

**Medicare Advantage (MA)  
Chronic Care Improvement Program (CCIP)  
2015 Plan Section Submission Training**



**MA Quality Team**

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

**September 2, 2015**

# Presentation Overview

- **CCIP Background & Requirements**
- **CCIP Submission Process**
- **Review of HPMS CCIP Reporting Module**
- **Supporting Resources**
- **Q & A Session**

# 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 that lead to development and/or progression of cardiovascular disease (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

# Navigating the HPMS CCIP Reporting Module CCIP Start Page

**HPMS**  
Health Plan Management System

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Home - CCIP

## 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 Updates** - Enter/Edit the Do, Study and Act Section Information.
- Copy** - Copy a section.
- Upload** - Upload supporting documentation.
- Dashboard** - View the CCIP Submission status.
- Plan Section Review** - Update status for Plan section.
- Plan Section Review MMP** - Update status for Plan section for MMP.
- Annual Updates Section Review** - Update status for Annual Update section.
- Annual Updates Section Review MMP** - Update status for Annual Update section for MMP.
- Request Resubmission** - Open a resubmission window.
- User Guide** - Access and View the User Guide.
- MMP User Guide** - Access and View the MMP User Guide.
- Helpful Hints** - Access and View the Helpful Hints.
- MMP Helpful Hints** - Access and View the MMP Helpful Hints.
- CCIP Reports** - Access and View the CCIP Reports.

### CCIP

- Enter/Edit**
  - Gates
  - Plan
  - Annual Updates
  - Copy
  - Upload
- Administration**
  - Dashboard
  - Plan Section Review
  - Plan Section Review MMP
  - Annual Updates Section Review
  - Annual Updates Section Review MMP
  - Request Resubmission
- Documentation**
  - User Guide
  - MMP User Guide
  - Helpful Hints
  - MMP Helpful Hints
- Reports**
  - CCIP Reports

09/12/14

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# CCIP Plan Section – Contract/Plan/Topic Selection

## CCIP - Submission

CCIP



### PLAN Section – Contract/Plan/Topic Selection

Mandatory Topics are identified with "(M)".

Select a Contract:

- Z0001
- Z0002
- Z0003
- Z0004
- Z0005
- Z0006
- Z0007
- Z0008
- Z0009
- Z0010
- Z0011
- Z0012
- Z0013
- Z0014
- Z0015

Select a Plan:

Non-SNP

Select a CCIP Topic:

- (M) CCIP Test: CCIP Test 1
- (M) CCIP Test: CCIP Test 2
- (M) CCIP Test: CCIP Test 3
- (M) CCIP Test: CCIP Test 4
- (M) CCIP Test: CCIP Test 5

Next

# CCIP Plan Section – MAO Information

## CCIP - Submission

CCIP 

### 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 MAO NAME  
**Contract Number:** Z0001  
**Plan:** Non-SNP  
**Mandatory Topic:** CCIP Test  
**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:** Mr. Jim Test  
**Title:**  
**Telephone:** 555-555-5555  
**Email:** test@test.com

**MAO Plan Type:** Test

**Project Cycle:** Contract Year 2015 - 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 (A1-A4) – Basis for Selection

## CCIP - Submission

CCIP 

Enter/Edit - A. Basis for Selection

**MAO Name:** EXAMPLE MAO NAME

**Contract Number:** Z0001

**Plan:** Non-SNP

**Project Cycle:** Contract Year 2015 - Baseline

**Mandatory Topic:** CCIP Test

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

**A2. Rationale for Selection:** (max 1500 characters)

**A3. Relevance to the Plan Population:** (max 1500 characters)

**A4. Anticipated Outcomes:** (max 1500 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 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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# CCIP Plan Section (B1) – Population Identification Process

## CCIP - Submission

### Enter/Edit - B. Program Design (B1)

**MAO Name:** Example Contract 1  
**Contract Number:** 20001  
**Plan:** Non-Site  
**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.)	
<div style="border: 1px solid gray; height: 40px;"></div>	
<input type="checkbox"/> Other (max 2500 characters.)	
<div style="border: 1px solid gray; height: 40px;"></div>	
<input type="checkbox"/> Other (max 2500 characters.)	
<div style="border: 1px solid gray; height: 40px;"></div>	
<input type="checkbox"/> Other c	
<div style="border: 1px solid gray; height: 40px;"></div>	
<input type="checkbox"/> Other (max 2500 characters.)	
<div style="border: 1px solid gray; height: 40px;"></div>	

#### 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

CCIP



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

**MAO Name:** EXAMPLE MAO NAME

**Contract Number:** Z0001

**Plan:** Non-SNP

**Project Cycle:** Contract Year 2015 - Baseline

**Mandatory Topic:** CCIP Test

#### B2. Evidence Based Medicine:

(max 1500 characters)

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

#### B3. Care Coordination Approach:

(max 1500 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

**B4b. Education Reform**  
 Identify the type of education and then describe the method of education and the topics covered (e.g., CTE, opportunities, literacy, CTE, etc.)  
 Type of Education:  Private  Public  Other  
 Private  Public  Other

B4b. Education Reform (Continued)	
Private	Public
Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____	Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____
Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____	Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____
Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____	Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____
Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____	Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____
Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____	Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____

B4b. Education Reform (Continued)	
Private	Public
Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____	Title: _____ Description: _____ Budget: _____ Method: _____ Other: _____

# CCIP Plan Section (B5) – Outcome Measures & Interventions

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## CCIP - Submission

Enter/Edit - B. Program Design (B5)

MAO Name: EXAMPLE MAO NAME  
Contract Number: Z0001  
Plan: Non-SBP  
Project Cycle: Contract Year 2015 - Baseline  
Mandatory Topic: CCIP Test

CCIP

**B5. Outcome Measures and Interventions:**

**Outcome Measures and Interventions (Entry #1)**

**B5a. Goal:** (max 1500 characters)

**B5b. Goal:**  
 Clinical  Utilization Access  Satisfaction Survey  Other  
(max 1500 characters)

**B5c. Benchmark:** (max 1500 characters)

**Benchmark:**  
 Baseline  Internal  External

**B5d. Interventions:** (max 1500 characters)

**B5e. Rationale for specific intervention related to goal or benchmark:** (max 1500 characters)

**B5f. Measurement Methodology:** (max 1500 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

## B5. Outcome Measures and Interventions:

### Outcome Measures and Interventions (Entry #1)

B5a. Goal: (max 1500 characters)

B5b. Goal:

Clinical  Utilization Access  Satisfaction Survey  Other  
(max 1500 characters)

B5c. Benchmark: (max 1500 characters)

Benchmark:

Baseline  Internal  External

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

**B5d. Interventions:** (max 1500 characters)

**B5e. Rationale for specific intervention related to goal or benchmark:** (max 1500 characters)

**B5f. Measurement Methodology:** (max 1500 characters)

**B5g. Timeline:** (max 1000 characters)

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

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## CCIP - Submission

Enter/Edit - B. Program Design (B6)

MAC Name: EXAMPLE MAC NAME  
Contract Number: Z0001  
Plan: Non-SNP  
Project Cycle: Contract Year 2015 - Baseline  
Mandatory Topic: CCIP Test

**CCIP** +

**B6. Communication Sources including the Interdisciplinary Care Team and Patients:**  
(Describe how the program integrates continuous feedback among all parties.)

**B6a. Sources (Check all that apply)**

<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 (Check all that apply)**

<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)	

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# CCIP Plan Section (C) – Plan Section Approval

## CCIP - Submission

CCIP



### Enter/Edit - C. Plan Section Approval

**MAO Name:** EXAMPLE MAO NAME

**Contract Number:** Z0001

**Plan:** Non-SNP

**Project Cycle:** Contract Year 2015 - Baseline

**Mandatory Topic:** CCIP Test

#### 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 Submission Verification

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## CCIP - Submission

CCIP



### PLAN Submission Verification

#### Medicare Advantage Organization (MAO) Information

**MAO Name:** EXAMPLE MAO NAME  
**Contract Number:** Z0001  
**Plan:** Non-SNP  
**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:** Mr. Jim Test  
**Title:**  
**Telephone:** 555-555-5555  
**Email:** test@test.com

# CCIP Plan Section Confirmation

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## CCIP - Submission

CCIP



### 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	Mr. John Test	test@test.com
Z0001	Quality Contact	Mr. John Test	test@test.com
Z0001		Mr. John Test	test@test.com

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

# Important dates

- Follow-up Q&A Session
  - September 9, 2015 from 2:00-3:30 p.m. ET
- HPMS Quality Module & CCIP User Guides Release
  - October 5, 2015
- CY 2015 Submission Window
  - October 5-13, 2015
  - Gates will close on October 13, 2015 at 8pm EST
- All Plan sections and Annual Updates reviews completed
  - December 15, 2015
  - All new CCIPs implemented January 1, 2016

# Resources

**MA Quality Mailbox:**

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

**MMP Mailbox:**

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

**MA Quality Improvement Program Website:**

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

**CCIP HPMS User Guide:**

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

# Question & Answer Session

