

Quality Improvement Project (QIP) Reporting Tool

A. Medicare Advantage Organization (MAO) Information

MAO Name			
Contract #			Identification #
MAO Location			
Contact Person	Name		
Title	Telephone	Email	
<p>MAO Plan Type: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> PFFS <input type="checkbox"/> SNP: <input type="checkbox"/> Other _____</p> <p style="margin-left: 400px;"> <input type="checkbox"/> Chronic <input type="checkbox"/> (type) _____ <input type="checkbox"/> Dual Eligible <input type="checkbox"/> Institutional </p>			
<p>Project Cycle: (drop down) ___ Baseline ___ Year 1 ___ Year 2 ___ Year 3 ___ Other</p>			

B. Background

Quality Improvement Project (QIP) Topic: _____

Clinical___ Non-clinical___ Domain: _____ (if applicable)

Clinical – An organizational improvement project focused on the structure and processes that will enhance care and services to Medicare Advantage Organization (MAO) plan enrollees in order to improve health outcomes. These include but are not limited to: prevention and wellness programs; care management; utilization management criteria and guidelines; peer review; medical technology review; pharmaceutical management procedures; medical record criteria; and processes to enhance communication and continuity of care between practitioners and providers.

Non-clinical – An organizational project focused on improving and enhancing health plan policies and procedures, benefit and coverage information and service standards (customer service, appeals and grievances) in order to ensure timely access and delivery of services to the MAO enrollees.

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PLAN

C. Data Sources Used for Problem Identification (Check all that apply)

<input type="checkbox"/> Medical Records	<input type="checkbox"/> MAO Part C Reporting Requirements
<input type="checkbox"/> Claims (Medical, Pharmacy, Laboratory)	<input type="checkbox"/> Encounter Data
<input type="checkbox"/> Appointment Data	<input type="checkbox"/> Audit Findings
<input type="checkbox"/> Plan Data (complaints, appeals, customer service)	<input type="checkbox"/> Health Effectiveness Data Information Set (HEDIS®)
<input type="checkbox"/> Health Risk Assessment (HRA) Tools	<input type="checkbox"/> Health Outcomes Survey (HOS)
<input type="checkbox"/> Surveys (enrollee, beneficiary satisfaction, other)	<input type="checkbox"/> Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
<input type="checkbox"/> Minimum Data Set (MDS) - Institutional SNP	<input type="checkbox"/> Registries
	<input type="checkbox"/> Other Sources _____

D. Based on Model of Care (Check all that apply)

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> MOC Training
<input type="checkbox"/> Description of SNP Population	<input type="checkbox"/> HRA
<input type="checkbox"/> Measurable Goals	<input type="checkbox"/> Individualized Care Plans
<input type="checkbox"/> Staff Structure & Care Management Roles	<input type="checkbox"/> Communication Network
<input type="checkbox"/> Interdisciplinary Care Team (ICT)	<input type="checkbox"/> Care Management for the Most Vulnerable Populations
<input type="checkbox"/> Provider Network Having Special Expertise & Use of Clinical Practice Guidelines	<input type="checkbox"/> Performance & Health Outcome Measurement

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E. Basis of Selection

Please provide an overall description of the QIP for the year:

E1. Description of the QIP	E2. Impact on Member	E3. Anticipated Outcome	E4. Rationale for Selection
	<input type="checkbox"/> Health Outcomes <input type="checkbox"/> Member Satisfaction <input type="checkbox"/> Other		

F. Prior Focus

Describe any previous attempts to address the problem.

_____ Previous Cycle

_____ Other (*Previously studied but not presented as a QIP*)

F1. Cycle/ Year	F2. Intervention (actions taken to achieve goal)	F3. Outcome Achieved	F4. Priority Assessed

G. Project Goal and Benchmark

G1. Target Goal and Benchmark:

G1a. Target Goal:		G1b. Benchmark:	
		<input type="checkbox"/> Baseline <input type="checkbox"/> Internal <input type="checkbox"/> External	
G1c. Rationale:			
G1d. Planned Intervention	G1e. Inclusion Criteria	G1f. Methodology	G1g. Timeframe

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G2. Risk Assessment:

G2a. Intervention <i>Auto Populate</i>	G2b. Target Audience	G2c. Anticipated Barrier	G2d. Mitigation Plan

H. Plan Project Approval: (Medical Director)

This section to be completed by the responsible person.

Name of Individual	Title	E-mail Address	Phone	Date of Approval

I. CMS Regional Office Approval

Yes

No Reason: _____

Name of Individual	Title	Date of Approval

The above information will remain in the system for reporting in subsequent years.

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DO

J. Project Implementation Review and Revisions

J1. Goal and Benchmark:

J1a. Goal: <i>Auto populate</i>			
J1b. Benchmark: <i>Auto populate</i>			
J1c. Intervention Actions taken to achieve the goal <i>(Auto Populate from Plan Section)</i>	J1d. Target Audience <i>(Auto Populate from Plan Section)</i>	J1e. Timeframe <i>(Auto Populate from Plan Section)</i>	J1f. Barriers Encountered

J2. Mitigation Plan for Risk Assessment:

J2a. Mitigation Plan Complete all applicable sections.				J2f. Rationale	J2g. Anticipated Impact on Goal
J2b. Intervention	J2c. Timeframe	J2d. Target Audience	J2e. Measurement Methodology		

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Study

K. Results

K1. Intervention: <i>Auto Populate from Plan Section</i>								
K2. Project Cycle/Year	K3. Time Frame <i>(Auto populate from Plan section)</i>	K4. Sample Size or Total Population <i>(Number)</i>	K5. Numerator <i>(skip if not applicable)</i>	K6. Denominator <i>(skip if not applicable)</i>	K7. Results and/or Percentage	K8. Other Data or Results	K9. Target Goal <i>(Auto populate from Plan section)</i>	K10. Benchmark <i>(Auto populate from Plan section)</i>
Baseline								
Re-measurement Period #1								
Re-measurement Period #2								
Re-measurement Period #3								

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ACT

L. Summary of Findings or Study Conclusions

L1. Study Findings/ Conclusions	<i>(Narrative)</i>
L2. State if any “Best Practices” resulted from the findings.	<i>(Narrative)</i>
L3. Describe any “Lessons Learned”	<i>(Narrative)</i>

M. Root Cause Analysis Description Goal/Progress Not Achieved:

M1. Intervention <i>(Auto Populate from Plan Section)</i>	M2. Root Cause Analysis	M3. Action Plan <i>(Drop down boxes)</i>
		<input type="checkbox"/> Revise intervention <input type="checkbox"/> Revise methodology <input type="checkbox"/> Change goal <input type="checkbox"/> Other _____

N. Action Plan Description

N1. Next Steps	N2. Action Plan <i>(Description of how next steps will be implemented)</i>

O. Next Steps Goal Met/Progress Demonstrated (**Check all that apply**):

- Adopt change
- Revise process
- Apply lessons learned to other areas
- Implement policy change
- Issue resolved, no need for further study
- Other (describe) _____