
DATE: May 9, 2023

TO: Melanie Anne Egorin, Assistant Secretary for Legislation

THROUGH: Stacy Sanders, Medicare Counselor to the Secretary
Elizabeth J. Gramling, Executive Secretary

FROM: Chiquita Brooks-LaSure, Administrator

SUBJECT: INFORMATION ONLY – Fiscal Year (FY) 2020 Report to Congress (RTC) on the Administration, Cost, and Impact of the Quality Improvement Organization (QIO) Program for Medicare Beneficiaries

KEY INFORMATION

This report describes the primary activities undertaken in FY 2020 as part of the CMS QIO Program. The report offers a comprehensive review of the implementation, administration, cost, and impact of the QIO Program in FY 2020. The QIO Program is designed to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries and to ensure that services are reasonable and necessary.

EXECUTIVE SUMMARY

Pursuant to section 1161 of the Social Security Act, the Secretary must submit an annual report to Congress on the administration, cost, and impact of the QIO Program during the preceding fiscal year.

The statutory mission of the QIO Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries and to ensure that those services are reasonable and necessary. The quality improvement strategies of the QIO Program are implemented by area and task-specific QIO contractors, which work directly with healthcare providers and practitioners in their geographic service areas. Individual service areas may include one or multiple U.S. states, territories, and/or the District of Columbia. Collectively, these contracts covered the 50 U.S. states, the District of Columbia, and five U.S. territories—American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)—in FY 2020.

In FY 2020, CMS launched the QIO Program’s 12th Statement of Work (SOW) for a five-year contract cycle that will end in 2024. The 12th SOW was designed to put patients first by improving quality, safety, and cost-effectiveness for Medicare beneficiaries and their families. The contractor organizations awarded to perform this work are expected to use their

expertise to drive local change through partnerships, data-driven interventions, and technical assistance, ultimately resulting in national quality improvement. In FY 2020, QIO Program expenditures under Titles XVIII and XIX totaled \$265.6M.

This report summarizes the main activities included in the initial period of the 12th SOW, from November 7, 2019, to September 30, 2020. It is important to note the following:

- The previous report, the FY 2019 RTC, marked the final year of the 11th SOW and identified the accomplishments and shortcomings of the 11th SOW.
- The COVID-19 public health emergency began in the middle of FY 2020, resulting in program and funding adjustments made in response to the pandemic. Program adjustments prioritized infection control activities including, but not limited to, hand hygiene education, personal protective equipment inventory, and changes to nursing home visitation policies.

Two types of QIO contractors work with providers, practitioners, communities, and beneficiaries: Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) contractors and Quality Innovation Network-Quality Improvement (QIN-QIO) contractors. In FY 2020, BFCC-QIO contractors Kepro and Livanta performed the program's statutory case review work, focusing on beneficiary complaints, concerns related to early discharge from healthcare settings, and patient and family engagement. QIN-QIO contractors worked to reduce patient harm, such as infections among nursing home residents.

Noteworthy Elements about Equity: QIN-QIOs work with providers and communities on data-driven quality initiatives to improve patient safety, reduce harm, and improve clinical care at local and regional levels. Although the pivot to address the COVID-19 pandemic refocused the FY 2020 activities of the 12th SOW, the QIN-QIOs at the same time began preparing for some of the work that would be occurring in FY 2021. Special attention was given to activities focused on reducing health disparities, e.g., activities designed to increase vaccination rates among Medicare beneficiaries and decrease disparities in vaccination rates.

Notable Timing Factors: The time period covered in this report is October 1, 2019, to September 30, 2020. The 12th SOW QIO contracts were awarded on November 7, 2019.

Key Stakeholders: The report will be sent to the members of Congress, the Vice President, and the Speaker of the House of Representatives. Its contents are non-controversial and are not expected to precipitate any significant attention.



 Chiquita Brooks-LaSure

Attachments:

Tab A – Letters to Congress

Tab B – Report to Congress