

To: Bonnie L Harkless
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Per instructions from Shaheen Halim, I have enclosed a copy of Comment and Recommendations for CMS-10209 submitted to OMB from the MAQRO teams.

This document has also been sent to Carolyn Lovett via fax: 202-395-6974.

Thank you,
Laura Stewart
Lumetra
415-677-2131

A handwritten signature in black ink, appearing to read "Laura Stewart", with a horizontal line underneath.

#1



January 5, 2007

To: OMB Human Resources and Housing Branch
 Attention: Carolyn Lovett
 Delivered via Fax: 202-395-6974

Subject: Comment and Recommendations for CMS-10209 - Medicare Advantage Quality Improvement Project Reporting Template and Chronic Care Improvement Program Reporting Template

The Medicare Advantage Quality Review Organization (MAQRO) is pleased to provide comments to the Centers for Medicare & Medicaid Services (CMS) on CMS-10209.

MAQRO is contracted by CMS to provide evaluation and consultation expertise to assess the quality and outcomes of the Medicare Advantage (MA) quality improvement projects (QIP) and chronic care improvement programs (CCIP). Additionally, MAQRO is charged with supporting CMS in the development and implementation of QIP/CCIP tools and protocols. MAQRO consists of teams from three Quality Improvement Organizations (QIOs) - Delmarva, IPRO, and Lumetra. These QIOs first began work under the MAQRO (formerly Medicare+Choice Quality Review Organizations (M+CQROs), contract in 2000: the comments below are based on their experience developing tools and protocols, and evaluating over 600 MA quality improvement project reports.

MAQRO offers recommendations pertaining to the following specific areas:

Medicare Advantage Quality Improvement Project Reporting Template OMB #0938		
Page #	Item and Suggested Edit	Comments/Rationale
2	B - #5 - Project Focus Area Type (Select all that apply) Add "...and describe"	In the past, at times, it was difficult for the reviewers to determine how the project topic related to the selected focus area. An explanation would help the reviewers better understand the project focus.
2	B - #6 Aspect of Clinical Care B - #7 Non-Clinical Focus Area Delete these items	In the past, these did not add any value or information to the project report, and were sometimes confusing. (This assumes a description would be added above)
2	B - #8 Describe target population Delete this item	This appears to be repetitive of the information in the indicator description.
3 4	D. Data Sources and Collection Methodology E. Quality Improvement Indicators Reorder these - D. Quality Improvement Indicators E. Data Sources and Collection Methodology	Better reflects the natural order of project conduct - indicators selected/developed, then data collection begins.

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Page #	Item and Suggested Edit	Comments/Rationale
3	<p><u>D. Data Sources and Collection Methodology</u> Above item #1, Add check boxes for: HEDIS (Administrative) Yr:____ HEDIS (Hybrid) Yr:____, CAHPS YR:____, HOS YR:____, OTHER</p> <p>Also add: Plans do not have to complete questions 1-4 of this section if HEDIS, CAHPS or HOS is checked.</p>	For review, if the plan uses only audited HEDIS, CAHPS, HOS data and methodology, the documentation requirements are less, and the data is automatically scored as valid.
3	<p><u>D - #4 - Describe changes in data collection methodology</u> Change #4 to "Describe the baseline data collection methodology, collection periods, sampling, sample size, and efforts to assure reliability and validity" Renumber the current #4 to #5 "Describe any changes in data collection methodology..."</p>	In order to effectively evaluate the project, it is important for the reviewers to understand the baseline methodology, as well as any changes during remeasurement.
4	<p><u>E. Quality Improvement Indicators</u> Above #1, add check boxes for: HEDIS (Administrative) HEDIS (Hybrid), CAHPS, HOS, OTHER</p>	For review, if the plan uses only audited HEDIS, CAHPS, HOS data and methodology, the documentation requirements are less, and the data is automatically scored as valid.
4	<p><u>F Results</u> Include columns for "Eligible Population" and "Exclusions"</p>	It is important to know the eligible population, as well as the number exclusions, when assessing the validity and reliability of the reported rates.
5	<p><u>F - #2</u> Indicate that this item is optional</p>	In the prior, QAPI version, this item was optional, as it was not required by QISMC standards.
5	<p><u>H. External Consultation and Delegation</u> Typo - "the Quality Improvement Organization(s)/QIO in your state? Remove plural (s)</p>	There is only one CMS designated QIO assigned to each state
7	<p><u>I. Lessons Learned</u> Indicate that this item is optional</p>	In the prior, QAPI version, this item was optional, as it was not required by QISMC standards.

Medicare Advantage Chronic Care Improvement Program Reporting Template (CCIP) OMB #0938		
Page #	Suggested edit	Comments/Rationale
	No suggestions	

Submitted by: Marci Kramer, Delmarva – kramerm@dfmc.org; Janice Acar, IPRO - jacar@ipro.org; Laura Stewart, Lumetra – lstewart@cagio.sdps.org

CC: Bonnie L. Harkless
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