

PRA - All Comments/Responses

#	Source	Tool (CCIP, QIP, Both)	Section: (General, Plan, Do, Study, Act)	SubSection	Comments, Requests and/or Recommendation	CMS Decision (<i>Accept, Accept with Modification, Reject, Clarify</i>)
1	AHIP	Both	General	All	Commenter requests tool instructions issued with tools to judge burden.	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
2	AHIP	Both	General	All	Commenter requests detailed scoring criteria.	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
3	AHIP	Both	General	All	Commenter requests more time to incorporate new CMS requirements into their ongoing projects for feb 2012 submission.	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
4	AHIP	Both	General	All	Commenter recommends changing February deadline for initial submission because SNP plans are also submitting S&P measures in February	Accept - CMS understands the burden impact related to submitting multiple requirements within the same month. Based on comments, we have decided to move the deadline of initial submission to March 2012
5	AHIP	QIP	General	All	Commenter recommends that SNPs not be required to pursue a 4th QIP requirement because S&P measures already require 3 QIPs	Reject - In line with CMS priorities, we feel it is necessary for SNPs to submit a QIP specific to all cause readmissions.
6	AHIP	Both	General	All	Commenter requests guidance that explains relationship between both tools and SNP-specific requirements	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
7	AHIP	CCIP	General	All	Commenter recommends excepting C-SNPs from the requirement to submit a CCIP related to cardiovascular disease because they might have other important targets related to their beneficiary population(e.g. ESRD)	Reject - In line with national priorities, CMS is requiring CCIPs related to decreasing cardiovascular disease from all plan types.
8	AHIP	QIP	General	All	Commenter recommends that plans have electronic ability to upload one QIP for multiple contracts.	Accept with Clarification - CMS is taking this comment under consideration and is working to accommodate within the capabilities of our systems.
9	AHIP	Both	General	All	Commenter recommends a revised burden of hours for the whole package because we did not take into account preparation for submission	Accept with Clarification - Based on comments, CMS is revising the burden of hours to 15 hours for the QIP tool and 15 hours for the CCIP tool
10	AHIP	QIP	General	Medicare Advantage Organization (MAO) Information	Commenter requests instructions on how to complete "Identification #"	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.

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11	AHIP	QIP	General	Medicare Advantage Organization (MAO) Information	Commenter requests instructions on how the "Project Cycle" field relates to PDSA	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
12	AHIP	QIP	General	Background	Commenter requests instructions on how to complete the "Domain" field.	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
13	AHIP	QIP	Plan	Basis for Selection	Commenter recommends adding field "Other" under the heading "Impact on Member"	Accept - CMS accepts this comment and is working to accommodate this request within the system.
14	AHIP	QIP	Plan	Budget and Resources	Commenter requests the revision of definitions under "Priority Assessed" to identify how they relate to either QIP or Intervention	Clarification - Thank you for your comment. Based on comments, CMS has chosen to delete this section.
15	AHIP	QIP	Plan	Prior Focus	Commenter requests instructions on how to complete the "Prior Focus" Section, specifically how much detail to provide	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
16	AHIP	QIP	Plan	Project Goal and Benchmark	Commenter requests guidance explaining the terms "Baseline/Internal/External and their benchmarks	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
17	AHIP	QIP	Plan	Project Goal and Benchmark	Commenter requests instructions describing the difference between use of "Planned Intervention" in H.1 and "Intervention" in H.2	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
18	AHIP	QIP	Plan	Plan Project Approval	Commenter requests instructions on who in the organization should complete this section	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
19	AHIP	QIP	Plan	CMS Regional Office Approval	Commenter requests guidance on the CMS Regional Office Approval Process	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
20	AHIP	QIP	Plan	CMS Regional Office Approval	Commenter recommends adding language "The above information will remain in the system for reporting in subsequent years" to match the CCIP tool language	Accept - CMS accepts this comment and will update the tool to include the language requested.

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21	AHIP	QIP	Do	Goal and Benchmark	Commenter requests clarification on the definition of risk mitigation and measurement methodology (as compared to methodology in section h.1)	Clarification - CMS is planning training, tentatively scheduled for November 2011, where we will provide thorough guidance regarding what is expected in the 2012 submissions of QIPs and CCIPs.
22	AHIP	QIP	Study	Results	Commenter requests instructions on whether this section is to provide summary level data and how multiple interventions would get to this page	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
23	AHIP	QIP	Act	Summary of Findings or Study Conclusions	Commenter recommends increasing burden of hours because the narrative fields in this section will substantially increase the time necessary to complete the tool depending on the amount of detail required.	Reject - The calculation for burden of hours already includes the burden associated with submission utilizing HPMS.
24	AHIP	QIP	Act	Root Cause Analysis Description	Commenter recommends sections M, N, and O be required at the end of the QIP and not annually	Reject - CMS is requiring annual submission to allow plans the ability to track progress.
25	AHIP	QIP	Act	Root Cause Analysis Description	Commenter recommends moving the "Root Cause Analysis Description" subsection before the "Next Steps" subsection to more accurately reflect the flow of the process	Accept - CMS accepts this comment and will update the tool to include the language requested.
26	AHIP	CCIP	General	All	Commenter requests instructions on whether CCIPs can be longer or shorter than 5 years	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
27	AHIP	CCIP	Plan	Basis for Selection	Commenter recommends for the "Disease State" field to allow for more than one condition	Clarification - Section A currently allows for more than one condition within the "Disease State" field.
28	AHIP	CCIP	Plan	Program Design	Commenter recommends giving plans the ability to select more than one "Method of Identifying Members" from the drop down list	Accept - CMS accepts this comment and is working to accommodate this request within the system.
29	AHIP	CCIP	Plan	Evidence Based Medicine	Commenter requests instructions on what to include in "Evidence Based Medicine" section	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
30	AHIP	CCIP	Plan	Practice Model	Commenter requests instructions on level of detail that should be provided in "Practice Model" section	Clarification - CMS has renamed this section as "Care Coordination Approach" to clarify the intent of what is required in this field. CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
31	AHIP	CCIP	Plan	Patient Self Management Education	Commenter recommends a more flexible set of categories in this section because the current buckets may not reflect all plan activities	Clarification - CMS acknowledges the need for plans to be flexible in their plan activities and requests plans utilize the "Other" category for this purpose.

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32	AHIP	CCIP	Plan	Patient Self Management Education	Commenter requests instructions and examples of activities that fit within each category currently included.	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
33	AHIP	CCIP	Plan	Outcome Measures and Interventions	Commenter requests guidance explaining the terms "Baseline/Internal/External and their benchmarks	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
34	AHIP	CCIP	Plan	Budget and Resources	Commenter requests guidance clarifying how this section will be scored by CMS; if no relevance, AHIP recommends deletion	Clarification - CMS understands the impact of burden related to breaking out financial data specific to quality activities and will be deleting this section.
35	AHIP	CCIP	Plan	MAO CCIP Responsibility	Commenter requests instructions on who in the org should complete this section	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
36	AHIP	CCIP	Plan	CMS Regional Office Approval	Commenter requests guidance on CMS Regional Office Approval Process	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
37	AHIP	CCIP	Do	All	Commenter recommends adding the ability to embed documents in response throughout this section.	Accept - CMS will ensure upload capability throughout QIP and CCIP submissions.
38	AHIP	CCIP	Do	Risk Mitigation	Commenter requests clarification on the definition of risk mitigation	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
39	AHIP	CCIP	Study	Results	Commenter requests instructions on what to include in the "Results" Section	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
40	BCBSA	Both	General	All	Commenter recommends CMS provide instructional guides similar to ones previously supplied	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
41	BCBSA	Both	General	All	Commenter supports February 2012 submission date as it allows for use of data collected in 2011	Clarification- Thank you for your support.
42	BCBSA	Both	General	All	Commenter recommends changing the April 2012 submission date to September 2012 in order to better align with the availability of current HEDIS data. MAOs select topics based on this data.	Clarification - CMS will take this comment under consideration and will ensure submission deadline information is shared in guidance released in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
43	BCBSA	Both	General	All	Commenter requests pass/fail feedback from CMS as part of the bi-annual submission cycle.	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.

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44	BCBSA	Both	General	All	Commenter requests instructions on whether new plans will not be expected to provide QIP/CCIP topic selections until their 2nd year.	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
45	BCBSA	Both	General	All	Commenter recommends plans have electronic ability to upload one QIP and one CCIP for multiple contracts.	Clarification - CMS will consider this comment in the future but will not be able to accommodate this comment in the systems at this time.
46	BCBSA	Both	General	All	Commenter recommends that plans have electronic ability to upload attachments at a minimum during review and approval process with the Regional Office	Clarification- CMS will ensure upload capability throughout QIP and CCIP submissions.
47	BCBSA	Both	General	All	Commenter recommends that plans have the electronic ability to allow multiple plan users to edit their documents prior to submission to CMS	Clarification - CMS will allow plans to assign users responsible for submission who will then be able to upload information through HPMS. CMS will assign a window of opportunity for submission and will accept the last version created during the window of opportunity.
48	BCBSA	Both	General	All	Commenter requests guidance on RO Approval Process	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
49	BCBSA	QIPs	General	All	Commenter states that plans are currently required to maintain a QIP for a minimum of 3 years and longer if there is no evidence of improvement; they recommend termination of existing QIPs to avoid confusion and administrative burden as they move into the new CMS requirements.	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
50	BCBSA	QIP	Plan	Budget and Resources	Commenter requests guidance clarifying how the Budget and Resources Section will be scored by CMS; if no relevance, commenter recommends deletion	Accept - CMS understands the impact of burden related to breaking out financial data specific to quality activities and will be deleting this section.
51	BCBSA	QIP	Act	Action Plan Description	Commenter requests instructions on how to complete Section O because this narrative field could take a substantial amount of time	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
52	BCBSA	QIP	Act	Root Cause Analysis Description	Commenter requests instructions on how to complete the "Root Cause Analysis Description" section because this narrative field could take a substantial amount of time	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
53	BCBSA	CCIP	Plan	Basis for Selection	Commenter recommends the "Disease State" field to allow for more than one condition	Clarification - Section A currently allows for more than one condition within the "Disease State" field.
54	BCBSA	CCIP	Plan	Evidence Based Medicine	Commenter requests clarification on CMS' expectations of responses to the "Evidence Based Medicine" field.	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.

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55	BCBSA	CCIP	Plan	Patient Self Management Education	Commenter recommends removal of the categories in the Patient Self Management Education section because the current buckets do not match the way patient education is currently done	Clarification - CMS acknowledges the need for plans to be flexible in their plan activities and requests plans utilize the "Other" category for this purpose.
56	BCBSA	CCIP	Plan	Budget and Resources	Commenter requests guidance on how this section will be scored by CMS; if no relevance, commenter recommends deletion (specifically because plans already provide overhead estimates in bid process which includes quality dollars - breaking this number down would be burdensome)	Accept - CMS understands the impact of burden related to breaking out financial data specific to quality activities and will be deleting this section.
57	BCBST	Both	General	All	Commenter recommends that CMS does not use the 2010 data as a baseline because the current tool was <u>not available at that time.</u>	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
58	BCBST	Both	General	All	Commenter requests instructions because the tools are not consistent with the scoring described in the Medicare Managed Care Manual Chapter 5	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
59	Gateway	CCIP	General	All	Commenter requests guidance as to whether plans need to submit a separate template for each condition <u>being managed or just one CCIP</u>	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
60	Gateway	CCIP	General	All	Commenter requests guidance on how to use this template if their 2010 CCIP was approved	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
61	Gateway	CCIP	Plan	Budget and Resources	Commenter recommends removal of the Budget and Resource Section or requests guidance on how budget <u>section will be scored</u>	Accept - CMS understands the impact of burden related to breaking out financial data specific to quality activities and will be deleting this section.
62	Gateway	QIP	General	All	Commenter requests instructions because the tools are not consistent with the scoring described in the Medicare Managed Care Manual Chapter 5	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
63	Gateway	QIP	General	Background	Commenter requests clarification of what is required in the field "Domain"	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
64	Gateway	QIP	Plan	Based on Model of Care	Commenter requests guidance as to what CMS is requiring for SNPs in this section	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
65	Gateway	QIP	Plan	Basis for Selection	Commenter requests information regarding what is required in the Basis for Selection Subsection.	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.

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66	Gateway	QIP	Plan	Budget and Resources	Commenter requests guidance on how this section will be scored by CMS; if no relevance, commenter recommends deletion	Accept - CMS understands the impact of burden related to breaking out financial data specific to quality activities and will be deleting this section.
67	Gateway	QIP	Plan	Prior Focus	Commenter requests guidance on how to complete the "Prior Focus" Subsection, specific guidance related to measurement cycle	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
68	Gateway	QIP	Plan	Project Goal and Benchmark	Commenter requests definitions for how baseline/internal/external is used in the Project Goal and Benchmark subsection	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
69	Gateway	QIP	Plan	Plan Project Approval	Commenter requests clarification as to whom to include as the "responsible person" in the Plan Project Approval subsection	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
70	Gateway	QIP	Do	Goal and Benchmark	Commenter requests definition of risk mitigation and how it correlates to the Risk Assessment subsection in the Plan Section and the Risk Mitigation subsection of the Do Section.	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
71	Gateway	QIP	Study	Results	Commenter recommends giving plans the ability to measure more than one intervention in the Results subsection.	Accept - CMS accepts this comment and is working to accommodate this request within the system.
72	Kaiser	QIP	General	Medicare Advantage Organization (MAO) Information	Commenter requests information as to whether CMS will dictate Project Cycle and if so recommends deleting from tool for required QIPs	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
73	Kaiser	QIP	Plan	Based on Model of Care	Commenter requests clarification on CMS expectations for Plan Section, "Based on Model of Care" subsection	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
74	Kaiser	QIP	Plan	Basis for Selection	Commenter recommends deletion of "Basis of Selection" subsection for the QIP that CMS is requiring for 2012	Reject - The "Basis of Selection" subsection will be utilized to capture Basis of Selection information for all QIPs including that which is required in 2012.
75	Kaiser	QIP	Plan	Project Goal and Benchmark	Commenter requests information related to the Risk Assessment subsection; Commenter states Risk Assessment section is misnamed because information sought seems to be the particular interventions that the MAO intends to implement and not the risks it expects to encounter	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
76	Kaiser	QIP	Do	Goal and Benchmark	Commenter requests clarification as to whether the tool is being used for hospital readmission QIPs and if CMS is dictating the timeframe	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.

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77	Kaiser	CCIP	Plan	Basis for Selection	Commenter recommends deletion of Basis for Selection section when tool is used for required <u>cardiovascular disease topic</u>	Reject - "Basis for Selection" will be utilized to capture Basis of Selection information for all CCIPs including that which is <u>required in 2012</u> .
78	Kaiser	CCIP	Plan	Practice Model	Commenter requests information on what is required in Practice Model Section	Clarification - CMS has renamed this section as "Care Coordination Approach" to clarify the intent of this field. CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
79	Kaiser	CCIP	Plan	Budget and Resources	Commenter recommends deletion of the Budget and Resource Section stating that "[w]hen CCIP is on the CMS mandated topic of decreasing cardiovascular disease, CMS should either delete this section or provide the inputs for it so the baseline is the same for <u>all MAOs</u> "	Accept - Based on comments, CMS will be deleting the Budget and Resource Section
80	Kaiser	CCIP	Plan	Budget and Resources	Commenter states that it is unclear how CMS will use the budget section and that it does not match the <u>wording in budget section of QIP tool</u>	Accept - Based on comments, CMS will be deleting the Budget and Resource Section
81	Kaiser	CCIP	Plan	MAO CCIP Responsibility	Commenter requests guidance as to who should be identified as the "responsible person" in the MAO CCIP Responsibility Section	Clarification - CMS expects the Medical Director to complete this section. CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
82	Kaiser	CCIP	Study	Results	Commenter recommends revising the "Results" section of the CCIP tool to match its counterpart in the QIP tool	Reject - CMS has created the tools to address the specifics involved in the creation of a QIP and a CCIP. The tools look different because the QIP is meant to accommodate a project and a CCIP is meant to accommodate a program.
83	OneCare	Both	General	All	Commenter recommends revising the burden hour estimate as follows: QIP - 8-10 hours and CCIP - 10-12 <u>hours</u>	Accept with Clarification - Based on comments, CMS is revising the burden of hours to 15 hours for the QIP tool and 15 hours <u>for the CCIP tool</u>
84	OneCare	QIP	General	Background	Commenter requests clarification as to what is required in the "Domain" field of the Background <u>subsection</u> .	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
85	OneCare	QIP	Plan	Budget and Resources	Commenter recommends deletion of the Budget and Resource Section or guidance as to how the budget <u>section will be used</u>	Accept - Based on comments, CMS will be deleting the Budget and Resource Section
86	OneCare	QIP	Plan	Budget and Resources	Commenter requests information on how the Priority Assessed field relates to financial resources	Accept - Based on comments, CMS will be deleting the Budget and Resource Section

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87	OneCare	QIP	Plan	Prior Focus	Commenter recommends deletion of the "Prior Focus" subsection because some of the information may be included in Basis of Selection and/or Risk Assessment (H2) sections	Reject - The information required in the "Pior Focus", "Basis of Selection" and "Risk Assessment" subsections are not the same.
88	OneCare	QIP	Plan	Project Goal and Benchmark	Commenter requests definition of baseline benchmark	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
89	OneCare	QIP	Plan	Project Goal and Benchmark	Commenter requests information as to what is meant by inclusion criteria in relation to interventions	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
90	OneCare	QIP	Do	Goal and Benchmark	Commenter recommends revising the "Goal and Benchmark" subsection and identifying it as "Measurement Methodology". Since it will be important to understand how baseline and successive	Reject - The information required in the "Risk Assessment" subsection, in the "Plan" Section is related to activities planned and the information required in the "Risk Mitigation" of the Do Section relates to activites that have already been implemented.
91	OneCare	QIP	Act	Action Plan Description	Commenter requests information on how CMS will use information in this "Action Plan Description" section	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
92	OneCare	CCIP	Plan	Patient Self Management Education	Commenter recommends moving the specific methods and topics related to Patient Self Management Education (B4) to the "Do" Section	Accept - CMS accepts this comment and and is working to accommodate this request within the system.
93	OneCare	CCIP	Plan	Outcome Measures and Interventions	Commenter requests guidance as to whether a specific rate for a goal should be provided or whether the organization is simply to identify improvement in a particular area	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
94	OneCare	CCIP	Plan	Outcome Measures and	Commenter requests guidance including specific criteria for population, indicator, sampling methods/selection id used, numerator, denominator,	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
95	OneCare	CCIP	Plan	Budget and Resources	Commenter recommends eliminating the budget section because it will be difficult to break down budget this way	Accept - CMS understands the impact of burden related to breaking out financial data specific to quality activities and will be deleting this section.
96	OneCare	CCIP	Do	Intervention	Commenter requests information as to how plans report more than one intervention within the tool	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
97	OneCare	CCIP	Study	Results	Commenter recommends that within the results table, sampling/percent of total population and exclusions should be discussed in the Measurement Methodology; this column should be eliminated as the final sample size will equal the denominator	Reject - There are situations when the denominator will not necessarily equal the final sample size.

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98	OneCare	CCIP	Act	All	Commenter recommends that the Act section in the CCIP tool should mirror the Act Section in the QIP reporting tool	Reject - CMS has created the tools to address the specifics involved in the creation of a QIP and a CCIP. The tools look different because the QIP is meant to accommodate a project and a CCIP is meant to accommodate a program.
99	SNP Alliance	Both	General	All	Commenter states that there is duplication between CCIP/QIP/and other Measures and wants CMS to streamline reporting requirements for SNPs since they report all standard MA data in addition to model of care and S&P data as well as Medicaid data for duals (e.g. why not allow SNPs to submit a single set of QIPs to Medicare and Medicaid that focus on the clinical problems of the target population instead of requiring them to submit QIPs/CCIPs/S&P Measure 3 and Medicaid QIPs/PIPs?)	Reject -These tools are specific to requirements set forth in 42 CFR § 422.152
100	SNP Alliance	Both	General	All	Commenter recommends revision to burden of hours citing that their experience is that the burden of hours will be much greater than 5 hours	Accept with Clarification - Based on comments, CMS is revising the burden of hours to 15 hours for the QIP tool and 15 hours for the CCIP tool
101	SNP Alliance	Both	General	All	Commenter recommends that plans be permitted to complete and report on existing QIPs/CCIPs under the template the plan originally used for the project.	Reject - CMS expects plans to complete submissions based on active tools; the previous collection tool has expired (OMB Form # 10209)
102	SNP Alliance	Both	General	All	Commenter recommends that SNPs be allowed to exclusively focus projects on the target population served and not be required to study populations or projects that may not be relevant to targeted focus	Reject - In line with national priorities, CMS is requiring CCIPs related to decreasing cardiovascular disease from all plan types.
103	SNP Alliance	CCIPs	General	All	Commenter requests clarification on what a quality "improvement" project for I-SNPs would look like	Clarification - There are numerous examples of CCIPs that could improved outcomes in an insitutional population including projects that focus on reducing falls, incontinence, decubitus ulcers, etc.
104	SNP Alliance	QIP	Plan	Budget and Resources	Commenter requests clarification on CMS expectation in the "financial resource" field of the Budget and Resource subsection.	Clarification- Based on comments, CMS will be deleting the Budget and Resource Section
105	SNP Alliance	QIP	Plan	Budget and Resources	Commenter requests guidance as to what is required in the "Priority Assessed" subsection	Clarification- Based on comments, CMS will be deleting the Budget and Resource Section
106	UPCA	Both	General	All	Commenter requests guidance clarifying distinction between the terms "benchmark" and "goal" in both the QIP and the CCIP tools	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.

PRA - All Comments/Responses

#	Source	Tool (CCIP, QIP, Both)	Section: (General, Plan, Do, Study, Act)	SubSection	Comments, Requests and/or Recommendation	CMS Decision (<i>Accept, Accept with Modification, Reject, Clarify</i>)
107	UPCA	QIP	Plan	Based on Model of Care	Commenter requests guidance as to what is required in the "Based on Model of Care Section"	Clarification - CMS expects to provide guidance in the late Fall of 2011 on what is expected in the 2012 submissions of QIPs and CCIPs.
108	UPCA	QIP	Plan	All	Commenter recommends renumbering the subsections within the Plan Section similar to the way the subsections are numbered under the subsection "Basis of Selection"	Accept - CMS accepts this comment and will update the tool to reflect the change in sections.
109	UPCA	QIP	Do	Goal and Benchmark	Commenter recommends revising the Goal and Benchmark subsection to "Barriers Encountered During Implementation"	Reject - The commenter's suggestion is too narrow, and does not capture all that we intend to convey with the "Goal and Benchmark" title in section K1.
110	UPCA	QIP	Act	Action Plan Description	Commenter recommends that the Action Plan Description Next Steps should auto populate from the Next Steps subsection in the Act Section	Accept with Clarification - CMS is taking this comment under consideration and is working to accommodate within the capabilities of our systems.
111	UPCA	CCIP	All	All	Commenter recommends renumbering all items in the reporting tool should be numbered in all sections similar to Program Design subsection for easy identification	Accept - CMS accepts this comment and will update the tool to reflect the change in sections.
112	UPCA	CCIP	Plan	Outcome Measures and Interventions	Commenter recommends Outcome Measure and Interventions (Goal and Benchmark) be separated because both are required	Reject - We are including clarification in the Goal and Benchmark section to describe how outcome measures fit into this section.
113	UPCA	CCIP	Do	All	Commenter recommends removing the cycle period because it is already captured on the first page	Accept with Clarification -CMS will consider adding an auto-population features for the cycle period within system limitations.
114	UPCA	CCIP	Do	Results or Findings	Commenter recommends removing results or findings because this section is captured in the study section.	Reject - The "DO" section helps plans monitor interim findings, while the "STUDY" section is used to report final findings.
115	UPCA	CCIP	Study	Results	Commenter recommends moving analysis of results or findings below the table and allow more space for the narrative	Reject - To minimize burden, CMS prefers the results in table format.