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MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: July 1, 2015

TO: All Medicare Advantage Organizations

FROM: Kathryn A. Coleman, Director

SUBJECT: Announcement of the New Mandatory Topic for Quality Improvement Projects Beginning Contract Year 2016

The purpose of this memo is to announce that the new mandatory topic for quality improvement projects (QIPs) beginning contract year (CY) 2016 is ***Promote Effective Management of Chronic Disease.*** Effective management of chronic conditions is expected to result in slowing of the disease progression, prevention of complications and development of comorbidities, preventable emergency room (ER) encounters and inpatient stays, improved quality of life for the enrollee, and cost savings to the plan and the enrollee.

CMS regulations at 42 CFR §422.152 outline the quality improvement program (QI Program) requirements for Medicare Advantage (MA) plans and Special Needs Plans (SNPs), hereinafter referred to as plans. One key QI Program requirement is the development and implementation of a QIP. QIPs should improve enrollee health outcomes, improve satisfaction and have measurable outcomes.

For CY 2013, CMS required QIPs to focus on the reduction of 30-day all-cause hospital readmissions over a 3-year period, in support of the Departmental initiative, "Partnership for Patients." Plans that implemented their QIPs in CY 2013 will complete their third project year and will submit their final results to CMS in the fall of 2015. Those plans will be required to begin a new QIP cycle in January 2016.

CMS would like the new QIP topic to:

- Align with the CMS Quality Strategy found on the CMS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html;
- Include activities that are above and beyond MA plans' inherent care coordination role and overall management of plan enrollees;
- Engage enrollees as partners in their care;
- Increase disease management and preventive services utilization;
- Improve health outcomes;
- Be universally applicable to plans;

- Facilitate development of targeted goals, specific interventions and quantifiable, measurable outcomes;
- Identify and address gaps in care for vulnerable populations, in particular racial and ethnic minorities, as appropriate; and
- Produce best practices.

Plans will select a chronic condition from the diagnoses listed in Attachment A. We included in the list chronic conditions that are less often targeted by plans for disease management programs and have added a focus on health disparities. There is compelling evidence indicating that race and ethnicity correlate with persistent, and often increasing, health disparities among U.S. populations. Despite great improvements in the overall health of the U.S., Americans who are members of racial and ethnic minority groups, including blacks or African Americans, American Indians and Alaska Natives, Asian Americans, Hispanics or Latinos, and Other Pacific Islanders, are more likely than whites to have poor health and to die prematurely.

Plans may not select a condition that is currently being addressed in their Chronic Care Improvement Program (CCIP). Those conditions may be comorbidities for the enrollees targeted by the plans' QIPs, but are not to be the focus of the new topic.

Plans will be required to identify measurable outcomes and submit to CMS QIP Plan Sections in the Health Plan Management System (HPMS) that present their proposed activities/interventions to prevent and manage chronic diseases in targeted enrollees. CMS expects submissions to include some of the following types of activities/interventions:

- Care coordination to ensure enrollees receive care according to accepted standards of practice, i.e., clinical guidelines;
- Promote the use of preventive services to slow the progression of disease and/or prevent development of complications and comorbidities;
- Effective disease management programs;
- Establishment of partnerships/collaboration with providers, community groups and stakeholders to leverage resources;
- Effective communication across the care continuum; and
- Identification of approaches to engage enrollees and caregivers as partners in care.

Note: These are just a few examples of the QIP activities that CMS would expect to see and are not meant to be an all-inclusive list. The formulation of QIP activities begins with a comprehensive analysis of the plan population.

CMS anticipates that the submission window for new QIP Plan sections will be early October 2015. CMS will provide plans with information regarding upcoming trainings and definitive submission dates later this year.

If you have any questions about the information outlined in this memorandum, please send an email to the Medicare Advantage Quality Mailbox at MAQuality@cms.hhs.gov.

Attachment A

CMS Identified Chronic Conditions
Behavioral Health Conditions • Anxiety Disorders • Bipolar Disorders • Depression • Major Depression • Schizophrenia
Cancer
Chronic Kidney Disease (CKD) Stages 4 or 5
Chronic Obstructive Pulmonary Disease (COPD) and Asthma
Dementia
End Stage Renal Disease (ESRD)
HIV/AIDS
Osteoporosis
Parkinson Disease

Other CMS Identified Chronic Conditions*
Atrial Arrhythmias
Congestive Heart Failure (CHF)
Coronary Artery Disease (CAD)
Diabetes
Hypertension

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