DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: August 18, 2011

TO: All Medicare Advantage Organizations

FROM: Danielle Moon, J.D., M.P.A., Director

SUBJECT: 2010 Chronic Care Improvement Program (CCIP) and Quality Improvement Projects (QIP) Results and Information for 2012 CCIP and QIP Submissions

The purpose of this memorandum is to:

- Provide details on the process for obtaining results from the 2010 chronic care improvement program (CCIP) and quality improvement project (QIP) submissions;
- Outline the process and timelines for the 2012 CCIP and QIP submissions;
- Describe the priorities for the 2012 CCIP and QIP submissions; and
- Identify resources for technical assistance for the 2012 CCIP and QIP submission processes.

2010 CCIP and QIP Submissions

In August 2010, Medicare Advantage (MA) organizations, including those offering Special Needs Plans (SNPs), were required to submit their CCIPs and QIPs to CMS for review. Scoring for the 2010 submissions has been completed, and MAOs will receive individual reports and scores. These reports will be emailed to the contact on the form that was submitted with the original documents. We will conduct an industry-wide conference call to describe the overall findings and how MAOs did as a group on this process. The industry-wide call will be held on **September 8, 2011, from 1-2 PM EDT.** The call in information is as follows:

Call in number: 1-877-267-1577
Passcode: 0310

Following this call, MAOs will receive their individual CCIP and QIP reports. We do not intend to initiate corrective action plans (CAPs) for MAOs that did not receive a score of 70 percent or higher on the 2010 assessments. Rather, we will use the 2010 submissions to develop a baseline of MAO performance on these required quality improvement (QI) assessments. The 2010 submissions and evaluation served as an opportunity to: (1) obtain a better understanding of the areas that require CCIPs and QIPs; (2) revise the CCIP and QIP tools; and (3) develop training to ensure plans better understand these critical QI elements.

Process and Timelines for the 2012 CCIP and QIP Submissions

As part of our process for ensuring that the MA program leads the industry in providing high quality care to its enrollees, we are revising the process for submitting the 2012 CCIPs and QIPs, as well as the templates MAOs will use to provide this information for each of their plans. On July 8, 2011, we issued the revised CCIP and QIP templates in the Federal Register for a 60 day comment period under the Paperwork Reduction Act (PRA) process. Additional information on the PRA process and timeframes, as well as the revised CCIP and QIP templates, can be accessed using the following links:

http://www.gpo.gov/fdsys/pkg/FR-2011-07-08/pdf/2011-17087.pdf
http://www.cms.gov/PaperworkReductionActof1995/PRAL/list.asp#TopOfPage

We are also in the process of developing a module in the Health Plan Management System (HPMS) that will decrease the burden associated with preparing and submitting the CCIPs and QIPs.

The new CCIP and QIP templates are designed specifically to follow the QI cycle of "plan, do, study, and act" (PDSA). For example, in the "plan" section, MAOs will provide a description of the CCIP and/or QIP including a rationale, data sources to be used, interventions and goals. The "do" section focuses on identifying barriers to goals and mitigating these risks as the interventions are implemented. In the "study" section, MAOs will provide data and results to report progress and outcomes for the CCIP and/or QIP. Finally, the "act" section provides the opportunity to reflect on why the goals may or may not have been attained, as well as identifying lessons learned and best practices to help direct the next steps for quality improvement. This format will allow MAOs to demonstrate how the CCIP and/or QIP is developed, implemented and analyzed on a continuous cycle and to show where improvements in care occur for each of their plans. Each section of the CCIP and QIP will be evaluated and scored consistent with criteria we will provide later this year.

There will be two submission periods under this new process. We anticipate that the first submission will occur in February 2012, and the second submission will occur in April 2012. The February 2012 submission will include all sections of the PDSA templates and will use data collected during 2011.

The April 2012 CCIP and QIP submission will consist of only the "plan" section of the PDSA cycle for both the CCIPs and QIPs and will be the first step in creating the 2013 submissions. CMS Regional Office (RO) staff will review the April 2012 submissions and, once approved, MAOs will use data collected during 2012 and will report these data in the "study," "do," and "act" sections of their CCIPs and QIPs in their February 2013 submissions. We expect to continue with these February and April submissions for subsequent cycles.

We will provide more detailed guidance and timelines in the fall of 2011 as we finalize the templates and the new, more streamlined submission process. We will also provide training to

help with the development of CCIPs and QIPs, as well as on the standards we will use to evaluate and score MAOs' submissions.

Priorities for the 2012 CCIP and QIP Submissions

MAO CCIPs and QIPs are an important part of our overall QI strategy. As provided under 42 CFR §422.152, all MAOs, including those offering SNPs, must develop, implement, and submit to CMS at least one CCIP and one QIP for each of their plans. CMS may also require that MAOs submit CCIPs and QIPs on specific topics. Also, as part of their ongoing quality improvement programs, MAOs must encourage their providers to participate in CMS and Department of Health and Human Services (HHS) QI initiatives. As we have signaled to MAOs in our CY 2012 Call Letter, we are considering using information from MAO CCIPs and QIPs in MA plan ratings as early as 2013.

During this past year, HHS released its National Strategy for Quality Improvement in Health Care (NQS) and a National Prevention Strategy (NPS). One of the goals under the NQS is "promoting the most effective prevention and treatment of the leading causes of mortality, starting with cardiovascular disease." In order to better align the MA QI program with the HHS quality and prevention initiatives, we are requiring that for the April 2012 CCIP "plan" section submissions (for the 2012-2013 submission cycle), all MAOs develop and implement a CCIP focusing on decreasing cardiovascular disease. MAOs may develop and implement additional CCIPs, but they will be required to submit and conduct at least one CCIP on decreasing cardiovascular disease for each of their plans.

In addition, HHS has announced the Partnership for Patients Initiative to improve care and to lower costs. One aspect of this national initiative is to decrease hospital readmissions. Furthermore, in 2011, a new measure was added to the Health Effectiveness and Data Information Set (HEDIS®) on plan all cause readmission rates. Because of the importance of both the HHS initiative and this new HEDIS® measure, we are requiring that for the April 2012 QIP "plan" section submission (2012-2013 submission cycle), all MAOs develop a QIP that addresses plan all cause readmission for each of their plans. We believe that the QIP will be an important tool in helping MAOs to identify barriers to decreasing hospital re-admissions and to develop interventions that can serve as best practices in providing high quality care. MAOs may develop and implement additional QIPs on any clinical or non-clinical topic that is relevant to their target populations and related to other areas identified for QI.

Resources for Technical Assistance

As part of our overall QI strategy, we are developing QI training and technical assistance. We anticipate MAOs will work closely with CMS CO and RO staff to develop their CCIPs and the QIPs. CMS staff in CO and the ROs will be trained to provide MAOs with the technical assistance they will need to achieve our expectations for the delivery of high quality care to Medicare enrollees. In addition, we will be working more closely with the Quality Improvement Organizations (QIOs) which will serve as a national resource for MAOs as well. Finally, we intend to provide more information to you through our CMS MA quality webpage, which is currently under development.

If you have questions about the contents of this memorandum, please contact Ms. Vanessa Sammy at Vanessa.Sammy@cms.hhs.gov or at 410-786-2613, or Ms. Letticia Ramsey at Letticia.Ramsey@cms.hhs.gov or at 410-786-5262. Thank you for your continued commitment to providing high quality care to Medicare beneficiaries.