Supporting Statement For Paperwork Reduction Act Submissions
Medicare Advantage Chronic Care Improvement Program (CCIP) and Quality Improvement (QI) Project Reporting Tools

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 (MAO) coordinated care plan that offers one or more MA plans to have an ongoing quality assessment and performance improvement program. This program must include assessing performance using standard measures required by the Center for Medicare and Medicaid Services (CMS), and reporting its performance to CMS.

MAOs will submit their Chronic Care Improvement Programs (CCIPs) and Quality Improvement Project (QIPs) using the revised CCIP and QIP Reporting Tools that are included in this collection. The tools have been redesigned: (1) to decrease the response burden through limiting the amount of narrative required and using an automated system; (2) to be more aligned with the standard QI reporting format; and (3) to improve the information provided by MAOs by using more structured reporting tools. CMS believes the new reporting tools will provide a simpler, easier way for MAOs to report the required data. The new tool will also generate consistency in reporting among plans so that collected data can be used more efficiently by CMS and the plans.

A. Justification

1. Need and Legal Basis

Quality Improvement (QI) is a major initiative for CMS. The enactment in 2010 of the Affordable Care Act (ACA) provides CMS with an opportunity to review its QI program for the MAOs. It is critical to CMS' mission to expand its efforts to identify and evaluate MAOs' QI efforts.

MAOs are required by CMS regulations at 42 CFR 422.152(a)(1), (2), and (3) to have an ongoing QI program that meets CMS requirements and includes at least one CCIP and one QIP that they can report to CMS upon request. Every MAO must have a QI program that monitors and identifies areas where implementing appropriate interventions would improve patient outcomes and patient safety. The goal of the QI Program is to demonstrate a favorable effect on health outcomes, enrollee satisfaction, and encourage providers to participate in CMS QI initiatives that result in high quality healthcare being delivered to our beneficiaries at all times.

CCIPs and QIPs are an important part of CMS' overall QI strategy. All MAOs, including those offering special needs plans (SNPs), must develop, implement, and submit to CMS at least one CCIP and one QIP for each of their plans. CMS may also require that MAOs submit CCIPs and QIPs on specific topics. (CMS has, in fact, identified required topics for both the CCIP and QIP for Contract Year (CY) 2012, as discussed in further detail below.) Also, as part of their ongoing

QI programs, MAOs must encourage their providers to participate in CMS and Department of Health and Human Services (HHS) QI initiatives.

In 2011, HHS released its National Strategy for Quality Improvement in Health Care (NQS) and a National Prevention Strategy (NPS). One of the goals under the NQS is "promoting the most effective prevention and treatment of the leading causes of mortality, starting with cardiovascular disease," consistent with the Million Hearts initiative that is being implemented on a nationwide basis. In order to better align the MA QI program with the HHS quality and prevention initiatives, we are requiring all MAOs to develop and implement a CCIP which focuses on decreasing cardiovascular disease amongst at-risk enrollees beginning CY 2012. This CCIP is to be in place for 5 years. All MAOs will therefore initially submit the "plan" section of the reporting tool, which outlines the expectations, basic approach to addressing topic, and the interventions to be operationalized. MAOs may voluntarily develop and implement additional CCIPs, but they will be required to submit and conduct at least one CCIP on decreasing cardiovascular disease for each of their plans.

In addition, HHS has announced the Partnership for Patients Initiative, another nationwide initiative, to improve care and to lower costs. One aspect of this national initiative is to decrease hospital readmissions. Because of the importance of the HHS initiative, we are requiring all MAOs to develop and implement a QIP that addresses plan all-cause readmission for each of their plans for CY 2012. This QIP is to be in place for 3 years. We believe that the QIP will be an important tool in helping MAOs identify barriers to decreasing hospital re-admissions and to develop interventions that can serve as best practices in providing high quality care over time. As with the CCIP, MAOs may also voluntarily develop and implement additional QIPs on any clinical or non-clinical topic that is relevant to their target populations and related to other areas identified for QI.

2. Information Users

Information collected using the CCIP and QIP reporting tools is an integral resource for oversight, monitoring, compliance, and auditing activities necessary to ensure high quality value-based health care for Medicare beneficiaries. Data will be used by CMS Central and Regional Office staff, MAOs, Quality Improvement Organizations (QIOs), and CMS contractors for these purposes.

We also expect the CCIP and QIP initiatives to be instrumental in informing policy for the MA program and providing ongoing support and feedback to both MAOs and CMS, which is expected to result in improved QI activities and, therefore, higher quality healthcare for enrolled beneficiaries over time. In the future, we may also consider incorporating elements of the CCIPs and QIPs in the MA star ratings, which determine the level of quality bonus payments for MA plans.

3. Use of Information Technology

Technology is used in the collection, processing and storage of the data. Specifically, MAOs must complete and submit the QIP and CCIP reporting tools in CMS' Health Plan Management System (HPMS). The submission is now 100% electronic.

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 the overall QI program including the CCIPs and QIPs.

7. Special Circumstances

No special circumstances apply.

8. Federal Register/Outside Consultation

Federal Register Notices & Comments

60 Day Notice: Volume Page number Publication date Number of Comments
30 Day Notice: Volume Page number Publication date

9. Payments/Gifts to Respondents

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

10. Confidentiality

Consistent with federal government and CMS policies, CMS will protect the confidentiality of the requested proprietary information. Specifically, only information within this collection (or attachments thereto) that constitutes a trade secret, privileged or confidential information, (as

such terms are interpreted under the Freedom of Information Act and applicable case law), and is clearly labeled as such by the respondent, and which includes an explanation of how it meets one of the expectations specified n 45 CFR Part 5, will be protected from release by CMS under 5 U.S.C. §552(b)(4). Information not labeled as trades secret, privileged, or confidential or not including an explanation of why it meets one or more of the FOIA exceptions in 45 CFR Part 5 will not be withheld from release under 5 U.S. C. § 552(b)(4).

11. Sensitive Questions

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

12. Burden Estimates (Hours and Wages)

Original Estimate:
CMS estimates that it will take 5 hours for a respondent to complete the CCIP reporting tool and 5 hours to complete the QI project reporting tool. These estimates are based on an internal assessment of the information being requested in the reporting tools.

New Estimate:
Based on feedback received during the 60 –day comment period, CMS has increased the burden estimates to complete the CCIP reporting tool and the QIP reporting tool. Specifically, Industry comments indicated that CMS should increase the number of hours to accommodate for the narrative portions of the CCIP and QIP tools. Therefore, we added an additional 10 burden hours to each reporting tool. CMS now estimates that it will take 15 hours for a respondent to complete the CCIP reporting tool and 15 hours to complete the QIP reporting tool. In the near future, CMS intends to conduct an evaluation of the new CCIP and QIP reporting tools with MAOs to better assess the burden hours needed to complete the CCIP and QIP reporting tools using our automated submission process.

The total annual hours requested is calculated as follows:

Table 1
Summary of Hours Burden by Type of Report

In total, CMS estimates that it will receive 1,904 responses. This would amount to 28,560 total annual hours. The expected number of reports is based on the number of MAO contract numbers and the number of Special Needs Plans (SNPs).

Report/Responses	**CCIP**	**QIP**	**Summary**
Expected Report/ Responses	952	952	1904
Part 1: Plan Section	2	2	4
Part 2: Do Section	5	5	10
Part 3: Study Section	5	5	10
Part 4: Act Section	3	3	6
Overall # of hours per report	15	15	30
Annual Burden hours	**14280**	**14280**	**28560**

Table 2
Total Wage Burden by Report

The estimated wage burden for the CCIP and QIP reports is $1,570,800 based on an estimate wage rate of $55.00 per hour wage.

Report/Responses	**CCIP**	**QIP**	**Total**
Annual burden Hours	14280	14280	28560
Hourly Wages	$55.00	$55.00	$55.00
Total Wage burden	**$785,400**	**$785,400**	**$1,570,800**

Table 3
Summary of Burden Hours Comparison CY2010 to CY2011

The overall annual burden hours has increased by 14,770 hours (CY2010 burden hours-CY2011 burden hours). The overall number of expected respondents has increased by 1,116.

	CY2010 Number of Respondents	**2010 (hours) Estimates**	**CY2010 Annual Burden Hours**		**Number of Respondents**	**2011(hours) Estimates**	**CY2011 Annual Burden Hours**
CCIP	394	17.5	6895		952	15	14280
Q1P	394	17.5	6895		952	15	14280
Total	**788**		**13790**		**1904**		**28560**

Estimate of total annual cost burden to respondents from collection of information – (a) total capital and start-up cost; (b) total operation and maintenance

Not applicable. The entities that apply are ongoing health organizations that voluntarily elect to pursue a CMS Medicare Advantage contract to offer health coverage to beneficiaries.

13. Capital Costs

We do not anticipate additional capital costs. CMS requirements do not require the acquisition of new systems or the development of new technology to complete these reports.

14. Cost to Federal Government

CMS issued a Request for Proposal (RFP) to a contractor to review, score, and analyze the CCIP and QIP submissions/data. The estimated cost for review and evaluation of the MAO's CCIP and QIP submission is $1,675,520. This estimated cost is based on the budgeted amount per review and estimate wages of key reviewers and support staff.

Annualized Cost to Federal Government

Contractor Reviewers	6 hours x $55.00 x 1904 reports	$628,320
CMS Subject Matter Expert (SME)	4 hours x $55.00/hr x 1904 reports	$418,880
CMS Regional Office Acct. Manager	6 hours x $55.00/hr x 1904 reports	$628,320
Total		$1,675,520

The estimated approximated cost for per application review is $880 ($1,675,520 divided by 1,904 applications)

15. Changes to Burden

Increase Burden Hours per Reporting Tool:

Based on feedback received during the 60-day comment period, CMS has increased the burden hours to complete each reporting tool from 5 hours to 15 hours. Prior to the 60-day comment period for this collection, CMS submitted an estimate of 5 burden hours per tool.

Increase Overall Burden of Hour and Respondents:

The new estimate number of burden hours to complete each tool and the increase in the number of expected respondents caused an increased in the overall annual burden (see Table 3 above). CMS mandates that all contracted MAOs submit at least one CCIP and one QIP per contract.

16. Publication/Tabulation Dates

CMS anticipates that we will publically report the CCIP and QIP findings. The CCIP and QIP information will be updated following review by the MAO and CMS and will be publicly reported on or before December 31 of each calendar year.

17. Expiration Date

CMS is not requesting an exemption from displaying the expiration date. Requested expiration date: March 31, 2014.

18. Certification Statement

There are no exceptions to the certification statement.

B. Collections of Information Employing Statistical Methods

This information collection does not employ any statistical analyses.