HEALTH PLAN MANAGEMENT SYSTEM

CHRONIC CARE IMPROVEMENT PROGRAM (CCIP) USER GUIDE

LAST UPDATED 11/07/2013

TABLE OF CONTENTS

INTRODUCTION

All Medicare Advantage Organizations (MAOs) must conduct a *Chronic Care Improvement Program (CCIP)* as part of their required Quality Improvement (QI) program described at 42 CFR §422.152. MAOs must submit the *CCIP*(s) to the Centers for Medicare & Medicaid Services (CMS) and report progress annually for review. CMS will release submission deadlines on an annual basis.

MAOs must conduct one *CCIP* across all non-special needs coordinated care plans offered under a specified contract, including Medical Savings Account plans (MSAs) and Private Fee for Service (PFFS) plans that have contracted networks. However, MAOs must also conduct a separate *CCIP* for each *Special Needs Plan (SNP)* offered, including multiple *SNP*s of the same sub type. For example, if a MAO offers multiple Dual-eligible *SNP*s (D-*SNP*s) under a single contract, that MAO must identify and implement a separate *CCIP* for **each** D-*SNP* offered.

The Health Plan Management System (HPMS) *CCIP* Module serves as the means for MAOs to submit and report on their *CCIP*s to CMS. The *CCIP* module allows MAOs to report on the *CCIP* throughout the entire life cycle of the *CCIP* as defined below:

- **Plan** (Chapter II) – Describes the processes, specifications, and outcome objectives used to establish the CC*IP*; The Plan section of the *CCIP* will only be submitted once (in the fall of the contract or SNP-PBP's first operational year).

- **Annual Update** (Chapter III) consists of the Do, Study, and Act sections and will be completed annually, beginning the first year of *CCIP* implementation and each year thereafter for the duration of the project (five years).

    - **Do** - Describes how the *CCIP* will be conducted, the progress of the implementation, and the data collection plan;

    - **Study** – Describes and analyzes findings against the benchmark(s) or goal(s), as determined by the MAO, and identifies trends over several *PDSA* cycles that can be considered for the "Act" stage;

o **Act** – Summarizes the *action plan(s)* based on findings and describes the differences between the established benchmarks and the actual outcomes, providing information regarding any changes based on actions performed to improve processes and outcomes, including a short description of actions performed.

In CY 2012, CMS required that each MA plan conduct a *CCIP* focused on reducing cardiovascular disease. MAOs were required to submit only the Plan section of the Plan, Do, Study, Act (PDSA) cycle. This project is to be implemented over a 5-year period.

Consistent with the CY 2012 requirements, MAOs are required to submit *CCIP* Plan sections through the HPMS Plan Reporting Module for their plans that are **new in CY 2013**. *CCIP*s are to focus on the reduction of cardiovascular disease in support of the Million Hearts campaign. MAOs will submit the same detailed information for CY 2013 *CCIP* Plan sections as they did for CY 2012. *CCIP* submissions for new CY 2013 contracts and new CY 2013 *SNP*-PBPs will consist of only the Plan section of the Plan, Do, Study and Act model. CMS staff will review the submissions and, once approved, MAOs will begin collecting data that will subsequently be used in the CY 2014 Annual Update which will include the "Do, Study and Act" sections.

MAOs that submitted a *CCIP* Plan section in CY 2012 must submit their first Annual Update submission in CY 2013 for each approved *CCIP*. The purpose of the Annual Update is for MAOs to provide CMS with information about their ongoing *CCIP*(s) progress and experience with *CCIP* implementation over time. The Annual Update is a summary of those program assessments and provides a brief analysis of the program's results so far. MAOs are expected to retain all applicable *CCIP* documentation to support their Annual Update and CMS encourages ongoing program assessments to ensure that the Plan interventions are on track for achieving improvements in both care delivery and health outcomes for their plan members.

MAOs submitting Annual Updates are not to stop interventions in order to submit data to CMS. Rather, MAOs should assess and document activities related to the *CCIP* on an ongoing basis, making modifications and revisions as necessary. The details of any such adjustments should be provided to CMS as part of the Annual Update.

The Health Plan Management System (HPMS) *CCIP* Module serves as the means for MAOs to submit their *CCIP* updates to CMS. The *CCIP* module does enable MAOs to upload supporting documentation, however, CMS expects MAOs to enter all necessary substantive information in the fields provided in the submission module. Any Uploaded documents should include supplementary information only. *CCIP* submission reviews will not take uploaded documents into consideration.

The *CCIP* module also gives MAOs the ability to **Copy** *CCIP* sections from one plan to another, as long as certain conditions exist. In addition, the **Gates** link is provided to the MAOs to access the latest *CCIP* submission window (open/close) timeframes.

> This document provides an overview and technical instructions for accessing HPMS and navigating through the *CCIP* module. Please note that words available in the Glossary have been italicized. Please also note that Screen Prints (or screens) contained in this User's Guide are not intended to display complete functionality and are for demonstration purposes only. General information about the *CCIP* and QI program requirements can be found on the CMS Quality Improvement Program Website at http://www.cms.gov/Medicare/Health-Plans/Medicare-Advantage-Quality-Improvement-Program/Overview.html.

I. GETTING STARTED

ACCESSING HPMS

The HPMS *CCIP* 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 *CCIP* Module by dial-up or CMSNet.

HPMS URLs:

- For the CMS SSL VPN portal: https://gateway.cms.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 specific MA contract numbers that they will work with in HPMS.

To obtain a new CMS User ID, users must complete a CMS User ID request form, which can be downloaded and printed 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.
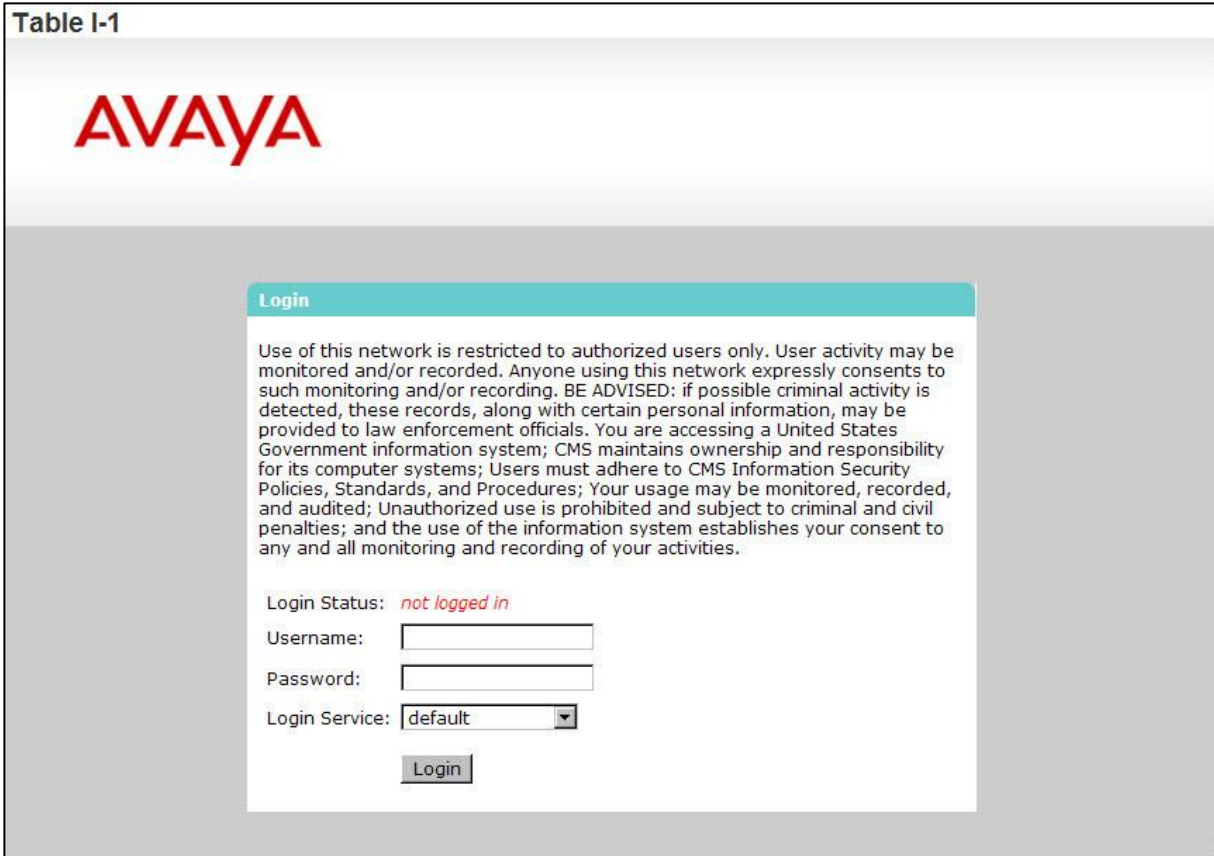
HOW TO ACCESS THE HPMS HOME PAGE USING THE INTERNET

STEP 1
Open the web browser (e.g., Internet Explorer) and enter the CMS SSL VPN gateway address https://gateway.cms.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

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

HOW TO ACCESS THE HPMS HOME PAGE 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).
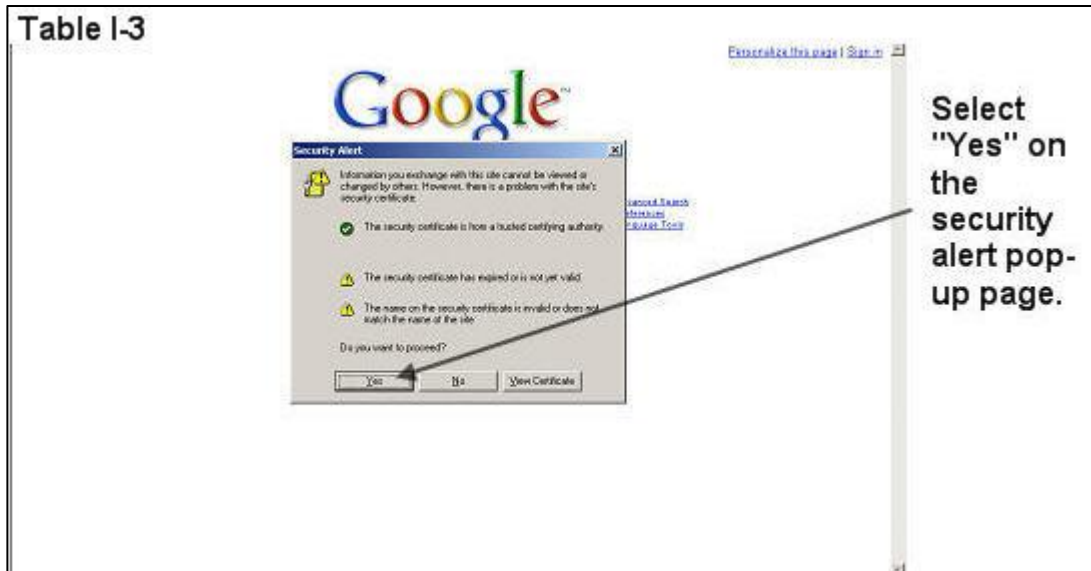
Table I-3

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.
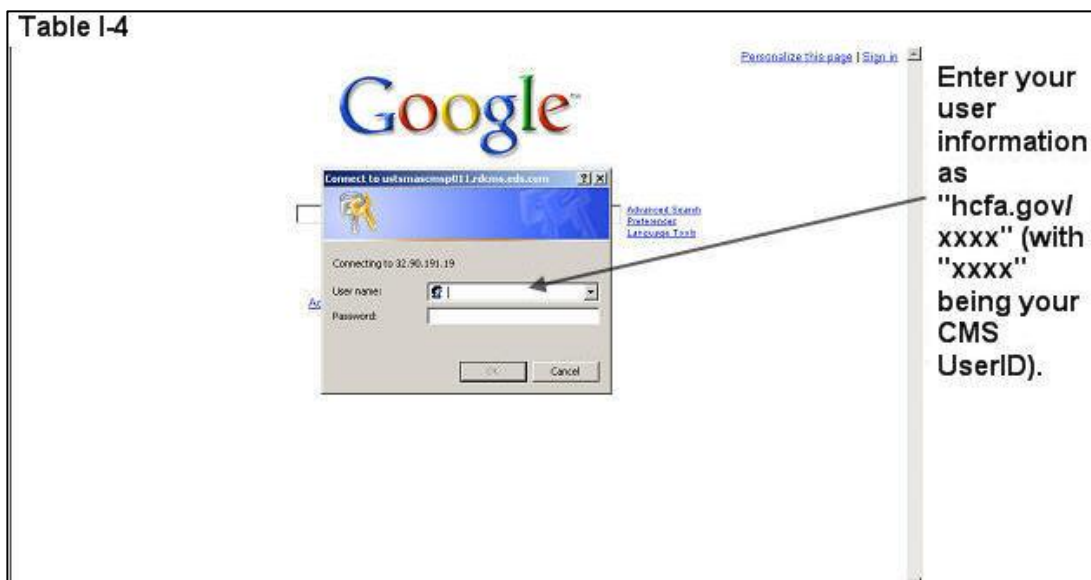
Table I-4

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 CCIP MODULE
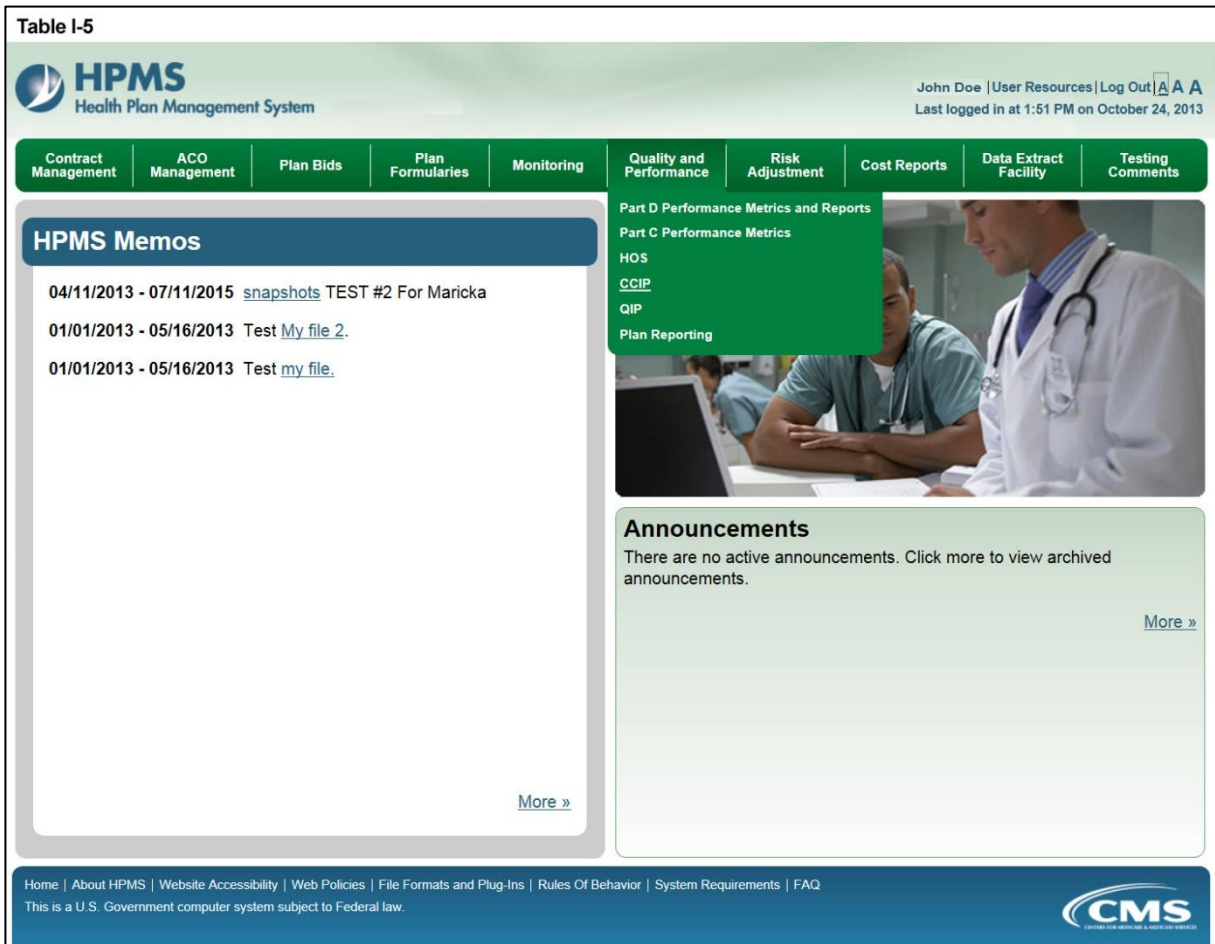
All information requested as part of the HPMS *CCIP* module must be completed unless otherwise noted.

STEP 1

Select **Quality and Performance** on the Top Navigation Bar then select *CCIP* from the fly-out menu (Table I-5) to get to the *CCIP* **Start Page** screen (Table I-6).

Table I-5

GATE

The GATES link allows users to view the latest *CCIP* Submission window (gate open/closed) information.

STEP 1

On the *CCIP* **Start Page** (Table I-6) click on the **Gates** link on the Left Navigation Bar to get to the **CY 2013** *CCIP* **- Gates** screen (Table I-7).

Table I-6

CCIP Start Page

You will use this module to perform the following:

Plan - Enter/Edit the Plan Section Information.

Gates - Enter/Edit Submission Period Start and End date information.

Annual Updates - Enter/Edit the Do, Study and Act Section Information.

Copy - Copy a section.

Upload - Upload supporting documentation.

User Guide - Access and View the User Guide.

CCIP Reports - Access and View the CCIP Reports.

Go To: HPMS Home

Table I-7

CCIP - Gates Information

The following dates are the valid Enter/Edit/Submission periods:

Contract Year	Start Date	End Date	Plan	Annual Update
2012	5/1/2012	3/31/2013	X	
2013	10/1/2013	10/31/2013	X	
2013	4/1/2013	3/31/2014		X
2014	4/1/2013	3/31/2014		X

Go To: CCIP Start Page

II. PLAN
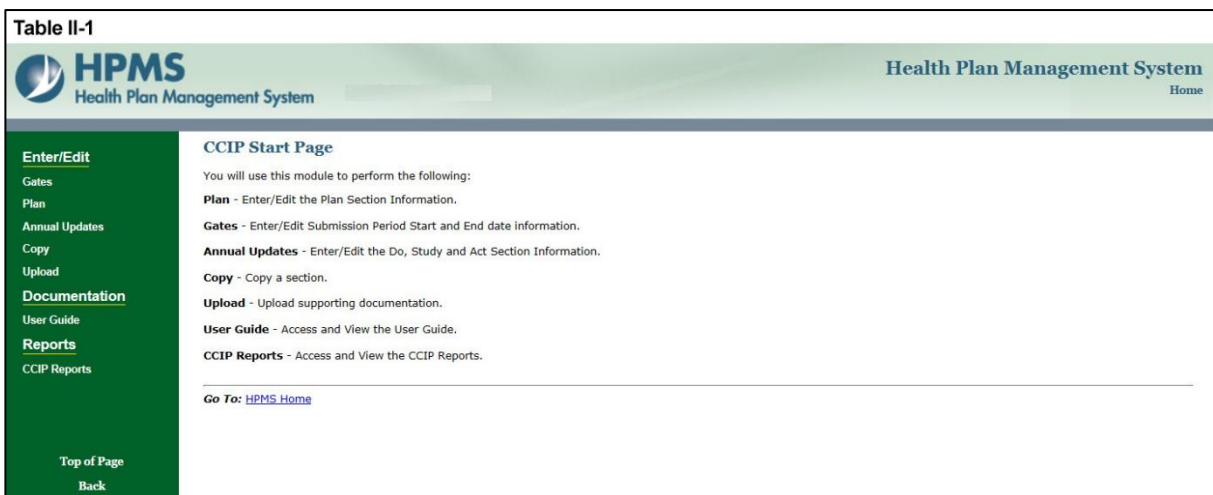
The **PLAN** section allows users to describe the *CCIP* and outline the expectations, basic approach, and the applicable *intervention(s)* that the user will further describe in the Annual Update - Do, Study, and Act sections. The Plan section demonstrates an improvement opportunity, identifies what change(s) will be introduced, who will be involved, and the expected results. 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:

- ONLY those contracts (H#s) and SNPs that have not submitted the mandatory topic for CY 2012 are allowed to submit a mandatory topic *CCIP* for the Plan section for 2013.

- Once the Plan section submission window is closed for the CY 2013 *CCIP*, the user will be unable to edit the Plan section.

- During the data entry process, users may save the data entered on any Enter/Edit page and exit by clicking the **Save & Exit** button. Users may come back later to edit the data entered or continue to enter data.

STEP 1

As shown in Table II-1, on the *CCIP* **Start Page**, click on the **Plan** 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 *CCIP* **Start Page**.)

Table II-1

STEP 2

On the **Contract/Plan/Topic Selection** screen (Table II-2) first select the applicable contract (i.e., "H" number). Once the contract is selected, the screen will automatically refresh to show all available plans within that contract. Users must create an individual *CCIP* for each *SNP* offered under a contract based on the *SNP*'s *target population*. The *SNPs* are identified by their actual plan number, or plan benefit package (PBP) (e.g., 006, 007). However, users must create the same *CCIP* for all of the non-*SNP* coordinated care plans offered under a contract. As shown in Table II-2, all non-*SNP* coordinated care plans under each contract are bundled together and identified as 'Non-*SNP*'.

Once a particular plan is selected, the screen will again automatically refresh to show the *CCIP* mandatory topic that has been established for that specific plan. The mandatory topic will appear with an "M" in front of it. Select the "(M) Decreasing Cardiovascular Disease" option then click **Next**, which will take the user to the **MAO Information** screen (Table II-3).

Table II-2

STEP 3

The **MAO Information** screen (Table II-3) will default to MAO information that was already entered in HPMS for that particular plan. Provide all information related to the *CCIP* title, and summary.

The MAO information should include contact information, plan type, and *program cycle year*. Provide the contract number (H####, R####) and the plan benefit package (PBP) number.

The title of the *CCIP* must be unique for each *CCIP*.

Provide the *CCIP* title (Character Limit: 100) and a summary of the *CCIP*, which must include the specific clinical foci and the expected outcomes of the *CCIP* (Character Limit: 4,000). A *CCIP* is a clinical program focused on improving the health of a population with

chronic condition(s). Once diagnosed, chronic conditions require ongoing management to prevent and control exacerbations and prevent other related conditions from developing.

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.* This manual can be accessed from the HPMS Home page (Table I-V) under the following path: Plan Bids > Bid Submission > Select Contract Year > Documentation.

Click **Save & Next** to get to the **PLAN Section (A)** screen.

Table II-3

HPMS
Health Plan Management System

Health Plan Management System
Home

CCIP - Submission

Enter/Edit - MAO Information

Chronic Care Improvement Program (CCIP): A program to manage chronic conditions by preventing and or minimizing the effects of the condition through patient self-management and integrated care in order to improve health outcomes and decrease costs.

MAO Name:	Example Contract 1
Contract Number:	Z0001
Plan:	Non-SNP
Mandatory Topic:	Decreasing Cardiovascular Disease
MAO Location:	1234 main street washington, DC 20001

Quality Contact Person
Name:	John Doe
Title:	Pharmacist
Telephone:	703-456-5566
Email:	johnD@demo.com

Compliance Contact Person
Name:	John Doe
Title:	Pharmacist
Telephone:	703-456-5566
Email:	johnD@demo.com

MAO Plan Type: Employer/Union Only Direct Contract PFFS

Project Cycle: Baseline

Title:

Provide a brief summary of the CCIP to include the specific clinical foci and expected outcomes:

[<< Previous] [Save & Exit] [Save & Next >>]

Go To: CCIP Start Page

On the **PLAN Section (A)** screen (Table II-4) enter information about the basis for selection, and include all applicable data sources.

A1. Disease State
(Character Limit: 100)
For "A1. Disease State," provide the targeted disease state(s) or chronic condition(s) for this *CCIP* along with the ICD-9-CM code(s). Selection of the ICD-9-CM code(s) must be specific. Once the MAO enters a disease state in this field, that disease state will auto-populate in other relevant fields throughout the tool.

A2. Rationale for Selection
(Character Limit: 4,000)
For "A2. Rationale for Selection," provide a detailed and in-depth description that includes: 1) the rationale for selecting the specific disease or condition; 2) how the information gathered from the identified data sources showed a gap in care which supports the need for a *CCIP*; 3) the incidence and/or prevalence of the disease or condition within the MA plan's *target population;* and 4) the applicable source data.

A3. Relevance to the Plan Population
(Character Limit: 4,000)
For "A3. Relevance to the Plan Population," provide a detailed and in-depth description that is consistent with the overall goal of the *CCIP* and reflects the needs of the MA plan's *target population*. The description must include: 1) how the *CCIP* is relevant to the MA plan's *target population* by describing the incidence and/or prevalence of the disease; 2) the current disease impact on the MA plan members; and 3) how filling the gap in care identified in "A2. Rationale for Selection" will improve health outcomes.

A4. Anticipated Outcomes
(Character Limit: 4,000)
For "A4. Anticipated Outcomes," provide a detailed and in-depth description of the anticipated outcomes. The description must be consistent with the overall goal of the *CCIP* and include: 1) how the *CCIP* relates to the responses in "A2. Rationale for Selection" and "A3. Relevance to the Plan Population;" 2) what the MA plan expects the *CCIP* to achieve; 3) how the MA plan's *target population* will be impacted by the outcomes (i.e. health status); 4) a description of the evidence-based guidelines considered; and 5) how these guidelines will be effective in producing improved health outcomes.

A5. Data Source(s) for Selected Chronic Condition
For "A5. Data Source(s) for Selected Chronic Condition," the plan must check all applicable data sources that were used to identify and support the target disease state or chronic condition. If selecting "Other Sources," please describe completely in the text field (Character Limit: 4,000). A plan may select up to five other sources.

Click **Save & Next** to get to the **PLAN Section (B1)** screen.

Table II-4

CCIP - Submission

Enter/Edit - A. Basis for Selection
MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Baseline
Mandatory Topic: Decreasing Cardiovascular Disease:

A1. Disease State:
ICD-9 Code(s)

A2. Rationale for Selection:

A3. Relevance to the Plan Population:

A4. Anticipated Outcomes:

A5. Data Source(s) for Selected Chronic Condition *(Check all that apply)*	
☐ Medical Records	☐ MAO Part C Reporting Requirements
☐ Claims (Medical, Pharmacy, Laboratory)	☐ Encounter Data
☐ Appointment Data	☐ Audit Findings
☐ Plan Data (complaints, appeals, customer service)	☐ Health Effectiveness Data Information Set (HEDIS®)
☐ Health Risk Assessment (HRA) Tools	☐ Health Outcomes Survey (HOS)
☑ Surveys (enrollee, beneficiary satisfaction, other)	☐ Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
☐ Minimum Data Set (MDS) - Institutional SNP	☐ Registries
☐ Other Sources	☐ Other Sources
☐ Other Sources	☐ Other Sources
☐ Other Sources	

[<< Previous]   [Save & Exit]   [Save & Next >>]

Go To: *CCIP Start Page*

On the **PLAN Section (B1)** screen (Table II-5), use the form displayed on the screen to describe the program design.

B1. Population Identification Process

The population identification process involves identifying appropriate members with a disease state who would benefit from *disease management*. This process is based on a review of member demographic characteristics, previous healthcare use, and healthcare expenditures.

B1a. Describe the *Target Population*

(Character Limit: 4,000)

For "B1a. Describe the *Target Population*," provide a detailed and in-depth description that is consistent with the overall goal of the *CCIP* and includes: 1) the *inclusion and exclusion criteria* being used; 2) the rate of incidence among the members related to the *inclusion criteria;* 3) the severity of disease level of the members included; and 4) the demographics and clinical variable(s) used to identify those appropriate for *inclusion* into the *CCIP*.

B1b. Method of Identifying Members

For "B1b. Method of Identifying Members," select all applicable methods that were used to identify the members for *inclusion* in the *CCIP*. If "Other" is selected, enter a detailed description in the text field (Character Limit: 4,000). Up to four additional methods may be added.

B1c. Risk Stratification

For "B1c. Risk Stratification," select a severity level of the members the *CCIP* will target (i.e. High, Medium or Low). Risk Stratification relates to the patient acuity level and is measured in terms of how severe an illness is or how much assistance a patient needs in carrying out activities of daily living. High-risk patients are identified by a high acuity level and low-risk patients are identified by a low acuity level.

B1d. Enrollment Method

For "B1d. Enrollment Method," select the one method that will be used to enroll members who meet the specified criteria into the *CCIP* (i.e. Opt in or Opt out).

Click **Save & Next** to get to the **PLAN Section (B2, B3)** screen (Table II-6).

Table II-5

CCIP - Submission

Enter/Edit - B. Program Design (B1)
MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Baseline
Mandatory Topic: Decreasing Cardiovascular Disease:

B1. Population Identification Process:

B1a. Describe the Target Population:

B1b. Method of identifying members: *(Check all that apply)*	
☐ Health risk assessment	☐ Utilization Management Data
☑ Claims Data (Medical, Pharmacy, Laboratory)	☐ Case Management Referrals
☐ Encounter Data	☐ Surveys
☐ Enrollment Data	☐ Registry
☐ Other	☐ Other
☐ Other	☐ Other
☐ Other	

B1c. Risk Stratification:
(patient acuity level)
○ High
◉ Medium
○ Low

B1d. Enrollment Method:
○ Opt in
◉ Opt out

Opt in - Member must ask for inclusion in program.
Opt out - Member automatically included in program and must ask to be excluded.

[<< Previous]   [Save & Exit]   [Save & Next >>]

Go To: CCIP Start Page

On the **PLAN Section (B2, B3)** screen (Table II-6) use the form displayed on the screen to describe any evidence-based information and the care coordination approach.

B2. *Evidence-Based Medicine*
(Character Limit: 4,000)
Evidence-Based Medicine is the integration of the best research evidence with clinical expertise and patient values to make clinical decisions. *Evidence-Based Medicine* ensures consistency in treatment across the targeted population.

For "B2. *Evidence-Based Medicine*," provide a detailed and in-depth description that is consistent with the overall goal of the *CCIP* and includes: 1) the evidence-based medical guideline(s) chosen from a credible and authoritative source; 2) why the guideline(s) was chosen including how using it will impact health outcomes; 3) how the guideline(s) will be applied to the *CCIP* across different demographics and severity of disease levels with an example provided; and 4) the source and date of the guideline(s).

B3. Care Coordination Approach
(Character Limit: 4,000)
The care coordination approach, or collaborative care model, consists of a multidisciplinary team that may include physicians, pharmacists, nurses, dieticians, and psychologists. Patient-centered, collaborative care is the foundation of this practice-based model in which the formation of patient/provider partnerships and community/healthcare system partnerships is essential for improved outcomes. The collaborative care model is the instrument by which self-management support is delivered.

For "B3. Care Coordination Approach," provide a detailed and in-depth description that is consistent with the overall goal of the *CCIP* and includes: 1) the components and organization of the multidisciplinary team which includes both internal and external team members; 2) the team's approach for the *CCIP*; 3) the roles and responsibilities of the team members; 4) how the team will communicate and work together to support the members and the goal of the *CCIP*, with an example provided; and 5) how the individual member's goals and outcomes will be assessed and addressed with an example provided (e.g., staff and resources utilized, and the type of communication being used among team members).

Click **Save & Next** to get to the **PLAN Section (B4)** screen (Table II-7).

Table II-6

HPMS
Health Plan Management System

Health Plan Management System
Home

CCIP - Submission

Enter/Edit - B. Program Design (B2 & B3)
MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Baseline
Mandatory Topic: Decreasing Cardiovascular Disease:

B2. Evidence Based Medicine:

(Provide current clinical practice guidelines and evidence-based treatment modalities, standards of care, evidence-based best practices, etc.)

B3. Care Coordination Approach:

(Describe the model, e.g., integration, collaboration, community resources, and communication among team members including provider, patient, and CCIP team members.)

[<< Previous]   [Save & Exit]   [Save & Next >>]

Go To: *CCIP Start Page*

STEP 7

On the **PLAN Section (B4)** screen (Table II-7) select the type of education that applies to the *CCIP*. The screen will then refresh to allow the user to enter information based on the type of education selected. Use the form displayed on the screen to describe the method and the topics covered.

B4. Education

Patient and/or provider education is an integral part of the *CCIP*. Patient education focuses on the provision of education and supportive *interventions* to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem solving support. Empowering patients through education to more effectively "self-manage" is paramount to improved health outcomes. Provider education focuses on the provision of the most up to date evidence-based medical guidelines for the treatment of the disease state or condition that the *CCIP* is targeting. The education component may be focused on the targeted patients, the providers, or both.

Type of Education

Indicate if the education is patient focused (Patient Self-Management), provider focused (Provider Education), or a combination of both by selecting the appropriate option on the screen. The applicable tables will then be available for completion.

B4a. Patient Self-Management

(Character Limit: 4,000)

For "B4a. Patient Self-Management" education, provide a detailed and in-depth description that is consistent with the overall goal of the *CCIP* and includes the planned methods and the educational topics that will be used for training, support, monitoring, and follow-up of the targeted members. The description must include, as applicable: 1) methods that are varied and take into consideration the different demographics, socioeconomic status, and cultural backgrounds of the members; 2) educational topics that support improvement in health outcomes and are designed for various severity of disease levels, demographics, socioeconomic status, and cultural backgrounds of the members; and 3) training, support, monitoring, and follow-up.

B4b. Provider Education
(Character Limit: 4,000)In "B4b. Provider Education," a text box appears above the table to indicate the type of provider on which the education will focus. A description that specifies the type of provider for whom education will be provided as part of the *CCIP* (e.g., cardiologists), should be included.

For "B4b. Provider Education," provide a detailed and in-depth description that is consistent with the overall goal of the *CCIP* and provides specific details concerning the planned methods and educational topics that will be used for training, support, monitoring, and follow-up of the applicable providers. The description must include: 1) provider training of the applicable evidence-based guidelines and practice patterns for the identified disease state or condition; 2) the methods for providing appropriate support for the members in managing their condition and monitoring of the member; and 3) the methods and frequency for follow-up of the member.

Note: The user may enter up to six interventions that relate to the overall type of Education of the *CCIP* by using "Add" buttons.

Click **Save & Next** to get to the **PLAN Section (B5)** screen (Table II-8)

Table II-7

HPMS
Health Plan Management System

CCIP - Submission

Enter/Edit - B. Program Design (B4)
MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2013 - Baseline
Mandatory Topic: Decreasing Cardiovascular Disease:

B4. Education:

(Select the type of education and then describe the method of education and the topics covered e.g., CAD, hypertension, diabetes, COPD.)

Type of Education:
- ● Patient Self Management
- ○ Provider Education
- ○ Both

B4a. Patient Self management (Entry #1)	
Disease Management:	
Method	**Topics Covered**
Training:	Training:
Support:	Support:
Monitoring:	Monitoring:
Follow-up:	Follow-up:
Other:	Other:

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

[Add]

[<< Previous] [Save & Exit] [Save & Next >>]

Go To: CCIP Start Page

On the **PLAN Section (B5)** screen (Table II-8), use the form displayed on the screen to describe the outcome measures and *intervention*s.

B5: Outcome Measures and *Intervention*s
Outcome measures are used to identify how well the *CCIP* is working and the final product or end result. This measurement determines if the *CCIP* is stable and if the processes that led to the outcome are functioning effectively and efficiently. Outcome measurement reflects the impact(s) the *CCIP* and the *intervention(s)* had on the health status of the targeted population. Outcome measures involve setting objectives in measureable terms, identifying the appropriate data source(s) to measure, and the *methodology* used to analyze the data.

The Outcome Measures and *Intervention*s table may be repeated a total of three times in order to identify more than one *intervention*, if applicable.

B5a. Goal
(Character Limit: 4,000)
The user should select only one goal for the *CCIP* regardless of the number of *interventions* it implements. All *interventions* should work toward achieving the same goal. Users can enter up to three *interventions* in B5d for their stated goal (i.e., the description the user has provided in "B5a. Goal"). In sections where *intervention(s)* auto-populate, each *intervention* will be carried through. (Note: Users cannot edit text that has been auto-populated from a different section.)

For "B5a. Goal," provide a detailed and in-depth description that is consistent with "Section A. Basis for Selection," and includes: 1) a goal that is specific and relevant to the disease state or condition and the CCIP; 2) the evidence or factors considered that show how the goal will impact health outcomes; and 3) how the goal is measureable and attainable within the established timeframe.

B5b: Check Boxes for Goal
(Character Limit: 4,000)
For "B5b. Check Boxes for Goal," select how the goal will impact the MA population by selecting Clinical, Utilization Access, Satisfaction Survey, or Other. If Other is selected, provide a description in the text field.

B5c: *Benchmark*
(Character Limit: 4,000)
Plans will compare the results of their *intervention(s)* to *benchmark* data in order to measure the effectiveness of their *interventions* at the end of the reporting cycle.

For "B5c. *Benchmark*," provide a detailed, in-depth description that is consistent with the goal of the *CCIP* and includes: 1) a valid, reliable performance standard that is relevant to the goal of the *CCIP*; 2) how the *benchmark* relates to the demographics of the *target population;* 3) how the *benchmark* reflects the severity of the targeted disease state or condition; 4) reliable source(s); and 5) the date that the *benchmark* was measured/established.

Then, select whether the **primary** *benchmark* is *baseline*, *internal* or *external* as defined below. If the MAO is using more than one type of *benchmark*, state the other *benchmark* sources in the *benchmark* description above. Plans will compare the results of their *interventions* to *benchmark* data in order to measure their effectiveness. Baseline, internal, and external *benchmarks* are defined as follows:

- *Baseline Benchmark* – Select this option if the data was obtained at the end of the current reporting cycle as the standard of comparison for subsequent reporting cycles. *Baseline benchmark* is the first measure used as a point of reference in which a *CCIP* can be measured, compared, or judged.
- *Internal Benchmark* – Select this option if the *benchmark* data is from the MA plan's own data sources (e.g., administrative data or claims data).
- *External Benchmark* – Select this option if the *benchmark* data was obtained from sources outside of the MAO (e.g., national or regional *benchmarks*).

B5d. *Intervention*
(Character Limit: 4,000)
For "B5d. *Intervention*," provide a detailed and in-depth description that reflects the strategy that will be used to improve health outcomes and includes: 1) an explanation of the *intervention(s)* being used; 2) how the *intervention* is measureable and capable of improving health outcomes; 3) how the *intervention* relates to the specified goal; and 4) how the *intervention* is sustainable over time. The user may enter up to three *interventions* that relate to the overall goal of the *CCIP* by using 'Add' button.

B5e. Rationale for Specific *Intervention* **Related to Goal or** *Benchmark*
(Character Limit: 4,000)
For "B5e. Rationale for specific *intervention* related to goal or *benchmark*," provide a detailed and in-depth description of the process used in developing the *intervention* and includes: 1) the reason the *intervention* was chosen; 2) how the *intervention* relates to the goal and *benchmark;* 3) the factors or evidence considered when developing the *intervention* that demonstrates its validity; and 4) the anticipated impact on health outcome(s).

B5f. Measurement *Methodology*
(Character Limit: 4,000)
Measurement *methodology* is the means, technique, procedure, or method used to collect data and measure the effectiveness of the *CCIP*. Users should describe the *methodology* they will use for each unique *intervention* they plan to implement.

For "B5f. Measurement *Methodology*," provide a detailed and in-depth description that includes: 1) the specific valid and reliable data that will be collected for measurement; 2) a description of how the measure relates to the *intervention*, the goal, and the *benchmark* included in "B5b. Benchmark;" 3) the systematic method in which the data will be collected; and 4) the frequency of data collection and *analysis*.

B5g. Timeline
(Character Limit: 4,000)
For "B5g. Timeline," provide a detailed and in-depth description that must be consistent with the overall goal of the *CCIP* and include: 1) exact beginning and ending dates from implementation to the completion of the measurement cycle; 2) an explanation of how the timeline reflects an appropriate amount of time to complete the planned *intervention;* and, 3) the rationale for the expected timeline. MAOs should ensure that the listed timelines are specific to each *intervention* and fit within the *CCIP program cycle*.

Note:
- The *CCIP* module defaults to one *intervention* in this section. If necessary, the user can add more *intervention*s by clicking **Add** near the bottom of the screen. Also, if additional *intervention*s already exist for the *CCIP*, the user can delete an *intervention* by clicking **Delete**.
- If the *CCIP* already includes more than one *intervention*, then upon clicking **Save & Next** the user will go to the **Plan Section (B5)** screen for the second *intervention* (e.g. *Intervention* 2). Continue entering all information and clicking **Save & Next** as appropriate until information has been entered for <u>each applicable *intervention*</u>. After entering all information, the user will proceed to the **PLAN Section (B6)** screen.

After entering all information for all *intervention*s, click **Save & Next** to get to the **PLAN Section (B6)** screen.

Table II-8

HPMS
Health Plan Management System

Health Plan Management System
Home

CCIP - Submission

Enter/Edit - B. Program Design (B5)

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2013 - Baseline
Mandatory Topic: Decreasing Cardiovascular Disease:

B5. Outcome Measures and Interventions:

| Outcome Measures and Interventions: |
| (Entry #1) |

B5a. Goal:

B5b. Goal:
- ◉ Clinical
- ○ Utilization Access
- ○ Satisfaction Survey
- ○ Other

B5c. Benchmark:

Benchmark:
- ◉ Baseline
- ○ Internal
- ○ External

B5d. Interventions:

B5e. Rationale for specific intervention related to goal or benchmark:

B5f. Measurement Methodology:

B5g. Timeline:

To enter additional B5a - B5g information, please select the "Add" button.
[Add]

[<< Previous] [Save & Exit] [Save & Next >>]

Go To: CCIP Start Page

On the **PLAN Section (B6)** screen (Table II-9), use the form displayed on the screen to describe the communication sources.

B6. Communication Sources including the Interdisciplinary Care Team and Patients
Communication sources are the methods used to inform patients, physicians, and ancillary providers on what is occurring in the *CCIP* and of any changes that might be made to the *CCIP* over time. It may also include communication with the health plan and practice profiling.

Under "B6a. Sources" and "B6b. *Target Audience*," select the appropriate options.

B6a. Sources
For "B6a. Sources," select how the program will integrate continuous feedback among all parties involved in the program by marking all that apply. If selecting 'Other', please describe in the text field provided (Character Limit: 4,000).

B6b. *Target Audience*
For "B6b. *Target Audience*," select all parties involved in the program that will be integrated into the continuous feedback loop by marking all that apply. If selecting 'Other', please describe in the text field provided (Character Limit: 4,000).

After entering all applicable information, click **Save & Next** to get to the **PLAN Section (C)** screen (Table II-10).

Table II-9

CCIP - Submission

Enter/Edit - B. Program Design (B6)

MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2013 - Baseline
Mandatory Topic: Decreasing Cardiovascular Disease:

B6. Communication Sources including the Interdisciplinary Care Team and Patients:

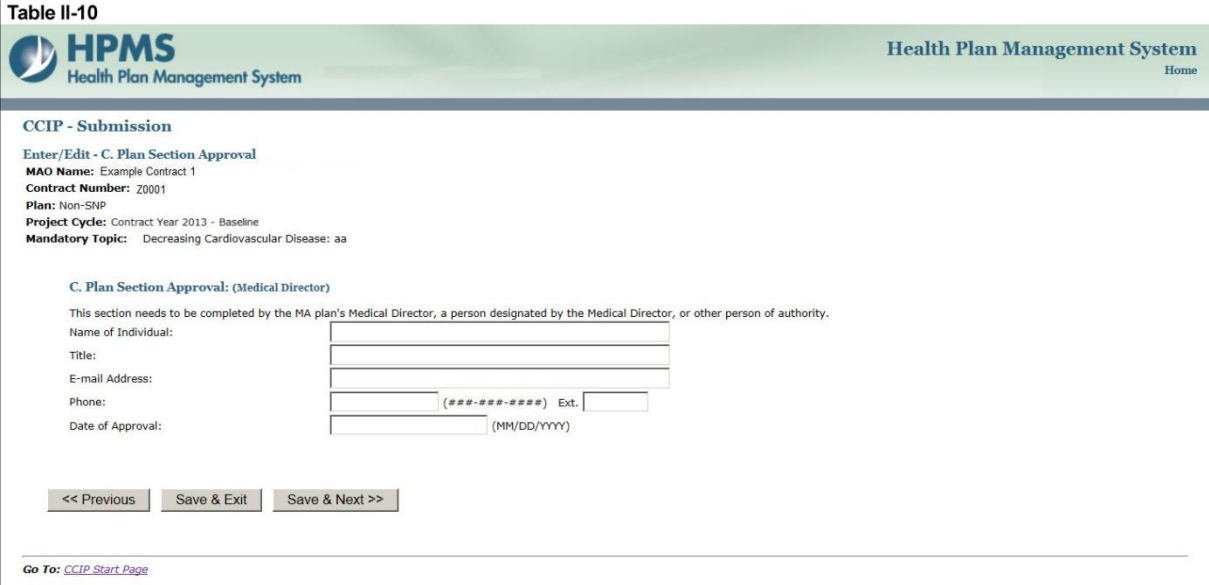*(Describe how the program integrates continuous feedback among all parties.)*

B6a. Sources *(Check all that apply)*

☑ Electronic Communications (Website, portal, email, etc.)	☐ Surveys (Satisfaction Survey, Comment Cards, Complaint Tracking, etc.)
☐ Telecommunications (Phone calls, phone text messages, public media, etc.)	☐ Face-to-face Patient Education
	☐ Other
☐ Written Materials (Brochures, provider newsletters, member newsletters, flyers, etc.)	
☐ Other	☐ Other
☐ Other	☐ Other

B6b. Target Audience *(Check all that apply)*

☐ Providers	☐ Case Manager
☑ Patients	☐ Care Team
☐ Family Members	☐ Educator
☐ Other	☐ Other
☐ Other	☐ Other
☐ Other	

[<< Previous] [Save & Exit] [Save & Next >>]

Go To: CCIP Start Page

STEP 10

On the **PLAN Section (C)** screen (Table II-10) 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 who is approving the *CCIP*. This section must be fully completed. Once the Medical Director or designee approves the *CCIP* submission and clicks **Save & Next**, the user is taken to the **Plan Submission Verification** screen (Table II-11).

Table II-10

STEP 11

On the **Plan Submission Verification** screen (Table II-11) review all information for accuracy.

Once the user confirms that the information related to the Plan section is accurate, the user will select **Submit** to complete the submission process. Click **Edit** to return to the selection criteria screens to edit any information. After clicking **Submit** the user will be taken to the **PLAN Information Submission Confirmation** screen (Table II-12) that includes the following message: "Your data has been submitted."

Notes: If **Edit** option is selected on the **Plan Submission Verification** screen (Table II-11), user will be able to reopen the Plan section at a later time (before the Plan section submission window closes) to edit any information until the user is ready to submit the final *CCIP* to CMS.

If **Submit** option is selected, the submission for the topic created will be final and user cannot edit the submitted topic.

Note: Since this is the MAO's initial *CCIP* submission for CY 2013, the submission is complete at this step, as only the Plan section is to be submitted for review by CMS.

Table II-11

HPMS Health Plan Management System

CCIP - Submission

PLAN Submission Verification
MAO Name: Example Contract 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2013 - Baseline
Mandatory Topic: Decreasing Cardiovascular Disease: aa

Medicare Advantage Organization (MAO) Information

MAO Name:	Example Contract 1
Contract Number:	Z0001
Plan:	Non-SNP
MAO Location:	1234 main street washington, DC 20001

Quality Contact Person
Name:	John Doe
Title:	Pharmacist
Telephone:	703-456-5566
Email:	johnD@demo.com

Compliance Contact Person
Name:	John Doe
Title:	Pharmacist
Telephone:	703-456-5566
Email:	johnD@demo.com

MAO Plan Type:	Employer/Union Only Direct Contract PFFS
Project Cycle:	Contract Year 2013 - Baseline
Mandatory Topic:	Decreasing Cardiovascular Disease:
Summary of the CCIP to include the specific clinical foci and expected outcomes:	Sample text

A. Basis for Selection	
A1. Disease State: *ICD-9 code(s)*	XXX-000-XXXX
A2. Rationale for Selection:	Sample text
A3. Relevance to the Plan Population:	Sample text
A4. Anticipated Outcomes:	Sample text
A5. Data Source(s) for Selected Chronic Condition:	Surveys (enrollee, beneficiary satisfaction, other)

B. Program Design	
B1. Population Identification Process	
B1a. Describe the Target population:	Sample text
B1b. Method of Identifying Members:	Claims Data (Medical, Pharmacy, Laboratory)
B1c. Risk Stratification: *(patient acuity level)*	Medium
B1d. Enrollment Method:	Opt out

B2. Evidence Based Medicine
Sample text

B3. Care Coordination Approach
Sample text

B4. Education	
Type of Education:	Patient Self Management
Disease Management:	XXX-000-XXXX

Patient Self Management Entry #1	
Method Training:	Sample text
Method Support:	Sample text
Method Monitoring:	Sample text
Method Follow-up:	Sample text
Method Other:	Sample text
Topic Covered Training:	Sample text
Topic Covered Support:	Sample text
Topic Covered Monitoring:	Sample text
Topic Covered Follow-up:	Sample text
Topic Covered Other:	Sample text

B5. Outcome Measures and Interventions	
Outcome Measures and Interventions Entry #1	
B5a. Goal:	Sample text
B5b. Goal:	Clinical
B5c. Benchmark:	Sample text
Benchmark:	Baseline
B5d. Interventions:	Sample text
B5e. Rationale for specific intervention related to goal or benchmark:	Sample text
B5f. Measurement Methodology:	Sample text
B5g. Timeline:	Sample text

B6. Communication Sources including the Interdisciplinary Care Team and Patients	
B6a. Sources:	Electronic Communications (Website, portal, email, etc.)
B6b. Target Audience:	Patients

C. Plan Section Approval:	
(Medical Director)	
Name of Individual:	Jon Test
Title:	CEO
E-mail Address:	test@test.com
Phone:	123-456-7890
Date of Approval:	10/24/2013

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

[Edit] [Submit]

Go To: *CCIP Start Page*

Table II-12

CMS Approval

Once the user has completed the Plan section, CMS will review the submission and determine whether it is approved or not. Each user will be notified of its approval status by CMS.

If CMS notifies the user of non-approval, CMS will provide the user with guidance and assistance on how to improve its submission. Once the user has worked with CMS 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 *CCIP*.

Once the Plan section is approved by CMS, the user can begin to implement the *CCIP*.

III.   ANNUAL UPDATE
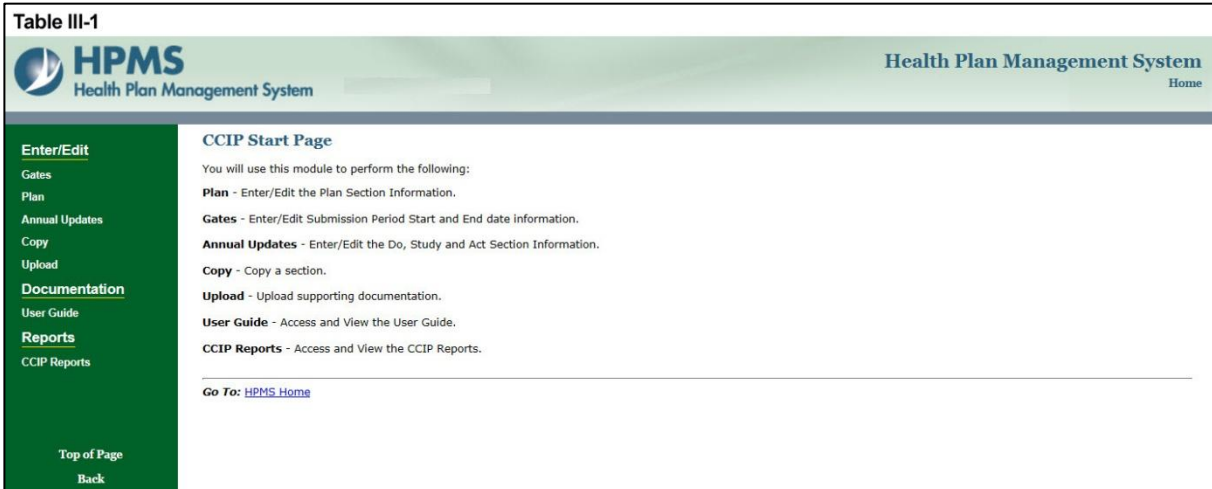
The Annual Update section allows users to the implementation, progress and ongoing activities of their *CCIP* initiatives. The *CCIP* Annual Update is comprised of the Do, Study, and Act components of the Plan, Do, Study, Act quality improvement model, and serves as a progress report to document *CCIP* activity over time. MAOs should assess and document activities related to these quality initiatives on an ongoing basis, and make modifications to interventions and/or processes as necessary, and provide the details of any such adjustments to CMS as part of the Annual Update.

Please note the following information:
- Once the Annual Update section submission window is closed for the CY 2013 *CCIP*, the user will be unable to edit the Annual Update section.
- Only approved CY 2012 *CCIP* Plan sections can submit the *CCIP* Annual Update section for CY 2013 Annual Update 1.
- During the data entry process, users may save the data entered on any Enter/Edit page and exit by clicking the **Save & Exit** button. Users may come back later to edit the data entered or continue to enter data.

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

Table III-1

STEP 2
On the **Contract/Plan/Program Selection** screen (Table III-2) first select the applicable contract (i.e., "H" number). Once the contract is selected, the screen will automatically refresh to show all available plans within that contract. The *SNPs* are identified by their actual plan

number, or plan benefit package (PBP) (e.g., 006, 007). As shown in Table III-2, all non-*SNP* coordinated care plans under each contract are bundled together and identified as 'Non-*SNP*'.

Once a particular plan is selected, the screen will again automatically refresh to show the *CCIP* that has been established for that specific plan. Select the topic then click **Save & Next**, which will take the user to the **DO SECTION (D)** screen.

Table III-2

STEP 3
On the **DO Section (D) - D. Program Implementation** screen (Table III-3), describe the steps taken to conduct the *CCIP*; this includes describing any changes to the educational component, any barrier(s) encountered, its effect(s), and associated mitigation strategies.

Note that the **MAO Information** will default to MAO information that was already entered in HPMS for that particular plan.

After completing Do sections D1 – D3 as applicable, click **Save & Next**, which will take the user to the **STUDY Section (E)** screen.

D1. Education
  The educational component may be focused on the patients, the providers, or both.

D1a. Patient Self Management – The information is auto-populated from information that was entered in the approved CY 2012 Plan section for that particular contract.

D1b. Provider Education – The information is auto-populated from information that was entered in the approved CY 2012 Plan section for that particular contract.

D1c. Did you conduct proposed education
If you conducted the proposed education in the approved *CCIP* Plan section, select **YES**. If **YES**, then no further input in this section is necessary.

If you did not conduct the proposed education in the approved *CCIP* Plan section, select **NO**. If **NO**, use the field provided to explain why the proposed education was not conducted. Describe what alternate education was used and/or will be used going forward and include the expected impact the new education will have on reaching the project goal. (Character Limit: 4,000)

D2. Intervention is auto-populated from Plan section "B5d. Intervention."

D3. Barriers Encountered
For "D3. Barriers Encountered", identify if there are barriers. If there are barriers, select **YES**. If there are no barriers, select **NO**.

If **NO**, then no further input in this section is necessary and the user may move forward to the **STUDY Section (E)**.

If **YES**, use the field provided to describe, in detail, the actual barrier(s) encountered during the implementation of the project thus far and describe how the barrier(s) impacted the project implementation. Then move the Mitigation box and provide the necessary information (outlined below). If a Non-SNP bundled *CCIP* has experienced particularly significant barriers on the PBP level, the MAO should indicate the details of those barriers, including the affected PBP numbers, here. (Character Limit: 4,000)

<u>Mitigation</u>
If **YES**, also describe the mitigation plan (i.e. activities implemented in response to the identified barrier(s)), and include a discussion of how the implementation of these activities will help achieve the target goal. Mitigation approaches should be reasonable and appropriate for the documented barriers. Be sure to indicate which barrier a specific mitigation strategy was used for. (Character Limit: 4,000)

After entering all information, click **Save & Next** to get to the **STUDY Section (E)** screen.

Table III-3

HPMS
Health Plan Management System

Health Plan Management System
Home

CCIP - Annual Update

MAO Name: Example Contract 1
Contract Number: Z0001
Identification Number: Non-SNP
Chronic Care Improvement Program (CCIP) Topic: Sample Program
Project Cycle: Contract Year 2013 - Annual Update 1

Enter/Edit - DO Section (D) - D. Program Implementation

D1. Education
  Type of Education: Both

  Patient Self Management Entry #1   **D1a. Patient Self Management from Plan**
  Method Training: Sample Text   **Topic Covered Training:**   Sample Text
  Method Support: Sample Text   **Topic Covered Support:**   Sample Text
  Method Monitoring: Sample Text   **Topic Covered Monitoring:** Sample Text
  Method Follow-up: Sample Text   **Topic Covered Follow-up:** Sample Text
  Method Other: Sample Text   **Topic Covered Other:**   Sample Text

  Provider Education Entry #1   **D1b. Provider Education from Plan**
  Method Training: Sample Text   **Topic Covered Training:**   Sample Text
  Method Support: Sample Text   **Topic Covered Support:**   Sample Text
  Method Monitoring: Sample Text   **Topic Covered Monitoring:** Sample Text
  Method Follow-up: Sample Text   **Topic Covered Follow-up:** Sample Text
  Method Other: Sample Text   **Topic Covered Other:**   Sample Text

D1c. Did you conduct proposed education: ⦿ Yes ○ No

           If NO, explain:

D2. Intervention: **Intervention 1**
                        Planned Intervention: intervention

D3. Barriers Encountered: ⦿ Yes ○ No

        If YES: What barrier(s)?

        If YES: Mitigation: How did you address the barrier(s) encountered?

[<< Previous]   [Save & Exit]   [Save & Next >>]

Go To: CCIP Start Page

On the **STUDY Section (E) - E. Results and Findings** screen (Table III-4), describe details about the results and findings of the project to date, including both quantitative and qualitative data. Also, provide a detailed analysis of the results, compare the results to the identified benchmark and indicate whether or not the anticipated goal and/or outcomes were achieved. The results and findings reported in the **STUDY Section (E)** should reflect an evaluation of the intervention(s) implemented during the first year of the *CCIP*.

After completing Study sections E1 – E9, click **Save & Next**, which will take the user to the **ACT Section (F)** screen.

STUDY Section (E) - E. Results and Findings
The **STUDY Section** describes the *CCIP* topic and reports the results of the *CCIP*, as well as provides the numerical data where applicable.

E1. Goal – The information is auto-populated from information that was entered in the approved CY 2012 Plan section for that particular contract.

E2. Benchmark – The information is auto-populated from information that was entered in the approved CY 2012 Plan section for that particular contract.

E3. Timeframe –The timeframe is reflective of the reporting period and is specified as r "January 1, 2013 through Annual Update Period."   Because this is the first Annual Update in the 5-year *CCIP* cycle for approved CY 2012 Plan sections, the timeframe begins with project implementation in January 2013 and ends with submission of the first Annual Update..

E4. Total Population
(Number)
At "E4. Total Population," provide the total number of enrollees in the plan(s) at the time the Annual Update is due. If there is a significant fluctuation in enrollment during the reporting period, discuss the reasons why in the "Analysis of Results or Findings" field (E7) below.

Note: With the exception of SNPs, the Annual Updates are submitted at the contract level. Therefore, the total population and results will reflect the aggregate number of enrolled beneficiaries and experience across all applicable non-SNP coordinated care plans under that contract. For SNPs, submit the total population and results for each SNP individually.

E5. Numerator
(Number)
At "E5. Numerator," provide the number of plan members that met the inclusion criteria as defined in the Plan section **and** actually received the project intervention(s). The data in this field must be reported as either a whole number or percentage only.

E6. Denominator
(Number)
At "E6. Denominator," provide the total number of plan members that met inclusion criteria and were eligible to receive the program interventions as defined in the Plan section. The data in this field must be reported as either a whole number or percentage only.

For example: If an MAO has 100 enrollees that met the inclusion criteria for participation, and 35 of those 100 enrollees participate in the CCIP, the numerator is 35, and the denominator is 100. The 35 members who satisfied the inclusion criteria (the numerator) are also known as the targeted population described in the Plan Section. In summary, the numerator is the number of enrollees who <u>participated</u> in the intervention and the denominator is the number of enrollees who were <u>eligible to participate</u>.

E7. Results and/or Percentage Character Limit: 4,000)
At "E7. Results and/or Percentage," provide any outcomes data available at the time the update is due and indicate the data source and data collection period. Note that for reliable and consistent measurement, CMS recommends that MAOs use the same primary data source over time for the *CCIP* Annual Updates so that the findings are comparable. MAOs should avoid using different data sources for each reporting year. Please note that this field allows for both numerical data and text, so that quantitative and qualitative data can be provided here.

For example: 11.8 percent all-cause 30 day readmission rate for 2012.

E8. Other Data or Results
(Character Limit: 4,000)
At "E8. Other Data or Results," provide any additional outcomes data or results pertinent to the project, and indicate the data source and data collection period.

For Example: MAOs may use HEDIS data as their primary data source for measurement, however, some may also use claims data or other sources of internal data, to measure the impact of their intervention(s).

If no other data or results are present, enter "not applicable" in the available field. Please note that this field allows for both text and numerical data, so that quantitative and qualitative data can be provided here.

E9. Analysis of Results or Findings
(Character Limit: 4,000)
At "E9. Analysis of Results or Findings," provide a detailed analysis and description of the *CCIP* results and findings, including what was achieved in relation to the project goal and the significance of the demonstrated results. The analysis should reflect key aspects of the intervention(s) employed (or other applicable elements of the plan section) that contribute to the overall improvement and/or achievement of the target goal. Users with a Non-SNP bundled *CCIP* may also use this field to describe any significant PBP-specific results where appropriate.

Table III-4

STEP 5

On the **ACT Section (F) - F. Next Steps** screen (Table III-5), describe the next steps for the *CCIP* by providing details about the Action Plan and any revisions to the interventions, changes in methodology, adjusted goal, and any other items of interest that occurred during the first year reporting period. This includes information regarding the next steps for the *CCIP* in the upcoming year. The MAO should also describe best practices and lessons learned as applicable.

After completing Act sections F1 – F4, click **Save & Next**, which will take the user to the *CCIP* **Annual Updates Review** screen...

ACT Section (F) - F. Next Steps

G1. Action Plan
At "G1. Action Plan," select any Action Plans that your *CCIP* will take in the implementation year as a result of STUDY findings. Users may select Revise Intervention, Revise Methodology, Change Goal, or Other. Please select all that apply.

Select **Revise Intervention** if any changes have been made to the intervention(s) identified in the Plan submission, including deleting, modifying, or adding a new intervention. Provide an explanation of those changes in the Action Plan Description and include a brief description of how this revision is expected to help achieve your stated goal.

Select **Revise Methodology** if any changes have been made to the method/s used to collect data or measure the effectiveness of a project intervention. Provide an explanation of those changes in the *Action Plan Description* and include a brief description of how this revision is expected to help achieve your stated goal.

Select **Change Goal** if the *CCIP*'s goal has changed. Provide the new goal in the Action Plan Description and include an explanation of why you have decided to change the goal, including a description of how the current interventions will help achieve the new goal.

Select **Other** if you have made any other changes to your *CCIP*. Provide a detailed description of changes in the Action Plan Description. (Character Limit: 4,000)

If your *CCIP* has been successful thus far and you are on track to achieve planned outcomes and therefore your MAO has no plans to change any activity, please select **Other** and state your plans to keep the *CCIP* unchanged in the Action Plan Description.

G2. Action Plan Description
(Character Limit: 4,000)
At "G2. Action Plan Description," describe the selected Action Plan(s) based on the results and lessons learned to date. Include how the next steps will be implemented as well as how this plan will work toward achieving the project goal. Include in the discussion details about the proposed changes, whether or not these changes have already been implemented, and the rationale behind the changes. The Annual Update reflects progress to date; however, it also represents a snap shot in time. As such, the Action Plan may reflect revisions, e.g., increased outreach efforts, that have already occurred during the first year of implementation, as well as proposed revisions that will be implemented in the future as part of the next steps.

G3. Describe "Best Practices"
(Character Limit: 4,000)
At "G3. Describe "Best Practices," describe any identified Best Practices that have resulted from the findings and that have worked well in producing positive outcomes. Include a detailed description of any identified best practices including: how you determined best practices(s), how those practices affected the *CCIP*, and how you will share the details of those practices with others. If no Best Practice was found during the CY 2013 implementation year, please indicate "Not Applicable" in the field**.**

G4. Describe "Lessons Learned"
(Character Limit: 4,000)
At "G4. Describe "Lessons Learned," describe any identified Lessons Learned, including a summary of how the interventions implemented during the CY 2013 implementation year impacted the results of the project, members, providers, and/or other stakeholders, whether positive or negative.

Table III-5

On the **CCIP Annual Update Review** screen (Table III-6) review all information for accuracy.

Once the user confirms that the information related to the **Annual Update** section is accurate, the user will select **Submit** to complete the submission process. Click **Edit** to return to the **Contract/Plan/Program Selection** screens to edit any information. After clicking **Submit**, the user will be taken to the **Annual Update Submission Confirmation** screen (Table III-7) that includes the following message: "Your data has been submitted."

Notes: If **Edit** option is selected on the **CCIP Annual Update Review** screen (Table III-6), user will be able to reopen the **Annual Update** section at a later time (before the **Annual Update** section submission window closes) to edit any information until the user is ready to submit the final *CCIP* to CMS.

If **Submit** option is selected, the submission for the program created will be final and user cannot edit the submitted topic.

Table III-6

HPMS Health Plan Management System

Health Plan Management System
Home

CCIP - Annual Update

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Chronic Care Improvement Program (CCIP) Topic: Sample Program
Project Cycle: Contract Year 2013 - Annual Update 1

Note: Your CCIP Annual Update data is saved. Please use the submit button if you want to submit your data now, or use the Edit button to exit.

CCIP Annual Update Review

DO Section (D) - D. Program Implementation

E1. Education
Type of Education: Both

D1a. Patient Self Management from Plan

Patient Self Management Entry #1

Method Training:	Sample Text		**Topic Covered Training:**	Sample Text
Method Support:	Sample Text		**Topic Covered Support:**	Sample Text
Method Monitoring:	Sample Text		**Topic Covered Monitoring:**	Sample Text
Method Follow-up:	Sample Text		**Topic Covered Follow-up:**	Sample Text
Method Other:	Sample Text		**Topic Covered Other:**	Sample Text

D1b. Provider Education from Plan

Provider Education Entry #1

Method Training:	Sample Text		**Topic Covered Training:**	Sample Text
Method Support:	Sample Text		**Topic Covered Support:**	Sample Text
Method Monitoring:	Sample Text		**Topic Covered Monitoring:**	Sample Text
Method Follow-up:	Sample Text		**Topic Covered Follow-up:**	Sample Text
Method Other:	Sample Text		**Topic Covered Other:**	Sample Text

D1c. Did you conduct proposed education: Yes

D2. Intervention: **Intervention 1**
Planned Intervention: intervention

D3. Barriers Encountered: Yes

If YES: What barrier(s)? Sample Text

If YES: Mitigation: How did you address the barrier(s) encountered? Sample Text

STUDY Section (E) - E. Results and Findings

E1. Goal **Outcome Measures and Interventions 1**
Goal: goal

E2. Benchmark **Outcome Measures and Interventions 1**
Benchmark: benchmark

E3. Timeframe: **January 1, 2013 through Annual Update Period.**

E4. Total Population: (Number) Sample Text

E5. Numerator: (Number) Sample Text

E6. Denominator: (Number) Sample Text

E7. Results and/or Percentage: Sample Text

E8. Other Data or Results: Sample Text

E9. Analysis of Results or Findings: Sample Text

ACT Section (F) - F. Next Steps

F1. Action Plan: Revise intervention

F2. Action Plan Description: Sample Text

F3. Describe "Best Practices": Sample Text

F4. Describe "Lessons Learned": Sample Text

[Edit] [Submit]

Go To: CCIP Start Page

Table III-7

HPMS — Health Plan Management System

Health Plan Management System
Home

CCIP - Annual Update

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	John Smith	test@test.com
Z0001		John Smith	test@test.com
Z0001		John Smith	test@test.com

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

OK

Go To: CCIP Start Page

IV.   COPY

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

- The Plan section from one *CCIP* may be copied to a second *CCIP* if the second *CCIP* has no Plan section or only has a Plan section and no other sections.
- When copying a section, the source and target sections cannot be for the same plan.

CCIP Copy Functions General Rules		
#	**Source Criteria**	**Target Criteria**
1.	Mandatory Topic	Target topic not yet created - The title of the mandatory topic will be copied as a "Copy of…" (Note that the mandatory topic will not be copied). - All data entered in the Enter/Edit pages of the source topic will be copied. Target mandatory topic not yet created - The title of the mandatory topic will be copied as a "Copy of…" (Note that the mandatory topic will not be copied). - All data entered in the Enter/Edit pages of the source topic will be copied. Target topic created - The title will be retained for a topic created. - All data entered in the Enter/Edit pages of the source topic will be copied. Target mandatory topic created - The title will be retained for a topic created. - All data entered in the Enter/Edit pages of the source topic will be copied.

As shown in Table IV-1, on the *CCIP* **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 *CCIP* **Start Page**.)

Table IV-1

STEP 2

On the **Criteria Selection** screen (Table IV-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 *CCIP* topics will appear.
- Select the SOURCE *CCIP* topic to copy.

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

STEP 3

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

The **Copy Verification** 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 IV-4) click **OK** to return to the **Criteria Selection screen**.

Note: In order to submit a copied *CCIP* to CMS, the user must go through each section of the Plan section and select **Submit** on the **Plan Submission Verification** screen (Table II-11).

Table IV-3

Table IV-4

V. UPLOAD

Take the following steps to upload supporting documentation for the *CCIP*. All files must be uploaded in .zip format that is NOT password protected.

Note:
File names must include the corresponding contract number, and plan id for SNP plans (example: Z1234001).   If your organization is uploading one document for multiple non-SNPs, please include "nonsnp" after the contract number and exclude the plan ids in the file name (example: Z1234nonsnp).

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

Table V-1

HPMS Health Plan Management System	**Health Plan Management System** Home

Enter/Edit
Gates
Plan
Annual Updates
Copy
Upload
Documentation
User Guide
Reports
CCIP Reports

Top of Page
Back

CCIP Start Page

You will use this module to perform the following:

Plan - Enter/Edit the Plan Section Information.

Gates - Enter/Edit Submission Period Start and End date information.

Annual Updates - Enter/Edit the Do, Study and Act Section Information.

Copy - Copy a section.

Upload - Upload supporting documentation.

User Guide - Access and View the User Guide.

CCIP Reports - Access and View the CCIP Reports.

Go To: HPMS Home

On the **Contract/Plan/Topic Selection** screen (Table V-2) first select a contract. Once the contract is selected, the screen will automatically refresh to show available plans. Then select a plan and the screen will again automatically refresh to show *CCIP* topics. Select an existing topic.

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

Notes: Users may upload supporting documentation for a *CCIP* on the mandatory topic any time before the *CCIP* submission window closes. Users may upload supporting documentation for a *CCIP* on a secondary (or self-identified) topic, only after the Plan section is completed and saved, but before the *CCIP* submission window closes.
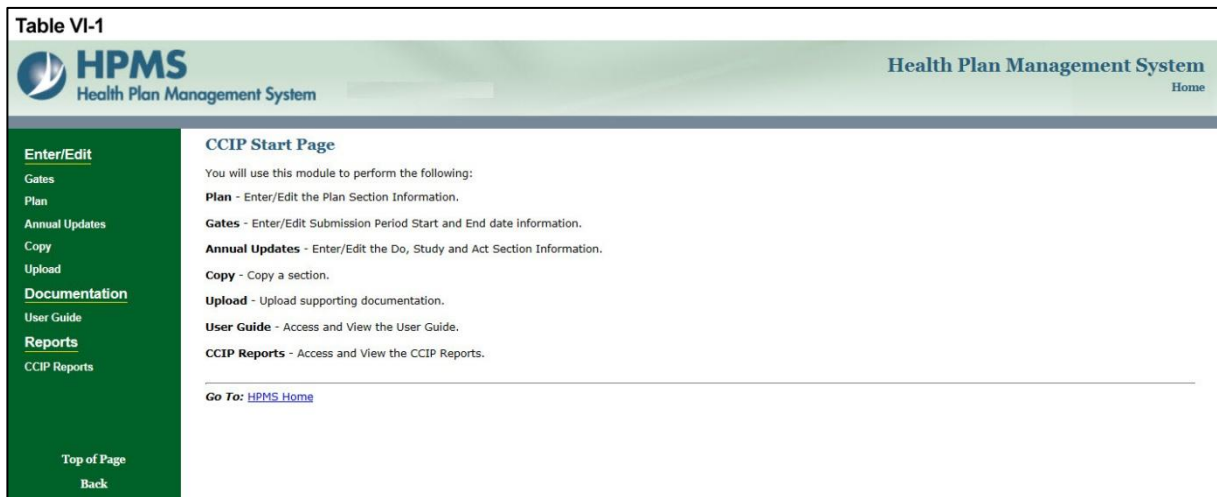
VI.   CCIP REPORTS

The *CCIP* **Reports** functionality allows users to access and view the **Communications Report**, **Score Report**, and the **Status History Report**. The reports provide easy and quick reference to *CCIP* communication emails, approval results, and the status of *CCIP* submissions.

Take the following steps to generate reports for the *CCIP*.

STEP 1
As shown in Table VI-1, on the *CCIP* **Start Page** click on the *CCIP* **Reports** link on the Left Navigation Bar to get to the *CCIP* **Reports - Select a Report** screen, Table VI-1. (See Chapter I: Getting Started for help getting to the *CCIP* **Start Page**.)

Table VI-1

STEP 2
On the *CCIP* **Reports - Select a Report** screen (Table VI-2) first select a report.
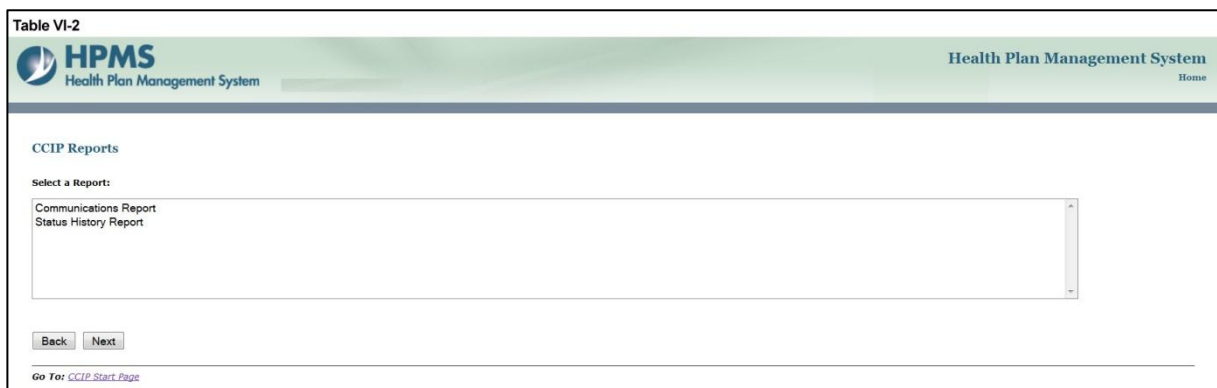
Table VI-2

COMMUNICATION REPORT

The **Communications Report** displays *CCIP* generated communication emails. Users can only access the reports for those contracts that are associated with their User ID.

As shown in Table VI-3, select **Communications Report** then select **Next** to get to the **Communications Report** contract selection screen.

Table VI-3

HPMS
Health Plan Management System

Health Plan Management System
Home

CCIP Reports

Select a Report:

Communications Report
Status History Report

Back   Next

Go To: *CCIP Start Page*

STEP 4

On the **Communications Report** contract selection screen (Table VI-4), select one or more contracts then select **Next** to generate the report.

Note:
- To select more than one contract, hold down the <CTRL> while selecting the contracts.
- By default, the most recent contract year is selected in the Filter by Year. User may select a desired contract year to generate the report.

Table VI-4

HPMS
Health Plan Management System

Health Plan Management System
Home

CCIP - Reports

Communications Report

Filter by Year:
Contract Year 2013 ▾

Select one or more contracts:
Z0001
Z0002
Z0003

Back   Next

Go To: *CCIP Start Page*

STEP 5A

After reviewing information on the **Communications Report Results** screen (Table VI-5a), users can view E-mail details.

Table VI-5a

STEP 5B

To view the "Subject" and "Message" details of an email, select **View** in the last column of the **Communications Report Results** (Table VI-5a). A pop-up screen will appear (Table VI-5b). After reviewing the data, select the **Print** link to print or **Close** to close the pop-up screen.

Table VI-5b

STATUS HISTORY REPORT

The **Status History Report** provides a history of the statuses of a *CCIP* submission and the ability to view each submitted version of the *CCIP*.

STEP 6

As shown in Table VI-6, select the **Status History Report** option then select **Next** to get to the **Status History Report** contract selection screen.

Table VI-6

HPMS
Health Plan Management System

Health Plan Management System
Home

CCIP Reports

Select a Report:

Communications Report
Status History Report

Back   Next

Go To: CCIP Start Page

STEP 7

On the **Status History Report** contract selection screen (Table VI-7), select one or more contracts then select the **Next** button to get to the **Status History Report Results** screen.

Note:
- To select more than one contract, hold down the <CTRL> while selecting the contracts.
- By default, the most recent contract year is selected in the Filter by Year. User may select a desired contract year to generate the report.

Table VI-7

STEP 8A

After reviewing information on the **Status History Report Results** Screen (Table VI-8a), users can view the details of the submitted *CCIP*.

Table VI-8a

HPMS — Health Plan Management System

Health Plan Management System — Home

CCIP - Reports

Status History Report Results

Contract Year: 2013
Selected Contract (s): Z0001

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission
007	(M) CCIP Test: Test Tuesday	Plan - 2013	1	Received	10/22/2013 7:22:29 PM	View

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission
Non-SNP	(M) CCIP Sample Text	Plan - 2013	1	Received	10/21/2013 11:30:17 AM	View
Non-SNP	(M) CCIP Sample Text	Plan - 2013	1	Approved	10/21/2013 11:34:10 AM	View
Non-SNP	(M) CCIP Sample Text	Annual Update 1 - 2013	2	Received	10/21/2013 11:47:10 AM	View

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

H0104 – BLUE CROSS AND BLUE SHIELD OF ALABAMA

Plan	Topic	Section	Version	Current Status	Last Updated	View Submission

[Back] [Download to Excel]

Go To: <u>CCIP Start Page</u>

To view the details of the submitted *CCIP*, select **View** in the last column of the **Status History Report Results** (Table VI-8a). The **Status History Report Detail** screen (Table VI-8b) will populate. After reviewing the data, select the **Print** link to print or **Close** to close the pop-up screen.

Table VI-8b

APPENDIX I: CONTACT INFORMATION

Subject Matter	Name	Phone	Email Address / Web Address
• HPMS Technical Help	HPMS Help Desk	800-220-2028	HPMS@cms.hhs.gov
• Password Reset Requests	CMS Action Desk	410-786-2580	N/A
• HPMS User Access Questions	HPMS User Access Mailbox	N/A	hpms_access@cms.hhs.gov
• CCIP Questions	CMS MA Quality Improvement Team Mailbox	N/A	MAQuality@cms.hhs.gov

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**.**

Analysis   A systematic evaluation of the data and/or results of the project/program.

Benchmark   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.

- **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.

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)

Evidence-based Medicine   The practice of making clinical decisions using the best available research evidence, clinical expertise, and patient values.

Intervention   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."

Methodology   The means, technique, procedure, or method used to collect data or measure the effectiveness of a program/project or intervention.

Plan, Do, Study, Act (PDSA)	A quality improvement model that is cyclical in nature and includes planning, implementing, studying a change, and acting on the results of that change.
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 cycle year and the QIP 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.
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.