



Medicare Advantage Quality Improvement Project (QIP) & Chronic Care Improvement Program (CCIP) HPMS Module Reporting Training

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Medicare Drug and Health Plan Contract Administration Group

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MAO 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 2014**

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)

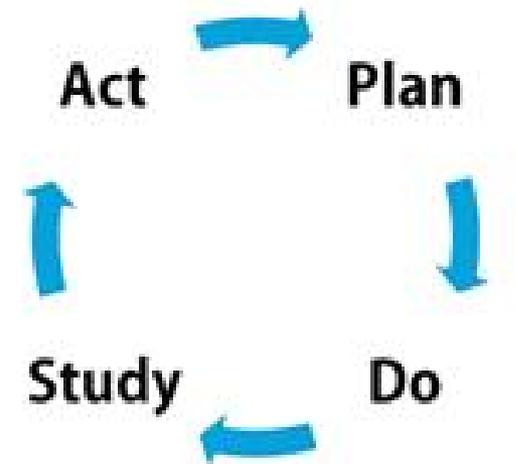
- Reducing the incidence and severity of cardiovascular disease
- CCIPs must be clinically focused
- Supports the national HHS initiative—*Million Hearts Campaign*
- **ABCS** of heart disease
 - Aspirin
 - Blood pressure control
 - Cholesterol management
 - Smoking cessation

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



QIP & CCIP SUBMISSION PROCESS



CY 2013 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 12/31/13**
- **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 2013 QIP Submissions

- **MA Plans must submit using the new HPMS Reporting Module**
- **Submitted in two sections:**
 - **Plan section due November 14-25**
 - **'Annual Update' sections will be required to be submitted in Fall 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**

NAVIGATING THE HPMS *QIP* REPORTING MODULE



The “PLAN” Section

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QIP Contract Year Selection Screen

[Contract Year 2012](#)

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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.

QIP Start Page



HPMS

Health Plan Management System

Enter/Edit

Gates

Plan

Annual Update

Copy

Upload

Documentation

User Guide

Reports

QIP Reports

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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QIP Start Page



HPMS

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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:

Z0001
Z0002

Select a Plan:

Non-SNP

Select a QIP Topic:

(M) Reducing All-Cause Hospital Readmissions:

Next

MAO Information Screen (A)

QIP - Submission

Enter/Edit - A. Medicare Advantage Organization (MAO) Information & B. Background

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Plan: Non-SNP
Mandatory Topic: Reducing All-Cause Hospital Readmissions
MAO Location: 1234 main street
washington, DC 20001

Quality Contact Person

Name: John Doe
Title: Pharmacist
Telephone: 703-456-5566
Email: johnD@demo.com

Compliance Contact Person

Name: John Doe
Title: Pharmacist
Telephone: 703-456-5566
Email: johnD@demo.com

MAO Plan Type: Employer/Union Only Direct Contract PFFS

Project Cycle: Contract Year 2013 - Baseline

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) Screen-Data Sources

CY 2013 QIP - Submission

Enter/Edit - PLAN Section (C)

MAO Name: EXAMPLE CONTRACT 1

Contract Number: Z0005

Plan: Non-SNP

Project Cycle: Baseline

Quality Improvement Project (QIP) Topic: Test

Focus: Clinical

Domain:

C. Data Sources Used for Problem Identification (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
<input type="checkbox"/> Other Sources <input type="text"/>	<input type="checkbox"/> Other Sources <input type="text"/>
<input type="checkbox"/> Other Sources <input type="text"/>	<input type="checkbox"/> Other Sources <input type="text"/>
<input type="checkbox"/> Other Sources <input type="text"/>	

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QIP Plan Section (D) Screen-MOC Elements

CY 2013 QIP - Submission

Enter/Edit - PLAN Section (D)

MAO Name: EXAMPLE CONTRACT 1

Contract Number: Z0005

Plan: Non-SNP

Project Cycle: Baseline

Quality Improvement Project (QIP) Topic: Test

Focus: Clinical

Domain:

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 type="checkbox"/> (2) Measurable Goals	<input type="checkbox"/> (3) Staff Structure and Care Management Roles
<input 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 type="checkbox"/> (7) Health Risk Assessment
<input type="checkbox"/> (8) Individualized Care Plan	<input type="checkbox"/> (9) Communication Network
<input type="checkbox"/> (10) Care Management for the Most Vulnerable Subpopulations	<input type="checkbox"/> (11) Performance and Health Outcomes Measurement

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QIP Plan Section (E) Screen-Basis for Selection

CY 2013 QIP - Submission

Enter/Edit - PLAN Section (E)

MAO Name: EXAMPLE CONTRACT 1

Contract Number: Z0005

Plan: Non-SNP

Project Cycle: Baseline

Quality Improvement Project (QIP) Topic: Test

Focus: Clinical

Domain:

E. Basis of Selection

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

E1. Description of the QIP

E2. Impact on Member

- Health Outcomes
 Member Satisfaction
 Other

E3. Anticipated Outcomes

E4. Rationale for Selection

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QIP Plan Section (F)-Prior Focus

CY 2013 QIP - Submission

Enter/Edit - PLAN Section (F)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0005
Plan: Non-SNP
Project Cycle: Baseline
Quality Improvement Project (QIP) Topic: Test
Focus: Clinical
Domain:

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)
- Not Applicable

Intervention 1

F1. Cycle/Year

F2. Intervention (Actions taken to achieve goal)

^

v

F3. Outcome Achieved

^

v

F4. Priority Assessed

^

v

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

Add

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QIP Plan Section (G1)-Target Goal and Benchmark

CY 2013 QIP - Submission

Enter/Edit - PLAN Section (G1)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0005
Plan: Non-SNP
Project Cycle: Baseline
Quality Improvement Project (QIP) Topic: Test
Focus: Clinical
Domain:

G.Project Goal and Benchmark

G1. Target Goal and Benchmark

G1a. Target Goal

G1b. Benchmark

- Baseline
 Internal
 External

G1c. Rationale

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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QIP Plan Section (G1a-c)-Target Goal and Benchmark

CY 2013 QIP - Submission

Enter/Edit - PLAN Section (G1)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0005
Plan: Non-SNP
Project Cycle: Baseline
Quality Improvement Project (QIP) Topic: Test
Focus: Clinical
Domain:

G.Project Goal and Benchmark

G1. Target Goal and Benchmark

G1a. Target Goal

G1b. Benchmark

- Baseline
- Internal
- External

G1c. Rationale

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

CY 2013 QIP - Submission

Enter/Edit - PLAN Section (G2)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0005
Plan: Non-SNP
Project Cycle: Baseline
Quality Improvement Project (QIP) Topic: Test
Focus: Clinical
Domain:

G2. Risk Assessment

Intervention 1

G2a. Intervention: test

G2b. Target Audience

G2c. Anticipated Barrier

G2d. Mitigation Plan

QIP Plan Section (H)-Plan Section Approval

CY 2013 QIP - Submission

Enter/Edit - PLAN Section (H)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0005
Plan: Non-SNP
Project Cycle: Baseline
Quality Improvement Project (QIP) Topic: Test
Focus: Clinical
Domain:

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

CY 2013 QIP - Submission

PLAN Submission Verification

Your data has not yet been saved.

A. Medicare Advantage Organization (MAO) Information

MAO Name: EXAMPLE CONTRACT 1
 Contract Number: Z0006
 Plan: Non-DIP
 MAO Location: 2300 Clarendon Blvd
 Arlington, VA 22201

Quality Contact Person
 Name: John Test
 Title:
 Telephone: 555-555-5555
 Email: test@test.com

Compliance Contact Person
 Name: Jane Test
 Title:
 Telephone: 555-555-5555
 Email: test@test.com

MAO Plan Type: Local CCP
 Project Cycle: Baseline

B. Background	
Quality Improvement Project (QIP) Topic:	test
Focus:	Clinical
Domain:	
C. Data Sources Used for Problem Identification	
Medical Records:	
D. Based on Model of Care	
Not Applicable:	
E. Basis of Selection	
E1. Description of the QIP:	test
E2. Impact on Member Outcomes:	Health Outcomes
E3. Anticipated Outcomes:	test
E4. Rationale for Selection:	test
F. Prior Focus	
Description of any previous attempts to address the problem.	Not Applicable
G. Project Goal and Benchmark	
G1. Target Goal and Benchmark	
G1a. Target Goal:	test
G1b. Benchmark:	Baseline
G1c. Rationale:	test
Intervention 1	
G1d. Planned Intervention:	test
G1e. Target Population:	test
G1f. Methodology:	test
G1g. Timeframe:	test
G2. Risk Assessment	
Intervention 1	
G2a. Intervention:	test
G2b. Target Audience:	test
G2c. Anticipated Barrier:	test
G2d. Mitigation Plan:	test
H. Plan Section Approval:	
(Medical Director)	
Name of Individual:	John Test
Title:	Test
E-mail Address:	test@test.com
Phone:	555-555-5555
Date of Approval:	07/12/2012

Please review your responses for accuracy.
 To save the current information, please select the "Save" button.

QIP Plan Section Confirmation

CY 2013 QIP - Submission

PLAN Section Confirmation

Your data has been saved.

Please ensure your QIP Information is final. Your QIP Information CANNOT be edited once the final QIP is submitted.

To Submit the final QIP Information, please select the "Submit" button.

To go back to the selection criteria page, please select the "OK" button.

OK

Submit

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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NAVIGATING THE HPMS *CCIP* REPORTING MODULE



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CCIP Contract Year Selection Screen

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CCIP Functionality

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Plan - Enter/Edit the Plan Section Information.

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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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CCIP Gates



Health Plan Management System

Home

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

Go To: [CCIP Start Page](#)

CCIP Start Page – PLAN Section



Enter/Edit

Gates

Plan

Annual Update

Copy

Upload

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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.

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CCIP PLAN Section – Contract/Plan/Topic Selection



CY 2013 CCIP - Submission

PLAN Section – Contract/Plan/Topic Selection

Mandatory Topics are identified with "(M)".

Select a Contract:

Z0001

Select a Plan:

Non-SNP

Select a CCIP Topic:

(M) Decreasing Cardiovascular Disease:

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: 20001
Plan: Non-SNP
Mandatory Topic: Decreasing Cardiovascular Disease
MAO Location: 1234 main street
washington, DC 20001

Quality Contact Person

Name: John Doe
Title: Pharmacist
Telephone: 703-456-5566
Email: johnD@demo.com

Compliance Contact Person

Name: John Doe
Title: Pharmacist
Telephone: 703-456-5566
Email: johnD@demo.com

MAO Plan Type: Employer/Union Only Direct Contract PFFS

Project Cycle: Baseline

Title:

Provide a brief summary of the CCIP to include the specific clinical foci and expected outcomes:

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CCIP PLAN Section (A) – Basis for Selection

CY 2013 CCIP - Submission

A. Basis for Selection

MAO Name: Example Contract 1

Contract Number: Z0001

Plan: Non-SNP

Mandatory Topic: Decreasing Cardiovascular Disease: Example Topic 1

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

A2. Rationale for Selection:

A3. Relevance to the Plan Population:

A4. Anticipated Outcomes:

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

<input checked="" 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 type="checkbox"/> Other Sources
<input type="checkbox"/> Other Sources	<input type="checkbox"/> Other Sources
<input type="checkbox"/> Other Sources	

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



CY 2013 CCIP - Submission

A. Basis for Selection

MAO Name: Example Contract 1

Contract Number: Z0001

Plan: Non-SNP

Mandatory Topic: Decreasing Cardiovascular Disease: Example Topic 1

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

A2. Rationale for Selection:

**A3. Relevance to the Plan
Population:**

A4. Anticipated Outcomes:

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 type="text"/>	<input type="checkbox"/> Other Sources <input type="text"/>
<input type="checkbox"/> Other Sources <input type="text"/>	<input type="checkbox"/> Other Sources <input type="text"/>
<input type="checkbox"/> Other Sources <input type="text"/>	

CCIP PLAN Section (B1) – Population Identification Process

CY 2013 CCIP - Submission

B. Program Design (B1)

MAO Name: Example Contract 1

Contract Number: Z0001

Plan: Non-SNP

Mandatory Topic: Decreasing Cardiovascular Disease: Example Topic 1

B1. Population Identification Process:

B1a. Describe the Target Population:

B1b. Method of identifying members: <i>(Check all that apply)</i>	
<input checked="" 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 <input type="text"/>	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Other <input type="text"/>	

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.

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



CY 2013 CCIP - Submission

B2. Evidence Based Medicine

B3. Care Coordination Approach

MAO Name: Example Contract 1

Contract Number: Z0001

Plan: Non-SNP

Mandatory Topic: Decreasing Cardiovascular Disease: Example Topic 1

B2. Evidence Based Medicine:

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

B3. Care Coordination Approach:

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

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

CY 2013 CCIP - Submission

B4. Education

MAO Name: Example Contract 1

Contract Number: Z0001

Plan: Non-SNP

Mandatory Topic: Decreasing Cardiovascular Disease: Example Topic 1

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: tee	
Method	Topics Covered
Training:	Training:
Support:	Support:
Monitoring:	Monitoring:
Follow-up:	Follow-up:
Other:	Other:

CCIP PLAN Section (B5) – Outcome Measures & Interventions

CY 2013 CCIP - Submission

B5. Outcome Measures and Interventions

MAO Name: Example Contract 1

Contract Number: Z0001

Plan: Non-SNP

Mandatory Topic: Decreasing Cardiovascular Disease: Example Topic 1

B5. Outcome Measures and Interventions:

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

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:

- Clinical
- Utilization Access
- Satisfaction Survey
- Other

B5c. Benchmark:

Benchmark:

- Baseline
- Internal
- External

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

B5d. Interventions:

B5e. Rationale for specific intervention related to goal or benchmark:

B5f. Measurement Methodology:

B5g. Timeline:

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

Add

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Save & Exit

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

CY 2013 CCIP - Submission

B6. Communication Sources including the Interdisciplinary Care Team and Patients

MAO Name: Example Contract 1

Contract Number: Z0001

Plan: Non-SNP

Mandatory Topic: Decreasing Cardiovascular Disease: Example Topic 1

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 checked="" 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 <input type="text"/>
<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Other <input type="text"/>

B6b. Target Audience <i>(Check all that apply)</i>	
<input checked="" 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 <input type="text"/>	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Other <input type="text"/>	

CCIP PLAN Section (C) – Plan Section Approval

CY 2013 CCIP - Submission

C. Plan Section Approval

MAO Name: Example Contract 1

Contract Number: Z0001

Plan: Non-SNP

Mandatory Topic: Decreasing Cardiovascular Disease: Example Topic 1

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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CCIP PLAN Section Verification

CY 2013 CCIP - Submission

PLAN Submission Verification

MAO Name: Example Contract 1
Contract Number: 20001
Plan: Non-SNP
Mandatory Topic: Decreasing Cardiovascular Disease: Example Topic 1

Your data has not yet been saved.

Medicare Advantage Organization (MAO) Information

MAO Name: Example Contract 1
Contract Number: 20001
Plan: Non-SNP
MAO Location: 2300 Clarendon Blvd
Arlington, VA 22203

Quality Contact Person
Name: Mary Doe
Title: Senior Official
Telephone: 703-243-2992
Email: mary.doe@test.com

Compliance Contact Person
Name: Mary Doe
Title: Senior Official
Telephone: 703-243-2992
Email: mary.doe@test.com

MAO Plan Type: RFB - PFFS

Initial CCIP Plan:

Mandatory Topic: Decreasing Cardiovascular Disease: Example Topic 1

Summary of the CCIP to include the specific clinical goal and expected outcomes: Example Summary.

MAO Plan Type: RFB - PFFS

Initial CCIP Plan:

A. Basis for Selection	
A1. Disease State: (ICD-9 code(s))	XX-000000
A2. Rationale for Selection:	Example of Rationale
A3. Relevance to the Plan Population:	Example of Population
A4. Anticipated Outcomes:	Example of Outcomes
A5. Data Source(s) for Selected Chronic Condition:	Medical Records
B. Program Design	
B1. Population Identification Process	
B1a. Describe the Target Population:	Example of Target Population
B1b. Method of Identifying Members:	Health risk assessment
B1c. Risk Stratification (patient equity level):	Medium
B1d. Enrollment Method:	Opt in
B2. Evidence Based Medicine	
Example of Evidence:	
B3. Care Coordination Approach	
Example of Approaches:	
B4. Education	
Type of Education:	Patient Self Management
Disease Management:	Example of DM
Patient Self Management Entry #1	
Method Training:	Example
Method Support:	Example
Method Monitoring:	Example
Method Follow-up:	Example
Method Other:	Example
Topic Covered Training:	Example
Topic Covered Support:	Example
Topic Covered Monitoring:	Example
Topic Covered Follow-up:	Example
Topic Covered Other:	Example
B5. Outcome Measures and Interventions	
Outcome Measures and Interventions Entry #1	
B5a. Goal:	Example
B5b. Goal:	Example
B5c. Benchmark:	Example
Benchmark:	External
B5d. Interventions:	Example
B5e. Rationale for specific intervention related to goal or benchmark:	Example
B5f. Measurement Methodology:	Example
B5g. Timeline:	Example
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:	John Doe
Title:	Pharmacist
E-mail Address:	john.doe@test.com
Phone:	703.222.1515
Date of Approval:	11/15/2013

CCIP PLAN Section Confirmation

CY 2013 CCIP - Submission

Your data has been saved.

Please ensure your CCIP Information is final. Your CCIP Information CANNOT be edited once the final CCIP is submitted.

To Submit the final CCIP Information, please select the "Submit" button.

To go back to the selection criteria page, please select the "OK" button.

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.

NAVIGATING THE HPMS *QIP & CCIP* REPORTING MODULE



*The “COPY &
UPLOAD” Functions*

QIP & CCIP Start Page – Copy



Enter/Edit

Gates

Plan

Annual Update

Copy

Upload

Documentation

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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](#)

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:

20001	Non-SNP	(M) Decreasing Cardiovascular Disease: Demo Topic
-------	---------	---

3. Select TARGET Contract Criteria

Select a Contract:

Select a Plan:

Select a QIP Topic:

20002 20003	001	(M) Decreasing Cardiovascular Disease
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COPY – Copy Verification



HPMS

Health Plan Management System

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:20001

Plan:Non-SNP

Topic:(M) Decreasing Cardiovascular Disease: Demo Topic

2. Selected TARGET Contract Criteria

Contract:20002

Plan:001

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

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[Copy](#)

Go To: [CCIP Start Page](#)

COPY – Copy Confirmation



HPMS

Health Plan Management System

CCIP - Copy

Copy Confirmation

The information is successfully duplicated and saved.



Go To: [CCIP Start Page](#)

QIP & CCIP Start Page – Upload



Enter/Edit

Gates

Plan

Annual Update

Copy

Upload

Documentation

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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](#)

Important Dates

- **QIP & CCIP 'PLAN' Submission window for MAOs**
 - November 14-25
- **Review period**
 - November 26-December 31
- **MAO Notifications in HPMS**
 - By the end of 2013

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/>

Question & Answer Session

