

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



**Medicare Plan Accountability Group/CBC**

---

**Date:** January 18, 2005

**To:** Medicare Advantage Organizations

**From:** Cynthia Moreno /s/  
Acting Director

**Subject:** Quality Assessment Performance Improvement (QAPI) Projects  
after January 1, 2006

As of January 1, 2006, Medicare Advantage Organizations (MAOs) will not be required to continue QAPI projects begun prior to January 1, 2006. Moreover, MAOs are not required to fulfill reporting requirements on QAPI projects begun prior to January 1, 2006. This includes any previously begun QAPI project, including the 2005 project. Health plans may voluntarily complete projects and their respective project submissions; however, they are not required to do so. Please note that Quality Improvement (QI) projects beginning in 2006 are still required, but will be reported under new requirements and timeframes.

**QAPI/QI Project Evaluation Timeframes**

Beginning in 2006, QI projects will no longer be reported annually. QI project reports will be submitted as part of a health plan's biennial monitoring visit. Project reports will be collected as part of pre-site visit preparation, and will be sent to a review entity. Results of the project evaluation will be incorporated into the monitoring report, and any corrective action plan requirements will also be fulfilled under on-going monitoring oversight.

**QAPI/QI Project Reporting Format**

Beginning in 2006 CMS will no longer utilize the QAPI HPMS module. QI projects will be submitted using a Word-based report template. This report template will be provided prior to January 1, 2006.

**Health Plans Deemed by an Accrediting Organization**

If the health plan is deemed by an Accrediting Organization, please continue to submit your Quality Improvement project reports to that organization, following their established procedures.

Additional detailed guidance regarding transitioning to the new quality requirements will be provided in the Managed Care Manual prior to January 1, 2006. For more information, please contact Michelle Giovanni at 410-786-3418 or [mgiovanni@cms.hhs.gov](mailto:mgiovanni@cms.hhs.gov)