Supporting Statement For Paperwork Reduction Act Submissions
Chronic Care Improvement Program and
Medicare Advantage Quality Improvement Project

Background

The Social Security Act, §1852 e(1), (2) and (3)(a)(i), and regulations at Part 42, 422.152 describe CMS' regulatory authority to require each Medicare Advantage Organization (MAOs) (other than Medicare Advantage (MA) private fee for service and MSA plans) that offers one or more MA plan to have an ongoing quality assessment and performance improvement program. This program must include measuring performance using standard measures required by CMS and report its performance to CMS.

Medicare Advantage Organization will continue to submit their Quality Improvement Projects (QIP) and Chronic Care Improvement s (CCIP) Using the QIP and CCIP Reporting Templates. The initial QIP and CCIP Reporting Templates were created in response to MAO's complaints about the difficulty of using HPMS to submit reports. The templates continue to provide a simpler, easier way for MAOs to report the required data. They also provide consistency in reporting among plans so that collected data can be used more efficiently.

A. Justification

1.   Need and Legal Basis

Regulations at Part 42, 422.152 describe CMS' regulatory authority to require each Medicare Advantage Organization (MAOs) (other than Medicare Advantage (MA) private fee for service and MSA plans) that offers one or more MA plans to have an ongoing quality assessment and performance improvement program.

2.   Information Users

Information collected in the QIP and CCIP Reporting Templates is an integral resource for oversight, monitoring compliance and auditing activities necessary to ensure high quality provision of general health services and chronic care services to Medicare beneficiaries. Data will be used by Regional Office staff and the Division of Health Plan Accountability (DHPA). If outliers or other data anomalies are detected, DHPA will work in collaboration with Regional Offices and other divisions within CMS for follow-up and resolution.

3.   Use of Information Technology

MAOs will submit (yearly) data to CMS using the templates. Submissions will be 100% electronic (email).   The templates are required for plans to submit QIP and CCIP reports. The collection does not require a signature from the respondent.

4.   Duplication of Efforts

This collection does not contain duplication of similar information.

5.   Small Business

This collection does not impose a significant impact on small businesses and other entities.

6.   Less Frequent Collection

Less frequent collection of the data from MAOs would severely limit CMS' ability to perform accurate and timely oversight, monitoring, compliance and auditing activities regarding Quality Improvement Projects and Chronic Care Improvement Programs.

7.   Special Circumstances

No special circumstances apply.

8.   Federal Register/Outside Consultation

A 60-day Federal Register notice was published on April 23, 2010, one comment was received.

Draft templates were posted for public comment on www.cms.hhs.gov on September 15, 2006. CMS has made MAOs aware of the templates in the annual call letter update and at the Medicare Advantage quality conference sponsored by the Quality Improvement Organizations.

9.   Payments/Gifts to Respondents

There are no payments/gifts to respondents associated with this information collection request.

10.   Confidentiality

CMS will adhere to all statutes, regulations, and agency policies.

11.   Sensitive Questions

CMS will adhere to all statues, regulations, and agency policies.

12.   Burden Estimates (Hours and Wages)

The primary review process for one QIP submission from an MAO involves several steps:

- Initial review (2.5 hours): The initial reviewer conducts the first level of review of an individual QIP submission. The initial review involves an in-depth review of the submission documents, scoring the project according to predetermined criteria, and drafting the written comments and rationale for each scoring criterion.
- Plan-level review (1.5 hours): The plan-level review is a review of all the QIP submissions for an MAO. This reviewer writes the summary used in the Health Plan Management System (HPMS); this summary must reflect the findings for all the QIP submissions for the MAO. This level of review also ensures inter-rater reliability across the initial reviewers.
- Editor (1.5 hours): The editor reviews the report and recommends revisions where necessary.
- Senior review (1 hour): The senior reviewer ensures the quality of the reports, reviews the scoring choices, and finalizes the document.
- Plan monitor (2 hours): Throughout the primary review process, the plan monitor is tasked with tracking the document, coordinating the reviewers, interacting with the MAO if necessary, and entering audit findings into HPMS.

In total, the primary review process is estimated to take 8.5 hours for one QIP submission from an MAO.

The primary review process for a CCIP submission is identical to the QIP process; however, the initial review phase is estimated to take 3 hours due to the longer documents that are submitted for CCIPs. Thus, the primary review process is estimated to take approximately 9 hours for one CCIP submission.

During the CAP review process, Optimal must review the MAO's CAP submissions and provide technical assistance (TA) if requested by the MAO. The CAP review process requires the following steps:

- Technical Assistance (1.5 hours): Each MAO may request a 1-hour TA session prior to submitting its CAP. The TA process involves preparation for the TA session by reviewing the original materials, providing the TA, and drafting a short summary following the TA session.
- Initial review (1.5 hours): The initial CAP reviewer conducts the first level of review of the MAO's CAP submissions. The initial review involves an in-depth review of the submission documents, scoring the project according to predetermined criteria, and drafting the written comments and rationale for each scoring criterion.
- Editor (1.5 hours): The editor reviews the report and recommends revisions where necessary.
- Senior review (1 hour): The senior reviewer ensures the quality of the reports, reviews the scoring choices, and finalizes the document.

- Plan monitor (1 hour): Throughout the CAP primary review process, the plan monitor is tasked with tracking the document, coordinating the reviewers, scheduling TA sessions, and entering audit findings into HPMS.

The basic CAP review process is estimated to take 6.5 hours.

There may be other scenarios that require additional hours throughout the CAP process:
- Dispute response letter (4 hours): If an MAO disputes Optimal's review findings, the MAO must submit a dispute letter. An Optimal reviewer drafts a response to the MAO's dispute; this dispute response letter must be edited and senior reviewed as well.
- Recommendation letter (2 hours): If an MAO disputes the timing of the CAP requirement, the MAO will submit a dispute letter or communicate this dispute to the Regional Office. If the Regional Office agrees to exempt the MAO from the CAP requirement, Optimal drafts a recommendation letter to provide feedback to the MAO. This recommendation letter must be edited and senior reviewed as well.
- Dispute response letter and recommendation letter (6 hours): If an MAO disputes Optimal's review findings, the MAO must submit a dispute letter. An Optimal reviewer drafts a response to the MAO's dispute. If the Regional Office does not agree with Optimal and chooses to exempt the MAO from the CAP requirement, Optimal will then draft a recommendation letter as well.
- Communication with the MAO (1 hour): There are various situations in which the MAOs will contact Optimal with general TA questions. These situations have included process-related and status inquiries.
- Communication with the Regional Office (1 hour): In various situations, Optimal must communicate with the Regional Office staff. These situations have included HPMS challenges, informing the Regional Office of a late CAP, explaining the CAP process, and discussing a dispute.

a.   ANNUAL COST BURDEN FOR RESPONDENTS

Basic numbers per year
Number of respondents = 394
Number of responses = 788 (2 responses per respondent: 1 CCIP and 1 QIP)
Time per response = 17 hours 30minutes or 17.5 hours
Cost per hour = $40

Annual hour burden:
Time per response X number of responses = Annual hour burden
17.5 X 788 = 13,790

Cost per response:
Time per response X cost per hour = Cost per response
17.5 X $40 = $700

Annual cost Burden
Cost per response X Annual number of Responses = Annual Cost Burden
$700 X 788 =$551,600

       b.   ANNUAL COST BURDEN FOR RECORDKEEPING

Basic numbers per year
Number of respondents = 394
Number of responses = 788 (2 responses per respondent: 1 CCIP and 1 QIP)
Time per response = 6 hours 30 minutes or 6.5hours
Cost per hour = $40

Annual hour burden
Time per response X number of responses = Annual hour burden
6.5 X 788 = 5122 hours

Cost per Response
Time per response X cost per hour = Cost per response
65 X $40 = $260

Annual cost Burden
Cost per response X Annual number of Responses = Annual Cost Burden
$260 X 788 = $204,880

13.   Capital Costs

There is no capital cost associated with this collection

14.   Cost to Federal Government

$1.2 million (contract)

15.   Changes to Burden

The change in burden corrects the record keeping requirements previously not accounted for.

16.   Publication/Tabulation Dates

The use of the templates began upon obtaining OMB clearance. Recordkeeping commenced upon obtaining clearance and the first collection began one month thereafter. The collection of the data on the templates will continue indefinitely.

17.   Expiration Date

CMS would like an exemption from displaying the expiration date as these forms are used on a continuing basis. To include an expiration date would result in having to discard a potentially large number of forms.

18.   Certification Statement

There are no exceptions.

B.   Collections of Information Employing Statistical Methods

This information collection does not employ any statistical analyses.