OVATIONS
A UnitedHealth Group Company

To: OMB, Office of Information and Regulatory Affairs
Attention: CMS Desk Officer

Submitted via e-mail to: OIRA_submission@omb.eop.gov

From: John Degan
Regulatory Affairs
Public and Senior Markets Group
UnitedHealth Group

Date: August 16, 2010

Re: Comments on templates related to Medicare Advantage Quality Improvement Projects (QIP) and Chronic Care Improvement Programs (CCIPs) (Form # CMS-10209, OMB # 0938-1023).

We have reviewed the notice and related material regarding the submission of Quality Improvement Projects (QIP) and Chronic Care Improvement Programs (CCIP) using the QIP and CCIP Reporting templates as published in the July 2, 2010 Federal Register (75 FR 38530). The below comments are provided on behalf of Ovations and other UnitedHealth Group affiliates, including AmeriChoice, that manage Medicare Advantage plans.

Our comments are based on the unnecessary collection of QIP and CCIP information by both accrediting bodies and CMS.

Pursuant to federal laws and regulations, an MA organization (MAO) may be deemed to be in compliance with specified Medicare requirements if the MAO is accredited by a national accrediting organization approved by CMS. 42 CFR § 422.156(a). One of the specified Medicare requirements that can be deemed is "Quality Improvement." § 422.156(b). Pursuant to this authority, QIP and CCIP requirements are deemed to have been met when completed as part of the accreditation process. CMS also recently noted that "MA organizations that participate in the quality improvement deeming program will be subject to the standards of their accreditation organization." Preamble, Medicare Program; Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs, April 15, 2010 Federal Register (75 FR 19678, 19757).

On July 9, 2010, CMS issued a memo requiring MAOs to submit information on their QIPs and CCIPs using standardized templates. These submissions are required for all organizations, even those participating in the quality improvement deeming program for QIP and CCIP. Submission

of this information to both CMS and the accrediting organization is not an efficient use of resources due to:

- Differences in the reporting templates used by CMS and NCQA that creates many hours of unnecessary work to accommodate differences in the templates and complete separate submissions.
- Payments to accrediting organizations and other costs arising from the deeming process are unnecessary if dual submissions will continue to be required.
- Submissions to an accrediting organization should be deemed sufficient for assessing compliance with the QI and CCIP requirements.

Based on the above concerns, we make the following two comments:

(1) CMS clarify whether QIP and CCIP submissions will need to be separately made to CMS on an annual basis for all MAOs (both accredited or non-accredited MAOs). This will allow MAOs to make an informed decision as to whether participating in the deeming program is an efficient use of resources.

(2) If CMS does anticipate continued annual QIP and CCIP submissions, one way to reduce the burden of this collection requirement is to same standards and reporting requirements are applied by CMS, NCQA and other accrediting bodies.

We appreciate the opportunity to comment and look forward to continuing to work with the Centers for Medicare and Medicaid Services to develop successful products and services for beneficiaries. If you have any questions or concerns on these comments, please contact me at (952) 931-4430 or john_j_degan@uhc.com.