Medicare Advantage
Quality Improvement Project (QIP)
Plan Section Submission Training

Medicare Drug and Health Plan Contract Administration Group

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September 2, 2015

Important dates

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

QIP/CCIP Plan Section Submissions

- Each MAO must establish a single QIP/CCIP for all non-SNP coordinated care plans offered under a contract

- MAO/SNPs must also establish an individual CCIP/QIP for each SNP offered under a contract

- Plans completing their 3rd year QIP cycle will submit a new QIP Plan section this fall
  - For CY 2016 implementation

Quality Improvement Project (QIP) Plan Section Submission

Presentation Overview

- QIP Background
- New QIP Topic for 2016
  - CMS Quality Strategy Goals
  - Effective Management of Chronic Disease
- Changes to HPMS
- Plan Section Submission Requirements
  - CY 2016 Implementation
- Potential Outcome Measures (Target Goals)
- Resources

QIP Background

- **Quality Improvement Program Requirements**
  - CMS regulations 42 CFR §422.152
  - Quality Improvement Project (QIP)
  - Chronic Care Improvement Program (CCIP)
  - Requires progress be reported to CMS
- Focus on Interventions and Outcomes
- Utilize the Plan, Do, Study, Act (PDSA) quality improvement model

CMS Quality Strategy Goals

- Safer care by reducing harm;
- Strengthen person and family engagement as partners in their care;
- Promote effective communication and coordination of care;
- Promote effective prevention and treatment of chronic disease;
- Work with communities to promote best practices of healthy living; and
- Make care affordable.

New QIP Mandatory Topic for 2016
Promote Effective Management of Chronic Disease

QIP Objectives

- Support the National and CMS Quality Strategy Goals;
- Advance CMS' efforts to assure that enrollees receive high quality care & care coordination;
- Effectively manage enrollees with chronic conditions;
- Ensure appropriate preventive services for specific conditions;
- Have favorable effects on health outcomes and enrollee satisfaction; and
- Eliminate disparities in care.

Promote Effective Management of Chronic Disease

Effective management of chronic conditions

- Is expected to slow disease progression;

- Helps to prevent complications and development of comorbidities;

- Helps to prevent emergency room (ER) encounters and inpatient stays;

- Improves quality of life for the enrollee; and

- Provides cost savings to the plan and the enrollee.

Promote Effective Management of Chronic Disease

Role of the MAO/SNP is to Promote:

- Care coordination/care management;
- Appropriate services (including prevention);
- Partnerships/collaboration amongst stakeholders (enrollees, caregivers, providers, vendors, community supports etc.);
- Linkage to appropriate resources.

Promote Effective Management of Chronic Disease

Role of the MAO/SNP is to Promote (continued)

- Use of provider tools to better manage chronic conditions, e.g., clinical guidelines;

- Enrollee/caregiver engagement;

- Participation in disease management programs
  - Improve self-management skills & health literacy;

- Health information exchange across provider settings;

- Addressing gaps and disparities in care.

CY 2016 QIP Plan Section Submission

Changes to the HPMS Quality Module

- Significant changes to the QIP Plan Section
- Streamlined, capture relevant data, eliminate redundancy
- Concise data
- Added standard drop downs
  - Enhance CMS ability to quantify data
  - More effectively evaluate QIP outcomes, identify best practices and determine attribution

QIP Plan Section: Section A MAO Information

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QIP Plan Section: Section B Summary of QIP

B. Summary of QIP

B1. QIP Title:

B2. Implementation Date: January 2016

B3. Target Diagnosis: Please Select ▾

*These conditions may only be selected if they are not part of a current CCIP initiative

B4. Description of QIP:

B5. Clinical Guidelines Used to Shape QIP:

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Attachment A
CMS Identified Chronic Conditions

*Atrial Arrhythmias
Behavioral Health Condition-Anxiety Disorders
Behavioral Health Condition-Bipolar Disorder
Behavioral Health Condition-Depression
Behavioral Health Condition-Major Depression
Behavioral Health Condition-Schizophrenia
Cancer
Chronic Kidney Disease (CKD) Stages 4 or 5
Chronic Obstructive Pulmonary Disease (COPD) and or Asthma
*Congestive Heart Failure (CHF)
*Coronary Artery Disease (CAD)
Dementia
*Diabetes
End Stage Renal Disease (ESRD)
HIV/AIDS
*Hypertension
Osteoporosis
Parkinson Disease
*These conditions may only be selected if they are not part of a current CCIP initiative

QIP Plan Section: Section B Summary of QIP

B. Summary of QIP

B1. QIP Title:

B2. Implementation Date: January 2016

B3. Target Diagnosis: Please Select ▾

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B4. Description of QIP:

B5. Clinical Guidelines Used to Shape QIP:

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QIP Plan: Section C
Enrollee Population

QIP Plan: Section D
Goal of QIP

D. Goal of QIP

D1. Target Goal:

D2. Baseline:

D3. National Standard: (if applicable)

Target Goals (D1)

Potential Examples

- Reducing unplanned inpatient hospital admissions;

- Reducing emergency department (ED) visits;

- Increase/improve follow up visits after discharge or acute event
  - PCP, mental health, other appropriate providers;

- Increase/improve recommended preventive care utilization

- Ensuring appropriate therapies/medications are prescribed,
  - Anemia management in ESRD
  - Persistent medications for diabetics etc.

- Improve therapeutic monitoring as appropriate
  - Coumadin or other pharmacologic agents

Target Goals (D1)

Potential Examples (continued)

- Medication reconciliation
- Improve medication adherence
- Increase # of enrollees actively participating in disease management programs
- Increase # of enrollees receiving community support services
- Increase engagement of enrollees & their caregivers
  - Education
  - Symptom management
  - Safety
  - Individual goal setting

QIP Plan: Section D
Goal of QIP

D4. Data Sources Used to Measure Goal (check all that apply)

- ☐ Medical Records
- ☐ Appointment Data
- ☐ Health Risk Assessment (HRA) Tools
- ☐ Minimum Data Set (MDS) - Institutional SNP
- ☐ Encounter Data
- ☐ Health Effectiveness Data Information Set (HEDIS®)
- ☐ Health Outcomes Survey (HOS)
- ☐ Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- ☐ Other

- ☐ Claims (Medical, Pharmacy, Laboratory)
- ☐ Plan Data (complaints, appeals, customer service)
- ☐ Surveys (enrollee, beneficiary satisfaction, other)

QIP Plan: Section E
Planned Intervention(s)

E. Planned Intervention

E1. Intervention Type (check up to three)

- ☐ Provider Education
- ☐ Medication Adherence
- ☐ Care Coordination
- ☐ Plan Outreach to Providers
- ☐ Home Visits
- ☐ Other

- ☐ Enrollee Education
- ☐ Reward and Incentive Program
- ☐ Enrollee Outreach
- ☐ Disease Management
- ☐ Promoting Lifestyle Changes

Intervention 1:
E2a. Description of Intervention:

E3a. Measurement Methodology:

QIP/CCIP Resources

MA Quality Mailbox

MAQuality@cms.hhs.gov

MA Quality Improvement Program Website

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

CMS Quality Strategy Goals

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html

QIP/CCIP HPMS User Guides

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

MMP QIP/CCIP Overview

Under the Financial Alignment initiative CMS is seeking to:

- Advance an integrated quality and performance improvement program

- Medicare-Medicaid Plans (MMPs) submit a single set of quality and performance improvement projects

- Projects meet the requirements and needs of both CMS and states, avoid unnecessary duplication and reduce burden for plans

MMP QIP/CCIP Overview

To accomplish the goal of an integrated quality and performance improvement program:

- MMPs submit all required quality and performance improvement projects outline in three-way contract

- Including QIPs, PIPs, and CCIPs

- MMPs submit via the HPMS Plan Reporting Module

- Joint review and approval process by CMS and the respective state

MMP Topics

- MMPs will submit at least two (2) improvement projects via the HPMS module:
  - ➢ One that satisfies the general Medicare QIP requirements
  - ➢ One focused on chronic care to satisfy the Medicare CCIP requirements

- Total number of topics an MMP must submit will be determined by each state, in consultation with CMS

- Topics will be provided via HPMS memos to MMPs participating in each state demonstration

- **MMPs will not be subject to the same mandatory topics as MA-PD plans**

MMP Eligibility

- All MMPs whose contracts were first effective at any point in CY 2015 must submit a CCIP and QIP as part of the broader Medicare Advantaged Organization (MAO) CCIP and QIP Annual Update and Initial Plan submission via the HPMS Plan Reporting Module in October

- MMPs who previously submitted Plan sections in CY 2014 will submit an Annual Update during CY 2015 submission window via the HMPS Plan Reporting Module

MMP Submission Format

- MMP Initial Plan Section Submission for CY 15 will use the same format as used by MMPs in CY 14.

- MMP Annual Plan Section Submission for CY 15 annual updates will roughly follow the same format as used for MAOs in CY 14.

- Last year's screen shots and word templates can be found last year's user guide and training materials: https://www.cms.gov/Medicare/Health-Plans/Medicare-Advantage-Quality-Improvement-Program/Overview.html

Questions?

Please submit any questions to the Medicare-Medicaid Coordination Office at:

mmcocapsmodel@cms.hhs.gov