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To: Darlene Anderson
Centers for Medicare & Medicaid Services
Department of Health & Human Services

From: Barbara Reid
PSMG Regulatory Affairs
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Date: June 16, 2010

Re: CMS-10209 (OMB#: 0938-NEW); *Chronic Care Improvement Program and Medicare Advantage Quality Improvement Project*

We have reviewed the *Chronic Care Improvement Program and Medicare Advantage Quality Improvement Project* collection in response to the notice published in the April, 23, 2010 Federal Register (75 FR 21296). The comments below are provided on behalf of Ovations and other UnitedHealth Group affiliates, including AmeriChoice, that manage Medicare Advantage and Part D business (collectively "United").

1. In the proposed rule released October 22, 2009, *Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs*, CMS proposed changes to both the Chronic Care Improvement Program (CCIP) and the Quality Improvement Program (QIP). The changes included CMS identifying the QIPs that organizations must conduct and selecting the areas of focus for CCIPs. This selection by CMS, based solely on reported data, may lead to the implementation of programs that are not as beneficial to the member as a plan selected program. Since a plan is more familiar with its members' needs, it could more successfully implement programs of value to the members if provided a choice of programs or areas of focus from which to select an appropriate program.

We recommend that when developing the CCIP/QIP standards, CMS retain the flexibility of providing organizations a choice of areas to focus on for both the CCIPs and QIPs and allowing plans to select the one(s) most beneficial to their members.

2. Chapter 5, Quality Assessment, of the Medicare Managed Care Manual (MMCM) has not been updated to reflect changes in the quality program since January 2006. This forces organizations to look to various other resources to stay current with quality requirements.

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We recommend updating Chapter 5 of the MMCM on a regular (yearly) basis to reflect changes in the quality program requirements. Consolidating the updated quality program requirements into the one chapter would assure consistent understanding and application of the program across the industry.

We greatly appreciate the opportunity to comment, and we look forward to continuing to work with CMS to develop successful products and services for Medicare beneficiaries. If you have any questions or concerns on our comments, please contact me at 715-832-5235 or via email at barbara_reid@uhc.com.