HEALTH PLAN MANAGEMENT SYSTEM

QUALITY IMPROVEMENT PROJECT (QIP) USER GUIDE

LAST UPDATED 11/07/2013

TABLE OF CONTENTS

INTRODUCTION

All Medicare Advantage Organizations (MAOs) must conduct a Quality Improvement Project (*QIP*) as part of their required Quality Improvement (QI) program described at 42 CFR §422.152. 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.

MAOs must conduct one *QIP* 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 *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 and implement a separate QIP for **each** D-SNP offered.

The Health Plan Management System (HPMS) *QIP* Module serves as the means for MAOs to submit and report on their *QIP*s to CMS. 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 outcome objectives used to establish the Q*IP*; The Plan section of the *QIP* 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 *QIP* implementation and each year thereafter for the duration of the project (three years).

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

  o **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 *QIP* focused on reducing 30-day all-cause hospital readmission rates. 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 3-year period.

Consistent with the CY 2012 requirements, MAOs are required to submit *QIP* Plan sections through the HPMS Plan Reporting Module for their plans that are **new in CY 2013**. *QIP*s are to focus on the reduction of 30-day all-cause hospital readmissions. MAOs will submit the same detailed information for CY 2013 *QIP* Plan sections as they did for CY 2012. *QIP* 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 *QIP* Plan section in CY 2012 must submit their first Annual Update submission in CY 2013 for each approved *QIP*.   The purpose of the Annual Update is for MAOs to provide CMS with information about their ongoing *QIP*(s) progress and experience with *QIP* implementation over time. The Annual Update is a summary of those project assessments and provides a brief analysis of the project's results so far. MAOs are expected to retain all applicable *QIP* documentation to support their Annual Update and CMS encourages ongoing project 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 *QIP* 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) QIP Module serves as the means for MAOs to submit their QIP updates to CMS. The QIP 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. QIP submission reviews will not take uploaded documents into consideration.

The *QIP* module also gives MAOs the ability to **Copy** *QIP* 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 *QIP* submission window (open/close) timeframes.

This document provides an overview and technical instructions for accessing HPMS and navigating through the *QIP* 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 *QIP* 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 *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.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.
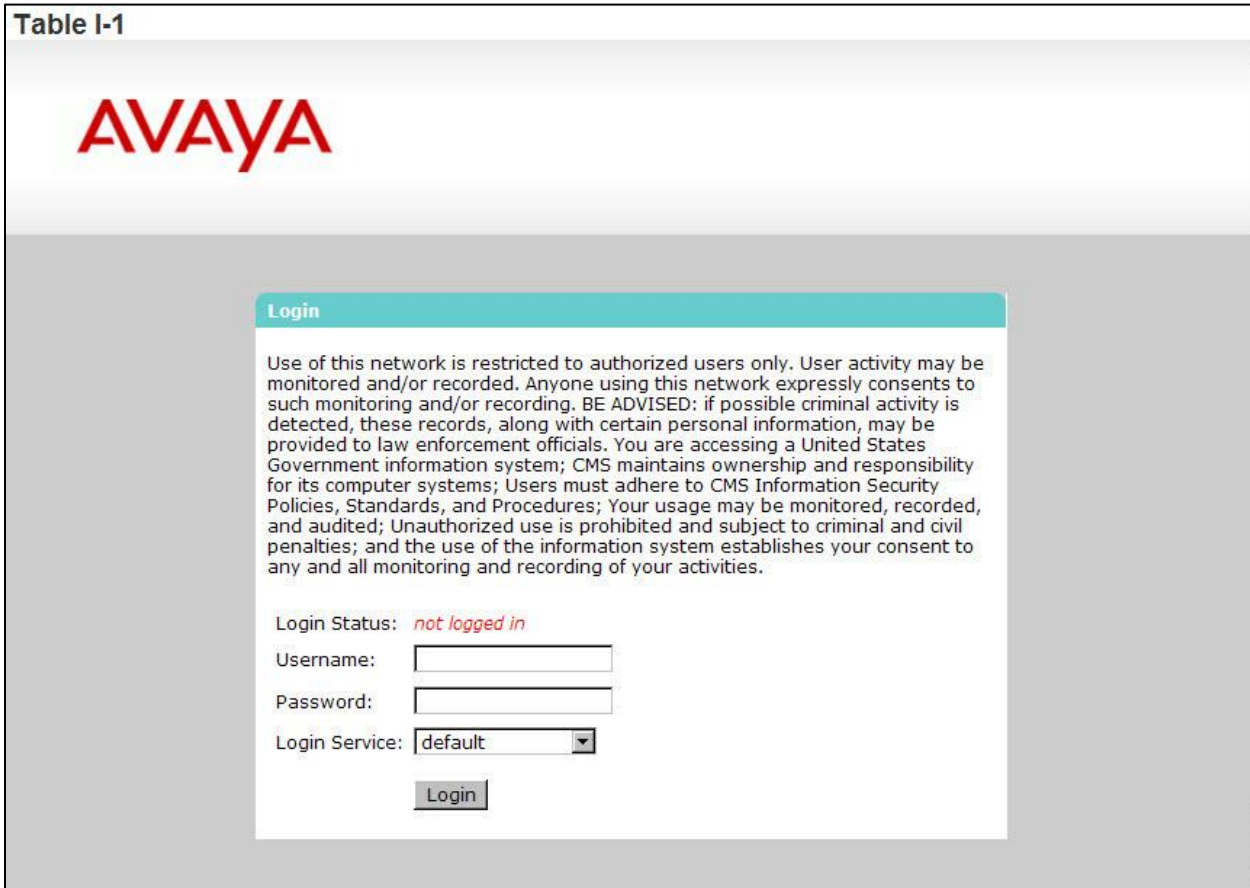
HOW TO ACCESS THE HPMS HOME PAGE USING THE INTERNET

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

AVAYA

Login

Use of this network is restricted to authorized users only. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials. You are accessing a United States Government information system; CMS maintains ownership and responsibility for its computer systems; Users must adhere to CMS Information Security Policies, Standards, and Procedures; Your usage may be monitored, recorded, and audited; Unauthorized use is prohibited and subject to criminal and civil penalties; and the use of the information system establishes your consent to any and all monitoring and recording of your activities.

Login Status: *not logged in*

Username: [   ]

Password: [   ]

Login Service: [default ▼]

[Login]

STEP 3

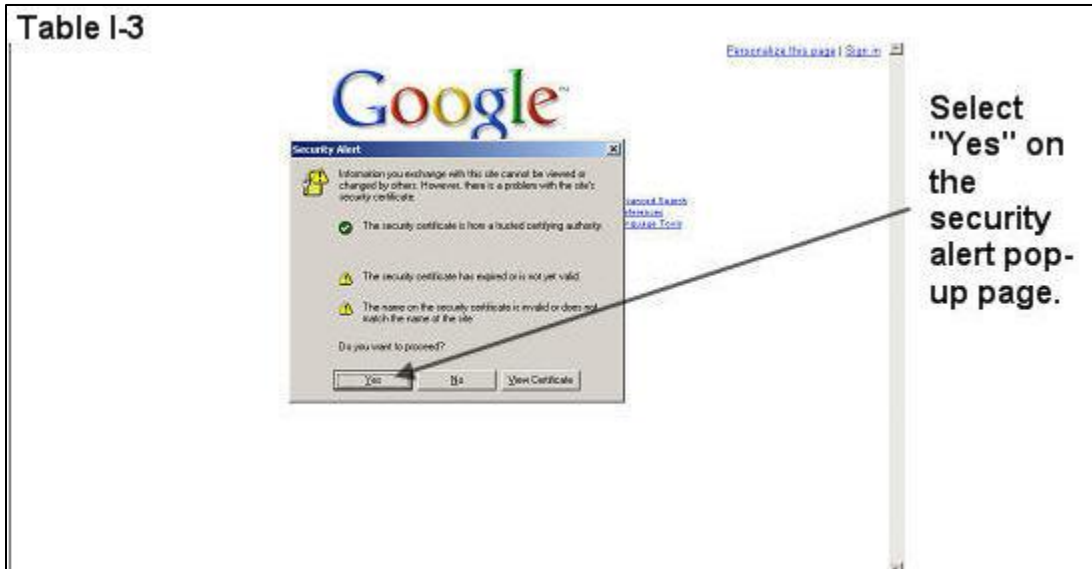Select the **HPMS** link from the SSL VPN portal screen to access the **HPMS Home** screen (Table I-2).

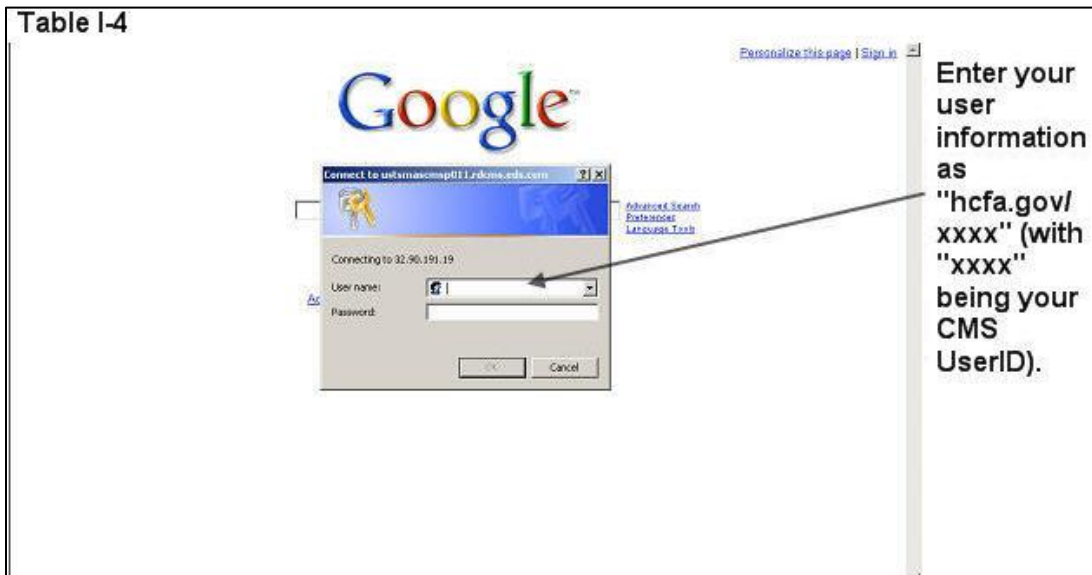Table I-2

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).

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.

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 QIP 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 Top Navigation Bar then select *QIP* from the fly-out menu (Table I-5) to get to the *QIP* **Start Page** screen (Table I-6).

Table I-5

![HPMS home page screenshot showing the top navigation bar with Quality and Performance selected, revealing a fly-out menu containing Part D Performance Metrics and Reports, Part C Performance Metrics, HOS, CCIP, QIP, and Plan Reporting. The page shows HPMS Memos and Announcements sections.]

HPMS
Health Plan Management System

John Doe | User Resources | Log Out | A A A
Last logged in at 1:51 PM on October 24, 2013

| Contract Management | ACO Management | Plan Bids | Plan Formularies | Monitoring | Quality and Performance | Risk Adjustment | Cost Reports | Data Extract Facility | Testing Comments |

Part D Performance Metrics and Reports
Part C Performance Metrics
HOS
CCIP
QIP
Plan Reporting

HPMS Memos

04/11/2013 - 07/11/2015 snapshots TEST #2 For Maricka

01/01/2013 - 05/16/2013 Test My file 2.

01/01/2013 - 05/16/2013 Test my file.

More »

Announcements
There are no active announcements. Click more to view archived announcements.

More »

Home | About HPMS | Website Accessibility | Web Policies | File Formats and Plug-Ins | Rules Of Behavior | System Requirements | FAQ
This is a U.S. Government computer system subject to Federal law.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

GATE

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

STEP 1

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

Table I-6

HPMS Health Plan Management System

Health Plan Management System
Home

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

QIP 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.

QIP Reports - Access and View the QIP Reports.

Go To: HPMS Home

Top of Page
Back

Table I-7

HPMS Health Plan Management System

Health Plan Management System
Home

QIP - 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: QIP Start Page

II. PLAN

The **PLAN** section allows users to describe the *QIP* and outline the expectations, basic approach, and *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 *QIP* for the Plan section for 2013.
- Once the Plan section submission window is closed for the CY 2013 *QIP*, 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 *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

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 *QIP* 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 *QIP* 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 *QIP* topic that has been established for that specific plan. The mandatory topic will appear with an "M" in front of it. Select the "(M) Reducing All-Cause Hospital Readmissions" option. Then click **Next**, which will take the user to the **MAO Information & Background** screen.

Table II-2

STEP 3

The **MAO Information & Background** screen (Table II-3) will default to MAO information that was already entered in HPMS for that particular plan.

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*.

On the *MAO Information & Background* screen, enter the name of the *QIP* Title, indicate whether the project Focus is 'Clinical' or 'Non-Clinical', and if applicable, enter the '*Domain*.'
The name of the *QIP* Title 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. Then click **Save & Next**, which will take the user to the **PLAN Section (C)** screen.

Table II-3

HPMS
Health Plan Management System

Health Plan Management System
Home

QIP - Submission

Enter/Edit - A. Medicare Advantage Organization (MAO) Information & B. Background

MAO Name:	EXAMPLE CONTRACT 1
Contract Number:	Z0001
Plan:	Non-SNP
Mandatory Topic:	Reducing All-Cause Hospital Readmissions
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

B. Background	
Quality Improvement Project (QIP) Title:	
Focus:	Please Select
Domain: (if applicable)	(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.

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

Go To: *QIP Start Page*

On the **PLAN Section (C)** screen (Table II-4), 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 ("Other source" has a character limit of 4,000). Then click **Save & Next**, which will take the user to the **PLAN Section (D)** screen.

Table II-4

![HPMS - Health Plan Management System]

Health Plan Management System
Home

QIP - Submission

Enter/Edit - C. Data Sources Used for Problem Identification
 MAO Name: EXAMPLE CONTRACT 1
 Contract Number: Z0001
 Plan: Non-SNP
 Project Cycle: Contract Year 2013 - Baseline
 Quality Improvement Project (QIP) Title: Reducing All-Cause Hospital Readmissions:
 Focus: Clinical
 Domain: Domain

C. Data Sources Used for Problem Identification (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 Test	☐ Other Sources
☐ Other Sources	

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

Go To: _QIP Start Page_

STEP 5

On the **PLAN Section (D)** screen (Table II-5), use the form displayed on the screen to describe, if applicable, any Model(s) of Care (*MOC*) elements the *QIP* is based on. Then click **Save & Next**, which will take the user to the **PLAN Section (E)** screen.

Note: PLAN Section (D) is optional for *SNP*s, as the *QIP* may directly relate to the established *MOC* for that *SNP*. However, this component of the 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."

Table II-5

HPMS
Health Plan Management System

Health Plan Management System
Home

QIP - Submission

Enter/Edit - D. Based on Model of Care

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2013 - Baseline
Quality Improvement Project (QIP) Title: Reducing All-Cause Hospital Readmissions:
Focus: Clinical
Domain: Domain

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.	
☐ Not Applicable	☐ (1) Description of SNP-Specific Target Population
☐ (2) Measurable Goals	☐ (3) Staff Structure and Care Management Roles
☑ (4) Interdisciplinary Care Team	☐ (5) Provider Network having Specialized Expertise and Use of Clinical Practice Guidelines and Protocols
☐ (6) MOC Training for Personnel and Provider Network	☐ (7) Health Risk Assessment
☑ (8) Individualized Care Plan	☐ (9) Communication Network
☐ (10) Care Management for the Most Vulnerable Subpopulations	☐ (11) Performance and Health Outcomes Measurement

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

Go To: *QIP Start Page*

On the **PLAN Section (E)** screen (Table II-6), 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 **Save & Next**, which will take the user to the **PLAN Section (F)** screen.

After completing Plan sections E1 – I4, click **Save & Next**, which will take the user to the **PLAN Section (F)** screen

E1. Description of the *QIP*
(Character Limit: 4,000)
For "E1. Description of the *QIP*," 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.

E2. Impact on Member
For "E2. Impact on Member," 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 (Character Limit: 4,000).

E3. Anticipated Outcomes
(Character Limit: 4,000)
For "E3. Anticipated Outcomes," 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.

E4. Rationale for Selection
(Character Limit: 4,000)
For "E4. Rationale for Selection," 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*.

Table II-6

HPMS
Health Plan Management System

Health Plan Management System
Home

QIP - Submission

Enter/Edit - E. Basis of Selection

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2013 - Baseline
Quality Improvement Project (QIP) Title: Reducing All-Cause Hospital Readmissions:
Focus: Clinical
Domain: Domain

E. Basis of Selection

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

E1. Description of the QIP

E2. Impact on Member
- ☑ Health Outcomes
- ☐ Member Satisfaction
- ☑ Other | Test

E3. Anticipated Outcomes

E4. Rationale for Selection

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

Go To: *QIP Start Page*

On the **PLAN Section (F)** screen (Table II-7) 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 inaccessible.

After completing Plan sections F1 – F4 as applicable, click **Save & Next**, which will take the user to the **STUDY Section (G1)** screen. **F1. Cycle/Year**
For "F1. Cycle/Year," provide the project cycle year in which the issue was previously addressed.

F2. Intervention
(Character Limit: 4,000)
For "F2. Intervention," 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*.

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

F4. *Priority* Assessed
(Character Limit: 4,000)
For "F4. *Priority* Assessed," 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.

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 **Save & 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 **Save & 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.

Table II-7

QIP - Submission

Enter/Edit - F. Prior Focus
   MAO Name: EXAMPLE CONTRACT 1
   Contract Number: Z0001
   Plan: Non-SNP
   Project Cycle: Contract Year 2013 - Baseline
   Quality Improvement Project (QIP) Title: Reducing All-Cause Hospital Readmissions:
   Focus: Clinical
   Domain: Domain

   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

   | << Previous | Save & Exit | Save & Next >> |

Go To: *QIP Start Page*

On the **PLAN Section (G1)** screen (Table II-8), 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 timeframe.

One goal for each *QIP* is identified regardless of the number of intervention(s). All *interventions* should be working toward 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 carried through. '*Intervention*' will auto-populate from 'Planned *Intervention*.' (Note: Users cannot edit text that has been auto-populated from a different section.)

G1a. Target Goal
(Character Limit: 4,000)
For "G1a. Target Goal," provide a detailed and in-depth description consistent with the 'Basis for Selection' section, including: 1) how the target goal will benefit the MA plan's *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.

G1b. *Benchmark*

For "G1b. *Benchmark,*" 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. 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*).

Note that only one type of *benchmark* may be selected for G1b. If the MA plan is using more than one type of *benchmark*, select the primary *benchmark* type here and state the other *benchmark* sources in the "G1c. Rationale" description below.

G1c. Rationale
(Character Limit: 4,000)
For "G1c. Rationale," 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.

G1d. Planned Intervention
(Character Limit: 4,000)
For "G1d. Planned Intervention," 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. The user may enter up to three *interventions* that relate to the overall goal of the *QIP* by using 'Add' button.

G1e. Inclusion Criteria
(Character Limit: 4,000)
For "G1e. *Inclusion Criteria,*" 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.

"*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.

G1f. Methodology
(Character Limit: 4,000)
For "G1f. *Methodology,*" 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.

G1g. Timeframe
(Character Limit: 4,000)
For "G1g. Timeframe," 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.

Note:
- The *QIP* 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 *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 **Save & 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 **Save & 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.

After entering all information for all *intervention*s, click **Save & Next** to get to the **PLAN Section (G2)** screen.

Table II-8

QIP - Submission

Enter/Edit - G1. Target Goal and Benchmark

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2013 - Baseline
Quality Improvement Project (QIP) Title: Reducing All-Cause Hospital Readmissions: Background Qip Title
Focus: Clinical
Domain: Domain

G.Project Goal and Benchmark
G1. Target Goal and Benchmark
G1a. Target Goal

G1b. Benchmark
○ Baseline
○ Internal
○ External

G1c. Rationale

Intervention 2
G1d. Planned Intervention

G1e. Inclusion Criteria

G1f. Methodology

G1q. Timeframe

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

[Add]   [Delete]

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

Go To: *QIP Start Page*

On the **PLAN Section (G2)** screen (Table II-9), use the form displayed on the screen to describe the risk assessment.

After completing Plan sections G2b-G2d, click **Save & Next**, which will take the user to the **PLAN Section (H)** screen.

G2b. Target Audience
(Character Limit: 4,000)
For "G2b. *Target Audience,*" 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.

G2c. Anticipated *Barrier*
(Character Limit: 4,000)
For "G2c. Anticipated *Barrier,*" 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.

G2d. Mitigation Plan
(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*. For "G2d. *Mitigation Plan,*" provide a detailed and in-depth description that includes: 1) the mitigation plan that will be implemented should the *barrier* occur; and, 2) how the plan is expected to mitigate the *barrier*.

Note:
- If the *QIP* already includes more than one *intervention*, then upon clicking **Save & 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 **Save & 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.

Table II-9

QIP - Submission

Enter/Edit - G2. Risk Assessment

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Plan: Non-SNP
Project Cycle: Contract Year 2013 - Baseline
Quality Improvement Project (QIP) Title: Reducing All-Cause Hospital Readmissions: Background Qip Title
Focus: Clinical
Domain: Domain

G2. Risk Assessment
Intervention 1
G2a. Intervention: Inter 1 G1d

G2b. Target Audience

G2c. Anticipated Barrier

G2d. Mitigation Plan

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

Go To: *QIP Start Page*

STEP 10

On the **PLAN Section (H)** 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 that is approving the project. This section must be completed in full. Once the Medical Director or designee approves the *QIP* submission and clicks **Save & Next**, the user is taken to the **PLAN Submission Verification** screen.

Table II-10

HPMS
Health Plan Management System

Health Plan Management System
Home

QIP - Submission

Enter/Edit - H. Plan Section Approval
    MAO Name: EXAMPLE CONTRACT 1
    Contract Number: Z0001
    Plan: Non-SNP
    Project Cycle: Contract Year 2013 - Baseline
    Quality Improvement Project (QIP) Title: Reducing All-Cause Hospital Readmissions:
    Focus: Clinical
    Domain: Domain

    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)

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

Go To: *QIP Start Page*

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**. Click **Edit** to return to the screens to **Contract/Plan/Topic Selection** screen, and user may select the topic created to edit. After clicking **Submit** the user will be taken to the **PLAN Submission Confirmation** screen (Table II-12) that includes the following message: "Your data has been submitted."

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

Reminder: The CY 2013 submission is complete at this step, as only the Plan section is to be submitted for review.

Table II-11

QIP - Submission

PLAN Submission Verification

A. 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:	

B. Background

Quality Improvement Project (QIP) Title:	Reducing All-Cause Hospital Readmissions:
Focus:	Sample Text
Domain:	Sample Text

C. Data Sources Used for Problem Identification

Claims (Medical, Pharmacy, Laboratory)
Plan Data (complaints, appeals, customer service)
Surveys (enrollee, beneficiary satisfaction, other)
Other Sources: Other Sources Text

D. Based on Model of Care

(4) Interdisciplinary Care Team
(8) Individualized Care Plan

E. Basis of Selection

E1. Description of the QIP:	Sample Text
E2. Impact on Member:	Health Outcomes Other: Sample Text
E3. Anticipated Outcomes:	Sample Text
E4. Rationale for Selection:	Sample Text

F. Prior Focus

Description of any previous attempts to address the problem.	Previous Cycle

Intervention 1

F1. Cycle/Year:	Sample Text
F2. Intervention:	Sample Text
F3. Outcome Achieved:	Sample Text
F4. Priority Assessed:	Sample Text

Intervention 2

F1. Cycle/Year:	Sample Text
F2. Intervention:	Sample Text
F3. Outcome Achieved:	Sample Text
F4. Priority Assessed:	Sample Text

Intervention 3

F1. Cycle/Year:	Sample Text
F2. Intervention:	Sample Text
F3. Outcome Achieved:	Sample Text
F4. Priority Assessed:	Sample Text

G. Project Goal and Benchmark

G₁. Target Goal and Benchmark

G1a. Target Goal:	Sample Text
G1b. Benchmark:	Sample Text
G1c. Rationale:	Sample Text

Intervention 1

G1d. Planned Intervention:	Sample Text
G1e. Target Population:	Sample Text
G1f. Methodology:	Sample Text
G1g. Timeframe:	Sample Text

Intervention 2

G1d. Planned Intervention:	Sample Text
G1e. Target Population:	Sample Text
G1f. Methodology:	Sample Text
G1g. Timeframe:	Sample Text

G₂. Risk Assessment

Intervention 1

G2a. Intervention:	Sample Text
G2b. Target Audience:	Sample Text
G2c. Anticipated Barrier:	Sample Text
G2d. Mitigation Plan:	Sample Text

Intervention 2

G2a. Intervention:	Sample Text
G2b. Target Audience:	Sample Text
G2c. Anticipated Barrier:	Sample Text
G2d. Mitigation Plan:	Sample Text

H. Plan Section Approval:

(Medical Director)

Name of Individual:	Sample Text
Title:	Sample Text
E-mail Address:	Sample Text
Phone:	Sample Text
Date of Approval:	Sample Text

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

[Edit] [Submit]

Go To: *QIP Start Page*

Table II-12

QIP - Submission

QIP Plan 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		John Smith	test@test.com
Z0001		John Smith	test@test.com
Z0001		John Smith	test@test.com

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

Go To: QIP Start Page

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 the 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 *QIP*.

Once the Plan section is approved, the user can begin to implement the *QIP*.

III. ANNUAL UPDATE

The **Annual Update** section allows users to describe the implementation, progress and ongoing activities of their *QIP* initiatives. The *QIP* 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 *QIP* 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 *QIP*, the user will be unable to edit the Annual Update section.
- Only approved CY 2012 *QIP* Plan sections can submit the *QIP* 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 *QIP* **Start Page** click on the **Annual Update** 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

On the **Contract/Plan/Topic 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. Users must create an individual *QIP* 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 (e.g., 006, 007). However, users must create the same *QIP* for all of the non-*SNP* coordinated care plans offered under a contract. 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 *QIP* topic that has been established for that specific plan. The mandatory topic will appear with an "M" in front of it. Select the "(M) Reducing All-Cause Hospital Readmissions" option. Then click **Next**, which will take the user to the **DO SECTION (I)** screen.

Table III-2

STEP 3

On the **DO Section (I)** screen (Table III-3)**,** describe any barrier(s) encountered, its effect(s), and associated mitigation strategies. The information reported in the DO Section should reflect the implementation of the QIP. Note that the **MAO Information** will default to MAO information that was already entered in HPMS for that particular plan.

After completing Do sections I1 – I6 as applicable, click **Save & Next**, which will take the user to the **STUDY Section (J)** screen.

I1. Goal
Will default to information that was entered in the approved CY 2012 PLAN section for that particular contract.

I2. Benchmark
Will default to information that was entered in the approved CY 2012 PLAN section for that particular contract.

I3. Intervention
Will default to information that was entered in the approved CY 2012 PLAN section for that particular contract.

I4. Target Audience
Will default to information that was entered in the approved CY 2012 PLAN section for that particular contract.

I5. Timeframe
The timeframe is reflective of the reporting period and is specified as "January 1, 2013 through Annual Update Period." Because this is the first Annual Update in the 3-year *QIP* 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.

I6. Barriers Encountered
At "I6. 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 (J)**.

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 *QIP* has experienced particularly significant barriers on the PBP level, the MAO should indicate the details of those barriers, including the affected PBP numbers. (Character Limit: 4,000)

Mitigation
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)

Table III-3

HPMS
Health Plan Management System

QIP - Annual Update

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Contract Year 2013 - Annual Update 1
Quality Improvement Project (QIP) Topic: Sample Text
Focus: Non-clinical
Domain: Domain

Enter/Edit - DO Section (I) - I. Goal and Benchmark

I1. Goal: Sample Text

I2. Benchmark: Baseline

I3. Intervention: Intervention 1
                              Planned Intervention: Sample Text
                              Target Population: Sample Text
                              Methodology: Sample Text
                              Timeframe: Sample Text

I4. Target Audience: Intervention 1
                              Target Audience: Sample Text

I5. Timeframe: January 1, 2013 through Annual Update Period.

I6. 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: *QIP Start Page*

STEP 4

On the **STUDY Section (J)** 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 (J)** should reflect an evaluation of the intervention(s) implemented during the first year of the *QIP*.

After completing Study sections J1 – J6, click **Save & Next**, which will take the user to the **ACT Section (K)** screen.

J1. Total Population
(Number)
At "J1. 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 (J6) below, as the total population included in the study section may be different from what was estimated in the Plan section.

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.

J2. Numerator
(Number)
At "J2. 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.

J3. Denominator
(Number)
At "J3. Denominator," provide the total number of plan members that met inclusion criteria and were eligible to receive the project 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 QIP, 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>.*

J4. Results and/or Percentage
(Character Limit: 4,000)
At "J4. 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 *QIP* 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.*

J5. Other Data or Results
(Character Limit: 4,000)
At "J5. 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.

J6. Analysis of Results or Findings
(Character Limit: 4,000)
At "J6. Analysis of Results or Findings," provide a detailed analysis and description of the *QIP* 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 *QIP* may also use this field to describe any significant PBP-specific results where appropriate.

Table III-4

HPMS
Health Plan Management System

Health Plan Management System
Home

QIP - Annual Update

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Contract Year 2013 - Annual Update 1
Quality Improvement Project (QIP) Topic: QIP Title
Focus: Non-clinical
Domain: Domain

Enter/Edit - STUDY Section (J) - J. Results and Findings

J1. Total Population: (Number)

J2. Numerator: (Number)

J3. Denominator: (Number)

J4. Results and/or Percentage:

J5. Other Data or Results:

J6. Analysis of Results or Findings:

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

Go To: *QIP Start Page*

On the **ACT Section (K)** screen (Table III-5)**,** describe the next steps for the *QIP* 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 *QIP* in the upcoming year. The MAO should also describe best practices and lessons learned as applicable.

After completing Act sections K1 – K4, click **Save & Next**, which will take the user to the *QIP* **Annual Updates Review** screen.

K1. Action Plan
At "K1. Action Plan," select any Action Plans that your *QIP* will take in the upcoming 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 *QIP*'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 *QIP*. Provide a detailed description of changes in the Action Plan Description. (Character Limit: 4,000)

If your *QIP* 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 *QIP* unchanged in the Action Plan Description.

K2. Action Plan Description
(Character Limit: 4,000)
At "K2. 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.

K3. Describe "Best Practices"
(Character Limit: 4,000)
At "K3. Describe "Best Practices," discuss 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 *QIP*, 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.

K4. Describe "Lessons Learned"
 (Character Limit: 4,000)
At "K4. 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

HPMS
Health Plan Management System

QIP - Annual Update

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Contract Year 2013 - Annual Update 1
Quality Improvement Project (QIP) Topic: QIP Title
Focus: Non-clinical
Domain: Domain

Enter/Edit - ACT Section (K) - K. Next Steps

K1. Action Plan: (check all that apply)
- ☑ Revise intervention
- ☐ Revise methodology
- ☐ Change goal
- ☐ Other

Other:

K2. Action Plan Description:

K3. Describe "Best Practices":

K4. Describe "Lessons Learned":

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

Go To: QIP Start Page

STEP 6

On the *QIP* **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 *QIP* Annual Update data has been submitted."

Notes: If **Edit** option is selected on the *QIP* **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 *QIP* 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

QIP - Annual Update

MAO Name: EXAMPLE CONTRACT 1
Contract Number: Z0001
Identification Number: Non-SNP
Project Cycle: Contract Year 2013 - Annual Update 1
Quality Improvement Project (QIP) Topic: Sample Text
Focus: Non-clinical
Domain: Domain

Note: Your QIP 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.

QIP Annual Update Review

DO Section (I) - I. Goal and Benchmark

I1. Goal:	Sample Text
I2. Benchmark:	Baseline
I3. Intervention:	**Intervention 1**
	Planned Intervention: Sample Text
	Target Population: Sample Text
	Methodology: Sample Text
	Timeframe: Sample Text
I4. Target Audience:	**Intervention 1**
	Target Audience: Sample Text
I5. Timeframe:	**January 1, 2013 through Annual Update Period.**
I6. Barriers Encountered:	

STUDY Section (J) - J. Results and Findings

J1. Total Population: (Number)	Sample Text
J2. Numerator: (Number)	Sample Text
J3. Denominator: (Number)	Sample Text
J4. Results and/or Percentage:	Sample Text
J5. Other Data or Results:	Sample Text
J6. Analysis of Results or Findings:	Sample Text

ACT Section (K) - K. Next Steps

K1. Action Plan:	Revise intervention
K2. Action Plan Description:	Sample Text
K3. Describe "Best Practices":	Sample Text
K4. Describe "Lessons Learned":	Sample Text

[Edit]   [Submit]

Go To: QIP Start Page

Table III-7

HPMS
Health Plan Management System

Health Plan Management System
Home

QIP - Annual Update

Your QIP Annual Update 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		John Smith	test@test.com
Z0001		John Smith	test@test.com
Z0001		John Smith	test@test.com

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

OK

Go To: _QIP Start Page_

IV. 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.
- When copying a section, the source and target sections cannot be for the same plan.

QIP 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 *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 IV-1

QIP 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.

QIP Reports - Access and View the QIP Reports.

Go To: HPMS Home

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 *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 IV-2

On the **Copy Verification** screen (Table IV-3), review all information for accuracy, and then click **Copy** to get to the **Copy Confirmation** (Table IV-4) screen.

The **Copy Confirmation** screen included the following notes:
- Please remember to review the SOURCE data for accuracy before you copy the information.
- 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.

Table IV-3

HPMS
Health Plan Management System

Health Plan Management System
Home

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:(M) Reducing All-Cause Hospital Readmissions: Example Topic

2. Selected TARGET Contract Criteria
Contract:Z0002
Plan:001
Topic: (M) Reducing All-Cause Hospital Readmissions: Copy of Example Topic

[Previous] [Copy]

Go To: *QIP Start Page*

Table IV-4

HPMS
Health Plan Management System

Health Plan Management System
Home

QIP - Copy

Copy Confirmation

The information is successfully duplicated and saved.

[OK]

Go To: *QIP Start Page*

V. UPLOAD

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

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).

<u>STEP 1</u>
As shown in Table V-1, on the *QIP* **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 *QIP* **Start Page**.)

Table V-1

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. 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 V-3).

Table V-2

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: Select a Plan: Select a QIP Topic:
Z0001 / Non-SNP / (M) Reducing All-Cause Hospital Readmissions: Example Topic
Z0002
Z0003

Select file for upload: [   ] [Browse...]

[Next]

Go To: *QIP Start Page*

Table V-3

QIP - Upload
Upload Confirmation

The file is successfully uploaded and saved.

[OK]

Go To: *QIP Start Page*

VI. QIP REPORTS

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

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

<u>STEP 1</u>
As shown in Table VI-1, on the *QIP* **Start Page** click on the *QIP* **Reports** link on the Left Navigation Bar to get to the *QIP* **Reports - Select a Report** screen, Table VI-2. (See Chapter I: Getting Started for help getting to the *QIP* **Start Page**.)

Table VI-1

HPMS
Health Plan Management System

Health Plan Management System
Home

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

QIP 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.

QIP Reports - Access and View the QIP Reports.

Go To: HPMS Home

Top of Page
Back

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

Table VI-2

COMMUNICATION REPORT

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

STEP 3

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

Table VI-3

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.

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 Q*IP* submission and the ability to view each submitted version of the Q*IP*.

<u>STEP 6</u>

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.
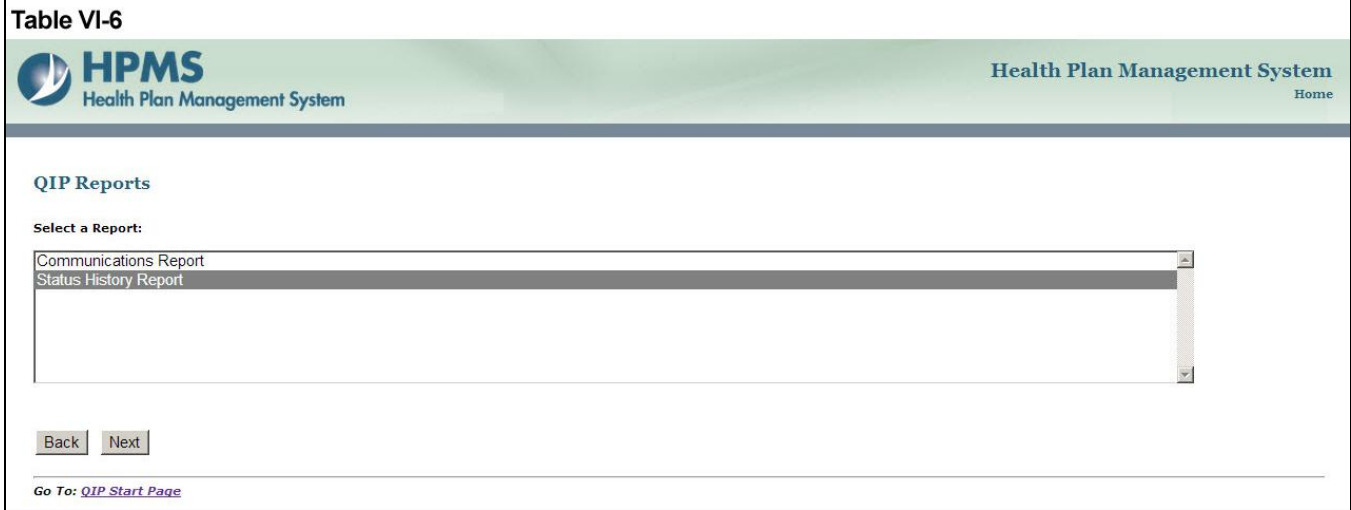
Table VI-6

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 *QIP*.

Table VI-8a

To view the details of the submitted *QIP*, 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.

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
• QIP Questions	CMS MA Quality 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**.**

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   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.

Domain   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.

- 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   Defined parameters used to determine whether an enrollee may or may not be eligible to participate in the program/project or particular intervention.

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.
Models of Care (MOC)	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)
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.
Priority	Precedence, especially established by order of importance or urgency. • 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.
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)
Mitigation Plan	A timely action to correct and prevent significant suspected or identified systemic problems or barriers that could prevent the goal from being reached.
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 QIP.