



August 16, 2010

Office of Management and Budget
Office of Information and Regulatory Affairs
Attention: CMS Desk Officer

Re: CMS-10209 (OMB#: 0938-1023)

Dear Sir or Madam:

I am writing on behalf of America's Health Insurance Plans (AHIP) in response to the notice published under the Paperwork Reduction Act (PRA) in the Federal Register (75 FR 38530) on July 2, 2010, by the Centers for Medicare & Medicaid Services (CMS) concerning the "Chronic Care Improvement Program and Medicare Advantage Quality Improvement Project." AHIP is the national association representing nearly 1,300 member companies providing health care coverage to more than 200 million Americans. The draft reporting templates are of significant interest to AHIP's member organizations, many of which participate in the Medicare Advantage (MA) program. Our comments appear below.

GENERAL COMMENTS

- **Retention of existing QIP and CCIP reporting requirements.** The Supporting Statement indicates on page one under section "A. Justification," item "3. Use of Information Technology," that MA organizations will be required to submit QIP and CCIP data to CMS using the templates that are the subject of the July 2 Federal Register notice. The notice does not reference the current CMS policy that permits MA organizations that achieve deeming with CMS-approved accrediting organizations (AOs) to satisfy CMS reporting requirements for Quality Improvement Projects (QIPs) and Chronic Care Improvement Programs (CCIPs) through submissions to these AOs and in the form they specify. CMS recently affirmed this policy in the preamble to the CMS' final MA and Part D regulation published in the *Federal Register* on April 15, 2010 (75 FR 19757). However, under a recently announced initiative CMS is requiring all MA organizations, including deemed organizations, to submit reports on certain QIPs and CCIPs by August 31, 2010, to CMS' contractor using CMS templates. We request confirmation that neither the July 2 Federal Register notice nor the current CMS initiative are intended to change CMS' policy on QIP and CCIP reporting for deemed MA organizations. We would have serious concerns about any changes to the current approach to QIP and CCIP reporting by deemed organizations that would result in



duplicative reporting and could undermine the value of deeming to MA organizations and CMS and urge the agency to provide an opportunity for comment if such changes are considered.

- **QIP and CCIP reporting due August 31, 2010.** In addition to the issue above regarding ongoing reporting requirements for deemed MA organizations, we have identified several other issues related to use of the CMS QIP and CCIP reporting templates and the related review process that are raised by CMS' requirement for QIP and CCIP reporting that is due on August 31 2010, as discussed below.

- + While we appreciate the brief description of the CMS initiative in the agency's initial July 9, 2010 memorandum, we recommend that CMS provide additional information about the genesis and goals of this effort, as well as additional information about the review process and detailed information about the criteria that will be used to evaluate the QIP and CCIP projects and determine whether a corrective action plan is needed. The agency's contractor, Optimal Solutions, characterizes this activity as an "audit" in Frequently Asked Questions (FAQs) posted on its website, and it will be important for MA organizations to have a full and clear understanding of the basis for the evaluations and how CMS and its contractor will utilize the findings.

To provide an opportunity for MA organizations to raise questions concerning the initiative and issues that may merit CMS consideration, we also urge CMS and its contractor to provide a detailed briefing for MA organizations regarding the evaluation process, project/program scoring methodology, and basis for CAP determinations. Such a briefing will be particularly valuable because a number of the QIPs and CCIPs that will be evaluated were initiated prior to Optimal Solutions involvement in such reviews, and MA organization experience with the contractor to date suggests that Optimal Solutions may apply new interpretations of applicable criteria that it will be important for MA organizations to understand.

- + In addition, the FAQs on the Optimal Solutions website indicate that the reference in the templates to "the enclosed Guide to Completing the Chronic Care Improvement Program (or Quality Improvement Program Project) Reporting Template" containing information on how to fill out the templates consists of the instructions placed throughout the templates. (See Q & A #8.) It is our understanding that more detailed instructions were provided by MAQROs in the past along with training. We recommend that a guide(s) be issued containing more detailed information about completing the templates and that CMS and its



contractor offer training to promote consistent compliance with completion of the template.

SPECIFIC COMMENTS

Supporting Statement

A. Justification

12. Burden Estimate.

- + **Criteria for QIP and CCIP evaluation (pages 2-3).** In the discussion of the Burden Estimate, the Supporting Statement describes the responsibilities of the reviewers in the primary review process for a QIP or CCIP, including scoring the project/program according to “predetermined criteria.” To ensure that MA organizations can take the steps necessary to meet CMS requirements by incorporating required elements into their projects/programs during the planning and design phases, it is important that CMS and its contractor provide detailed information about the criteria and scoring approach that will be applied in evaluating their projects/programs. As discussed above, MA organizations have limited experience with the application of review criteria by Optimal Solutions, and we recommend that CMS and its contractor ensure transparency in the evaluation process by issuing the review criteria and scoring methodology and providing a briefing that includes an opportunity for MA organization questions and comments. (We note that for deemed organizations that report to NCQA on QIPs and CCIPs, the AO includes a detailed description of the criteria and scoring approach in the materials provided to these organizations.)
- + **Corrective Action Plan (CAP) Review Process (pages 3-4).** The Supporting Statement indicates that Optimal Solutions must review MA organization CAP submissions and provide technical assistance. As explained above in addition to our recommendation that CMS issue the criteria and scoring methodology for MA organization QIPs and CCIPs, we recommend that the related criteria for determining whether a CAP will be required also be issued. This information will be needed by Optimal Solutions to carry out its responsibilities and should also be provided to MA organizations so that they can understand the basis for CMS’ finding that a CAP is required.

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We have appreciated the opportunity to comment. Please contact me if additional information would be helpful or if you have questions about the issues we have raised. I can be reached at (202) 778-3209 or cschaller@ahip.org.

Sincerely,

A handwritten signature in cursive script, reading "Candace Schaller". The signature is fluid and elegant, with a long horizontal flourish extending to the right.

Candace Schaller
Senior Vice President, Federal Programs