

The questions and answers listed below are related to the Quality Assessment Performance Improvement (QAPI) National and Medicare +Choice Organization (M+CO) Selected Projects and the implementation of those projects. Many of these questions were recorded during the Medicare+Choice Quality Review Organizations (M+CQRO) training sessions in November and December 2000.

In the future, HCFA intends to clarify QAPI implementation issues in the Quality Chapter of the Medicare Managed Care Manual. Until such time as the manual is released, we will continue to update issues on the HCFA.gov web page. If you have other questions, need further clarification, or feel that you have an unusual circumstance that requires attention on QAPI projects, please contact your Regional Office Representative.

Approval

- Q1. How does an M+CO obtain approval on a collaborative or multi-year project?
A1. Approval from HCFA will only be needed on two types of projects: collaborative projects with other M+COs and multi-year projects. If the M+CO collaborates with a Peer Review Organization (PRO) in the development and implementation of a QAPI project, then HCFA approval of that project is not needed. The PRO must still go through its regular processes for obtaining approval on collaborative projects.
The yearly surveys sent out by HCFA regarding QAPI topics and completion dates are for informational purposes only and do not constitute approval.
The approval request form will be on the hcfa.gov web-site by mid-year. The M+CO would fill out that form and send it to the designated address. The M+CO should identify the intention to do a multi-year or collaborative project well in advance of the proposed implementation date.
- Q 2. What is considered a multi-year project?
A 2. A multi-year project is considered a more complex project which, generally, is not expected to achieve demonstrable improvement for several years (i.e., more than three years). Please refer to QISMC Document Standard 1.3.7 for further description. The national projects and M+CO selected projects are not considered multi-year projects, in this context, even though they are conducted over several years. Approval to conduct a multi-year project must be obtained prior to implementation of the project. A "regular" national or M+CO selected project cannot be converted into a multi-year project without prior approval.

Data

- Q 3. Will the database into which our QAPI project information is entered, be secured?
A 3. The information provided to HCFA from the Project Completion Report will go into HCFA's Health Plan Management System (HPMS) database. The site is secured and only authorized users have access to the various parts of the database.
- Q 4. Can we import data into the Project Completion Report?
A 4. At this time, M+CO will not be able to import entire documents. However, they will be able to cut and paste into the Report. HCFA is currently working on expanding the capabilities of this electronic submission. HCFA will notify the M+COs of any changes in the electronic capabilities of the Project Completion Report.
- Q 5. Will the M+CO be able to determine what information they consider proprietary on the report tool?
A 5. Yes, the M+CO will be able to determine what information they consider proprietary on the reporting tool. HCFA will not release any information marked proprietary.
- Q 6. What time period is allowable for baseline data QAPI project?

- A 6. HCFA requires that the data period for a QAPI project be either in the year of the project or from one year before. For example, in implementation of a 2001 QAPI Project, the data collected may be from either year 2000 or year 2001.
- Q 7. Will there be a process for assessing the integrity of the data submitted by the M+CO?
- A 7. HCFA may conduct random reviews (not the M+CQRO evaluatory reviews) on a percentage of QAPI Projects. These reviews will be done in one of two ways. HCFA may request that a M+CO supply all necessary documentation to support the QAPI project or may send reviewers to the M+CO for the review.
- Q 8. What are requirements that M+COs must adhere to when they choose to sample in a QAPI project?
- A 8. When sampling is used, M+COs are required to “ensure that the data collected validly reflects the performance of all practitioners and providers...whose activities are the subject of the indicator “ and “the care given to the entire population ...to which the indicator is relevant”. Any sampling must be “random, valid, and unbiased” (QISMC document standard 1.4.4.2). Stratified sampling may also be acceptable as long as it meets the criteria expressed in the QISMC document. Generally, if a M+CO appropriately uses HEDIS type methodology, this will be considered acceptable. If a M+CO is experiencing difficulty in determining sample size or methodology, they should contact their state PRO.
- Q 9. Has HCFA determined any required sample sizes?
- A 9. No. The sample size is to be determined by the M+CO and must be of sufficient size to achieve an appropriate level of confidence in the measurement estimates.

Demonstrable Improvement

- Q 10. Will I receive a corrective action request if my QAPI project does not achieve demonstrable improvement, defined as a 10% reduction in performance gap?
- A 10. No. HCFA will not take corrective action against M+COs based on level of improvement for the National and M+CO Selected Projects at this time. HCFA will use the data from these projects as a basis for potential refinement of the definition of demonstrable improvement in the future. However, the M+CO is still expected to conform with all other aspects of the QAPI Projects. In addition, HCFA will be meeting with nationally recognized accrediting organizations to seek a common definition of demonstrable improvement.
- Q 11. In determining our performance gap, can a M+CO determine its own goal and then decrease the gap between the current performance level and the designated goal? Or will our performance gap be based on a goal of 100%?
- A 11. The performance gap is to be based on a goal of 100%. Varying instructions on how to calculate that performance gap have been given to M+COs by HCFA. As a result of a variety of issues, including this one, HCFA has determined that corrective action based on level of improvement will not be taken against M+COs, as noted above in Q10.

Reporting

- Q 12. When are M+COs required to report on their completed QAPI projects?
- A 12. The M+CO will have ninety days from the completion of their project to electronically submit their Project Completion Report to the M+CQRO. The completion date of a project is generally the date from which the last data run of the project was completed which demonstrates the

improvement. We expect this date to be the end of the assumed 3-year project cycle. The M+CO determines the actual date of project completion. However, if using HCFA standardized measures, see question 13.

Q 13. What if a M+CO uses HEDIS data? The reports are issued in June of the following year. For example, for a 2000 Diabetes project, if an M+CO uses HEDIS, our final calculation of demonstrable improvement would not be available until June 2004, but our project was due to be completed by the end of 2003.

Q 13. For those organizations that are using HCFA approved standardized measurements, such as HEDIS, CAHPS, or HOS, allowances will be made to accommodate these predetermined reporting timeframes. For instance, if an organization used HEDIS measurements in their 2000 project, typically, we would expect that the project is completed by the end of 2003. However, in this case, we would accept the Project Completion Report after the audited HEDIS results were announced in June 2004. It will be assumed that during year 2004, the M+CO is working on sustaining their improvement for reporting in 2005. If this is the case for your organization, you should notify your regional office representative.

Q 14. Does a M+CO report on the QAPI project even if they did not achieve demonstrable improvement?

A 14. Even if the organization has not achieved demonstrable improvement, they must report by the end of the 3-year cycle. The M+CQROs will evaluate the project and make recommendations as to how the M+CO can best achieve the improvement.

Q 15. What is the reporting unit for QAPI projects?

A 15. M+COs will report on their QAPI project at the H number level or less. In other words, a M+CO cannot report on a unit larger than a single H number, but will be allowed to segment their single H number into smaller units. Each segment will then have its own unique password and code into the M+CQRO/ HPMS database.

Review

Q 16. Why is HCFA only reviewing the QAPI projects at the completion?

A 16. HCFA is providing flexibility to the M+CO to conduct their QAPI projects as they determine to be most appropriate, while adhering to the QAPI requirements. This approach also attempts to decrease the reporting burden that M+COs have voiced concerns about.

Q 17. Will Regional Office staff be reviewing QAPI projects during site visits?

A 17. The Regional Office staff will not be evaluating QAPI Projects during their site visits to a M+CO. They may be engaged in a dialogue with the M+CO to provide guidance and support when requested by the M+CO. However, the Regional Office staff will continue to review and evaluate the administration of QAPI Program and the Health Information System.

Tools

Q 18. When will the Project Completion Report be available on the web?

A 18. HCFA's goal is to have the web-based Project Completion Report available for use on our website in August 2001. M+COs are not required to submit QAPI Project Completion Reports until the electronic tool is available for use. M+COs will not be penalized in any way as a result of timeliness issues related to the availability of the electronic tool. HCFA will notify the M+COs when the electronic Project Completion Report is ready for project report submission.

Q 19. When will the Project Completion Report be final, and not a draft?

A 19. Currently the Project Completion Report is in draft form. After the M+CQRO team completes the pilot of the tools and evaluation process, HCFA will make further modification to the tools as necessary. The Project Completion Report must then be sent the Office of Management and Budget for final approval.

- Q 20. Will the M+COs have access to the reviewers guide and scoring tools?
A 20. HCFA intends to make all of the M+CQRO tools available to the public once they are finalized. In the same manner that M+COs have access to the Monitoring Guide, they will have access to the Project Completion Report, Instructional Guide, Reviewer's Guide and QAPI Scoring Methodology.

Congestive Heart Failure (CHF) National Project (please differentiate between the QAPI National Project and the Extra Payment Project)

- Q 21. Do M+COs have to use the required QAPI Quality Indicators (QI) as specified in the OPL?
A 21. In general, yes. However, M+COs who can demonstrate a performance level of 75% or greater on QI#1 and a performance level of 80% or greater on QI#2 on baseline measurement may, at their option, elect to address other indicators of their choice instead.
- Q 22. If a M+CO currently performs at the levels indicated above on both QAPI indicators, who should be notified of the performance level and desire to do an alternative indicator?
A 22. In the case that a M+CO is performing at the requisite levels on both indicators, please notify the Regional Office representative. The Regional Office representative will in turn contact the QAPI Committee for review of your performance levels and proposal for alternative indicator.
- Q 23. What is the optional Medicare+Choice Organizations (M+CO) Heart Failure Data Collection Tool (DCT)?
A 23. The DCT is a data collection tool created by HCFA's National Heart Failure Quality Improvement Project Team to produce the two required QAPI heart failure quality indicators as well as some additional measures of potential interest to M+COs. The paper tool is comprised of 2 pieces - the M+CO Heart Failure DCT Data Collection Form (a question outline to be used when entering abstracted information) and the M+CO Heart Failure DCT Abstraction Instructions (guidelines to be used when answering the questions). The electronic format of the tool will be in Medquest format, with an accompanying (this is being reevaluated at present) analytic program for use with the Medquest tool. It may be used for both the QAPI and Extra Payment Quality Indicators. The tool contains optional data elements which can produce additional optional measures. The tool also contains M+CO-determined fields in case a plan wishes to assess an additional quality indicator (e.g. proportion of CHF patients receiving influenza vaccine).
- Q 24. When will the optional M+CO Heart Failure DCT for CHF chart abstraction be available?
A 24. In an attempt to ensure that the tool meets all necessary standards, an extensive piloting process is underway. HCFA anticipates that the testing will be completed and the tool will be available by May 2001. When the tool is released, PROs will receive training on its use and may assist M+COs who wish to use the tool. Additional questions and answers regarding the DCT will be available when the tool is released.
- Q 25. Who will use this DCT?
A 25. The tool is designed for use by PROs and Clinical Data Abstraction Centers (CDACs). It may also be used by M+COs.
- Q 26. Do PROs, CDACs, and M+COs have to use the DCT?
A 26. No. Its use is entirely optional.
- Q 27. What data sources may be used to complete the DCT?
A 27. M+COs have many available administrative and clinical data sources and are likely to want to use a combination of these to obtain the information needed to calculate the quality indicators. HCFA is making the DCT as flexible as possible to accommodate the multiple potential data sources.

- Q 28. The Quality Indicator specifications in the "Quality Indicator Specifications for use with Optional Medicare+Choice Organizations Heart Failure Data Collection Tool" are slightly different from those in Operational Policy Letter (OPL) 2000.129. How, and why, are they different?
- A 28. The Quality Indicator Specifications for the optional M+CO Heart Failure DCT elaborates on the minimal OPL measurement specifications in two ways:
- The optional DCT also defines some ACEI contraindications potentially ascertainable from administrative or laboratory records. These are listed in the above mentioned specifications.
 - The optional DCT QI specifications excludes from the measurement population those on chronic renal dialysis, since these patients may be volume-overloaded and thus have a different pathologic syndrome from the chronic heart failure targeted in this project. Chronic dialysis patients may be identified by administrative data or through chart abstraction.
- Q 29. Do M+COs have to use the refined QI measurement specifications in the "QAPI QI Specifications for optional Medicare+Choice Organizations Heart Failure Data Collection Tool" for their heart failure QAPI projects?
- A 29. No. M+COs do NOT have to use these specifications for the QAPI project, although many of these specifications are required to be used for the Extra Payment Quality Indicators. Please refer to and note the differences between the measurement specifications for QAPI and Extra Payment projects.
- Q 30. In the out patient population for the National QAPI project, does the CHF diagnosis have to be the principal diagnosis or can it be secondary?
- A 30. For the outpatient population, the CHF diagnosis may be in any position of the four available diagnosis fields on the physician encounter forms. For the inpatient population, CHF must be the principal inpatient discharge diagnosis.
- Q 31. For CHF QAPI, does the member have to have a greater than one day stay in a hospital to be in the population as they do in the optional CHF Extra Payment piece?
- A 31. For the CHF National QAPI project, the inpatient stay does not need to be restricted to greater than one day, although an M+CO may elect to do so if it wishes. Whatever choice the M+CO chooses to make in any aspect of the CHF QAPI project, they need to ensure that they use the same criteria when remeasuring at the end of the project.
- Q 32. Is there a specific time period during which ACEI needs to have been prescribed?
- A 32. For the National QAPI project, the M+CO must document that ACEI was prescribed during the M+CO designated measurement year.
- Q 33. Are there any time limitations on how far a M+CO can look back to find when a LVEF test was done?
- A 33. There are no time limitations for the QAPI QI measures. The optional M+CO Heart Failure Data Collection Tool specifies left ventricular function test performed at any time prior to or during to the measurement year. The EP Quality Indicator specifications are similar to those in the optional QAPI specifications.
- Q 34. Is there any way to identify who has had a test assessing left ventricular function?

The following CPT codes are likely to represent tests assessing LVF:

78468	Myocardial imaging, infarct avid, planar; with EF by first pass technique
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus EF, with or without additional quantitative processing
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus EF, at

	rest and stress (exercise and/or pharmacologic), with or without additional quantification
78480	Myocardial perfusion study with EF
78481	Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or stress (exercise and/or pharmacologic), wall motion study plus EF, with or without quantification
78483	Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus EF, with or without quantification
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus EF, with or without quantitative processing
93303	Transthoracic echo for congenital cardiac anomalies; complete
93304	Transthoracic echo for congenital cardiac anomalies; follow-up or limited study
93307	Echo, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete
93308	Echo, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study
93312	Echo, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93314	Echo, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93315	Transesophageal echo for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93317	Transesophageal echo for congenital cardiac anomalies; image acquisition, interpretation and report only
93350	Echo, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report

The following CPT code may possibly represent a test assessing LVF:

78414	Determination of central c-v hemodynamics (non-imaging) (e.g., EF with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
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The following ICD-9-CM code is likely to represent a test assessing LVF:

88.72	Diagnostic ultrasound of heart
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The following ICD-9-CM codes may possibly represent tests assessing LVF:

88.5x	Angiocardiology, not otherwise specified Angiocardiology of venae cavae Angiocardiology of right heart structures Angiocardiology of left heart structures Combined right and left heart angiocardiology Coronary arteriography using a single catheter Coronary arteriography using two catheters Other and unspecified coronary arteriography Negative-contrast cardiac roentgenography
92.05	Cardiovascular and hematopoietic scan and radioisotope function study

Q 35. If a M+CO has CHF as a M+CO selected project in 2000, how does this affect our implementation of the 2001 CHF National Project?

A 35. For the 2001 CHF National QAPI Project, the M+CO must remeasure the baseline in the designated year. The M+CO may continue both their previously initiated M+CO Selected CHF project and the 2001 National CHF project. However, if the quality indicators for the M+CO selected project are identical to the 2001 National Project and the M+CO is unsure of how to proceed, the M+CO should notify their Regional Office representative. HCFA will review the information presented and make determinations on a case by case basis that will be individualized to the M+CO.

- Q 36. Whom should I contact if I have questions related to my CHF project?
A 36. For policy clarifications on any QAPI project, please contact your Regional Office representative. For technical assistance regarding the conduct of a QAPI project, please contact your state PRO. The M+CQRO will provide support to HCFA and will not be available to respond directly to M+CO questions.

Miscellaneous

- Q37. Has HCFA established any benchmarks?
A37. HCFA has not determined any benchmarks at this time.
- Q38. Has HCFA established any minimum performance levels?
A38. HCFA has not determined any minimum performance levels.
- Q39. When are new M+COs required to initiate QAPI projects?
A39. M+COs are required to initiate both the National and M+CO Selected Projects by the end of their second contract year. This requirement is similar to the timeframes established for HEDIS, HOS and CAHPS.
- Q 40. Must focus areas be selected in any particular order?
A 40. The order in which a M+CO selects the focus areas for their QAPI projects is not mandated by HCFA.
- Q 41. Can we change interventions or focus areas mid-stream? If we do, do we need to notify anyone of this change?
A 41. It is at the M+COs discretion to modify interventions or change focus areas after their QAPI project has started. However, the baseline data must still be from the appropriate year. The M+CO is not obligated to inform anyone of this change, but it may be helpful for regional office staff to be aware of the changes and provide solicited input.

