

MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: March 11, 2011

TO: All Medicare Advantage Organizations

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

SUBJECT: Request for comment on Update to Chapter 5 “Quality Improvement Program” of the *Medicare Managed Care Manual*

Included with this memorandum is our proposed revision of Chapter 5 of the *Medicare Managed Care Manual*, “Quality Improvement Program” for your review and comment. This revision to Chapter 5 includes regulatory requirements and guidance that have been released since the last update to Chapter 5 in January 2006. We also note that the final version of the chapter will reflect any new CMS guidance issued, including rulemaking on issues impacting Medicare Advantage (MA) organizations quality improvement activities.

We have streamlined Chapter 5 significantly. New and revised chapter sections provide detailed, up-to-date information for MA organizations to use in implementing and maintaining a quality improvement (QI) program. In addition, for ease of reference, the chapter has been updated to include the relevant Code of Federal Regulations citations for all requirements in the chapter. We have also revised and updated definitions of terms used throughout the chapter in section 10.2 of the draft chapter revision.

Select major policy areas covered in our draft Chapter 5 revision include:

- **Quality Improvement (QI) program requirements for special needs plans (SNPs).** Updated language reflecting that all MA organizations offering SNPs must conduct a QI program that, (1) provides for the collection, analysis, and reporting of data that measures health outcomes and indices of quality at the plan level; (2) measures the effectiveness of its model of care (MOC); and (3) makes available to CMS information on quality and outcomes measures that will enable beneficiaries to compare health coverage options, and CMS to monitor the plan’s MOC performance (section 60).
- **Chronic Care Improvement Program (CCIP) and Quality Improvement Project (QIP) evaluation and scoring criteria** (sections 20.3 and 20.4).
- **Revised guidance on Medicare Health Outcomes Survey (HOS) and Health Outcomes Survey- Modified (HOS-M) inclusion criteria** (sections 90.4.2 and 90.4.3).

A copy of this draft will also be posted at: <http://www.cms.hhs.gov/HealthPlansGenInfo/>. Please submit your comments, using the attached comment template, to Margot Blige Holloway at margot.bligholloway@cms.hhs.gov.