Dates

- **QIP & CCIP 'PLAN' Submission window for MAOs**
 - November 17-25
- **Review period**
 - December 1 -December 31
- **MAO Notifications in HPMS**
 - By the end of 2014

QIP/CCIP RESOURCES

MA Quality Mailbox:

MAQuality@cms.hhs.gov

MMP Mailbox:

MMCOcapsmodel@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://hpms.cms.gov>

Question & Answer Session

