



MEDICARE DRUG AND HEALTH PLAN CONTRACT ADMINISTRATION GROUP

TO: Office of Management and Budget

FROM: Heidi Arndt, Director
Division of Medicare Advantage Operations

DATE: June 23, 2010

SUBJECT: Response to CMS-10209 Comments

CMS appreciates the comments provided on the Paperwork Reduction Act (PRA) package CMS-10209, *Chronic Care Improvement Program and Medicare Advantage Quality Improvement Project*. Our responses to the comments submitted are below.

Proposed Rule Changes Comment

In the proposed rule released October 22, 2009, *Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs*, CMS proposed changes to both the Chronic Care Improvement Program (CCIP) and the Quality Improvement Program (QIP). The changes included CMS identifying the QIPs that organizations must conduct and selecting the areas of focus for CCIPs. This selection by CMS, based solely on reported data, may lead to the implementation of programs that are not as beneficial to the member as a plan selected program. Since a plan is more familiar with its members' needs, it could more successfully implement programs of value to the members if provided a choice of programs or areas of focus from which to select an appropriate program.

We recommend that when developing the CCIP/QIP standards, CMS retain the flexibility of providing organizations a choice of areas to focus on for both the CCIPs and QIPs and allowing plans to select the one(s) most beneficial to their members.

CMS RESPONSE: CMS concurs with this requirement. Plans have the flexibility to choose the design of their program. Additional guidance related to QIP and CCIP submissions will be forthcoming.

Chapter 5, Quality Assessment Comments

Chapter 5, Quality Assessment, of the Medicare Managed Care Manual (MMCM) has not been updated to reflect changes in the quality program since January 2006. This forces organizations to look to various other resources to stay current with quality requirements.

We recommend updating Chapter 5 of the MMCM on a regular (yearly) basis to reflect changes in the quality program requirements. Consolidating the updated quality program requirements into the one chapter would assure consistent understanding and application of the program across the industry.

CMS RESPONSE: CMS concurs with this comment and is in the process of updating the manual chapter to incorporate the quality program requirements and other current requirements.