

Working With Your Quality Innovation Network- Quality Improvement Organization (QIN-QIO) on the Everyone with Diabetes Counts (EDC) Initiative

The following information is part 2 of a 3-part series on understanding the role of the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) in your area.

Background

The Centers for Medicare & Medicaid Services (CMS) has a network of contractors called Quality Improvement Organizations (QIOs) that seek to improve the quality of care for Medicare beneficiaries in a defined geographic region. The QIO program is one of the largest federal programs dedicated to improving health quality for Medicare beneficiaries. QIOs are required under Sections 1152-1154 of the Social Security Act. QIOs are organized into 14 groups called Quality Innovation Networks (QIN). For simplicity, this tip sheet uses the acronym QIN-QIO. See Tip Sheet 1 for more background on QIN-QIOs.

Overview

Each QIN-QIO has a specific set of quality improvement programs and objectives that they must meet each year (called a Statement of Work, discussed below). These quality improvement goals of the QIN-QIO may overlap with the objectives and programs being conducted by community-based organizations (CBOs) and serving the same Original Fee for Service Medicare (Part A and B) population. When there is potential synergy between the activities of the QIN-QIO and the CBO, the QIN-QIO can be an essential ally in working with the health care system to address the needs of the target Medicare population, and can support, and possibly enhance, the impact of a CBO's programs/services to meet the aligned quality improvement objectives.

Statement of Work

QIN-QIOs operate under a contract/Statement of Work (SOW) with CMS. The SOW defines the key quality improvement initiatives that each QIN-QIO must implement for their defined geographic region. The SOW defines a specific set of deliverables that the QIN-QIO must complete during the 5-year contract with CMS. The current SOW became effective on August 1, 2014 and runs through July 31, 2019. Changes to the SOW require a contract modification, amendment, or the issuance of a new contract per the Federal Acquisition Regulations (FAR). The 2014 – 2019 QIN-QIO SOW Task Order 001 is publically available for review, under RFP # HHSM-500-2014-RFP-QIN-QIO.

<https://www.fbo.gov/index?s=opportunity&mode=form&id=dff522bababb6b9859bb783c08db6074>

Everyone with Diabetes Counts (EDC)

The 2014-2019 QIN-QIO SOW includes a specific requirement to address health disparities relevant to diabetes outcomes. Each QIN-QIO must support the following initiative: Task B.2: Reducing Disparities in Diabetes Care: Everyone with Diabetes Counts (EDC).

Task B.2 requires each QIN-QIO to implement diabetes self-management training (DSMT) programs that target Medicare beneficiaries in the following high-risk groups:

- African Americans
- Hispanic/Latino Americans
- American Indians/Native Americans
- Asian/Pacific Islander
- Those living in rural areas

Each QIN-QIO must support the expansion of accredited DSMT programs serving one or more of these populations. In addition, the QIN-QIOs must develop a sustainability plan that will ensure that there is a sufficient network of community providers of DSMT serving Medicare beneficiaries and that the DSMT programs can be sustained based on revenues earned from delivering DSMT programs to the target population. QIN-QIOs can meet this objective in the SOW by providing technical assistance to community providers of DSMT programs and supporting physician practices, hospitals, and health systems in making referrals for eligible Medicare beneficiaries to access sustainable community-based DSMT programs.

The QIN-QIOs are required to establish relationships with the provider community. Through these relationships and through their access to CMS Medicare beneficiary data, QIN-QIOs can identify eligible Medicare beneficiaries that will benefit from DSMT.

A CBO's accredited, community-based DSMT program represents an ideal partner for a QIN-QIO to achieve the SOW objectives of expanding access to DSMT programs that become sustainable through Medicare reimbursement. Some QIN-QIOs may wish to contract directly with accredited, community-based DSMT program, while others may decide to fulfill the objectives by providing referrals to existing DSMT programs, without directly contracting with the community-based organizations.

The SOW requires QIN-QIOs to develop a sustainable network of DSMT programs and improve care coordination efforts for Medicare beneficiaries. Developing sustainable DSMT programs and improving care coordination for older adults and persons with disabilities are also key functional areas that the Administration for Community Living (ACL) supports. Community-based aging and/or disability organizations that are interested in working with their local QIN-QIO in these areas

should contact the QIN-QIO assigned to their specific geographic region. See Tip Sheet 1 for information on how to identify the applicable QIN-QIO.

QIN-QIO and CBO Collaboration

A QIN-QIO can improve access to community-based, accredited DSMT programs by collaborating with a CBO conducting such a program, and with local providers that have Medicare beneficiaries with diabetes. This potential collaboration could be mutually beneficial to each party in the following ways:

- The QIN-QIO would have expanded access to a CBO provider of DSMT programs
- Healthcare providers would receive support from the QIN-QIO and CBO in providing DSMT programs to targeted beneficiaries
- Beneficiaries would receive essential diabetes self-management education that could lead to improved health outcomes and quality of life.

CBO DSMT Program Sustainability

CBOs need to look at their financial situation before they can decide whether to partner with a QIN-QIO to deliver DSMT for a specific price. CBOs incur costs when they deliver DSMT programs, including direct staffing costs, facility costs, indirect costs, and miscellaneous expenses. CBOs must consider their full costs of delivering DSMT programs before they decide to implement the programs on a broad scale. It is imperative that all costs to the CBO be considered in developing a break-even analysis to determine the minimum level of program revenue that must be generated (from the QIN-QIO) to implement a sustainable DSMT program (by the CBO).

Clarification on QIN-QIO Funding and DSMT Reimbursement

Under their contracts with CMS, QIN-QIOs receive funding from the Medicare Trust Fund to implement the SOW, including the *Everyone with Diabetes Counts* (EDC) task. QIN-QIOs have the option of either using this funding to deliver DSMT programs with their own staff and resources, or using this funding to contract with CBOs to deliver DSMT programs.

Under Original Fee for Service Medicare, reimbursement for accredited DSMT programs provided by CBOs is also paid from the Medicare Trust Fund – through Medicare Part B. Because the Medicare Trust Fund already pays QIN-QIOs for DSMT programs, it will not pay CBOs for providing DSMT to the same beneficiaries covered by the QIN-QIO. That would be a duplicate payment.

As noted above, if a QIN-QIO decides to pay a CBO to deliver DSMT programs to eligible Medicare beneficiaries, then that CBO cannot bill Medicare Part B for the same class with the same beneficiaries that were covered under QIN-QIO funding.

However, if the CBO does not receive direct payment from the QIN-QIO to provide DSMT programs, and the CBO only receives referrals of eligible beneficiaries from the QIN-QIO, then the CBO is eligible to bill Medicare Part B for the DSMT class (assuming of course that the program is accredited and meets the requirements for Medicare billing).

Therefore, if a CBO already has an accredited DSMT program and the ability to bill Medicare (or it contracts with a Medicare provider to do the billing), it is imperative that they compare their costs and Medicare Part B reimbursement with their costs and any potential payment from a QIN-QIO for delivering the same DSMT class. Based on the comparative financial analysis, the CBO should be able to determine the best option for providing DSMT classes in a sustainable manner. If the potential reimbursement from billing Medicare Part B is greater than the potential contractual payment from the QIN-QIO to deliver the same class, and the costs to provide the class are the same under either scenario, then the option that provides the higher level of reimbursement will likely prove to be the best option for the CBO.

Conclusion

QIN-QIOs can serve as a tremendous resource to CBOs that provide evidence-based programs and services to Medicare beneficiaries, whether by providing referrals to the CBO's programs or by contracting directly with the CBO to provide programs. The *Everyone with Diabetes Counts* (EDC) initiative may be a good opportunity to partner with a QIN-QIO. There is only one way to find out if the QIN-QIO servicing your area is amenable to contracting directly with your organization – contact them and demonstrate the value you can add!

For more information on the QIN-QIO program, visit the following web links:

The Centers for Medicare & Medicaid Services (CMS)

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html?redirect=/QualityImprovementOrgs>

Quality Net

<https://www.qualitynet.org>