Supporting Statement Part A
Medicare Advantage Chronic Care Improvement Program (CCIP) and
Quality Improvement (QI) Project Reporting Tools
CMS-10209, OCN 0938-1023

Background

The Social Security Act, §1852 e(1), (2), and (3)(a)(i), and regulations at Part 42, §422.152 describe CMS' regulatory authority to require each Medicare Advantage Organization (MAO) coordinated care plan that offers one or more MA plans to have an ongoing quality assessment and performance improvement program. This program must include assessing performance using standard measures required by the Center for Medicare and Medicaid Services (CMS), and reporting its performance to CMS.

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

A. Justification

1. Need and Legal Basis

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

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

2. Information Users

Information collected using the CCIP and QIP reporting tools is an integral resource for oversight, monitoring, compliance, and auditing activities necessary to ensure high quality value-based health care for Medicare beneficiaries. Data will be used by CMS Central and Regional Office staff, MAOs, and potentially Quality Improvement Organizations (QIOs). Note that there is currently no contractor involvement in this project.

3. Use of Information Technology

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

4. Duplication of Efforts

This collection does not contain duplication of similar information.

5. Small Business

This collection does not impose a significant impact on small businesses and other entities.

6. Less Frequent Collection

Less frequent collection of the data from MAOs would severely limit CMS' ability to perform accurate and timely oversight, monitoring, compliance, and auditing activities regarding the overall QI program including the CCIPs and QIPs.

7. Special Circumstances

No special circumstances apply.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice published on January 10, 2014 (79 FR 1872). While comments were received, they did not pertain to this collection.

9. Payments/Gifts to Respondents

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

10. Confidentiality

Consistent with federal government and CMS policies, CMS will protect the confidentiality of the requested proprietary information. Specifically, only information within this collection (or attachments thereto) that constitutes a trade secret, privileged or confidential information, (as such terms are interpreted under the Freedom of Information Act and applicable case law), and is clearly labeled as such by the respondent, and which includes an explanation of how it meets one of the expectations specified n 45 CFR Part 5, will be protected from release by CMS under 5 U.S.C. §552(b)(4). Information not labeled as trades secret, privileged, or confidential or not including an explanation of why it meets one or more of the FOIA exceptions in 45 CFR Part 5 will not be withheld from release under 5 U.S. C. § 552(b)(4).

11. Sensitive Questions

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

12. Burden Estimates (Hours and Wages)

CMS estimates that it will take 15 hours for a respondent to collect information and to complete the CCIP and 15 hours to collect information and to complete the QIP.

The total annual hours requested is calculated as follows:

Table 1
Summary of Hours Burden by Type of Report

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

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

Table 2
Total Wage Burden by Report

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

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

Table 3
Summary of Burden Hours Comparison CY 2011 to CY 2014

The overall annual burden hours as well as the number of expected respondents remain the same (CY2011 burden hours-CY2014 burden hours).

	CY2011 Number of Respondents	**2011 (hours) Estimates**	**CY2011 Annual Burden Hours**		**CY2014 Number of Respondents**	**2014(hours) Estimates**	**CY2014 Annual Burden Hours**
CCIP	952	15	14280		952	15	14280
Q1P	952	15	14280		952	15	14280
Total	**1904**		**28560**		**1904**		**28560**

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

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

13. Capital Costs

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

14. Cost to Federal Government

CMS will internally review and analyze the CCIP and QIP submissions. The estimated cost for review of MAOs' CCIP and QIP submissions is $1,047,200. This estimated cost is based on the budgeted amount per review and estimated wages of reviewers and support staff.

Annualized Cost to Federal Government

CMS Subject Matter Expert (SME)	4 hours x $55.00/hr x 1904 CCIP/QIP submissions	$418,880
CMS Regional Office Acct. Manager	6 hours x $55.00/hr x 1904 CCIP/QIP submissions	$628,320
Total		$1,047,200

The estimated cost per CCIP/QIP review is $550 ($1,047,200 divided by 1,904 applications)

15. Changes to Burden

There are no changes to the overall burden of hours to complete the CCIP and QIP. While the CCIP and QIP user guides have been revised, the changes are nonsubstantive.

16. Publication/Tabulation Dates

CMS anticipates that we will publically report a summary of the CCIP and QIP findings.

17. Expiration Date

CMS is not requesting an exemption from displaying the expiration date. Requested expiration date: March 31, 2017.

18. Certification Statement

There are no exceptions to the certification statement.

B. Collections of Information Employing Statistical Methods

This information collection does not employ any statistical analyses.