
HEALTH PLAN MANAGEMENT SYSTEM
QUALITY IMPROVEMENT PROJECT (QIP)
USER GUIDE

LAST UPDATED (5/31/2012)

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INTRODUCTION

All Medicare Advantage Organizations (MAOs) must conduct a Quality Improvement Project (QIP) as part of their required Quality Improvement (QI) program. The QI program must include a health information system to collect, analyze, and report quality performance data as described in 42 CFR §422.516(a) and §423.514 for Parts C and D, respectively. The QIP will measure and demonstrate improvement in health outcomes and beneficiary satisfaction.

MAOs may conduct a single QIP for all non-special needs coordinated care plans offered under a contract. However, MAOs must identify a unique QIP for each Special Needs Plan (SNP) offered, including multiple SNPs of the same sub type. For example, if a MAO offers multiple Dual-eligible SNPs (D-SNPs) under a single contract, that MAO must identify a unique QIP for **each** D-SNP offered that appropriately addresses the *target population*.

MAOs must submit the QIP(s) to the Centers for Medicare & Medicaid Services (CMS) and report progress annually for review. CMS will release submission deadlines on an annual basis.

For CY 2012, CMS is requiring that each MA plan conduct a QIP focused on reducing hospital readmission rates. This project is to be implemented over a 3-year period. At this time, CY 2012 QIP submissions will include the Plan section only. The Do, Study, and Act sections will be submitted during a time period to be specified in the future based on the baseline data collected during 2012. Note that MAOs may submit other QIPs in addition to the QIP topic required by CMS. MAOs have the discretion to specify the expected timeframe for these additional QIPs depending on the topic selected, *interventions* involved, or other factors.

The Health Plan Management System (HPMS) QIP Module serves as the means for MAOs to submit and report on their QIPs to CMS. QIP reports will serve as a summary of a full QIP. The QIP module allows MAOs to report on the QIP throughout the entire life cycle of the QIP as defined below:

- **Plan** (Chapter II) – describes the processes, specifications, and output objectives used to establish the QIP;
- **Do** (Chapter III) - describes how the QIP will be conducted, the progress of the implementation, and the data collection plan;
- **Study** (Chapter IV) – describes and analyzes findings against targets or goals and identifies trends over several PDSA cycles that can be utilized for the “Act” stage;
- **Act** (Chapter V) – summarizes *action plan(s)* based on findings, describes, in particular, the differences between the actual and planned results, and provides information regarding any changes based on actions performed to improve processes and outcomes, including a short description of actions performed.

The module also gives MAOs the ability to **Copy QIP** sections from one plan to another, as long as certain conditions exist, and to **Upload** supporting documentation.

In addition, the **Gates** link is provided to the MAOs to access the latest *QIP* submission window (open/close) timeframes.

This document provides an overview and technical instructions for accessing HPMS and navigating through the *QIP* module. General information about the *QIP* and *QI* program requirements can be found on the CMS Quality website at www.cms.gov/quality. Please note that words available in the Glossary have been italicized. Please also note that Screen Prints (or screens) contained in this User's Manual are not intended to display complete functionality and are for demonstration purposes only.

NOTE: The HPMS screenshots in this User Guide refer to the CY 2011 QIP module; however, please note that these screenshots are also applicable to the CY 2012 QIP module.

I. GETTING STARTED

ACCESSING HPMS

The HPMS/*QIP* Module is hosted on a secure extranet site that users can access via the Internet using a Secure Sockets Layer (SSL) Virtual Private Network (VPN). Users can also access the HPMS/*QIP* Module by dial-up or CMSNet.

HPMS URLs:

- For the CMS SSL VPN portal: <https://gateway.cms.hhs.gov>.
- For CMSNet: <https://hpms.cms.gov/>

Contact the system administrator to access the CMSNet if the connection is not available.

CMS USER IDS

Users must have a CMS-issued User ID and password with HPMS access in order to log into the system. Users will also need to associate their User ID with the contract numbers that they will work with in HPMS.

To obtain a new CMS User ID complete a CMS User ID request form, download and print from: <http://www.cms.gov/InformationSecurity/Downloads/EUAAccessform.pdf?>

This form includes a location for applicants to list the contract numbers to be associated with the requested User ID. Completed CMS User ID forms must be submitted to CMS at the following address:

CMS
Attn: Lori Robinson
7500 Security Boulevard
Mailstop C4-18-13
Baltimore, MD 21244-1850

If existing HPMS users need to associate a contract number to their current CMS User ID, please include the following information in an email to hpms_access@cms.hhs.gov:

- User Name,
- CMS User ID,
- Current Contract Number(s), and
- Contract Number(s) to be added.

All questions related to HPMS user access should be directed to hpms_access@cms.hhs.gov.

HOW TO ACCESS THE HPMS HOME PAGE USING THE INTERNET

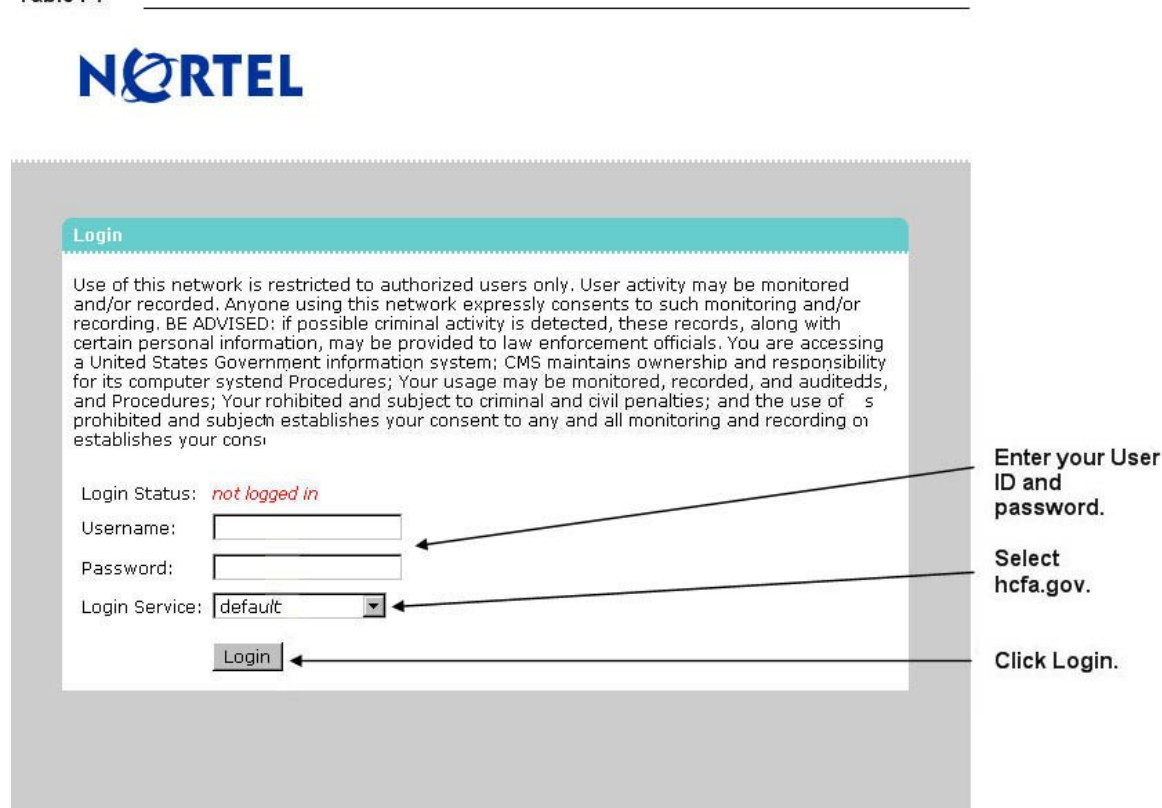
STEP 1

Open the web browser (e.g., Internet Explorer) and enter the CMS SSL VPN gateway address <https://gateway.cms.hhs.gov> in the Address field.

STEP 2

Enter the CMS User ID and password and select “hcfa.gov” as the login service. Click **Login** (Table I-1).

Table I-1



The screenshot shows the NORTel login interface. At the top left is the NORTel logo. Below it is a teal header with the word "Login". A paragraph of legal disclaimer text follows. Below the text are four input fields: "Login Status: not logged in", "Username:", "Password:", and "Login Service: default". A "Login" button is at the bottom left. Three arrows point from text on the right to the Username, Login Service, and Login button fields.

Enter your User ID and password.

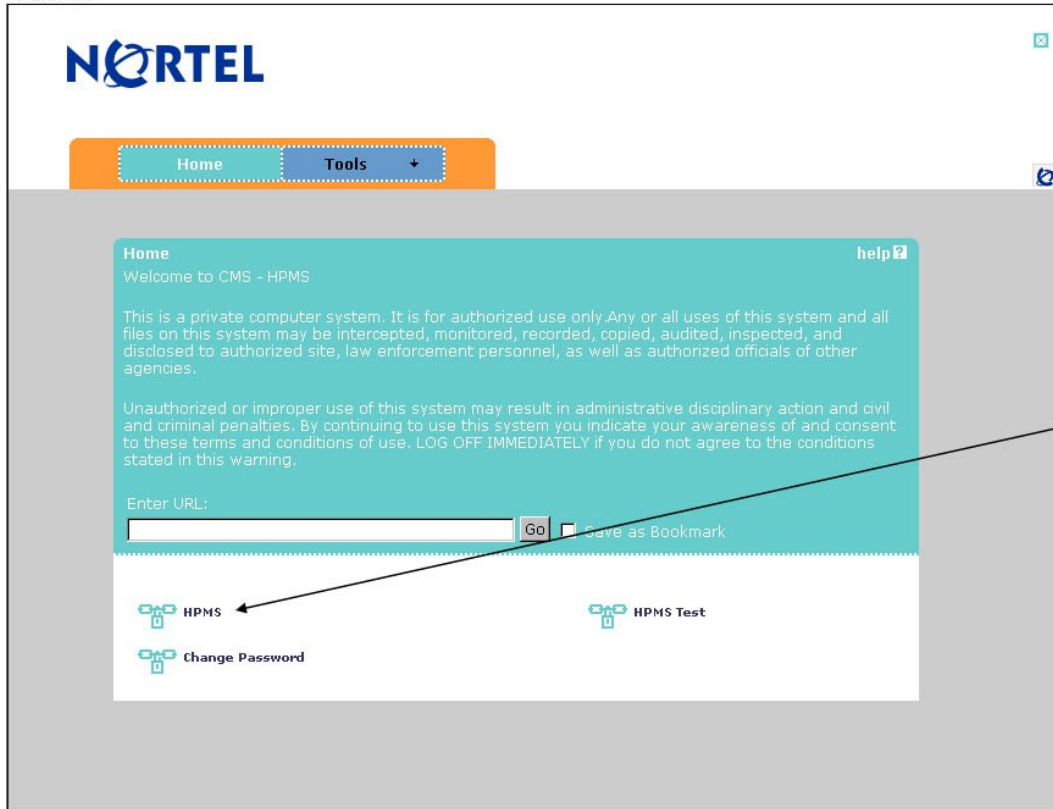
Select hcfa.gov.

Click Login.

STEP 3

Select the **HPMS** link from the SSL VPN portal screen to access the **HPMS Home** screen (Table I-2).

Table I-2



Select the HPMS link to access the HPMS Home Page.

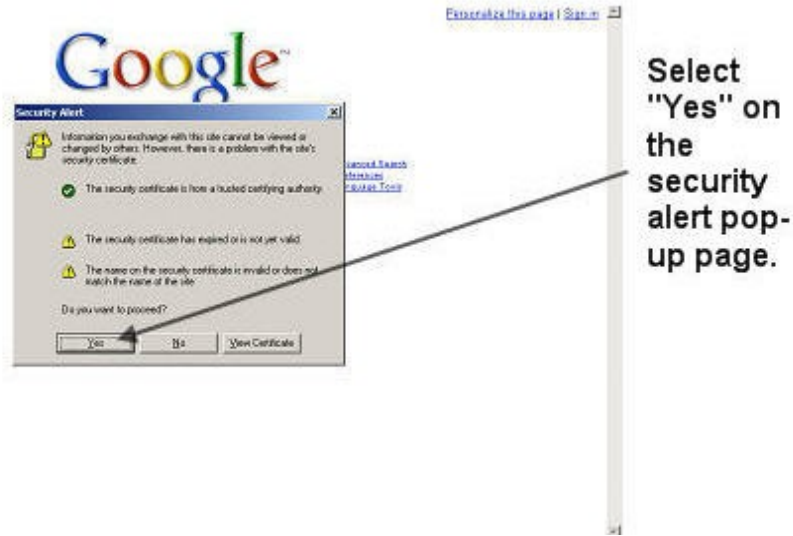
HOW TO ACCESS HPMS USING THE CMSNET

STEP 1

Open the web browser (e.g., Internet Explorer) and enter the CMSNet address <https://hpms.cms.gov> in the Address field.

Select **Yes** on the **Security Alert** pop-up window (Table I-3).

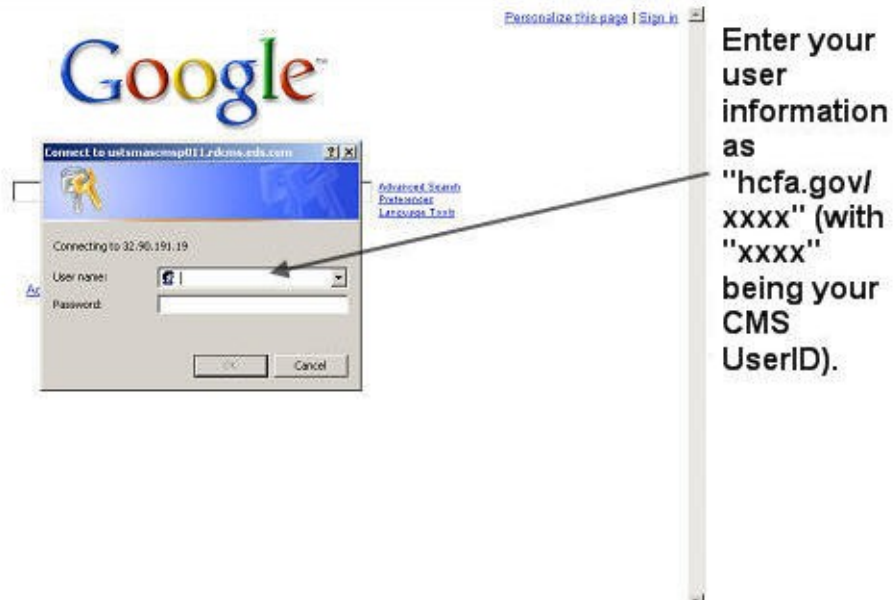
Table I-3



STEP 2

Enter the User Name as hcfa.gov/xxxx – where “xxxx” is the 4-digit CMS User ID. Enter the password and select **OK** (Table I-4) to access the **HPMS Home** screen.

Table I-4



STEP 3

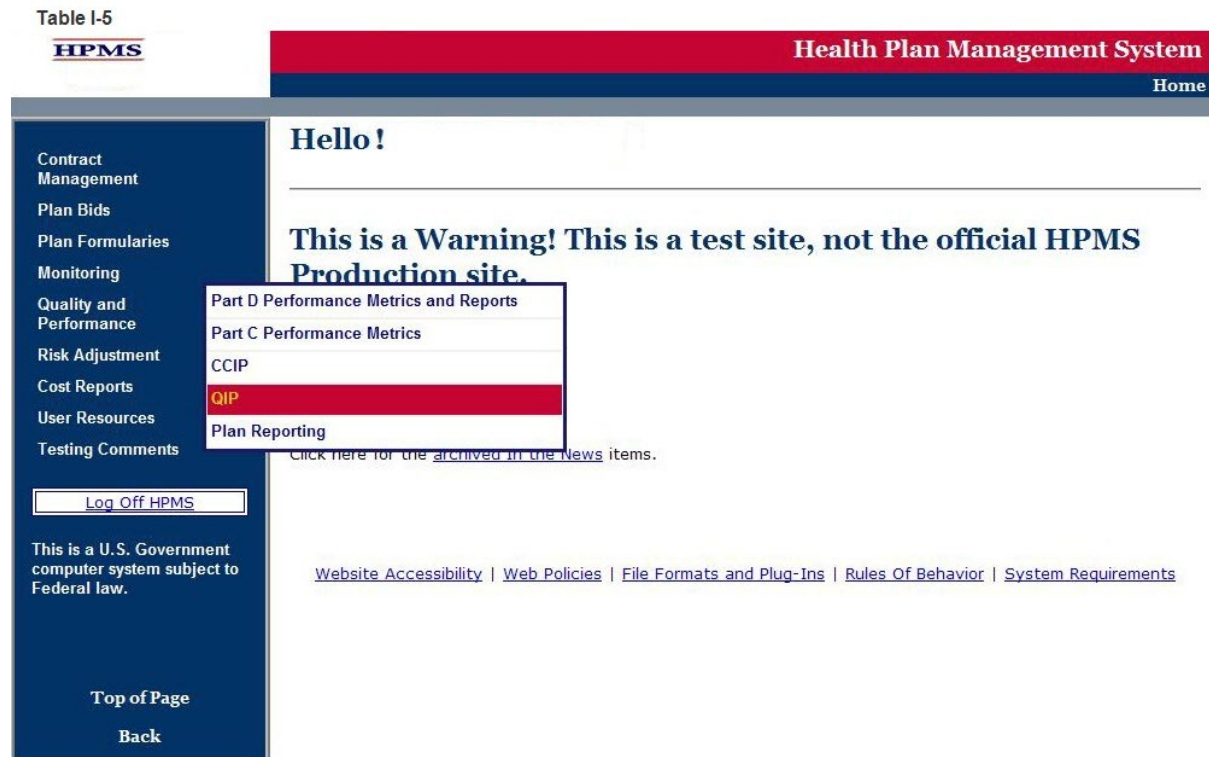
Select the **HPMS** link from the SSL VPN portal page to access the **HPMS Home** screen (Table I-2).

HOW TO ACCESS THE HPMS PLAN REPORTING MODULE

All information requested as part of the HPMS *QIP* Module must be completed unless otherwise noted.

STEP 1

Select **Quality and Performance** on the Left Navigation Bar then select **QIP** on the fly-out menu (Table I-5) to get to the **QIP Contract Year** selection screen (Table I-6).



STEP 2

Select the contract year in the **QIP Contract Year** selection screen (see Table I-6) to get to the **QIP Start Page** screen (Table I-7).

Table I-6

HPMS	Health Plan Management System
	Home
Contract Year 2011	<h3>QIP Functionality</h3> <p>You have access to the following QIP functionality in HPMS:</p> <p>Contract Year 2011 - To perform a Contract Year 2011 QIP Submission, select the "Contract Year 2011" link.</p>
Top of Page	
Back	

Table I-7

HPMS	Health Plan Management System
	Home
<u>Enter/Edit</u>	<h3>CY 2011 QIP Start Page</h3> <p>In this module each of the following four Enter/Edit sections must be completed in the sequence listed below. You will use this module to perform the following:</p> <p>Gates - Enter/Edit Submission Period Start and End date information.</p> <p>Plan - Enter/Edit the Plan Section Information.</p> <p>Do - Enter/Edit the Do Section Information.</p> <p>Study - Enter/Edit the Study Section Information.</p> <p>Act - Enter/Edit the Act Section Information.</p> <p>Copy - Copy a section.</p> <p>Upload - Upload supporting documentation.</p> <p>Instructions - Access and View the Instructions for CY 2011.</p> <p>User Guide - Access and View the User Guide for CY 2011.</p> <hr/> <p>Go To: HPMS Home</p>
Gates	
Plan	
Do	
Study	
Act	
Copy	
Upload	
<u>Documentation</u>	
Instructions	
User Guide	
Top of Page	
Back	

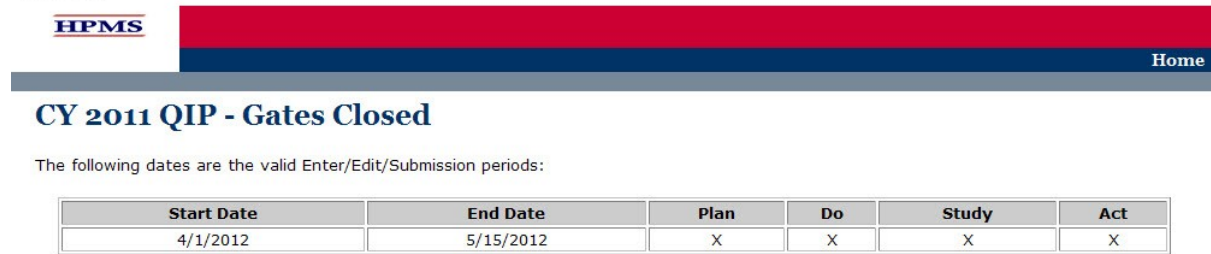
GATE

The **GATES** link (Table I-7) allows users to view the latest *QIP* Submission window (gate open/closed) information.

STEP 1

On the **QIP Start Page** (Table I-7) click on the **Gates** link on the Left Navigation Bar to get to the **CY 2011 QIP - Gates** screen (Table I-8). Note that on the sample screen in Table I-8, all components of the QIP cycle are indicated to be open for submittal during the dates shown.

Table I-8



Start Date	End Date	Plan	Do	Study	Act
4/1/2012	5/15/2012	X	X	X	X

Go To: [QIP Start Page](#)

II. PLAN

The **PLAN** functionality allows users to describe the *QIP* and outline the expectations, basic approach, and *intervention(s)* that the user will further describe in the Do, Study, and Act sections. The 'PLAN Section' demonstrates an improvement opportunity (i.e. target goal), identifies what change(s) will be introduced (i.e. *intervention*), who will be involved (i.e. *target audience*), and the expected results (i.e. anticipated outcomes). The steps should include the development of a comprehensive, well-organized, consistent, and logical plan that is expected to improve health outcomes and enrollee satisfaction.

Please note the following information:

- If the user is submitting a CY 2012 *QIP*, only the 'PLAN Section' will be available to fill out at this time. A CY 2012 *QIP* submission will be complete once the 'PLAN Section' has been completed since this is a new submission.
- For CY 2012 *QIP* submissions, the user will not be able to edit the 'PLAN Section' once it has been approved by the respective CMS account manager.
- The user will be unable to select a *QIP* topic from the 'DO Section,' 'Study Section,' and 'ACT Section,' if the 'PLAN Section' has not been completed. This is because topics that appear are aligned with those that are established by the user in the 'PLAN Section.'

STEP 1

As shown in Table II-1, on the **QIP Start Page** click on the **Plan** link on the Left Navigation Bar to get to the Contract/Plan/Topic Selection screen. (See above Chapter I: Getting Started for help getting to the *QIP* Start Page.)

Table II-1

HPMS		Health Plan Management System	
		Home	
<p><u>Enter/Edit</u></p> <p>Gates</p> <p>Plan</p> <p>Do</p> <p>Study</p> <p>Act</p> <p>Copy</p> <p>Upload</p> <p><u>Documentation</u></p> <p>Instructions</p> <p>User Guide</p> <p style="text-align: center;">Top of Page</p> <p style="text-align: center;">Back</p>		<h2 style="color: #000080;">CY 2011 QIP Start Page</h2> <p>In this module each of the following four Enter/Edit sections must be completed in the sequence listed below. You will use this module to perform the following:</p> <p>Gates - Enter/Edit Submission Period Start and End date information.</p> <p>Plan - Enter/Edit the Plan Section Information.</p> <p>Do - Enter/Edit the Do Section Information.</p> <p>Study - Enter/Edit the Study Section Information.</p> <p>Act - Enter/Edit the Act Section Information.</p> <p>Copy - Copy a section.</p> <p>Upload - Upload supporting documentation.</p> <p>Instructions - Access and View the Instructions for CY 2011.</p> <p>User Guide - Access and View the User Guide for CY 2011.</p> <hr/> <p>Go To: HPMS Home</p>	

STEP 2

On the **Contract/Plan/Topic Selection** screen (Table II-2) first select a contract. Once the contract is selected, the screen will automatically refresh to show available plans. Users must create a unique QIP for each of the SNPs offered under a contract based on the SNP's target population. The SNPs are identified by their plan number. However, users may create the same QIP for all of the non-SNP coordinated care plans offered under a contract. The non-SNP coordinated care plans under each contract are identified as 'Non-SNP.' Either select an existing topic or select 'Create a New Topic,' and then click **Next**, which will take the user to the **MAO Information** screen (Table II-3).

Table II-2



CY 2011 QIP - Submission

PLAN Section – Contract/Plan/Topic Selection

Select a Contract: Z0001 Z0002	Select a Plan: Non-SNP	Select a QIP Topic: Create a New Topic
---	----------------------------------	--

Next

Go To: [QIP Start Page](#)

STEP 3

The **MAO Information** screen (Table II-3) will default to MAO information that was already entered in HPMS for that particular plan. At the bottom of the screen use the dropdown box to select the appropriate 'Project Cycle' and then click **Next** to get to the **QIP Topic** screen.

The 'Project Cycle' dropdown box will consist of the following options to choose from:

- Baseline – Select this option when submitting the initial QIP.
- Year 1 – Select this option when submitting information after the first year (or baseline) of data has been collected. This will be the first submission to the Do, Study, and Act sections.
- Year 2 – Select this option when submitting information after the second year of data has been collected.
- Year 3 – Select this option when submitting information after the third year of data has been collected.
- Other – Select this option for any additional years of study as applicable.

Note: If the information on the Quality Contact Person or the Compliance Contact Person is incorrect, the MAO must edit that contact information using the Set-Up Plans function in HPMS. Instructions on how to update contact information is contained in the *Bid Submissions User's Manual*.

CY 2011 QIP - Submission

Enter/Edit - MAO Information

A. Medicare Advantage Organization (MAO) Information

MAO Name: Example Contract 1
Contract Number: Z0001
Identification Number: Non-SNP
MAO Location: 123 Elm Street,
Arlington, VA 22201

Quality Contact Person

Name: John Test
Title: Quality Contact
Telephone: 800-292-8868
Email: test@test.com

Compliance Contact Person

Name: John Test
Title: Chief Financial Officer
Telephone: 800-292-8868
Email: test@test.com

MAO Plan Type: Employer/Union Only Direct Contract PFFS

Project Cycle: (If Other, please describe)

Go To: [QIP Start Page](#)

STEP 4

On the **QIP Topic** screen (Table II-4) enter the name of the *QIP* Topic, indicate whether the project Focus is ‘Clinical’ or ‘Non-Clinical’, and if applicable, enter the ‘*Domain*.’ Then click **Next** to get to the **PLAN Section (C)** screen.

The name of the *QIP* Topic must be unique for each *QIP*. A ‘*Domain*’ will represent an area of focus for the *QIP*, and serves as a basis for development of the *QIP* topic that aligns with the National Quality Strategy to help the MAO develop QIPs that will result in improved enrollee satisfaction and health outcomes.

CY 2011 QIP - Submission

Enter/Edit - QIP Topic

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline

B. Background	
Quality Improvement Program (QIP) Topic:	Plan All Cause Re-admission
Focus:	Clinical <input type="button" value="v"/>
Domain: (if applicable)	Effective Care Coordination (max 50 characters.)

Definition for focus selection

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.

Go To: [QIP Start Page](#)

STEP 5

On the **PLAN Section (C)** screen (Table II-5) use the form displayed on the screen to describe the applicable data sources used for problem identification. Note the additional fields in which the user may include “other sources” of data that may apply. Then click **Next**, which will take the user to the **PLAN Section (D)** screen (Table II-6).

CY 2011 QIP - Submission

Enter/Edit - PLAN Section (C)

MAO Name: EXAMPLE CONTRACT 1
 Contract Number: 20001
 Identification Number: Non-SNP
 Project Cycle: Baseline
 Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
 Focus: Clinical
 Domain: Effective Care Coordination

C. Data Sources Used for Problem Identification (check all that apply)	
<input checked="" type="checkbox"/> Medical Records	<input type="checkbox"/> MAO Part C Reporting Requirements
<input checked="" 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 checked="" 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 <input type="text"/>	<input type="checkbox"/> Other Sources <input type="text"/>
<input type="checkbox"/> Other Sources <input type="text"/>	<input type="checkbox"/> Other Sources <input type="text"/>
<input type="checkbox"/> Other Sources <input type="text"/>	<input type="checkbox"/> Other Sources <input type="text"/>

Previous Next

Go To: [QIP Start Page](#)

STEP 6

On the **PLAN Section (D)** screen (Table II-6) use the form displayed on the screen to describe any Model(s) of Care (*MOC*) elements the *QIP* is based on. Then click **Next**, which will take the user to the **PLAN Section (E)** screen (Table II-7).

Note: **PLAN Section (D)** is optional for *SNPs*, as the *QIP* may directly relate to the established *MOC* for that *SNP*. However, this component of the reporting module is not applicable to non-*SNP* plan types because the *MOC* is unique to *MA SNP* products. If a *SNP* elects to implement a *QIP* based on an element of its *MOC*, the user must complete this section and must identify the specific element of the *MOC* that the project is focusing on by checking all that apply. If the *SNP*'s *QIP* is not based on the *MOC* or if this is a non-*SNP* plan type, the user must select "Not Applicable."

CY 2011 QIP - Submission

Enter/Edit - PLAN Section (D)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

D. Based on Model of Care (check all MOC elements that apply)	
This Element is optional for SNPs, and is not applicable to non-SNPs.	
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> (1) Description of SNP-Specific Target Population
<input type="checkbox"/> (2) Measurable Goals	<input type="checkbox"/> (3) Staff Structure and Care Management Roles
<input type="checkbox"/> (4) Interdisciplinary Care Team	<input type="checkbox"/> (5) Provider Network having Specialized Expertise and Use of Clinical Practice Guidelines and Protocols
<input type="checkbox"/> (6) MOC Training for Personnel and Provider Network	<input type="checkbox"/> (7) Health Risk Assessment
<input type="checkbox"/> (8) Individualized Care Plan	<input type="checkbox"/> (9) Communication Network
<input type="checkbox"/> (10) Care Management for the Most Vulnerable Subpopulations	<input type="checkbox"/> (11) Performance and Health Outcomes Measurement

Go To: [QIP Start Page](#)

STEP 7

On the **PLAN Section (E)** screen (Table II-7) use the form displayed on the screen to describe the *QIP*, the member impact, the anticipated outcomes, and the rationale for the selection. Then click **Next**, which will take the user to the **PLAN Section (F)** screen (Table II-8).

In the “Description of the *QIP*” element (E1) provide a detailed and in-depth description of the *QIP* that includes: 1) the identified opportunity for improvement; 2) the *methodology* utilized by the plan to determine the opportunity for improvement; 3) the data source(s) utilized in determining the *QIP*; 4) an estimate of the number of MA plan individuals affected by the project; and, 5) the specific timeframes and percentages where applicable (Character Limit: 4,000).

In the “Impact on Member” element (E2), provide the intent of the *QIP* by selecting whether it impacts the MA plan population by improving health outcomes, improving member satisfaction, or both. (Check all that apply.) If “Other” is selected, describe the impact in the text field.

In the “Anticipated Outcome” element (E3), provide a detailed and in-depth description that is consistent with the overall goal of the project and includes: 1) the clinical and/or non-clinical outcomes the MA plan expects the project to achieve; 2) how the members will be positively impacted by the outcomes; 3) why the outcomes are expected; and 4) the evidence or benchmark that was used to determine the anticipated outcomes. This description should be consistent with the *QIP* topic and *domain* identified in Step 4 above (Character Limit: 4,000).

In the “Rationale for Selection” element (E4), provide a detailed and in-depth description that includes: 1) why the project chosen is appropriate for the MA plan’s *target population*; 2) the clinical significance and/or non-clinical significance of the project; 3) the incidence and/or prevalence of the opportunity for improvement within the MA plan’s *target population*; 4) the

impact the issue is currently having on the MA plan population; and, 5) data, case studies, or specific examples that provide evidence of the project's relevancy to the *target population* (Character Limit: 4,000).

Table II-7

HPMS

Home

CY 2011 QIP - Submission

Enter/Edit - PLAN Section (E)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

E. Basis of Selection

Please provide an overall **Description of the QIP** for the year:

E1. Description of the QIP

An analysis of the results from the Healthcare Effectiveness Data and Information Set (HEDIS) measure "Plan all-cause readmission" revealed that we had a 30-day readmission rate of 32% from a total population of 2000. Of that 32% (640), 80% (512) of the members readmitted had an index admission of congestive heart failure (CHF) with CHF as the principal diagnosis.

E2. Impact on Member

- Health Outcomes
 Member Satisfaction
 Other

E3. Anticipated Outcomes

It is expected that the 30-day all-cause readmission rate will decrease within our plan members with CHF as a result of implementing the QIP.

Decreasing the all-cause readmission rate will improve health outcomes because hospital readmission for members with CHF is often related to symptoms of acute decompensated heart failure. If these exacerbations are prevented or limited, the member's health outcomes will be maintained and/or improved.

E4. Rationale for Selection

Approximately 25.6% (512/2000) of our members have a diagnosis of CHF. The average age of our members with CHF is 80 years old and 90% have 1 or more comorbid conditions.

The annual number of hospitalizations is greater than 1 million for CHF as a primary diagnosis, and from 2.4 to 3.6 million for CHF as a primary or secondary diagnosis.

Previous

Next

Go To: [QIP Start Page](#)

STEP 8

On the **PLAN Section (F)** screen (Table II-8) use the form displayed on the screen to describe any previous attempts to address the problem that the *QIP* will be addressing. Then for each intervention, provide information about the previous attempts; namely, the cycle/year, intervention, outcome achieved, and priority assessed.

Plan Section (F) may or may not be applicable. If the MA plan has made no previous attempts to address the identified topic (i.e. opportunity for improvement), the user must select “Not Applicable,” at which point all other fields will be in accessible. The user may then select **Next** to get to the **PLAN Section (G1)** screen (Table II-9).

In the “Cycle/Year” element (F1), provide the *project cycle year* in which the issue was previously addressed.

In the “Intervention” element (F2), provide a brief explanation of all *interventions* that were previously used to address the issue or achieve the goal. The MA plan may enter up to three *interventions* that related to the overall goal of the *QIP* (Character Limit: 4,000).

In the “Outcome Achieved” element (F3), provide a brief explanation of any clinical and/or non-clinical outcomes achieved from previous intervention(s) (Character Limit: 4,000).

In the “Priority Assessed” element (F4), identify the level of priority assessed that was given to each intervention used to address the issue. Identify the level of priority in terms of Low, Medium, or High where each is defined as follows:

- *Low priority* does not require immediate attention.
- *Medium priority* requires watching the issue for progression.
- *High priority* requires immediate attention to resolve the issue.

After indicating the priority level, describe why the particular priority level was selected (Character Limit: 4,000).

Note:

- The *QIP* module defaults to one intervention in this section. If necessary, the user can add more *interventions* by clicking **Add** near the bottom of the screen. Also, if additional *interventions* already exist for the *QIP*, the user can delete an intervention by clicking **Delete**.
- If the *QIP* already includes more than one intervention, then upon clicking **Next** the user will go to the **PLAN Section (F)** screen for the second intervention (e.g Intervention 2). Continue entering all information and clicking **Next** as appropriate until information has been entered for all *interventions*. After entering all information, the user will proceed to the **PLAN Section (G1)** screen.

After entering all information for all *interventions*, click **Next** to get to the **PLAN Section (G1)** screen.

CY 2011 QIP - Submission

Enter/Edit - PLAN Section (F)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

F. Prior Focus

Describe any **Previous Attempts** to address the problem.
 If you do not make any applicable previous attempts, select "Not Applicable".

- Previous Cycle
- Other (Previously studied but not presented as a QIP)

- Not Applicable

Intervention 1

F1. Cycle/Year

F2. Intervention (Actions taken to achieve goal)

F3. Outcome Achieved

F4. Priority Assessed

To enter additional Intervention, please select the "Add" button.

Add

Previous Next

Go To: [QIP Start Page](#)

STEP 9

On the **PLAN Section (G1)** screen (Table II-9), use the form displayed on the screen to describe the target goal and benchmark. Then for each intervention, provide information about the planned intervention, *inclusion criteria*, *methodology*, and priority timeframe.

One goal for each *QIP* is identified regardless of the number of intervention(s). All *interventions* should be working towards achieving the same goal. Plans may submit up to three intervention(s) for their ‘Target Goal.’ In sections where *interventions* auto-populate, each intervention will be populated automatically. ‘Intervention’ will auto-populate from ‘Planned Intervention.’ Users cannot edit text that has been auto-populated from a different section.

In the “Target Goal” element (G1a), provide a detailed and in-depth description consistent with the ‘Basis for Selection’ section, including: 1) how the target goal will benefit the *target population*; 2) how the target goal is measurable; 3) how the target goal is attainable within the set timeframe; and, 4) numbers and/or percentages where applicable (Character Limit: 4,000).

In the “Benchmark” element (G1b), identify whether the benchmark being used is baseline, internal, or external. Plans will compare the results of their *interventions* to benchmark data in order to measure their effectiveness at the end of the reporting cycle. Baseline, internal, and external benchmarks are defined as follows:

- *Baseline Benchmark* – Select this option if the MAO will use the data obtained at the end of the current reporting cycle as the standard comparison for subsequent reporting cycles in the *QIP*.
- *Internal Benchmark* – Select this option if the benchmark data is from the MA plan’s own data sources (e.g., administrative data, claims data).
- *External Benchmark* – Select this option if the benchmark data is obtained from sources outside of the MAO (e.g., national or regional benchmarks).

In the “Rationale” element (G1c), for the goal and the benchmark, provide a detailed and in-depth description that includes: 1) why the goal was chosen; 2) the evidence or method used to determine that the goal is appropriate to the *QIP*; 3) the benchmark that was chosen to measure the goal; and, 4) how the benchmark relates to the goal (Character Limit: 4,000).

In the “Planned Intervention” element (G1d), provide a detailed and in-depth description consistent with the goal of the project and includes: 1) an explanation of the planned intervention; 2) how the intervention is capable of achieving the goal; 3) how the intervention relates to the goal; and, 4) how the intervention is sustainable over time (Character Limit: 4,000).

In the “*Inclusion Criteria*” element (G1e), provide a detailed and in-depth description consistent with the overall objective of the *QIP* and includes: 1) the demographic and/or clinical characteristics of the *target population*; 2) the rationale for inclusion and exclusion of specific demographics; 3) the *methodology* the plan will use to identify members for inclusion and exclusion; 4) the evidence and/or observations that support the inclusion and exclusion rationale; and, 5) numbers and/or percentages where applicable (Character Limit: 4,000).

“*Inclusion Criteria*” must be provided for each *intervention*. If the “*Inclusion Criteria*” are the same for each *intervention*, the user is not required to repeat the information but must write “same as above” in the text box provided.

In the “*Methodology*” element (G1f), provide a detailed, in depth description consistent with the goal and *intervention* of the *QIP* and includes: 1) the description of the data that will be collected for the measurement; 2) how the data will be collected; 3) how the data is capable of measuring outcomes; and, 4) the systematic method and frequency of data collection. Measurement *methodology* is the means, technique, procedure, or method used to collect data and measure the effect of an *intervention*. MAOs should describe the *methodology* used for each unique *intervention* they plan to implement (Character Limit: 4,000).

In the “*Timeframe*” element (G1g), provide a detailed and in-depth description consistent with the overall *QIP* and includes: 1) exact beginning and ending dates for the measurement cycle; 2) an explanation of how the timeframe reflects an appropriate amount of time to complete the planned *intervention*; and, 3) the rationale for the expected timeframe. MAOs should ensure that they list timeframes specific to each *intervention* and that fit within their *QIP* project cycles (Character Limit: 4,000).

Note:

- The *QIP* module defaults to one *intervention* in this section. If necessary, the user can add more *interventions* by clicking **Add** near the bottom of the screen. Also, if additional *interventions* already exist for the *QIP*, the user can delete an *intervention* by clicking **Delete**.
- If the *QIP* already includes more than one *intervention*, then upon clicking **Next** the user will go to the **PLAN Section (G1)** screen for the second *intervention* (e.g. *Intervention 2*). Continue entering all information and clicking **Next** as appropriate until all applicable information has been entered for each *intervention*. After entering all information, the user will proceed to the **PLAN Section (G2)** screen.

CY 2011 QIP - Submission

Enter/Edit - PLAN Section (G1)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

G.Project Goal and Benchmark

G1. Target Goal and Benchmark

G1a. Target Goal

Decrease the percentage of members who have not followed up with a physician after a CHF discharge from 70% to 50% within the first year. HEDIS readmission rate will decrease by 10%, from 32.0% to 28.8%.

G1b. Benchmark

- Baseline
 Internal
 External

G1c. Rationale

Early physician follow-up after discharge from a hospitalization is proven to significantly decrease the rate of readmissions. The benchmark is an established national guideline and will serve as a marker to measure the progress of the target goal. Decreasing the readmission rate by 10% will correspond to a decrease in disease exacerbations. With a decrease in exacerbations, the member's quality of life will be maintained and health outcomes maintained or increased.

Intervention 1

G1d. Planned Intervention

Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.

G1e. Inclusion Criteria

All those with an index admission of CHF, ICD-9 code 428.0, 428.1, 428.2, 428.3, 428.4, 428.9

G1f. Methodology

HEDIS measure all cause readmission calculated annually.
Review of claims and medical records quarterly.

G1g. Timeframe

Jan 1, 2011 through December 31, 2011.

To enter additional Intervention, please select the "Add" button.

Add

Previous

Next

Go To: [QIP Start Page](#)

STEP 10

On the **PLAN Section (G2)** screen (Table II-10) use the form displayed on the screen to describe the risk assessment. Then click **Next**, which will take the user to the **PLAN Section (H)** screen (Table II-11).

In the “*Target Audience*” element (G2b), provide a detailed and in-depth description that is consistent with “*Inclusion Criteria*” and includes: 1) a description of the members potentially affected by the anticipated *barrier* to the intervention(s); 2) how the *barrier* could affect the different demographic groups within the *target audience*; 3) how members are expected to be affected; and, 4) numbers and percentages where applicable (Character Limit: 4,000).

In the “*Anticipated Barrier*” element (G2c), provide a detailed and in-depth description that includes: 1) the potential *barrier* to the success of the *intervention*; 2) why the *barrier* is anticipated; and 3) how the *barrier* could prevent or hinder the goal from being reached (Character Limit: 4,000).

A mitigation plan is an *action plan* designed to correct significant problems that could prevent the goal from being reached in a *QIP*. In the “*Mitigation Plan*” element (G2d), provide a detailed and in-depth description that includes: 1) the mitigation plan that will be implemented should the *barrier* occur; 2) how the plan is expected to mitigate the *barrier*; and, 3) how the *barrier* could prevent or hinder the goal from being reached (Character Limit: 4,000).

Note:

- If the *QIP* already includes more than one *intervention*, then upon clicking **Next** the user will go to the **PLAN Section (G2)** screen for the second *intervention* (e.g. *Intervention 2*). Continue entering all information and clicking **Next** as appropriate until information has been entered for all *interventions*. After entering all information, the user will proceed to the **PLAN Section (H)** screen.
- Each ‘*Intervention*’ will auto-populate from ‘*Planned Intervention*.’ Users cannot edit text that has been auto-populated from a different section.

CY 2011 QIP - Submission

Enter/Edit - PLAN Section (G2)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

G2. Risk Assessment

Intervention 1

G2a. Intervention: Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.

G2b. Target Audience

Members

G2c. Anticipated Barrier

Unable to reach members within 48 hours of discharge.

G2d. Mitigation Plan

Prior to hospital discharge, the RN will ask the member to provide an emergency contact list with telephone numbers. If unable to reach the member within 48 hours, the RN will contact someone from the list.

Additionally a toll free telephone number for a 24-hour dedicated RN service will be provided to the member. Members will be able to call the service at any time and will be able to leave a detailed message and the RN will return the call within 60 minutes.

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[Next](#)

[Go To: QIP Start Page](#)

STEP 11

On the **PLAN Section (H)** screen (Table II-11) use the form displayed on the screen to provide contact information for the MAO Medical Director, a person designated by the Medical Director, or other person of authority that is approving the project. This section must be completed in full. Once the Medical Director or designee approves the QIP submission and clicks **Next**, the user is taken to the **Verification** screen (Table II-12).

CY 2011 QIP - Submission

Enter/Edit - PLAN Section (H)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

H. Plan Section Approval: (Medical Director)

This section needs to be completed by the MA plan's Medical Director, a person designated by the Medical Director, or other person of authority.

Name of Individual:
 Title:
 E-mail Address:
 Phone: (###-###-####) Ext.
 Date of Approval: (MM/DD/YYYY)

Go To: [QIP Start Page](#)

STEP 12

On the **Verification** screen (Table II-12) review all information for accuracy.

Once the user confirms that the information related to the **PLAN Section** is accurate, the user will select **Save**. Click **Previous** to return to the screens to edit any information. After clicking **Save** the user will be taken to the **PLAN Section Submission Confirmation** screen (Table II-13) that includes the following message: "Your data has been saved."

Note: If this is the MAO's initial *QIP* submission, the submission is complete at this step, as only the plan section is to be submitted for review by the MAO's respective CMS Regional Office Account Manager.

CMS REGIONAL OFFICE APPROVAL

Once the user has completed the **PLAN Section**, the user's CMS Regional Office Account Manager (AM) will review the submission and determine whether it is approved or not. Each user will be notified of its approval status by the AM.

If an AM notifies the user of non-approval, the AM will provide the user with guidance and assistance on how to improve its submission. Once the user has worked with the AM to improve its submission, the user must re-submit the **PLAN section**. The user must re-enter information

in the sections where the information has changed when resubmitting specific sections of the *QIP*.

Once the **PLAN section** is approved by the Regional Office AM, the user can begin to implement the *QIP*.

CY 2011 QIP - Submission

PLAN Section Verification

Your data has not yet been saved.

A. Medicare Advantage Organization (MAO) Information

MAO Name: EXAMPLE CONTRACT 1
 Contract Number: Z0001
 Identification Number: Non-SNP
 MAO Location: 2300 Clarendon Blvd, Suite 1400
 Arlington, VA 22201

Quality Contact Person

Name: ms kate test
 Title:
 Telephone: 555-123-1456
 Email: test@jj.com

Compliance Contact Person

Name: ms kate test
 Title:
 Telephone: 555-123-1456
 Email: test@jj.com

MAO Plan Type: Employer/Union Only Direct Contract PFFS

Project Cycle: Baseline

B. Background	
Quality Improvement Program (QIP) Topic:	Plan All Cause Re-admission
Focus:	Clinical
Domain:	Effective Care Coordination
C. Data Sources Used for Problem Identification	
Medical Records	
Claims (Medical, Pharmacy, Laboratory)	
Health Effectiveness Data Information Set (HEDIS®)	
D. Based on Model of Care	
Not Applicable	
E. Basis of Selection	
E1. Description of the QIP:	An analysis of the results from the Healthcare Effectiveness Data and Information Set (HEDIS) measure "Plan all-cause readmission" revealed that we had a 30-day readmission rate of 32% from a total population of 2000. Of that 32% (640), 80% (512) of the members readmitted had an index admission of congestive heart failure (CHF) with CHF as the principal diagnosis.
E2. Impact on Member:	Member Satisfaction
E3. Anticipated Outcomes:	It is expected that the 30-day all-cause readmission rate will decrease within our plan members with CHF as a result of implementing the QIP. Decreasing the all-cause readmission rate will improve health outcomes because hospital readmission for members with CHF is often related to symptoms of acute decompensated heart failure. If these exacerbations are prevented or limited, the member's health outcomes will be maintained and/or improved.
E4. Rationale for Selection:	Approximately 25.6% (512/2000) of our members have a diagnosis of CHF. The average age of our members with CHF is 80 years old and 90% have 1 or more comorbid conditions. The annual number of hospitalizations is greater than 1 million for CHF as a primary diagnosis, and from 2.4 to 3.6 million for CHF as a primary or secondary diagnosis.
F. Prior Focus	
Description of any previous attempts to address the problem.	Not Applicable
G. Project Goal and Benchmark	
G1. Target Goal and Benchmark	
G1a. Target Goal:	Decrease the percentage of members who have not followed up with a physician after a CHF discharge from 70% to 50% within the first year. HEDIS readmission rate will decrease by 10%, from 32.0% to 28.8%.
G1b. Benchmark:	Internal
G1c. Rationale:	Early physician follow-up after discharge from a hospitalization is proven to significantly decrease the rate of readmissions. The benchmark is an established national guideline and will serve as a marker to measure the progress of the target goal. Decreasing the readmission rate by 10% will correspond to a decrease in disease exacerbations. With a decrease in exacerbations, the member's quality of life will be maintained and health outcomes maintained or increased.
Intervention 1	
G1d. Planned Intervention:	Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.
G1e. Target Population:	All those with an index admission of CHF, ICD-9 code 428.0, 428.1, 428.2, 428.3, 428.4, 428.9
G1f. Methodology:	HEDIS measure all cause readmission calculated annually. Review of claims and medical records quarterly.
G1g. Timeframe:	Jan 1, 2011 through December 31, 2011.
G2. Risk Assessment	
Intervention 2	
G2a. Intervention:	Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.
G2b. Target Audience:	Members
G2c. Anticipated Barrier:	Unable to reach members within 48 hours of discharge.
G2d. Mitigation Plan:	Prior to hospital discharge, the RN will ask the member to provide an emergency contact list with telephone numbers. If unable to reach the member within 48 hours, the RN will contact someone from the list. Additionally a toll free telephone number for a 24-hour dedicated RN service will be provided to the member. Members will be able to call the service at any time and will be able to leave a detailed message and the RN will return the call within 60 minutes.
H. Plan Section Approval:	
(Medical Director)	
Name of Individual:	John Test
Title:	Dr.
E-mail Address:	john.test@test.com
Phone:	301-332-5125 - 123
Date of Approval:	05/15/2012

Please review your responses for accuracy.
 To save the current information, please select the "Save" button.

Go To: [QIP Start Page](#)

Table II-13

HPMS

Home

CY 2011 QIP - Submission

PLAN Section Confirmation

Your data has been saved.

OK

Go To: [QIP Start Page](#)

III. Do

The **DO** functionality allows users to describe the steps the MAO will take to conduct the *QIP* and changes made to achieve the project goal. The ‘Do Section’ describes the initial results or findings, actual *barriers* encountered (if applicable), the *risk mitigation* approaches for the identified *barriers*, and the *risk mitigation* plan.

The “Mitigation Plan for Risk Assessment” element included in the ‘DO Section’ (Table III-3) addresses the actual *barriers* encountered during the implementation of the project and will only be implemented when a *barrier* is identified. For each *barrier* identified, a separate table for **J2** (described in Step 3 below) must be completed. If a *barrier* is encountered, changes may need to be made to one or more of the following: *intervention*, timeframe, *target audience*, and/or measurement *methodology*.

STEP 1

As shown in Table III-1, on the **QIP Start Page** click on the **Do** link on the Left Navigation Bar to get to the **Contract/Plan/Topic Selection** screen. (See above Chapter I: Getting Started for help getting to the **QIP Start Page**.)

Table III-1

The screenshot shows the HPMS (Health Plan Management System) interface. At the top left is the HPMS logo. At the top right is the text 'Health Plan Management System' with a 'Home' link. A left navigation bar contains links for 'Enter/Edit', 'Gates', 'Plan', 'Do' (highlighted in red), 'Study', 'Act', 'Copy', 'Upload', 'Documentation', 'Instructions', and 'User Guide'. At the bottom of the navigation bar are 'Top of Page' and 'Back' links. The main content area is titled 'CY 2011 QIP Start Page' and contains the following text: 'In this module each of the following four Enter/Edit sections must be completed in the sequence listed below. You will use this module to perform the following:'. Below this are several items: 'Gates - Enter/Edit Submission Period Start and End date information.', 'Plan - Enter/Edit the Plan Section Information.', 'Do - Enter/Edit the Do Section Information.', 'Study - Enter/Edit the Study Section Information.', 'Act - Enter/Edit the Act Section Information.', 'Copy - Copy a section.', 'Upload - Upload supporting documentation.', 'Instructions - Access and View the Instructions for CY 2011.', and 'User Guide - Access and View the User Guide for CY 2011.'. At the bottom of the main content area is a 'Go To: HPMS Home' link.

STEP 2

On the **Contract/Plan/Topic Selection** screen (Table II-2) first select a contract. Once the contract is selected, the screen will automatically refresh to show available plans. Users must

create a unique QIP for each of the SNPs offered under a contract based on the SNP’s target population. The SNPs are identified by their plan number. However, users may create the same QIP for all of the non-SNP coordinated care plans offered under a contract. The non-SNP coordinated care plans under each contract are identified as ‘Non-SNP.’ Select an existing topic and then click **Next**, which will take the user to the **DO Section (J)** screen (Table III-3).

Table III-2

STEP 3

On the **DO Section (J)** screen (Table III-3) use the form displayed on the screen to describe the *barriers* encountered and the mitigation plan for risk assessment. Then click **Next** to get to the **Verification** screen.

Sections **J1a** through **J1e** auto-populate from previously entered information the user provided in the ‘PLAN Section.’

In the J1f “*Barriers Encountered*” element (J1f), provide a detailed and in-depth description that includes: 1) the *barriers* encountered during the implementation of the project; 2) the impact the *barriers* had on reaching the goal; and, 3) the magnitude of the impact the *barriers* had on reaching the goal. If no *barriers* were encountered, state “No *Barriers Encountered*” (Character Limit: 4,000).

In the “Mitigation Plan” element (J2a), provide a detailed and in-depth description that provides the overall purpose of the mitigation plan for the *barriers* encountered during the implementation of the project and include: 1) why a mitigation plan is necessary; 2) how having a mitigation plan helps ensure the success of the project; 3) what factors went into the development of the mitigation plan; and 4) resources utilized to eliminate *barriers* (Character Limit: 4,000).

In the “*Intervention*” element (J2b), provide a detailed and in-depth description of the changes to the existing *intervention* or new *intervention* consistent with the goal of the project and implemented to address the *barriers* described in the “*Barriers Encountered*” section. The description must include: 1) how the *intervention* is capable of affecting change in order to achieve the goal; 2) the evidence or method used to determine that the revised or new *intervention* will impact the goal; 3) how the *intervention* is measurable; and, 4) how the *intervention* is sustainable over time. **Note:** This field is to be completed only if the Mitigation Plan involves making a change to the *intervention* (Character Limit: 4,000).

In the “*Timeframe*” element (J2c), provide a detailed and in-depth description of changes made to the timeframe based on the *barriers* described in the “*Barriers Encountered*” section. The description must include: 1) a timeframe consistent with the overall *QIP*; 2) an appropriate amount of time to complete the new or revised *intervention*; 3) exact beginning and ending dates for the measurement cycle; and 4) the rationale for the expected timeframe (Character Limit: 4,000). **Note:** This field is to be completed only if the Mitigation Plan involves making a change to the *Timeframe*.

In the “*Target Audience*” element (J2d), provide a detailed and in-depth description of the changes made to the *target audience* based on the *barriers* described in the “*Barriers Encountered*” section. The description must include: 1) the demographic and clinical characteristics of the *target population*; 2) the rationale for inclusion and exclusion of the demographics; 3) the *methodology* the plan will use to identify the MA plan members for inclusion and exclusion; 4) the evidence and/or observations that support the inclusion and exclusion rationale; and, 5) numbers and/or percentages where applicable (Character Limit: 4,000). **Note:** This field is to be completed only if the Mitigation Plan involves making a change to the *target audience*.

In the “*Measurement Methodology*” element (J2e), provide a detailed and in-depth description of the changes made to the measurement *methodology* from the “*G1f. Methodology*” section based on *barriers* described in the “*Barriers Encountered*” section. The description must include: 1) the specific, reliable data that will be collected/collect for measurement; 2) how the data will be collected; 3) how the data is capable of measuring outcomes; and, 4) the systematic method and frequency of the data collection (Character Limit: 4,000). **Note:** This field is to be completed only if the Mitigation Plan involves making a change to the measurement *methodology*.

In the “*Rationale*” element (J2f), provide a detailed and in-depth description that corresponds with the applicable changes described above and includes: 1) why changes were made to the *intervention*, *timeframe*, *target audience*, and/or measurement *methodology*; 2) what is expected to be achieved with the changes made to each of these sections; 3) the factors or evidence considered when developing the Mitigation Plan that demonstrates its validity; and, 4) data source(s) and/or observations. **Note:** This field is to be completed only if there is a *barrier* encountered and there is a need to make changes to one or more of the following: *intervention*, *timeframe*, *target audience*, and/or measurement *methodology* (Character Limit: 4,000).

In the “*Anticipated Impact on Goal*” element (J2g), provide a detailed and in-depth description that includes: 1) the anticipated impact on the goal resulting from making the changes to the *intervention*, *timeframe*, *target audience*, and/or measurement *methodology*; and, 2) what the actual impact was on the goal due to such changes (Character Limit: 4,000). **Note:** This field is

to be completed only if there is a *barrier* encountered and there is a need to make changes to one or more of the following: *intervention*, timeframe, *target audience*, and/or measurement *methodology*.

Note: If the *QIP* already includes more than one *intervention*, then upon clicking **Next**, the user will be taken to the **DO Section (J)** screen to input information for the second *intervention*. Continue entering all information and click **Next** as appropriate until information has been entered for all applicable *interventions*. After entering all information, the user will proceed to the **Verification** screen.

CY 2011 QIP - Submission

Enter/Edit - DO Section (J)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

J. Project Implementation Review and Revisions

J1. Goal and Benchmark

J1a. Goal: Decrease the percentage of members who have not followed up with a physician after a CHF discharge from 70% to 50% within the first year. HEDIS readmission rate will decrease by 10%, from 32.0% to 28.8%.

J1b. Benchmark: Internal

Intervention 1

J1c. Intervention: Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.

J1d. Target Audience: Members

J1e. Timeframe: Jan 1, 2011 through December 31, 2011.

J1f. Barriers Encountered: Unable to reach the member within 48 hours after hospital discharge.

J2. Mitigation Plan for Risk Assessment

If no barriers were encountered, you do not have to complete this element.

J2a. Mitigation Plan: Complete all applicable sections.

J2b. Intervention: Prior to hospital discharge, the RN will ask the member to provide an emergency contact list with telephone numbers. If unable to reach the member within 48 hours, the RN will contact someone from the list.

J2c. Timeframe: 24 to 48 hours

J2d. Target Audience: Member

J2e. Measurement Methodology: RN CM reports Readmission data

J2f. Rationale: Early physician follow-up after discharge from a hospitalization for CHF is proven to significantly decrease the rate of readmissions.

J2g. Anticipated Impact on Goal: The process allowed for improved continuity of care and partnerships between inpatient hospitalization and outpatient follow-up to ensure reinforcement of discharge orders and enhanced patient health outcomes.

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Go To: [QIP Start Page](#)

STEP 4

On the **Verification** screen (Table III-4) review all information for accuracy. Then click **Save** to ensure all information entered by the user is saved before the user proceeds on to the next section of the *QIP*.

After clicking **Save** the user will be taken to the **DO Section Submission Confirmation screen** (Table III-5). Click **OK** to return to the **Contract/Plan/Topic Selection** screen.

CY 2011 QIP - Submission

DO Section Verification

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

Your data has not yet been saved.

Note: Once you select the "Save" button below, you may not update the PLAN section.

J. Project Implementation Review and Revisions	
J1. Goal and Benchmark	
J1a. Goal:	Decrease the percentage of members who have not followed up with a physician after a CHF discharge from 70% to 50% within the first year. HEDIS readmission rate will decrease by 10%, from 32.0% to 28.8%.
J1b. Benchmark:	Internal
Intervention 1	
J1c. Intervention:	Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.
J1d. Target Audience:	Members
J1e. Timeframe:	Jan 1, 2011 through December 31, 2011.
J1f. Barriers Encountered:	Unable to reach the member within 48 hours after hospital discharge.
J2. Mitigation Plan for Risk Assessment	
J2a. Mitigation Plan:	Complete all applicable sections.
J2b. Intervention:	Prior to hospital discharge, the RN will ask the member to provide an emergency contact list with telephone numbers. If unable to reach the member within 48 hours, the RN will contact someone from the list.
J2c. Timeframe:	24 to 48 hours
J2d. Target Audience:	Member
J2e. Measurement Methodology:	RN CM reports Readmission data
J2f. Rationale:	Early physician follow-up after discharge from a hospitalization for CHF is proven to significantly decrease the rate of readmissions.
J2g. Anticipated Impact on Goal:	The process allowed for improved continuity of care and partnerships between inpatient hospitalization and outpatient follow-up to ensure reinforcement of discharge orders and enhanced patient health outcomes.

Please review your responses for accuracy.
To save the current information, please select the "Save" button.

Go To: [QIP Start Page](#)

CY 2011 QIP - Submission

DO Section Confirmation

Your data has been saved.

OK

Go To: [QIP Start Page](#)

IV. STUDY

The **STUDY** functionality allows users to describe the *QIP* topic and report the results of the project, as well as provide numerical data where applicable.

STEP 1

As shown in Table IV-1, on the **QIP Start Page** click on the **Study** link on the Left Navigation Bar to get to the **Contract/Plan/Topic Selection** screen. (See above Chapter I: Getting Started for help getting to the **QIP Start Page**.)

Table IV-1

The screenshot shows the HPMS (Health Plan Management System) interface. At the top, there is a red header with 'HPMS' on the left and 'Health Plan Management System' on the right, with a 'Home' link. Below the header is a dark blue navigation bar with 'Home' on the right. The main content area is titled 'CY 2011 QIP Start Page'. On the left, there is a dark blue sidebar with a list of navigation options: 'Enter/Edit', 'Gates', 'Plan', 'Do', 'Study' (highlighted in red), 'Act', 'Copy', 'Upload', 'Documentation', 'Instructions', and 'User Guide'. At the bottom of the sidebar are 'Top of Page' and 'Back' links. The main content area contains the following text: 'In this module each of the following four Enter/Edit sections must be completed in the sequence listed below. You will use this module to perform the following:'. Below this, there are five sections: 'Gates - Enter/Edit Submission Period Start and End date information.', 'Plan - Enter/Edit the Plan Section Information.', 'Do - Enter/Edit the Do Section Information.', 'Study - Enter/Edit the Study Section Information.', and 'Act - Enter/Edit the Act Section Information.'. There are also 'Copy' and 'Upload' sections. At the bottom, there are 'Instructions' and 'User Guide' sections. A 'Go To: HPMS Home' link is at the bottom of the main content area.

STEP 2

On the **Contract/Plan/Topic Selection** screen (Table II-2) first select a contract. Once the contract is selected, the screen will automatically refresh to show available plans. Users must create a unique QIP for each of the SNPs offered under a contract based on the SNP's target population. The SNPs are identified by their plan number. However, users may create the same QIP for all of the non-SNP coordinated care plans offered under a contract. The non-SNP coordinated care plans under each contract are identified as 'Non-SNP.' Select an existing topic and then click **Next**, which will take the user to the **STUDY Section (K)** screen (Table IV-3).

Table IV-2

CY 2011 QIP - Submission

STUDY Section – Contract/Plan/Topic Selection

NOTE: You will be unable to select a QIP topic if you have not completed your "Plan Section" and "Do Section."

Select a Contract: Z0001 Z0002	Select a Plan: Non-SNP	Select a QIP Topic: Plan All Cause Re-admission
---	----------------------------------	---

Next

Go To: [QIP Start Page](#)

STEP 3

On the **STUDY Section (K)** screen (Table IV-3) use the form displayed on the screen to describe the *QIP* results for each *intervention*.

The *intervention*, timeframe, target goal, and benchmark all auto-populate from the information provided in the 'PLAN Section.' The *sample size* (or total population), results or percentage, and other data or results must be completed. The numerator and denominator sections must be completed if applicable. A separate results table will auto-populate for each *intervention* identified in the "Planned Interventions" element.

In the "Project Cycle/Year" element (K2), provide the project cycle/year unique to this *QIP*.

In the "Timeframe" element (K3), provide the dates for the "initial period" (i.e. the base year) in which the project was implemented. If the project is in its initial, or base, year, the MAO will not report a "re-measurement period." For multi-year projects, the MAO should report re-measurement period dates that align with their current *project cycle year*.

In the "Sample Size or Total Population" element (K4), provide the *sample size* or percentage of total population that is reflective of the plain population. The data in this field must be reported as a whole number or percentage.

In the "Numerator" element (K5), provide the number of plan members and/or data that met the *inclusion criteria*. Please note that this field may be skipped if not applicable. The data in this field must be reported as a whole number or percentage.

In the “Denominator” element (K6), provide the number of plan members and/or data eligible to participate in the program. Please note that this field may be skipped if not applicable. The data in this field must be reported as a whole number or percentage.

In the “Results and/or Percentage” element (K7), provide the total percentage or results of the study. The data in this field must be reported as a whole number or percentage.

In the “Other Data or Results” element (K8), provide any additional data or results pertinent to the project. Please note that this field allows for text and can capture results that are not numerical.

Note:

- The *QIP* module defaults to one *intervention* in this section. If necessary, the user can add more *interventions* by clicking **Add** near the bottom of the screen. Also, if additional *interventions* already exist for the *QIP*, the user can delete an *intervention* by clicking **Delete**.
- If the *QIP* already includes more than one *intervention*, then upon clicking **Next** the user will go to the **STUDY Section (K)** screen for the second *intervention*. Continue entering all information and clicking **Next** as appropriate until information has been entered for all *interventions*. After entering all information, the user will proceed to the **Verification** screen.

After entering all information for all *interventions*, click **Next** to get to the **Verification** screen.

CY 2011 QIP - Submission

Enter/Edit - STUDY Section (K)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

K.Results

Intervention 1

Baseline:

K1. Intervention: Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.

K2. Project Cycle/Year: Baseline

K3. Timeframe: Jan 1, 2011 through December 31, 2011.

K4. Sample Size of Total Population: (Number)

K5. Numerator: (Skip if not applicable)

K6. Denominator: (Skip if not applicable)

K7. Results and/or Percentage:

K8. Other Data or Results:

K9. Target Goal: Decrease the percentage of members who have not followed up with a physician after a CHF discharge from 70% to 50% within the first year. HEDIS readmission rate will decrease by 10%, from 32.0% to 28.8%.

K10. Benchmark: Internal

To enter additional Re-measurement Period, please select the "Add" button.

Go To: [QIP Start Page](#)

STEP 4

On the **Verification** screen (Table IV-4) review all information for accuracy. Then click **Save** to ensure all information entered by the user is saved before the user goes on to the next section of the *QIP*.

After clicking **Save** the user will be taken to the **STUDY Section Submission Confirmation screen** (Table IV-5). Click **OK** to return to the **Contract/Plan/Topic Selection** screen.

CY 2011 QIP - Submission

STUDY Section Verification

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

Your data has not yet been saved.

K. Results	
Intervention 1	
Baseline: N/A	
K1. Intervention:	Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.
K2. Project Cycle/Year:	Baseline
K3. Timeframe:	Jan 1, 2011 through December 31, 2011.
K4. Sample Size of Total Population:	75
K5. Numerator:	
K6. Denominator:	
K7. Results and/or Percentage:	70% of members diagnosed with CHF did not follow-up with PCP from 5 to 7 days post-discharge.
K8. Other Data or Results:	
K9. Target Goal:	Decrease the percentage of members who have not followed up with a physician after a CHF discharge from 70% to 50% within the first year. HEDIS readmission rate will decrease by 10%, from 32.0% to 28.8%.
K10. Benchmark:	Internal
Intervention 1	
Remeasurement Period #1: April 1, 2011	
K1. Intervention:	Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.
K2. Project Cycle/Year:	Baseline
K3. Timeframe:	Jan 1, 2011 through December 31, 2011.
K4. Sample Size of Total Population:	0
K5. Numerator:	
K6. Denominator:	
K7. Results and/or Percentage:	50% of members readmitted with a diagnosed with CHF did not follow-up with PCP 5 to 7 days post-discharge
K8. Other Data or Results:	
K9. Target Goal:	Decrease the percentage of members who have not followed up with a physician after a CHF discharge from 70% to 50% within the first year. HEDIS readmission rate will decrease by 10%, from 32.0% to 28.8%.
K10. Benchmark:	Internal

Please review your responses for accuracy.
 To save the current information, please select the "Save" button.

Go To: [QIP Start Page](#)

Table IV-5

HPMS

Home

CY 2011 QIP - Submission

STUDY Section Confirmation

Your data has been saved.

OK

Go To: [QIP Start Page](#)

V. ACT

The **ACT** functionality allows users to describe the *action plan* based on *QIP* findings and ultimately captures the summary of findings or study conclusions. This includes information regarding achievement of the goal, *root cause analysis* for goals or progress not achieved if applicable, and the next steps for the *QIP*.

STEP 1

As shown in Table V-1, on the **QIP Start Page**, click on the **Act** link on the Left Navigation Bar to get to the **Contract/Plan/Topic Selection** screen. (See Chapter I: Getting Started for help getting to the **QIP Start Page**.)

Table V-1

The screenshot shows the HPMS (Health Plan Management System) interface. At the top right, it says "Health Plan Management System" and "Home". The main heading is "CY 2011 QIP Start Page". Below this, it states: "In this module each of the following four Enter/Edit sections must be completed in the sequence listed below. You will use this module to perform the following:"

- Gates** - Enter/Edit Submission Period Start and End date information.
- Plan** - Enter/Edit the Plan Section Information.
- Do** - Enter/Edit the Do Section Information.
- Study** - Enter/Edit the Study Section Information.
- Act** - Enter/Edit the Act Section Information.
- Copy** - Copy a section.
- Upload** - Upload supporting documentation.
- Instructions** - Access and View the Instructions for CY 2011.
- User Guide** - Access and View the User Guide for CY 2011.

At the bottom, there is a link: "Go To: [HPMS Home](#)".

STEP 2

On the **Contract/Plan/Topic Selection** screen (Table II-2) first select a contract. Once the contract is selected, the screen will automatically refresh to show available plans. Users must create a unique QIP for each of the SNPs offered under a contract based on the SNP's target population. The SNPs are identified by their plan number. However, users may create the same QIP for all of the non-SNP coordinated care plans offered under a contract. The non-SNP coordinated care plans under each contract are identified as 'Non-SNP.' Select an existing topic and then click **Next**, which will take the user to the **ACT Section (L)** screen (Table V-3).

CY 2011 QIP - Submission

ACT Section – Contract/Plan/Topic Selection

NOTE: You will be unable to select a QIP topic if you have not completed your "Plan Section," "Do Section," and "Study Section."

Select a Contract:	Select a Plan:	Select a QIP Topic:
Z0001 Z0002	Non-SNP	Plan All Cause Re-admission

Next

Go To: [QIP Start Page](#)

STEP 3

On the **ACT Section (L)** screen (Table V-3) use the form displayed on the screen to summarize findings or study conclusions. Then click **Next**.

In the “Study Findings/Conclusions” element (L1), provide a description of the analyzed results indicating achievement of the goal, utilizing the benchmark and anticipated outcomes, including: 1) documentation of quantitative change or improvement; 2) how the *intervention* relates to the improvement; 3) significance of the results; and, 4) an explanation of factors influencing comparability and validity of data (Character Limit: 4,000).

In the “State if any ‘*Best Practices*’ resulted from the findings” element (L2), provide a detailed and in-depth description of any identified *best practices*, including: 1) how the MAO determined that this is a *best practice*; 2) how it affected the project; and, 3) how the plan will share the details of the *best practice* with others (Character Limit: 4,000). If no *best practices* resulted from the findings, please indicate “Not Applicable” in the field.

In the “Describe any *Lessons Learned*” element (L3), provide a detailed and in-depth description of identified *lessons learned*, including: 1) how the *lessons learned* affected the project; 2) how the lessons learned affected the members’ health outcomes; and, 3) indicate whether the lessons learned can be applied to future projects and/or other departments (Character Limit: 4,000).

The MA plan is required to select either “Goal Achieved” or “Goal Not Achieved.”

Note:

- If the user indicates that the *QIP* Goal was NOT met, the user will then be directed to the **ACT Section (M)** screen (Table V-4). (Go to Step 4)
- If the user indicates that the *QIP* Goal was met, the user will then be directed to the **ACT Section (O)** screen (Table V-6). (Go to Step 6)

CY 2011 QIP - Submission

Enter/Edit - ACT Section (L)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

L. Summary of Findings or Study Conclusions

L1. Study Findings/Conclusions:

The goal was to decrease readmits by 10% and the plan HEDIS measure Plan all cause readmission, decreased by 10% from the previous year, so the goal was met. The expected outcomes before implementation were that our readmission rate would decrease with the implementation of this QIP. Decreasing readmissions increased health outcomes and quality of life for our members. Our quantitative improvement is a 10% decrease in our HEDIS measure.

L2. State if any "Best Practices" resulted from the findings:

N/A

L3. Describe any "Lessons Learned":

We have learned our discharge program has worked well with our CHF members, so the plan is going to adopt this program across the board for all admissions, in order to improve health outcomes and further decrease our readmission rate.

L4. Goal Achieved:

- Goal achieved
 Goal not achieved

Previous

Next

Go To: [QIP Start Page](#)

STEP 4

If the user indicated on the **ACT Section (L)** screen that the *QIP* Goal was NOT met, the user will then be directed to the **ACT Section (M)** screen. On the **ACT Section (M)** screen (Table V-4) use the form displayed on the screen to explain the root causes behind the goal not being met. Then click **Next**, which will take the user to the **ACT Section (N)** screen.

The MAO must complete a *root cause analysis* if the user selected "Goal Not Achieved." A *root cause analysis* is a formalized investigation and problem-solving approach focused on identifying and understanding the reasons why a goal was not met, progress was not made, or a specified outcome was not realized.

In the “*Root Cause Analysis*” element (M2), provide a detailed and in-depth description that includes: 1) why the goal was not achieved or progress was not made; 2) how the reason(s) for not attaining the specified goal was determined; and, 3) steps to take in order to correct the problem (Character Limit: 4,000).

In the “*Action Plan*” element (M3), select an *action plan* that addresses the *root cause analysis*. The action plan options include: “Revise intervention,” “Revise methodology,” “Change goal,” and “Other.” If “Other” is selected, provide a detailed description of the *action plan* in the space available (Character Limit: 4,000).

Table V-4

HPMS Home

CY 2011 QIP - Submission

Enter/Edit - ACT Section (M)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

M. Root Causes Analysis Description

(Goal/Progress Not Achieved)

M1. Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.
Intervention:

M2. Root Cause Analysis: Not Applicable

M3. Action Plan:

- Revise intervention
- Revise methodology
- Change goal
- Other

Previous Next

Go To: [QIP Start Page](#)

STEP 5

On the **ACT Section (N)** screen (Table V-5) use the form displayed on the screen to describe the *action plan* based on *QIP* results. Then click **Next**, which will take the user to the **ACT Section (O)** screen (Table V-6).

In the “Next Step One” through “Next Step Three” element (N2), provide a detailed and in-depth description that includes: 1) the next steps for the project based on the study findings or *root cause analysis*; 2) how the next steps will help achieve the goal; and, 3) a rationale for the next steps (Character Limit per field: 4,000).

In the “Action Plan” element (N3), provide a detailed and in-depth description of the implementation of the *action plan*, including: 1) how the next steps will be implemented; 2) the timeline for when the next steps will be implemented; and, 3) the expected outcomes resulting from the next steps (Character Limit: 4,000).

Table V-5



CY 2011 QIP - Submission

Enter/Edit - ACT Section (N)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

N. Action Plan Description

N1. Intervention: Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.

N2. Next Step One: We are going to implement our discharge program across the board for all hospital admissions.

N2. Next Step Two: By implementing the discharge program throughout our entire plan, it will decrease all readmissions, increase health outcomes, and increase quality of life for all members with a hospital admission.

N2. Next Step Three: To implement this program we will increase our RN case management staff. We expect this to take approximately 6 months to hire additional personnel and implement the Program.

N3. Action Plan: (Description of how next steps will be implemented)
 We expect outcomes of improved health and quality of life for all patients who are admitted to the hospital. The expectation is that plan all cause readmission rate will decrease in the next HEDIS measure.

[Previous](#) [Next](#)

[Go To: QIP Start Page](#)

STEP 6

On the **ACT Section (O)** screen (Table V-6) use the form displayed on the screen to describe the next steps based on *QIP* results. Then click **Next** to get to the **Verification** screen.

Note: This section must be completed by both MAOs that selected “Goal Achieved” and those that selected “Goal Not Achieved.”

In the “Next Steps” element (O.), provide the next steps of the project by checking all that apply. If “Other” is checked, provide a detailed description of the next steps in the space available. If the *QIP* target goal has not been achieved, the plan must select “Other” and explain in the space available.

Table V-6



CY 2011 QIP - Submission

Enter/Edit - ACT Section (O)

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

O. Next Steps	
Goal Met/Progress Demonstrated (Check all that apply)	
<input type="checkbox"/> Adopt change	<input checked="" type="checkbox"/> Apply lessons learned to other areas
<input type="checkbox"/> Implement policy change	<input type="checkbox"/> Issue resolved, no need for further study
<input type="checkbox"/> Revise process	<input type="checkbox"/> Other (describe) <input type="text"/>
<input type="checkbox"/> Other (describe) <input type="text"/>	<input type="checkbox"/> Other (describe) <input type="text"/>
<input type="checkbox"/> Other (describe) <input type="text"/>	<input type="checkbox"/> Other (describe) <input type="text"/>

[Go To: QIP Start Page](#)

STEP 7

On the **Verification** screen (Table V-7) review all identified information for accuracy. Then click **Save** to go to the **ACT Section Confirmation** screen.

CY 2011 QIP - Submission

ACT Section Verification

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Baseline
Quality Improvement Program (QIP) Topic: Plan All Cause Re-admission
Focus: Clinical
Domain: Effective Care Coordination

Your data has not yet been saved.

L. Summary of Findings or Study Conclusions	
L1. Study Findings/Conclusions:	The goal was to decrease readmits by 10% and the plan HEDIS measure Plan all cause readmission, decreased by 10% from the previous year, so the goal was met. The expected outcomes before implementation were that our readmission rate would decrease with the implementation of this QIP. Decreasing readmissions increased health outcomes and quality of life for our members. Our quantitative improvement is a 10% decrease in our HEDIS measure.
L2. State if any "Best Practices" resulted from the findings:	N/A
L3. Describe any "Lessons Learned":	We have learned our discharge program has worked well with our CHF members, so the plan is going to adopt this program across the board for all admissions, in order to improve health outcomes and further decrease our readmission rate.
L4. Goal Achieved?	Goal not achieved
M. Root Causes Analysis Description	
<i>Intervention 1</i>	
M1. Intervention:	Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.
M2. Root Cause Analysis:	Not Applicable
M3. Action Plan:	Change goal
N. Action Plan Description	
<i>Intervention 1</i>	
N1. Intervention:	Registered Nurse (RN) Case Managers (CM) will be notified by Utilization Management (UM) of all CHF index admissions and impending hospital discharges.
N2. Next Steps:	Step 1: We are going to implement our discharge program across the board for all hospital admissions. Step 2: By implementing the discharge program throughout our entire plan, it will decrease all readmissions, increase health outcomes, and increase quality of life for all members with a hospital admission. Step 3: To implement this program we will increase our RN case management staff. We expect this to take approximately 6 months to hire additional personnel and implement the Program.
N3. Action Plan:	We expect outcomes of improved health and quality of life for all patients who are admitted to the hospital. The expectation is that plan all cause readmission rate will decrease in the next HEDIS measure.
O. Next Steps	
Goal Met/Progress Demonstrated:	Apply lessons learned to other areas

Please review your responses for accuracy.
 To save the current information, please select the "Save" button.

Go To: [QIP Start Page](#)

STEP 8

On the **ACT Section Confirmation** screen (Table V-8), click **Submit** to get to the **Submission Confirmation** screen (Table V-9).

Note: Please ensure your *QIP* Information is final prior to submission. Your *QIP* Information cannot be edited once the final *QIP* is submitted.

Table V-8

HPMS Home

CY 2011 QIP - Submission

ACT Section Confirmation

Your data has been saved.

Please ensure your QIP Information is final. Your QIP Information cannot be edited once the final QIP is submitted.

To Submit the final QIP Information, please select the "Submit" button.

To go back to the selection criteria page, please select the "OK" button.

Go To: [QIP Start Page](#)

Table V-9

HPMS Home

CY 2011 QIP - Submission

QIP Information Submission Confirmation

Your data has been submitted.

Contracts included with Submission		
Contract Number	Plan Number	Contract Name
Z0001	Non-SNP	Example Contract 1

Individuals that will be Notified of Submission			
Contract Number	Role	Name	Email
Z0001	Medicare Compliance Officer	ms kate test	test@jjj.com
Z0001	Quality Contact	ms kate test	test@jjj.com
Z0001		MCO M NUMBER4	test@jjj.com

Thank you for submitting your QIP Information. An email will be sent to confirm your submission.

Go To: [QIP Start Page](#)

VI. COPY

The **Copy** functionality allows users to Copy *QIP* sections from one plan to another, as long as certain conditions exist. In particular:

- The PLAN section from one *QIP* may be copied to a second *QIP* if the second *QIP* has no PLAN section or only has a PLAN section and no other sections.
- A section may be copied if, and only if, the auto-populated sections for both the source and target *QIP* Programs are an exact match.
- When copying a section, the source and target sections cannot be for the same plan.

STEP 1

As shown in Table VI-1, on the **QIP Start Page** click on the **Copy** link on the Left Navigation Bar to get to the **Criteria Selection** screen. (See Chapter I: Getting Started for help getting to the **QIP Start Page**.)

Table VI-1

The screenshot shows the HPMS (Health Plan Management System) interface. At the top, there is a red header with 'HPMS' on the left and 'Health Plan Management System' on the right, with a 'Home' link. Below the header is a dark blue navigation bar with a 'Home' link. The main content area is titled 'CY 2011 QIP Start Page'. On the left, there is a dark blue navigation menu with the following items: 'Enter/Edit', 'Gates', 'Plan', 'Do', 'Study', 'Act', 'Copy' (highlighted in red), 'Upload', 'Documentation', 'Instructions', and 'User Guide'. At the bottom of the menu are 'Top of Page' and 'Back' links. The main content area contains the following text: 'In this module each of the following four Enter/Edit sections must be completed in the sequence listed below. You will use this module to perform the following:'. Below this are several sections: 'Gates - Enter/Edit Submission Period Start and End date information.', 'Plan - Enter/Edit the Plan Section Information.', 'Do - Enter/Edit the Do Section Information.', 'Study - Enter/Edit the Study Section Information.', 'Act - Enter/Edit the Act Section Information.', 'Copy - Copy a section.', 'Upload - Upload supporting documentation.', 'Instructions - Access and View the Instructions for CY 2011.', and 'User Guide - Access and View the User Guide for CY 2011.'. At the bottom of the main content area, there is a 'Go To: HPMS Home' link.

STEP 2

On the **Criteria Selection** screen (Table VI-2) first select a section to copy.

Once the appropriate section is selected, the screen will automatically refresh to show available SOURCE contracts.

- Select the SOURCE contract and the screen will again automatically refresh to show available plans.
- Select the SOURCE plan and available QIP topics will appear.
- Select the SOURCE QIP topic to copy.

After selecting all SOURCE criteria, follow the same procedures to select the TARGET criteria. After selecting all TARGET criteria, click **Next** to get to the **Copy Verification** screen.

Table VI-2

HPMS Home

CY 2011 QIP - Copy

Criteria Selection

1. Select a Section
Section:

Plan
Do
Study
Act

2. Select SOURCE Contract Criteria

Select a Contract: Z0001, Z0002, Z0003, Z0004, Z0005, Z0006, Z0007, Z0008, Z0009, Z0010, Z0011, Z0012, Z0013, Z0014, Z0015

Select a Plan: Non-SNP

Select a QIP Topic: Plan All Cause Re-admission

3. Select TARGET Contract Criteria

Select a Contract: Z0002, Z0003, Z0004, Z0005, Z0006, Z0007, Z0008, Z0009, Z0010, Z0011, Z0012, Z0013, Z0014, Z0015

Select a Plan: Non-SNP

Select a QIP Topic:

Previous Next

Go To: [QIP Start Page](#)

STEP 3

On the **Copy Verification** screen (Table VI-3) review all information for accuracy, and then click **Copy** to get to the **Copy Confirmation** screen.

The **Copy Confirmation** screen included the following notes:

- Please remember to review the SOURCE data for accuracy before you copy the information.
- The PLAN section is the only section that you can create a new topic for the TARGET data.
- The TARGET information can still be edited for the Enter/Edit sections.

On the **Copy Confirmation** screen (Table VI-4) click **OK** to return to the **Criteria Selection** screen.

Table VI-3

HPMS Home

CY 2011 QIP - Copy

Copy Verification

NOTE:

- Please remember to review the SOURCE data for accuracy before you copy the information.
- The PLAN section is the only section that you can create a new topic for the TARGET data.
- The TARGET information can still be edited from the Enter/Edit sections.

1. Selected SOURCE Contract Criteria
Section:Plan
Contract:Z0001
Plan:Non-SNP
Topic:Plan All Cause Re-admission

2. Selected TARGET Contract Criteria
Contract:Z0002
Plan:Non-SNP
Topic:Copy of Plan All Cause Re-admission

Previous Copy

Go To: [QIP Start Page](#)

Table VI-4

HPMS Home

CY 2011 QIP - Copy

Copy Confirmation

The information is successfully duplicated and saved.

OK

Go To: [QIP Start Page](#)

VII. UPLOAD

Take the following steps to upload supporting documentation for the QIP. All files must be uploaded in .zip format.

STEP 1

As shown in Table VII-1, on the **QIP Start Page** click on the **Upload** link on the Left Navigation Bar to get to the **Criteria Selection** screen (Table VII-2). (See Chapter I: Getting Started for help getting to the **QIP Start Page**.)

Table VII-1

The screenshot shows the HPMS (Health Plan Management System) interface. At the top, there is a red header with 'HPMS' on the left and 'Health Plan Management System' on the right, with a 'Home' link. Below the header is a dark blue navigation bar with a 'Home' link. The main content area is titled 'CY 2011 QIP Start Page'. On the left, there is a dark blue sidebar with a navigation menu. The menu items are: Enter/Edit, Gates, Plan, Do, Study, Act, Copy, Upload (highlighted in red), Documentation, Instructions, and User Guide. At the bottom of the sidebar are 'Top of Page' and 'Back' links. The main content area contains the following text: 'In this module each of the following four Enter/Edit sections must be completed in the sequence listed below. You will use this module to perform the following:'. Below this are four sections: 'Gates - Enter/Edit Submission Period Start and End date information.', 'Plan - Enter/Edit the Plan Section Information.', 'Do - Enter/Edit the Do Section Information.', and 'Study - Enter/Edit the Study Section Information.'. Below these are 'Act - Enter/Edit the Act Section Information.', 'Copy - Copy a section.', and 'Upload - Upload supporting documentation.'. At the bottom of the main content area, there are two links: 'Instructions - Access and View the Instructions for CY 2011.' and 'User Guide - Access and View the User Guide for CY 2011.'. At the very bottom of the page, there is a 'Go To: HPMS Home' link.

STEP 2

On the **Contract/Plan/Topic Selection** screen (Table II-2) first select a contract. Once the contract is selected, the screen will automatically refresh to show available plans. Users must create a unique QIP for each of the SNPs offered under a contract based on the SNP's target population. The SNPs are identified by their plan number. However, users may create the same QIP for all of the non-SNP coordinated care plans offered under a contract. The non-SNP coordinated care plans under each contract are identified as 'Non-SNP.' Select an existing topic.

After selecting the contract, plan and topic, select **Browse** to locate the .zip file being uploaded. Then click **Next**, which will take the user to the **Upload Confirmation** screen (Table VII-3).

Table VII-2

CY 2011 QIP - Upload

Criteria Selection

Once a Contract/Plan/QIP Topic is selected, please upload supporting documentation in a zipped file format. The zipped file must NOT be password protected.

Select a Contract:

Z0001
Z0002
Z0003
Z0004
Z0005
Z0006
Z0007
Z0008
Z0009
Z0010
Z0011
Z0012
Z0013
Z0014
Z0015

Select a Plan:

Non-SNP

Select a QIP Topic:

Plan All Cause Re-admission

Select file for upload: C:\Documents and Settings Browse...

Next

Go To: [QIP Start Page](#)

Table VII-3

CY 2011 QIP - Upload

Upload Confirmation

The file is successfully uploaded and saved.

OK

Go To: [QIP Start Page](#)

APPENDIX I: CONTACT INFORMATION

Subject Matter	Name	Phone	Email Address / Web Address
<ul style="list-style-type: none">HPMS Technical Help	HPMS Help Desk	800-220-2028	HPMS@cms.hhs.gov
<ul style="list-style-type: none">Password Reset Requests	CMS Action Desk	410-786-2580	N/A

APPENDIX II: GLOSSARY OF TERMS

Action Plan	A defined or organized process or steps taken to achieve a particular goal or to reduce the risk of future events.
Barrier	An obstruction or something that impedes; anything that prevents progress or makes it difficult to achieve the desired goal or expected outcome.
Baseline Year	The year the program/project is first implemented.
Benchmark	<p>A point of reference by which something can be measured, compared, or judged. It can be an industry standard or internal baseline against which a program indicator is monitored and found to be above, below or comparable to the benchmark.</p> <ul style="list-style-type: none">• Baseline Benchmark – Data obtained at the end of the current reporting cycle as the standard of comparison for subsequent reporting cycles. The first measure used as a point of reference in which a project or program can be measured, compared, or judged.• External benchmark – Data obtained from sources outside of the MAO (e.g., national or regional benchmarks). At the end of the measurement cycle, this data is used to measure internal results against to determine the level of success or failure of the program/project.• Internal benchmark - Data used from the plan’s own data sources (e.g., administrative data or claims data) for comparison.
Best Practice	A best practice is known as an intervention, method, process, activity or incentive that has consistently demonstrated its effectiveness in achieving results that are superior to those achieved through other methods or interventions.
Chronic Care Improvement Program (CCIP)	A set of interventions designed to improve the health of individuals who live with multiple or sufficiently severe chronic conditions, and includes patient identification and monitoring. Other programmatic elements may include the use of evidence-based practice guidelines, collaborative practice models involving physicians as well as support-service providers, and patient self-management techniques. (Publication 100-16

Medicare Managed Care Manual, Chapter 5)

Domain	<p>Topics that align with the National Quality Strategy to help the Medicare Advantage Organization's (MAO's) develop QIPs that will result in improved enrollee satisfaction and health outcomes.</p> <ul style="list-style-type: none">• Safer Patient Care• Patient Centered Care• Effective Care Coordination• Effective Prevention and Treatment• Promotion of Healthy Living• Effective Communication• Improving Affordability
Inclusion and Exclusion Criteria	<p>Defined parameters used to determine whether an enrollee may or may not be eligible to participate in the program/project or particular intervention.</p>
Intervention	<p>The Agency for Healthcare Research and Quality (AHRQ) defines intervention as "A change in process to a health care system, service, or supplier, for the purpose of increasing the likelihood of optimal clinical quality of care measured by positive health outcomes for individuals."</p>
Lessons Learned	<p>The knowledge or understanding that was gained as a result of a study.</p>
Methodology	<p>The means, technique, procedure, or method used to collect data or measure the effectiveness of a program/project or intervention.</p>
Models of Care (MOC)	<p>A structured care management process and system that enables MA plans to provide coordinated care for special needs patients. (Publication 100-16 Medicare Managed Care Manual, Chapter 16b)</p>
Plan, Do, Study, Act (PDSA)	<p>A quality improvement model that is cyclical in nature and includes planning, implementing, studying a change, and acting on the results of that change.</p>
Priority	<p>Precedence, especially established by order of importance or urgency.</p> <ul style="list-style-type: none">• Low priority does not require immediate attention.• Medium priority requires watching the issue for progression of the problem.• High priority requires immediate attention to resolve the problem. <p>After indicating the priority level, the MAO should describe why it chose</p>

that particular priority level.

Program/Project Cycle Year	Cycle year refers to a logical sequence of activities to accomplish the program or project's goals or objectives. The CCIP program cycle year and the QIP project cycle year each begin on an established date. Together, each cycle of PDSA is a full cycle year. Subsequent cycle years begin on the anniversary of the beginning of the first program or project year. The cycle year may be independent of the CMS review cycle.
Quality Improvement Project (QIP)	An organization's initiative that focuses on specified clinical and non-clinical areas to improve enrollee satisfaction and health outcomes. (Publication 100-16 Medicare Managed Care Manual, Chapter 5)
Risk Mitigation	A timely action to correct and prevent significant suspected or identified systemic problems or barriers that could prevent the goal from being reached.
Root Cause Analysis	A formalized investigation and problem-solving approach focused on identifying and understanding the reasons for why a goal was not met, progress was not made, or a specified outcome was not achieved.
Sample Size	The selection of a representative subgroup of plan members or units from the whole plan population. Sample size is expressed numerically and must be large enough to provide a valid representation of the entire population.
Special Needs Plan (SNP)	An MA coordinated care plan that limits enrollment to special needs individuals who are 1) institutionalized, 2) dually eligible for Medicare and Medicaid, or 3) diagnosed with a severe or disabling chronic condition. (Publication 100-16 Medicare Managed Care Manual, Chapter 16b)
Target Population/Audience	A selected group of MA plan members that meet eligibility criteria for participation in a CCIP or QIP.

