



**U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services**

Report to Congress

Fiscal Year 2023

**The Administration, Cost, and Impact of the Quality
Improvement Organization Program for Medicare
Beneficiaries**

August 2024

**Report to Congress:
The Administration, Cost, and Impact of the Quality Improvement
Organization Program for Medicare Beneficiaries for Fiscal Year 2023**

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Introduction

Section 1161 of the Social Security Act (the Act) requires the submission of an annual report to Congress on the administration, cost, and impact of the Centers for Medicare & Medicaid Services (CMS) Quality Improvement Organization (QIO) Program during the preceding fiscal year. This report fulfills this requirement for Fiscal Year (FY) 2023.

The statutory mission of the QIO Program is set forth in Title XVIII (Health Insurance for the Aged and Disabled) of the Act. More specifically, section 1862(g) of the Act states that the general mission of the QIO Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries and to ensure that those services are reasonable and necessary. The quality improvement strategies of the Medicare QIO Program are implemented by area- and task-specific QIO contractors that work directly with health care providers, health care practitioners, Medicare beneficiaries, and beneficiary representatives in the contractors' geographic service areas.

On November 7, 2019, CMS launched the QIO Program's 12th Statement of Work (SOW) contract period to enhance the quality of services provided to Medicare beneficiaries. Five-year contracts are currently divided between two sets of QIO contractors: Beneficiary and Family Centered Care-Quality Improvement Organizations (BFCC-QIOs) serving the Medicare program's complaint processing and case review needs; and Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) supporting health care delivery professionals and systems as they perform quality improvement work.

This Report to Congress covers FY 2023 (October 1, 2022–September 30, 2023). In FY 2023, QIO Program expenditures totaled approximately \$813.7 million. This report describes the main activities undertaken during FY 2023 under the 12th SOW QIO contracts.

Background

The statutory provisions governing the QIO Program are found in Part B of Title XI of the Act. The Program's statutory mission is set forth in Title XVIII, Health Insurance for the Aged and Disabled, of the Act. Specifically, section 1862(g) of the Act states that the mission of the QIO Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries and to make sure that those services are reasonable and necessary. Part B of Title XI of the Social Security Act was amended by section 261 of the Trade Adjustment Assistance Extension Act of 2011 (Trade Bill), which made several changes to the Secretary's contracting authority for QIOs beginning with contracts entered into or renewed after January 1, 2012. These changes include: separating the functions of the BFCC- QIOs and QIN-QIOs; modifying the eligibility requirements for QIOs, the terms of QIO contracts, and the geographic areas served by QIOs; and updates to the functions performed by the QIOs under their contracts.

Program Administration

Description of Quality Improvement Organization Contracts

CMS has identified the core functions of the QIO Program as:

- Improving quality of care for Medicare beneficiaries.
- Protecting the integrity of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds by working to ensure that Medicare pays only for services and goods that are reasonable and necessary and are provided in the most appropriate setting.
- Protecting beneficiaries by expeditiously addressing individual complaints; reviews or appeals of provider notices of discharge or termination of services; violations of the Emergency Medical Treatment and Labor Act (EMTALA); and other related responsibilities articulated in the Social Security Act and implementing regulations.

The QIOs are now categorized and known as BFCC-QIOs and QIN-QIOs, depending on the QIO functions performed. QIOs are private, mostly not-for-profit, organizations staffed by doctors and other health care professionals. BFCC-QIOs are trained to conduct several types of contractually-required reviews of beneficiaries' medical care and to respond to beneficiary quality of care complaints. QIN-QIOs work with health care providers, health care professionals, and community organizations to improve the quality of care in a variety of care settings. QIOs are reimbursed monthly, consistent with the Federal Acquisition Regulation. The 12th SOW also utilizes a performance-based payment model in which a portion of the QIN-QIO reimbursement is directly tied to the achievement of quantitative outcomes. This model shifts from paying for services rendered to paying QIN-QIOs for reaching meaningful and measurable targets as stipulated in their contracts.

QIOs Interacting with Health Care Providers, Practitioners, and Beneficiaries

BFCC-QIOs

BFCC-QIOs interact with practitioners, providers, beneficiaries, beneficiary representatives, community organizations, and others to improve the quality of health care provided to beneficiaries from Medicare providers in a variety of health care delivery systems by addressing beneficiary complaints regarding quality of care and conducting contractually required reviews of patient care. Any provider or practitioner that treats Medicare beneficiaries and is paid under Title XVIII of the Social Security Act may be subject to review by a BFCC-QIO and may receive technical assistance associated with that review.

In addressing individual complaints, BFCC-QIOs analyze beneficiary records and other data to identify needed improvements in care and ensure that beneficiaries' voices are heard, and their perspectives brought into the improvement process. For instance, a process called Immediate Advocacy (IA), an informal alternative dispute resolution process, involves direct communication among BFCC-QIOs, providers/practitioners, and beneficiaries or beneficiary representatives to address complaints raised by the beneficiary. Through this process, BFCC-QIO staff work with providers/practitioners to resolve miscommunication, or other concerns voiced by the beneficiary or beneficiary representative. IA is intended to resolve complaints as they are happening for quick resolution and to avoid a formal complaint process.

QIN-QIOs

QIN-QIOs work with and provide technical assistance to health care practitioners and to

providers such as nursing homes and home health agencies, to improve the quality of healthcare for targeted health conditions. QIN-QIOs also support partnerships among health care providers/practitioners from various clinical settings and local non-clinical community support and service organizations, including faith-based entities, to work together on quality improvement initiatives. During FY 2023, QIN-QIOs worked in nearly 500 communities with 24,132 clinical and community partners, potentially impacting more than 56.3 million Medicare beneficiaries.

Program Cost

Under federal budget rules, QIO Program funding is defined as mandatory spending rather than discretionary spending because QIO costs are financed directly from the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds and are not subject to the annual appropriations process. QIO costs are subject to the apportionment process administered through the federal Office of Management and Budget (OMB).

The statutory authority for the QIO program is found in Part B of Title XI of the Social Security Act. The statutory provisions originated with the Peer Review Improvement Act of 1982 (P.L. 97-248, §§ 141-143, 96 Stat. 324), which established the Utilization and Quality Control Peer Review Organization program, now known as the QIO program. These provisions were significantly amended by the Trade Adjustment Assistance Extension Act of 2011 (P.L. 112-40, § 261, 125 Stat. 401).

Section 1862(g) of the Act requires the Secretary to enter into contracts with QIOs for purposes of making determinations about whether items and services provided to Medicare beneficiaries are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and are not for custodial care. In addition, the Secretary must enter into these contracts to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries. Toward those goals, section 1154(a) of the Act requires the QIO contractors to perform one or more functions listed in that section.

Section 1154 of the Act requires QIOs to perform, subject to the terms of their contracts, activities that the Secretary determines may be necessary for the purposes of improving the quality of care furnished to Medicare beneficiaries.

In FY 2023, the total QIO Program expenditures totaled approximately \$813.7 million, not including funds expended under the American Rescue Plan Act of 2021.

American Rescue Plan Act of 2021 (P.L. 117-2)

In addition to the funding provided through the QIO program, approximately \$200 million in funding was allocated to the QIN-QIO program by the American Rescue Plan Act for infection prevention efforts in nursing homes. Since 2021, the focus of infection prevention technical assistance has remained on the reduction of COVID-19 infections in nursing homes. Section 9401 of the American Rescue Plan Act amended subsection 1862(g) of the Act and appropriated, out of funding otherwise not obligated, \$200 million (to remain available until expended for COVID-19 reduction efforts in nursing homes).

The American Rescue Plan Act allocated funds to achieve 3 QIO technical assistance goals: help nursing homes strengthen their infection control systems, increase resident COVID-19 booster vaccination rates, and increase staff COVID-19 booster rates.

In FY 2023, technical assistance provided by QIN-QIOs to nursing homes through ARPA funding totaled approximately \$62 million.

Program Scope

The QIO Program impacts Medicare beneficiaries on an individual basis and the beneficiary population. As of September 2023, Medicare covered more than 66 million beneficiaries, including more than 59.3 million people aged 65 years or older and 14.6 million people of all ages with disabilities and/or with end stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS)¹

Beneficiary and Family Centered Care Quality Improvement Organizations (BFCC-QIOs)

CMS' BFCC-QIO Program is implemented through several types of contracts (see Table 1): case review contracts, claims review contracts, a National Coordinating and Oversight Review Center contract, and a BFCC Survey Center contract.

In March 2019, CMS launched a new contract structure for four additional BFCC-QIO contractors using multiple award/indefinite delivery/indefinite quantity (IDIQ) five-year contracts.

During FY 2023, an adjustment to the BFCC-QIO Case Review funding was needed. Additional funding was requested and approved to support higher actual volumes of case reviews than were projected and budgeted. The total amount for the two BFCC-QIO Case Review Contractors equaled \$96,688,040. From October 1, 2022, through September 30, 2023, the BFCC-QIOs conducted 375,655 case reviews for beneficiary complaints, IA, discharge appeals, and other contract-specified review types. IA and discharge appeal volumes continue to exceed CMS projections. From FY 2022 to FY 2023, the number of IA cases increased by 8%, and the number of discharge appeals increased by 25%.

¹ CMS. Monthly Medicare Enrollment. *Centers for Medicare & Medicaid Services*, December 2023. <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicare-reports/medicare-monthly-enrollment>. Accessed on April 22, 2024.

Table 1. Overview of BFCC-QIO Contracts

BFCC-QIO Contract	Contract Activities
<p>Case Review Services: Awarded to Kepro and Livanta on May 1, 2019</p>	<p>The case review BFCC-QIOs help Medicare beneficiaries exercise their right to high-quality health care. They manage all reviews of beneficiary quality of care complaints as well as general quality of care reviews. Beneficiary quality of care complaint reviews are initiated by the beneficiary or their representative. In this process, the BFCC-QIO communicates with the provider/practitioner and the beneficiary or their authorized representative throughout the review process.</p> <p>When the provider/practitioner or beneficiary/representative is not satisfied with the review decision, they have the right to request another review, called a reconsideration review. In the general quality of care review process, the BFCC-QIO does not communicate with the beneficiary. In this process the BFCC-QIO communicates only with the provider/physician, and only the provider/physician has the right to request a reconsideration review in a general quality of care review.</p> <p>The BFCC-QIOs ensure consistency in the review process while taking into consideration local factors important to beneficiaries and their families. They also handle cases in which beneficiaries want to appeal a health care provider’s decision to discharge them from a facility or discontinue other types of Part A–covered services (e.g., inpatient hospital admissions, skilled nursing facilities, hospice, home health, comprehensive outpatient rehabilitation facilities). BFCC-QIOs review referrals from the CMS Survey Operations Group for potential EMTALA violations.</p>
<p>Claims Review Services: Awarded to Livanta on February 12, 2021</p>	<p>The claims review BFCC-QIO contractor conducts Post Payment Hospital Part A Claims Review work. This includes Higher Weighted Diagnoses Related Groups (HWDRG) reviews, hospital inpatient short stay reviews (reviews conducted under the Two-Midnight Rule), and focused reviews. The goal is to ensure that claims are billed and paid appropriately as per CMS policies.</p>

BFCC-QIO Contract	Contract Activities
National Coordinating and Oversight Review Center (NCORC): Awarded to Avar Consulting, Inc. on May 8, 2019	Provides support and assistance to CMS for all BFCC-QIO-related activities by facilitating collaboration meetings, maintaining BFCC-QIO program dashboards, and conducting independent BFCC-QIO program evaluation and monitoring. The NCORC also partners with the CMS Clinical Data Abstraction Center and the Agency for Healthcare Research and Quality (AHRQ) to conduct reviews of medical charts for preventable patient safety events.
BFCC Survey Center: Awarded to Rainmakers on September 18, 2020	The BFCC Survey Center provides Beneficiary Experience Survey data about the BFCC-QIO case review process. The beneficiary experience data areas include quality of care complaints, Immediate Advocacy, and appeals.

BFCC-QIO Case Reviews

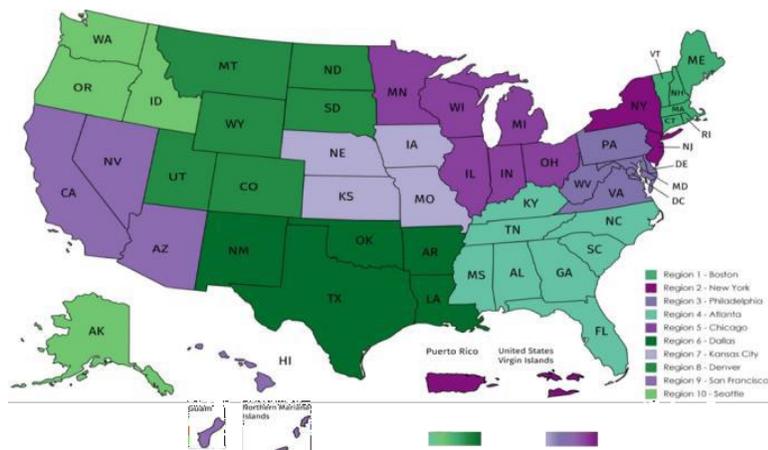
CMS contracts with Livanta LLC and Kepro as the two BFCC-QIOs conducting case reviews. The two case review contractors cover the 50 states, the District of Columbia, and five U.S. territories (Table 2).

Table 2. BFCC-QIO Case Review Contractors by CMS Region and States/Other Jurisdictions

CMS Region	BFCC-QIO Case Review Contractor	States/Other Jurisdictions
Region 1: Boston	Kepro	CT, ME, MA, NH, RI, VT
Region 2: New York	Livanta	NJ, NY, PR, VI
Region 3: Philadelphia	Livanta	DE, DC, MD, PA, VA, WV
Region 4: Atlanta	Kepro	AL, FL, GA, KY, MS, NC, SC, TN
Region 5: Chicago	Livanta	IL, IN, MI, MN, OH, WI
Region 6: Dallas	Kepro	AR, LA, NM, OK, TX
Region 7: Kansas City	Livanta	IA, KS, MO, NE
Region 8: Denver	Kepro	CO, MT, ND, SD, UT, WY
Region 9: San Francisco	Livanta	AS, AZ, CA, GU, HI, MP, NV
Region 10: Seattle	Kepro	AK, ID, OR, WA

Ten BFCC-QIO regions align with the 10 CMS Regions, as shown in Figure 1.

Figure 1. BFCC-QIO Coverage by States/Other Jurisdictions



The two BFCC-QIO case review contractors, Kepro and Livanta, focus on statutorily mandated case review activities as well as on interventions to promote responsiveness to beneficiary and family needs, providing opportunities for listening to and addressing beneficiary and family/caregiver concerns, providing resources for beneficiaries and caregivers in decision making, and using information gathered from individual experiences to improve Medicare’s health care system. Beneficiary-generated concerns provide an excellent opportunity to explore root causes of adverse health care outcomes, to develop alternative approaches to improving care, and to improve beneficiary/family/caregiver experiences within the health care system.

Beneficiary and family engagement and activation efforts are needed to produce the best possible outcomes of care. These BFCC-QIO beneficiary and family-centered efforts align with the CMS National Quality Strategy (NQS), which encourages patient and family engagement.

Case review types include:

- Quality of care review;
- Beneficiary/caregiver-requested appeals of provider discharge decisions (e.g., discharge from an inpatient hospitalization);
- Beneficiary/caregiver-requested appeals of provider termination of service decisions (e.g., termination of home health services);
- Beneficiary/caregiver-requested appeals of denials of hospital admissions; and
- EMTALA reviews.

In FY 2023, the BFCC-QIO case review contractors conducted focused reviews to determine whether the use of antipsychotic drugs by nursing homes was appropriate. This class of drugs can be very dangerous in the older population unless they are closely managed. The reviews identified problematic use of these drugs. These reviews involved 24 nursing homes and a total of 159 patients. The BFCC-QIOs recommended Quality Improvement Initiatives (QIIs) for all of these nursing homes, and corrective action plans were requested from 8 of the facilities. A QII is any formal activity designed to serve as a catalyst and/or support for quality improvement that uses proven methodologies to achieve improvement. Improvements may relate to safety, health, and/or value and may involve providers, practitioners, beneficiaries, and/or communities.

Table 3 provides the national performance summary of the BFCC-QIO case review contractors

on four timeliness measures and one beneficiary experience measure in Contract Year 4 (May 2, 2022, through April 30, 2023). The BFCC-QIOs met national performance standards in more than 96.6% of cases on all five measures during this period. The overall percentage of cases meeting established criteria across the four timeliness and the one beneficiary experience measures in table 3 was 97.3%.

Table 3. BFCC-QIO Case Review Performance, Contract Year 4 (May 1, 2022, through April 30, 2023)

Measure	Target % of Cases Meeting Performance Standard	% of Cases Meeting Performance Standard
Timeliness of Beneficiary Complaint Reviews and Quality of Care Reviews	95%	99.5%
Timeliness of Immediate Advocacy	95%	100%
Timeliness of Discharge/Service Termination Reviews	98%	99.6%
Timeliness of EMTALA Reviews	95%	100%
Positive Beneficiary Experience with BFCC- QIO*	85%	87.6%

* *A positive beneficiary experience with the QIO is one by which a BFCC-QIO representative provides excellent customer service to Medicare beneficiary callers and staff are effective in the customer service domains of: communication, courtesy and respect, accessibility, and responsiveness in the provision of case review services.*

BFCC-QIO Claims Reviews

CMS contracts with Livanta, LLC, for BFCC-QIO Claims Review. Livanta performs three types of post-payment reviews on a nationwide basis for inpatient claims submitted by hospitals: 1) reviews of Higher-Weighted Diagnosis-Related Group (HWDRG) payments; 2) Short Stay Reviews (SSRs) for Two Midnight Rule compliance; and 3) Focused Reviews on topics specified by CMS as needed. The goal is to advance oversight and protection through the promotion of efficient and effective care and decreasing the overall Part A payment error rate.

QIOs are statutorily required to conduct HWDRG reviews. BFCC-QIOs are required to review hospital requests for HWDRG assignments as addressed in 42 CFR 412.60(d)(2) and 476.71(c)(2). Inpatient claims are reviewed for appropriateness of inpatient admission under the CMS' Two Midnight Rule for acute care inpatient hospitals, long-term care hospitals, and inpatient psychiatric facilities.

Table 4 provides the national performance summary of the BFCC-QIO claims review work on two timeliness measures. The timeliness result for SSRs exceeded the target; however, the timeliness result for HWDRG reviews fell short. In response to the Coronavirus disease (COVID-19) Public Health Emergency (PHE), CMS asked the BFCC-QIO to suspend denying claims when a hospital failed to submit the requested medical record. These denials are called technical denials. This suspension was done to reduce burden and give the hospitals more time to respond to BFCC-QIO medical record requests. In March 2022, CMS authorized the BFCC-QIO

claims review contractor to proceed with issuing backlogged technical denials, which created an excess buildup of claims to be reviewed that continued during FY 2023. These COVID-19 PHE-related decisions impacted the timeliness of completing the HWDRG claims reviews in FY 2023. In response to the backlog, the BFCC-QIO staffed more physician reviewers to review these claims. As of December 2023, the timeliness of completing HWDRG reviews had improved to close to 100%, exceeding the target.

Table 4. BFCC-QIO Claims Review Performance, FY 2023

Measure	Target % of Cases Meeting Performance Standard	% of Cases Meeting Performance Standard
Timeliness of HWDRG Reviews	95%	85%
Timeliness of SSRs	95%	97%

Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs)

The 12th SOW contract was awarded to 12 QIN-QIO contractors on November 7, 2019. Each QIN-QIO contractor covers a region that includes as many as 12 states, across the United States, the District of Columbia, and five U.S. territories, as shown in Table 5 and Figure 2.

Table 5. QIN-QIOs by States/Other Jurisdictions

QIN-QIO	States/Other Jurisdictions
Alliant Health Solutions	AL, FL, GA, KY, LA, NC, TN
Comagine Health	ID, NV, NM, OR, UT, WA
Great Plains	ND, SD
Health Quality Innovators (HQI)	KS, MO, SD, VA
Health Services Advisory Group (HSAG)	AZ, CA
Island Peer Review Organization (IPRO)	CT, DE, D.C., ME, MD, MA, NH, NJ, NY, OH, RI, VT
Mountain-Pacific Quality Health	AK, AS, GU, HI, MP, MT, WY
Qsource	IN
Quality Insights	PA, WV
Superior Health Quality Alliance	MI, MN, WI
Telligen	CO, IL, IA, OK
TMF Health Quality Institute	AR, MS, NE, PR, TX, VI*

**The Virgin Islands (VI) have no nursing homes that accept Medicare.*

Figure 2. QIN-QIO Coverage by States/Other Jurisdictions



The purpose of the QIN-QIO Program is to improve health care quality and safety through the provision of technical assistance and education to those providing health care services. CMS procures expert health care quality improvement services from the QIN-QIOs to improve care for Medicare beneficiaries in nursing homes and the communities in which beneficiaries reside. Under CMS’ direction and aligned with the Agency’s priorities, QIN-QIOs work with providers and beneficiary-focused community partnerships on data-driven quality initiatives to improve patient safety, reduce harm, and improve clinical care at the local and regional levels.

The five broad goals established by CMS for the 12th SOW QIN-QIO Program are:

1. Improve Behavioral Health Outcomes, Focusing on Decreased Opioid Misuse;
2. Increase Patient Safety;
3. Increase Chronic Disease Self-Management (Cardiac and Vascular Health; Diabetes; Slowing Chronic Kidney Disease and Preventing End Stage Renal Disease (ESRD));
4. Increase Care Coordination; and
5. Improve Nursing Home Quality.

Each goal has an associated set of quality measures for nursing homes, beneficiary-focused community partnerships, or both that hold the 12 QIN-QIOs accountable for measurable outcomes. Table 6 delineates how QIN-QIOs address these goals across care settings.

Table 6. QIN-QIO Activities by Setting and Task Area

Setting	Task Area	Examples of Types of Activities
Nursing Homes	Contract-specified provider-based quality improvement services intended to better resident outcomes in nursing homes	<ul style="list-style-type: none"> • In-person, large group events focusing on infection control, vaccination, emergency preparedness, and support for reporting infection data to the National Healthcare Safety Network • Activities focused on smaller groups, including organizing vaccination clinics, providing staff training, connecting health care practitioners and residents/families with tools to facilitate resident health decisions, and training in Quality Assurance and Process Improvement (QAPI) approaches to quality improvement. • Providing reports to nursing homes to help them track their progress on targeted health outcomes
Partnerships for Community Health	Contract-specified community-based quality improvement services intended to better outcomes among Medicare beneficiaries residing in the community	<ul style="list-style-type: none"> • Building and sustaining community partnerships through community coalitions comprised of health care practitioners, providers, and/or other representatives from various clinical settings, health care groups, non-clinical organizations, and local community support/service organizations as indicated by CMS • Supporting implementation of opioid use best practices within participating communities: naloxone distribution and education/outreach, prescription monitoring, medication-assisted treatment (MAT), and local solutions developed in communities • Vaccination-related interventions included supporting logistics for community vaccination drives and working with pharmacies • Supporting local health systems in organizing health fairs
Targeted Response Quality Improvement Initiatives (TR	Ad-hoc quality improvement projects to address immediate identified needs,	<ul style="list-style-type: none"> • Cultivation of messengers within nursing homes (vaccine champions) to explain the benefits of vaccination. • Coaching nursing home staff on

Setting	Task Area	Examples of Types of Activities
QIIs)* in nursing homes	emerging trends, etc.	<ul style="list-style-type: none"> motivational interviewing techniques Development of public displays of vaccination rate data over time Provision of vaccine safety and efficacy information from trusted sources and resources Support for nursing homes that struggled to report resident and staff vaccination rates to help these facilities report accurately

**These were particularly useful to quickly address infection control issues associated with the onset of the COVID-19 PHE.*

With the issuance of a Technical Direction Letter in August 2022 clarifying expectations and the expiration of the COVID-19 PHE in May 2023, QIN-QIO work diversified over the course of FY 2023. The work accomplished by QIN-QIOs in this fiscal year centered around, but was not limited to, the continued impact of the COVID-19 PHE (particularly infection control and vaccination efforts), advancing health equity, and expanding access to quality health care through partner engagement and innovation.

Continued Impact of the COVID-19 PHE

Over the course of the pandemic, older adults have been disproportionately affected by the COVID-19 PHE, as they are at higher risk for severe illness, hospitalization, and death from the disease compared to younger people. The continued vulnerability of the older population, with nursing home residents being at particular risk, has made infection control and vaccination outreach a continuous priority of CMS and the QIN-QIO Program.

Table 7 provides a high-level overview of the QIN-QIO Program’s activities with respect to COVID-19, the end of the related PHE, and continued efforts to increase vaccination rates during FY 2023.

Table 7. Pandemic Response During Fiscal Year 2023

Date(s)	Pandemic-Related Activity
12/2/2022 through 1/13/2023	CMS initiated a 6-week Vaccine Sprint intended to increase the numbers of nursing home residents and staff reported as up-to-date with COVID-19 vaccinations. The QIN-QIOs sponsored 208 vaccine clinics during the Sprint, resulting in an additional 5,370 residents and 1,668 nursing home staff vaccinated during this six-week period.
9/2023	The FDA approved and authorized the 2023–2024 updated COVID-19 vaccines. The Centers for Disease Control and Prevention (CDC) updated its definition of “up-to-date” on COVID-19 vaccines to receipt of a 2023–2024 updated vaccine or a bivalent COVID-19 vaccine within the prior two months. Overnight, nursing homes went from 58.3% of residents and 23.9% of staff being considered up-to-date on their vaccines to 15.8% and 7.2%, respectively. CMS referred nursing homes with <25% up-to-date resident rates, based on the most recent CDC definition, to the QIN-QIOs to

Date(s)	Pandemic-Related Activity
	immediately provide direct one-on-one vaccine uptake assistance.
Throughout FY 2023	Infection Control Targeted Response: CMS referred 6,890 nursing homes for assistance with infection control in FY 2023. The 12 QIN-QIOs engaged in targeted response with 5,930 of these referred nursing homes. The QIN-QIOs continued to engage in infection control targeted response with 3,029 previously referred facilities.
Throughout FY 2023	Vaccine Targeted Response Quality Improvement Initiatives (TR-QIIs): CMS referred 14,823 unique nursing homes for low booster vaccination rates of residents. More than 10,900 (74%) of these facilities received at least one targeted assistance encounter to increase uptake of the COVID-19 booster. In total, QIN-QIOs had more than 40,600 one-on-one encounters with referred nursing homes (working with a nursing home multiple times, if needed) as part of their TR-QIIs in FY 2023.
Throughout FY 2023	Community Health Partners Enrollment: As of April 2023, the QIN-QIOs had enrolled a total of 11,593 unique nursing homes as part of community partnerships. Nearly 500 Partnerships for Community Health were created that covered more than 26 million fee-for-service Medicare beneficiaries and more than 56 million total Medicare beneficiaries. As part of their community health work, the QIN-QIOs partnered with state and local health departments and other agencies to hold community vaccination clinics and provide information about COVID-19 reduction practices.

Infection Control: Targeted Response Quality Improvement Initiatives

With COVID-19 spreading throughout nursing homes, CMS reprioritized the QIN-QIOs to provide intensive one-on-one support on CDC guidelines and infection control practices to nursing homes based on identified deficiencies and/or COVID-19 infection rates. CMS leveraged a preexisting section of the QIN-QIO contract designated for QIIs to provide targeted response (TR) to those facilities in greatest need based on data and expanded its focus and requirements.

CMS deploys the QIN-QIOs to provide targeted assistance to nursing homes serving rural residents and populations requiring greater care, to improve nursing home quality. Prior to the onset of COVID-19, the QIN-QIOs had just begun enrolling nursing homes identified by CMS to participate in their technical assistance programs based on CMS’ pre-pandemic 12th SOW goals. CMS’ Provider Enrollment List comprised nursing homes most in need of quality improvement, specifically facilities with a Star rating of 4 Stars or less based on the latest available Nursing Home Compare data, small and rural providers including those serving vulnerable populations, and providers that lacked the resources to otherwise access quality improvement assistance. Each QIN-QIO was required to enroll a specified number of nursing homes from this list to collectively achieve CMS’ national recruitment goal.

Specific TR-QIIs were developed to support the pandemic response. CMS used data from infection control practice deficiencies documented during CMS and state agency inspections, county COVID-19 rates, and nursing home COVID-19 case counts to identify facilities in greatest need of direct assistance and refer them to QIN-QIOs for TR-QIIs each week. In each referred facility, QIN-QIOs provided onsite or virtual intensive support within five days of

referral and provided continuing support until the QIN-QIO documented clear evidence that the problem had been addressed, a process that usually took from six to nine months. The QIN-QIO assisted providers and/or practitioners in identifying the root cause(s) of concerns and developing a customized plan to address concerns; coached the facility's administration or staff in implementing at least one process or system-based improvement; and provided support to monitor changes in processes and outcomes.

CMS referred 6,890 nursing homes for assistance with infection control in FY 2023. Although participation in technical assistance is voluntary on the part of nursing homes, the QIN-QIOs were able to engage 5,930 (86%) of those referred nursing homes in TR. The QIN-QIOs continued to work with previously referred nursing homes and engaged in infection control TR with 3,029 facilities referred in FY 2022.

Preliminary results from the CMS Independent Evaluation Contractor (IEC) showed that among enrolled nursing homes, resident COVID-19 deaths fell from 12,053 in FY 2022 to 5,337 in FY 2023, a 55.7% decrease. Additionally, there was a 22%–30% reduction in COVID-19 incidence in nursing homes participating in the TR-QII for infection control compared to those that do not.

Increasing COVID-19 Vaccination Rates

In September 2022, the CDC announced release of a new COVID-19 bivalent booster. This required the QIO Program to reset the rate of up-to-date vaccination status for nursing home residents. Measurement of vaccinations covered under the latest up-to-date definition began in October 2022. Vaccination rates of the new bivalent booster lagged, so CMS directed the QIN-QIOs to initiate a Vaccination Sprint project in December 2022. The Vaccine Sprint was a 6-week project that aimed to increase the bivalent vaccine rate in nursing homes. Over the course of the Sprint, CMS referred more than 5,700 nursing homes with low COVID-19 bivalent booster rates to QIN-QIOs for assistance. From December 2022 to February 2023, referred facilities increased their resident up-to-date vaccination rate by 29%. (Non-referred facilities, by comparison, showed a 2% reduction over the same period in the number of residents considered up-to-date.) As a result of this effort, there was a 57% reduction in the number of nursing homes nationwide reporting 0% of their residents as up-to-date over this time.

In September 2023, an updated COVID-19 vaccine was approved and authorized by the Food and Drug Administration (FDA) (the 2023–2024 COVID-19 vaccine). The CDC updated the recommended COVID-19 vaccine series and, with it, the definition of being “up to date” on COVID-19 vaccines. The introduction of the new definition (receipt of a 2023-2024 updated vaccine or a bivalent COVID-19 vaccine within the prior two months) meant that, overnight, nursing homes went from 58.3% of residents and 23.9% of staff being considered up-to-date on their vaccines to only 15.8% and 7.2%, respectively, leaving nursing home residents and staff at higher risk of developing COVID-19 infections. To address this change, CMS and the QIN-QIOs utilized CDC's data-driven recommendations to immediately begin work to improve vaccination rates and increase the safety of residents and staff.

Over the entirety of FY 2023, CMS referred 14,823 unique nursing homes to QIN-QIOs for low booster vaccination rates of residents. Of these facilities, 74% (>10,900) received at least one targeted assistance encounter to support increased vaccination uptake of the COVID-19 booster. In total, QIN-QIOs had more than 40,600 one-on-one encounters with referred nursing homes

(working with a nursing home multiple times if needed) as part of their TR-QIIs in FY 2023.

Preliminary results from the IEC showed that targeted support also contributed to increased COVID-19 up-to-date vaccination rates from FY 2022 to FY 2023; the percentage of residents up-to-date increased from 42.0% among enrolled facilities in FY 2022 to 58.1% in FY 2023.

Advancing Health Equity

The QIN-QIOs support Partnerships for Community Health to collectively collaborate with various health care providers/practitioners and community organizations to improve health care outcomes and promote health equity for the beneficiaries that they serve. The QIN-QIOs engage communities to coordinate care to increase efficiency and to reduce barriers to access to care. Enrollment for community partnerships was completed in April 2023. More than 56 million Medicare beneficiaries in approximately 34,000 ZIP Codes were encompassed by these enrolled partnerships in FY 2023.

The Partnerships for Community Health work to reduce health disparities by working towards goals in alignment with CMS, the Department of Health and Human Services (HHS), and White House priorities. These priorities include advancing health equity, increasing COVID-19 vaccinations, expanding access to quality care, engaging partners, and driving innovation. Under CMS' direction, QIN-QIOs work with providers and communities on data-driven quality initiatives that will advance health equity related to identified disparities. This work takes place in a subset of ZIP Codes identified as priority ZIP Codes based on the Area Deprivation Index (ADI), the United States Department of Agriculture (USDA)'s Food Access Research Atlas, and CDC's Social Vulnerability Index (SVI). There are 11 million Medicare beneficiaries in the priority ZIP Codes. Interventions targeted to reduce health inequities include implementation of Culturally and Linguistically Available Services (CLAS) Standards with providers. The QIN-QIOs assist providers in developing a CLAS implementation action plan utilizing the HHS CLAS checklist. QIN-QIOs also coordinate existing community-based efforts utilizing the Local Interactive Network of Knowledge Sharers (LINKS). LINKS is the non-clinical local community organization subgroup within the Partnership for Community Health convened by the QIN-QIOs to support improvement on the quality measures and health care outcomes of the SOW and to discuss, make recommendations, and support other health care-related and community issues.

Working with LINKS to reduce health disparities, QIN-QIOs identify innovative and interactive activities with community partners to promote public health awareness, disseminate information, and seek community level feedback on various health care topics, including COVID-19, relevant to the community and/or specific measures in the QIN-QIO SOW. Participating organizations in these QIN-QIO-Community LINKS partnerships showed marked improvement in FY 2023 in care transitions, including a cumulative 12.5% reduction in beneficiary utilization of emergency departments, observation events, and inpatient hospitalizations and a 20.5% reduction in 30-day all-cause hospital readmissions.

Engaging Partners

In the QIN-QIO work, technical assistance is most successful when one-on-one connections are made. Building trust with communities is a necessary precursor for QIN-QIOs to share their

expertise and resources in order to expand access to quality care. QIN-QIOs may initiate community partnerships, but ultimately the community's ownership of coalitions and interventions is key to their sustainability. Often QIN-QIOs help build, maintain, and strengthen relationships with state partners such as state survey, epidemiology, and immunization agencies and local CMS officials to partner with Patient and Family Advisory Coalitions (PFACs) associated with facilities.

One well-known initiative for fostering trust in communities is the Indiana Black Barbershop Health Initiative (IBBHI). The QIN-QIO partnered with the Indiana Minority Health Coalition and the Indiana Commission for the Social Status of Black Males to provide resources for a program to reach out to African-American men in their barbershops. These men have a greater risk of developing certain chronic health conditions compared to the rest of the U.S. population. A significant reason for health disparities is unequal access to screenings. This project reached the men in a trusted space where they felt comfortable. Screenings for blood glucose and hypertension were offered. When indicated, immediate referrals to providers were made for those identified with high blood pressure or high blood glucose levels.

One QIN-QIO worked with three personal care home PFACs (in Nānākuli, Kapolei, and Waimānalo, HI) to support two coalitions - the West O'ahu Coalition and the Windward Coalition (on the island of O'ahu through Alu Like's Ke Ola Pono No Nā Kūpuna Program), a recruited LINKS partner. In March 2023, this QIN-QIO initiated a hypertension program, within the CMS-directed AIM 3 for blood pressure control, with the goal of facility residents learning to self-manage their blood pressures and control their hypertension. At baseline, the average systolic blood pressure readings for facility residents in the three PFACs ranged from 140 mm Hg to 142 mm Hg, and their average diastolic readings ranged from 79 mm Hg to 84 mm Hg. By August 2023, the average systolic readings were in the 119–129-mm Hg range, and the average diastolic readings were in the 65–79-mm Hg range, bringing their numbers within the contract-specified targeted outcomes for blood pressure control and closer to the American Heart Association's normal ranges of <120 mm Hg (systolic) and < 80 mm Hg (diastolic).

Driving Innovation

QIN-QIOs harness the power of timely, high-quality data to both identify and remedy gaps to expand access to quality care for beneficiaries.

Upon the identification of quality gaps, QIN-QIOs devise creative solutions and engage community partners to address these disparities. One example was an event titled "Coffee and Prevention: Medicare's Annual Wellness Visit," held for health care professionals in Charleston, WV. This event addressed the scope of Medicare's Annual Wellness Visit (e.g., who is eligible, what should be covered, and required assessments). Attendees included 64 local health care professionals. The "Annual Wellness Visit Assessment and Resource Toolkit" was shared during the event and is also available for download. Many participants stated they had zero to limited confidence in their ability to conduct these assessments prior to the event, and all expressed significantly increased confidence post-presentation.

QIN-QIOs have also used community-level data to expand access to care through efforts to respond to opioid overdoses. One project was conducted in Washington State in two neighboring

counties which had seen a 37% increase in opioid-related deaths between 2020 and 2021, then a further increase of 28% between 2021 and 2022. Community pharmacies were identified as an excellent resource to reach the community. Pharmacists provided resources around preventing opioid overdoses and how to obtain Naloxone. Materials included talking points for pharmacists to direct discussions with patients, prescription bag inserts, informational posters, and a process for patients to discretely ask a pharmacist for information on overdose prevention. The QIN-QIO also partnered with the local health department on a media campaign for these counties. The project kickoff occurred in June 2023, with additional communities added throughout 2023.

The state of California has experienced a similar increase in the number of opioid-related deaths. From 2021 to 2022, the rate of opioid-related deaths in the state was 25.2 per 100,000 residents. Locality-specific data were used to identify the county with the highest rate of opioid-related deaths in order to target reduction efforts where they could have the greatest impact. The QIN-QIO partnered with the California Bridge Program, critical access hospitals, nursing homes, local health departments and community practitioners to provide resources, training, and coaching on how to discuss prevention of opioid-related incidents and deaths with their beneficiaries. The resources include a portal in which providers enter patient and practice data to identify gaps and how to close those gaps, and adverse drug event (ADE) prevention toolkits that include practice guidelines and patient educational resources for high-risk medications. An initial review of Medicare Fee-for-Service data for 2023 (through March 2023) shows no Medicare beneficiaries in this community experienced an ADE.

QIN-QIOs draw on data to identify areas for quality improvement and monitor progress. For example, data from 2022 showed that only 9.3% of nursing homes in one QIN-QIO region had a comprehensive Emergency Preparedness (EP) Plan in place. Beginning in July 2022, the QIN-QIO partnered with selected nursing homes to obtain copies of their existing EP Plans. For those with plans that had minimal gaps, the QIN-QIO offered planning tools as well as 1:1 assistance to make the plans comprehensive. For those with significant gaps, the QIN-QIO met on-site or virtually to update the facilities' plans to address all potential hazards. As of July 2023, 97% of nursing homes enrolled in the QIN-QIO effort had a comprehensive EP plan in place, significantly improving the safety and security of nursing home residents across the region.

CMS also leverages interagency engagement to foster innovation among the QIN-QIOs. In partnership with the CDC, CMS led a series of COVID-19 vaccination open house events for QIN-QIOs. These events served as an opportunity for the CDC and CMS to communicate changes in vaccine policy as well as for QIN-QIOs to engage with each other to share experiences and best practices in increasing access to and reception of COVID-19 vaccinations among Medicare beneficiaries. Planning for these sessions took place within FY 2023, and the last of the events was held in February 2024.

Quality Improvement and Innovation Projects

The Quality Improvement and Innovation Projects test innovative, creative approaches, and new ideas on a small scale to inform large scale financial investments in the area of quality improvement. The program strategically uses funding to further the goals of the program to:

- Test quality improvement models that have had promising results in the private sector

and may potentially be implemented at large scale using government funding.

- Test solutions to questions, problems, and/or barriers faced in current work to inform program design in future work.
- Incorporate modern, emerging health care technologies and practices into current quality improvement programs, after testing and refinement in a low-risk experimentation context.
- Explore areas of quality improvement assistance that are new, emerging, and untested in the program's history.
- Explore further implementation of the Administration's priorities beyond the 12th SOW.

In 2023, three Quality Improvement and Innovation Projects were introduced to address areas of quality improvement needs that were identified through feedback from industry leaders, Congressional assessments, and data analysis. The three Quality Improvement and Innovation Projects introduced in 2023 were the Organ Procurement Organization (OPO) Quality Improvement Project, the Providers and Local Students (PALS) Innovation Project, and the Rapid Competency Quality Improvement (RCQI) Innovation Project.

Organ Procurement Organization (OPO) Quality Improvement Project

The OPO Quality Improvement Project began in March 2023, developed in response to Congressional concerns about the need for more immediate action and technical assistance to improve OPO performance on organ donation and transplant rates. OPOs are surveyed by CMS for Medicare recertification purposes on-site every 4 years. An OPO must pass the survey and meet the OPO Conditions for Coverage requirements in order to continue to be a Medicare-certified OPO. CMS then ranks OPOs into three Tiers based on their performance (Tier 1 are the highest performing). The purpose of this project is to provide technical assistance to OPOs in Tiers 2 and 3, between quadrennial surveys, for improvement on the OPO performance outcomes of donation rate and transplant rate.

The improvement project contractor uses the most current OPO Annual Public Performance Report, and subsequent reports released each spring, for outreach to the OPOs. The contractor offers quality improvement support for the development of root cause analyses (RCAs) to assist the OPO with performance improvement. For example, the RCA tool the "5 Whys"² is used to drill down on key causes that are creating barriers for the Tiers 2 and 3 OPOs and to identify those barriers that, if resolved, have the greatest ability to improve outcomes.

As of September 2023, 100% of the 40 OPOs targeted for this improvement project had been contacted by the improvement project contractor. The frequency (e.g., bi-weekly, monthly) of technical assistance is based on the OPOs' needs and requests, as any OPO's participation with and acceptance of the contractor's technical assistance is voluntary. From March through September 2023, the improvement project contractor conducted 230 instances of technical assistance with OPOs. Methods of engagement for technical assistance vary based on OPO preference, topic, and type of technical assistance being provided. Some examples of the types of assistance being provided by the Improvement Project contractor during the two-year performance period are change management, workflow redesign, organizational development,

² Institute for Healthcare Improvement. 2024. "5 Whys: Finding the Root Cause." doi: <https://www.ihl.org/resources/tools/5-whys-finding-root-cause>

data visualization and use, plan-do-study-act (PDSA), and human-centered design.

Community Providers and Local Students (PALS) Innovation Project

The PALS Innovation Project was a 1-year Innovation Project that began in March 2023 and was developed to test an improvement model of utilizing a CMS medical student engagement program to advance equity and improve the quality of care and services for vulnerable Medicare beneficiaries residing in nursing homes located within medically underserved areas, as indicated by priority ZIP Codes provided by CMS. Most medical students receive their education on aging in the hospital, where they may only be seeing hospitalized older adults who are often debilitated and physically deteriorating. There is a need to continue the work of the student engagement projects implemented at the university level to help medical students gain a better understanding of an aging population and avoid ageist stereotypes to improve the quality of care the older adults receive, specifically in underserved communities.

The contractor recruited nursing homes in underserved ZIP Codes and students who varied in ethnic/racial background and were based in schools of medicine, pharmacy, and nursing, including one school that was part of a Historically Black College or University (HBCU).

Students received focused learning on Aging Topics, Health Equity, Social Isolation and Loneliness, and Empathetic Communication. During the nursing home sessions, intergenerational social connections were forged using strategies such as storytelling and conversation practices and prompts to help facilitate deeper and more meaningful connections.

The PALS pilot was implemented in 3 nursing homes in Houston, TX, using two cohorts of students paired with older adults, each lasting 4 months (May–August 2023; September–December 2023). In September, quantitative (pre- and post-intervention loneliness scale assessment) and qualitative data indicated that the PALS program was decreasing social isolation and loneliness in older adults while positively influencing students working with this age group. Cohort 1 saw an improvement in the University of California, Los Angeles (UCLA) Geriatric Attitudes Scale (GAS) scores, used to assess the students' attitudes toward older adults and caring for older patients, of 2.2 points from their pre-intervention to post-intervention assessment. The Medicare beneficiaries in Cohort 1 showed an improvement in their Lubben Social Network Scale (LSNS), which measures the frequency of interactions with family and friends. The pre-intervention LSNS scores for Cohort 1 were 7.8 and post-intervention, improved to 8.6; Older adults with a score of less than 12 are considered to have marginal ties with family. The PALS Innovation Project ended in March 2024 and results from the final evaluation will be included in the FY 2024 Report to Congress.

Rapid Competency Quality Improvement (RCQI) Innovation Project

The RCQI is a 1-year Innovation Project (with an additional option year available) that began September 15, 2023, and was developed as a result of CMS listening sessions with 7 national hospital and health system stakeholders. Stakeholders shared their need for rapid competency and skill development for their newly hired staff including nurses, technicians, and allied health professionals. Persistent staff shortages, largely due to the COVID-19 PHE and its aftermath, forced health care facilities to increase their use of contract workers to fill nursing, technician, and other front-line positions. These temporary health care workers require rapid onboarding and trainings that can help them quickly become proficient in quality improvement and patient safety

to help provide patient care in a safe, competent manner.

The RCQI Innovation Project contractor utilizes the latest standards of practice, participant and stakeholder expertise, and environmental scans to identify and/or develop content for rapid competency skills-based training modules and related quality improvement resources on a self-service, online web-based platform for healthcare staff. The audience intended for this platform and training are staff such as nurses and allied health professionals in a variety of settings.

For rapid competency and skill development for staff, the contractor is also required to work with federal partners to identify/improve training modules for the following:

1. Infection Control: Hand Hygiene (e.g., CDC, AHRQ, and the Indian Health Service (IHS)).
2. Patient Safety: Sepsis – Recognition, Treatment, and Technology (e.g., CDC, AHRQ, HHS, IHS),
3. Culturally and Linguistically Appropriate Services (CLAS): Engagement, Community Leadership, and Accountability (e.g., HHS, Health Resources and Services Administration (HRSA), IHS).
4. Behavioral Health: Depression Screening, Awareness (e.g., Substance Abuse and Mental Health Services Administration (SAMHSA), FDA, IHS).
5. Quality Assurance and Performance Improvement (QAPI) in Nursing Homes.
6. Overview of Basic Quality Management Tools in Healthcare
7. Other topics as identified from assessment (as agreed upon by CMS).

The intended outcome of this project is that it will improve the time to reach proficiency for new and existing staff, accessibility of a variety of resources, increased training module utilization, and enhanced expertise and skill in patient care because of the accessible, on-demand resources.

Conclusion

Medicare beneficiaries, like all Americans, deserve to have confidence in a health care system that delivers access to high-quality, affordable healthcare. Under CMS' direction, the BFCC-QIO and QIN-QIO Programs, with national networks of knowledgeable and skilled independent organizations under contract with Medicare, are charged with identifying and spreading evidence-based health care practices to help ensure that the quality and standard of care provided to Medicare beneficiaries is satisfactory. The work of the BFCC-QIO and QIN-QIO Programs has been and continues to contribute to improvements in health care for Medicare beneficiaries.

Preview of Next Report

FY 2024 will mark the end of the QIO Program's 12th SOW contract period and the launch of the 13th SOW contract period. Our next report will include both a summary of activities completed during FY 2024 as well as accomplishments of note achieved under the 12th SOW contract overall.