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Data Driven CCIPs and QIPs

Medicare Advantage Quality Review Organization (MAQRO)

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Discussion Topics

QY08 (CCIP) and QY09 (QIP) Auditing Elements

- Evaluation Entity
- Reporting and Review Process
- Early Results
- Chronic Care Improvement Programs (CCIPs)
- Quality Improvement Projects (QIPs)
- Resources

QY08 and QY09

QY08

The Medicare Advantage Organization (MAO) must have a Chronic Care Improvement Program (CCIP)

QY09

The MAO must successfully complete annual Quality Improvement (QI) projects

QY08 and QY09 Review Entity

MAQRO

Medicare Advantage Quality Review Organization

*If your MAO is DEEMING via an accrediting organization, these elements are reviewed by the AO in accordance with its processes

MAQRO

- **Three Quality Improvement Organizations (QIOs) designated by CMS as MAQRO**
 - **Delmarva**
 - **I PRO**
 - **Lumetra**

MAQRO – Contract Tasks

- **Develop review protocols and instructional guides for CCIP and QIP**
- **Review of MAO CCIP and QIP to inform MA Audit elements QY08 and QY09**
- **Provide technical assistance to MAOs, CMS, and QIOs regarding CCIP and QIP**

MAQRO – Contract Tasks

- With CMS, developed and piloted QAPI (now QIP) project methodology and protocols beginning in 2000
- Began evaluation of QAPI reports in 2001
- With CMS, developed CCIP methodology and protocols in late 2006/early 2007
- Began evaluation of CCIP reports in 2007

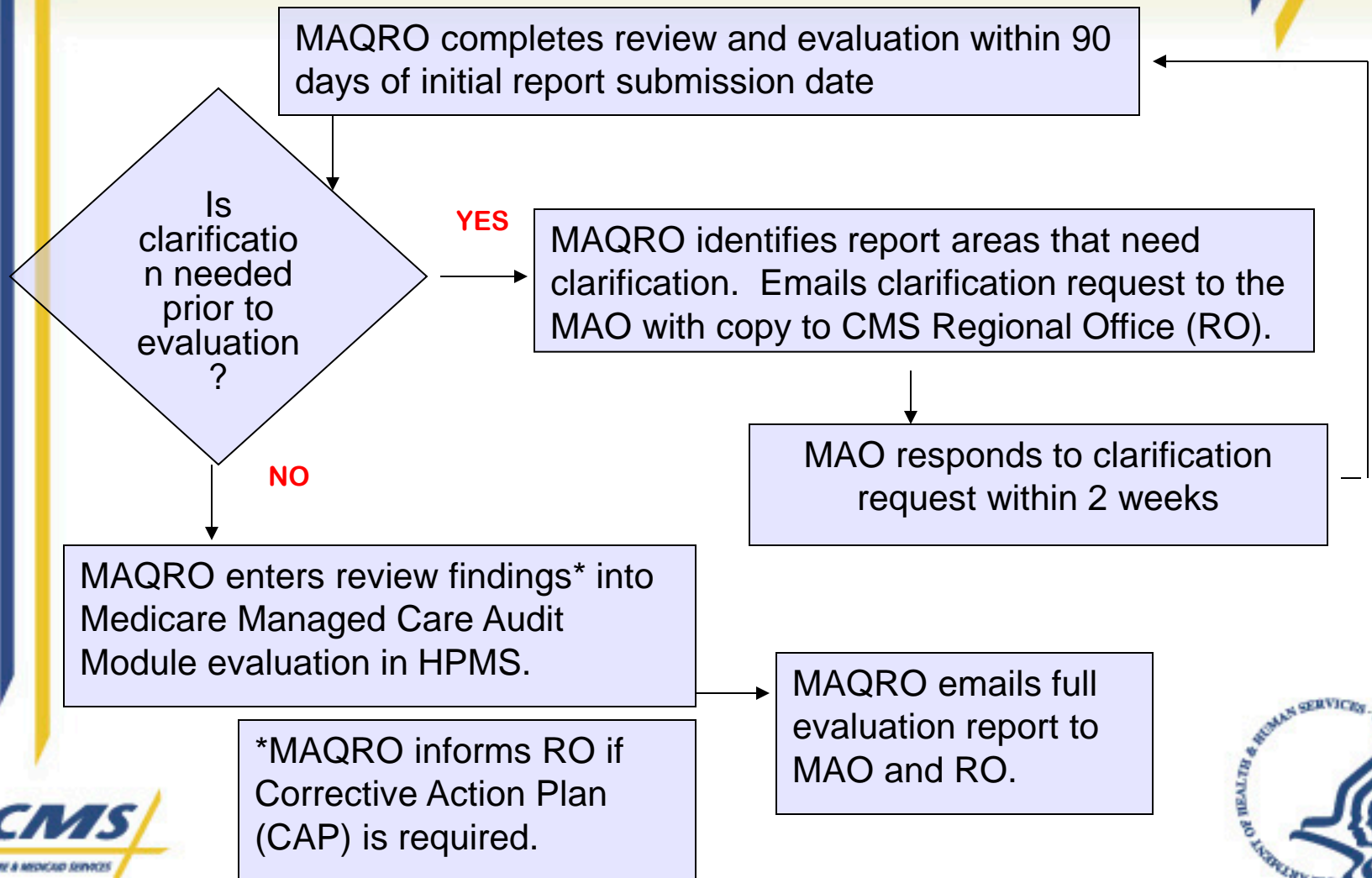
Submission and Review of QIP and CCIP Reports to MAQRO

- **Former process (2001 – 2005):**
 - QAPI (QIP) only
 - Submit reports annually
 - Submission electronically via HPMS QAPI module
 - Review and scoring via HPMS QAPI module
- **Current process (as of 2007):**
 - Both QIP (QAPI) and CCIP
 - Submit reports at time of CMS Monitoring Audit
 - Submission via Word document
 - Review and scoring via Word document
 - Entry of results for QY08 and QY09 in HPMS Monitoring Module

Submitting QIP and CCIP Reports to MAQRO

- Use CMS QIP and CCIP report templates – may include attachments
- Report at the contract level
- CMS Regional Office (RO) informs MAO of which MAQRO is assigned the review
- Reports due to MAQRO (copy to RO) prior to CMS audit
- Submit reports for projects and programs initiated since January 1, 2006 or your last routine audit

MAQRO Evaluation Process



QY08: Chronic Care Improvement Program (CCIP)

CCIP General Description

- **Designed to benefit enrollees with multiple or sufficiently severe chronic conditions**
- **Ideally, integrates both high-quality care management and disease management**

CCIP Requirements

- Target condition(s) relevant to the MA population
- Establish criteria for participation
- Institute methods for identifying eligible participants
- Implement mechanisms for monitoring participant progress
- Define quantitative measures to assess program performance

MAQRO Evaluation of CCIP Reports

- All areas of report template addressed?
- Evidence of systematic processes to determine eligibility, member progress, program outcomes?
- Program implemented (past the planning stage)?
- Interventions likely to improve coordination of care and health status of participants?
- Standardized processes integrated into intervention strategies?

Criteria for CCIP Participation

Potential Data Sources	2007 Reports that Best Met Evaluation Criteria:
<ul style="list-style-type: none">• Administrative claims or encounter data• Laboratory data, including results of testing• Pharmacy claims• Health Risk Assessment tools	<ul style="list-style-type: none">• Data sources specified (ICD-9, medications, CPT, etc.)• Data sources adequate for capturing targeted population• Described:<ul style="list-style-type: none">- Frequency of data mining- Timely analysis of claims- Automated review of data bases- Risk stratification, if applicable

CCIP Data Reporting Expectations

- Relevance of CCIP to the MA population

Chronic Disease	Prevalence in MA population	Brief Rationale for Targeting
List each targeted disease	Each disease by CMS contract	-Impact -Improvability -Inclusiveness

- Eligibility and Participation rates by disease and by CMS contract

Monitoring Progress of Individual CCIP Participants

Potential Data or Information Sources	2007 Reports that Best Met Evaluation Criteria:
<ul style="list-style-type: none">•Telephone assessment<ul style="list-style-type: none">-Clinical parameters-Progress toward goals•Tele-health monitoring•Surveillance of claims, pharmacy and/or lab data	<ul style="list-style-type: none">•Described:<ul style="list-style-type: none">-Written policies/ protocols in place to determine the appropriate level of monitoring-Process to address various risk stratifications-Sufficient frequency to detect and act on changes in health status in a timely manner

CCIP Quantitative Measures of Improvement

Requirements:

- Population-based measures used to evaluate the overall program effectiveness
- Measure clinical, satisfaction and/or cost outcomes
- Valid measure definitions (actual data not currently required)
- Assessed at least annually

2007 reports that best met evaluation criteria:

- Defined measure(s) relevant to each targeted disease
- Specified appropriate numerator, denominator, inclusion and exclusion criteria

QY09: Quality Improvement Projects (QIP)

- QI Project Requirements
 - Initiate one new project annually
 - Focus on clinical and non-clinical focus areas
 - Specify quality indicators to measure performance
 - Collect valid and reliable data (baseline and remeasurements)
 - Implement system level interventions to improve performance
 - Achieve improvement over time

QIP Topic

- The project selection process should be systematic and driven by data
- The MAO is required to describe:
 - How the topic was determined to be relevant to the MA's own population
 - How the topic was prioritized over other potential topics

QIP Indicators

- Indicators must be:
 - Objective
 - Clearly defined
 - Based on current clinical knowledge or health services research
- Indicator Statement:
 - **Who** is being measured (e.g., proportion of diabetic members)?
 - **What** is being measured (e.g., test, visit, procedure, or treatment, such as retinal eye exams)?
 - What is the **timeframe** for measurement (e.g., a one year reporting period)?

QIP Data Sources

- **Data Sources:**
 - **Medical Records**
 - **Claims or encounter data**
 - **Complaints or customer service data**
 - **Appeals**
 - **Administrative – call center data**
 - **Administrative – appointment/access data**
 - **Pharmacy data**
 - **Survey data**
 - **Other**

QIP Data Collection and Analysis

- Describe data collection and analysis frequency
- Describe efforts to ensure data validity and reliability
- Full compliance is awarded for methodology when audited HEDIS[®], CAHPS[®], or HOS data are used

QIP Interventions

- Interventions:
 - Defined as activities designed to change behavior
 - Should address system-level problems that have been identified through analysis of plan performance
 - May be developed as a result of a barrier analysis
- Example: Diabetes QIP
 - Indicators: retinal eye exams, HbA1c
 - Analysis: MAO and provider rates are calculated
 - Results: MAO is below selected benchmark and individual providers have been identified as outliers
 - Interventions: Develop and target at the MAO, individual providers, and members with diabetes
 - Develop and implement a disease management program (MAO)
 - Provider performance feedback (providers)
 - Educational classes and enrollment in the DM program (members)

Resources

- **Medicare Managed Care Manual – Chapter 5: Quality Assessment**
 - **Section 20 – Quality Improvement Program**
 - **Appendix B – Attributes of Projects**

<http://www.cms.hhs.gov/manuals/downloads/mc86c05.pdf>

Resources

- QIP Reporting Template, Instructional Guide and Review Tool
- CCIP Reporting Template, Instructional Guide and Review Tool

http://www.cms.hhs.gov/HealthPlansGeneralInfo/13_QualityinManagedCare.aspx#TopOfPage

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