

10 - Introduction

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In early 2010, the Centers for Medicare & Medicaid Services (CMS) developed a Quality Improvement Strategy for the Medicare Advantage (MA) and Prescription Drug Plan (PDP) Programs based on the 2001 Institute of Medicine (IOM) report. That strategy was expanded in 2011 to reflect the Department of Health and Human Services' (HHS) National Strategy for Quality Improvement in Health Care.

Based on the HHS strategy and the Affordable Care Act, HHS developed the National Quality Strategy (NQS) and the National Prevention Strategy (NPS) and CMS developed and released in June, 2012 its MA and PDP Quality Strategy, entitled "Medicare Advantage and Prescription Drug Plan Quality Strategy: A Framework for Improving Care for Beneficiaries." CMS' MA and PDP Quality Strategy was the culmination of a coordinated staff effort and leadership across CMS.

The MA and PDP Quality Strategy is expected to serve as a framework to advance CMS' continuous quality improvement efforts, establish a culture of improving quality of care and services in the MA and PDP programs and improve the quality of care for Medicare beneficiaries enrolled in those programs.

The MA and PDP Quality Strategy include a vision, mission, five core values, and six goals as outlined below. The vision is to ensure that Medicare beneficiaries enrolled in MAOs receive efficient, high quality care and services every time. The mission is to lead and develop the infrastructure, tools, and performance measures for MAOs to provide integrated coordinated care and the best services for every beneficiary across all plan types. The five core values are Robust, Consumer Friendly, Comparable, Comprehensive, and Transparent. These core values provide the necessary foundation in support of the MA and PDP Quality Strategy. Specific MA and PDP Quality Strategy goals are as follows:

1. Build Solid and Dedicated Medicare Leadership and Infrastructure;
2. Foster Communications and Partnerships Across All Levels of Government;
3. Lead the Health Care Industry in Providing Cutting Edge, Integrated Coordinated Care;
4. Monitor and Assess the Quality of Health Care Services;
5. Provide Incentives for Improving and/or Excelling on Quality Assessments; and,
6. Improve Beneficiaries' Ability to Use Quality Measures to Evaluate and Compare Health Plans and Services

The MA and PDP Quality Strategy's vision, mission, core values, and goals collectively drive the quality of healthcare and ongoing quality improvement initiatives for all plans.

All Medicare Advantage Organizations (MAOs) are required, as a condition of their contract with CMS, to develop a Quality Improvement program that is based on care coordination for enrollees. The MA and PDP Quality Strategy support that requirement by providing a framework for MAOs and PDPs as they work to improve care and patient health outcomes. The foundation of the MA and PDP Quality Strategy and the Quality Improvement program is improving care coordination and encouraging provision of health care using evidence-based clinical protocols.

The complete MA and PDP Quality Strategy report, as well as other pertinent MA quality-related documents, are available on the CMS MA Quality Web site located at: <http://www.cms.gov/Medicare/Health-Plans/Medicare-Advantage-Quality-Improvement-Program/Overview.html>. Please note that this Chapter does not address quality requirements for stand-alone PDPs. Guidance on standalone PDP quality requirements can be found in Chapter 7 of the Prescription Drug Manual at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/downloads/Chapter7.pdf>.