FINAL MAPD PROGRAM AUDIT & PART C TMP PROTOCOL TRAINING

AUGUST 17TH, 24TH, 26TH, 2021 • 2:00-4:00 PM EDT

Special Needs Plans Care Coordination (SNPCC)
August 26, 2021

Matthew Guerand
Division of Audit Operations, Medicare Parts C & D Oversight & Enforcement Group, CMS

SNPCC Program Audit Protocol Overview

- Program Audit Protocol
  - Audit Elements Tested
  - Method of Evaluation

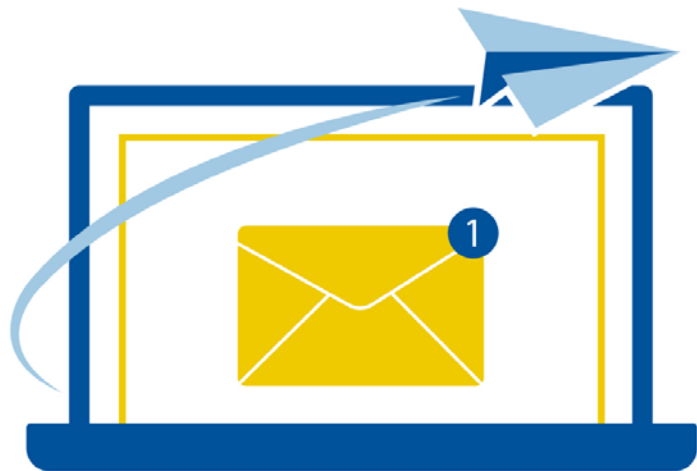- Program Audit Data Request
  - Review Technical Specifications

SNPCC Program Audit Protocols

- Specifications and tools are for auditing/monitoring activities, not interpreting policy
- Not all data points are used to determine compliance

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SNPCC Audit Elements Tested

- Care Coordination
  - Implementation of Model of Care (MOC)
  - 13 compliance standards

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Universe Integrity Testing

- 10 samples from Special Needs Plans Enrollees (SNPE) Record Layout – not specific to certain case type
- Confirm data submitted within universe

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Care Coordination Compliance Standard 1.1

- Initial Health Risk Assessments (IHRA) conducted within 90 days of effective date
  - IHRA may occur before or after effective date
  - Includes enrollees continuously enrolled for 90 days with effective dates within 12 months of audit engagement letter
- Request Table2IA: HRA Timeliness Impact Analysis
  - Include enrollees who did not have IHRA
  - Used to quantify outreach attempts to enrollees to conduct IHRA

Care Coordination Compliance Standard 1.2

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- Conducted timely Annual Health Risk Assessments (AHRA)
  - 365 days of previous HRA
  - 365 of date of enrollment (if no IHRA conducted)

- Request Table2IA: HRA Timeliness Impact Analysis
  - Include enrollees who had untimely AHRA
  - Used to quantify outreach attempts to enrollees to conduct AHRA

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Care Coordination Compliance Standard 1.3

- Select 30 Samples from Table 1
  - Reflect general composition of membership in each plan type (D-SNP, C-SNP, or I-SNP)
  - Remaining samples selected from plan type with greatest representation in the universe

- Completed HRA included comprehensive initial assessment and reassessment specific to needs of enrollees
  - Medical, psychological, cognitive, functional, mental health

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Care Coordination Compliance Standard 1.4

- Determine if SO completed an individualized care plan (ICP)
  - Addresses needs identified in the HRA
  - Includes measurable outcomes

- ICP includes enrollee's:
  - Self-management goals and objectives
  - Healthcare preferences
  - Description of services tailored to enrollee's needs
  - Identification of goals (met or not met)

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Care Coordination Compliance Standard 1.5

- Determine whether ICPs were reviewed and/or modified reflecting changes to enrollee's healthcare needs according to the transition of care policy in the model of care (MOC)

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Care Coordination Compliance Standard 1.6

- Determine whether Sponsor implemented the ICP
  - Case Management Notes
  - Interdisciplinary Care Team Documentation
  - Claims Data (inpatient and outpatient)
  - Prescription Drug Event (PDE) Records

Care Coordination Compliance Standard 1.7

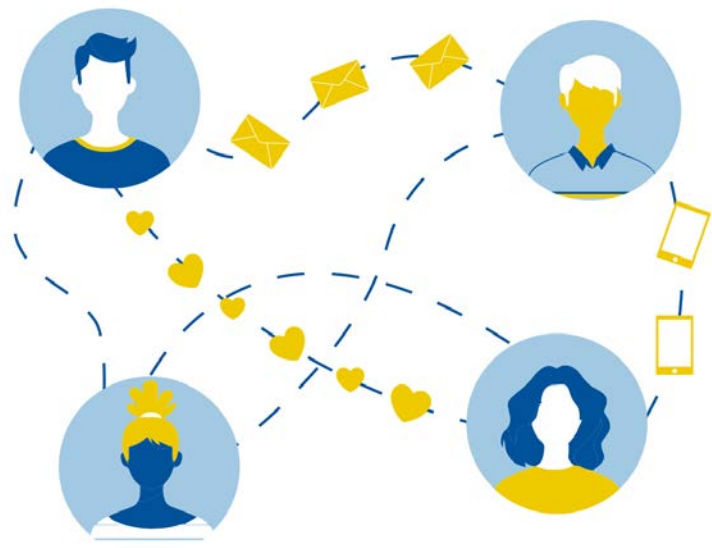- Determine how enrollee or caregiver/representative was involved in the ICP development

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Care Coordination Compliance Standard 1.8

- Determine whether SO coordinated communication amongst its personnel, provider, and enrollees

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Care Coordination Compliance Standard 1.9

- Enrollee's care managed by an interdisciplinary care team (ICT) comprised of appropriate clinical disciplines according to the SNP's MOC

- Enrollee's primary care provider involved in coordination of care and communications

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Care Coordination Compliance Standard 1.10

- Determine whether SO developed and implemented care transition protocols to maintain continuity of care as defined in the MOC

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Care Coordination Compliance Standard 1.11

- Determine whether the ICPs were developed and implemented by staff that met the professional requirements, including credentials, described in the MOC
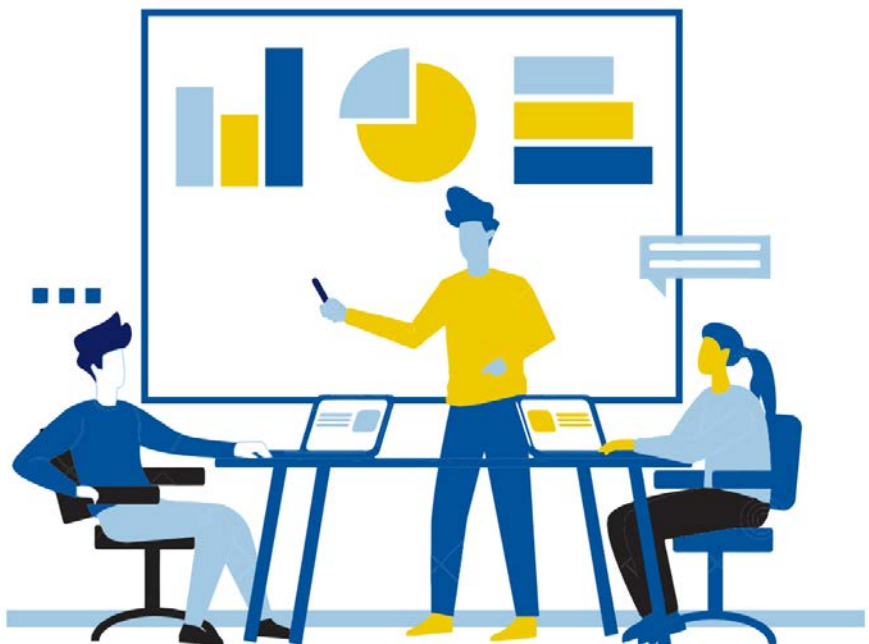
Care Coordination Compliance Standard 1.12

- Determine whether each member of the enrollee's ICT received training on the MOC

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Care Coordination Compliance Standard 1.13

- Determine whether network providers caring for each of the enrollees received training on the MOC

  – Review documentation supporting that outreach was conducted/training materials provided to network provider in accordance with the MOC

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Program Audit Data Request

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Special Needs Plans Enrollees (SNPE) Record Layout Instructions

- Must include <u>all</u> current SNP enrollees on the date of engagement letter

- Each enrollee must only be listed once

- Include enrollees who are disenrolling at the end of the month of engagement letter

- Exclude enrollees whose effective enrollment date is first of month following the date of engagement letter

Field Descriptions – Enrollment Effective Date

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ENROLLMENT EFFECTIVE DATE	MOST RECENT PLAN CHANGE EFFECTIVE DATE	DATE OF MOST RECENT HRA	DATE OF PREVIOUS HRA
• Date of most current/ continuous enrollment	• Date of last plan change within organization ○ Use post-event effective date for enrollee • Enter None if there were no PBP or plan consolidation events	• Date of enrollee's most recently completed HRA • No HRA completed: enter **None** ○ Includes enrollee refusal, unable to contact, failure to complete HRA • Only IHRA completed: enter **date IHRA completed**	• Date of enrollee's previously completed HRA ○ Date of HRA that preceded the most recent HRA • No HRA completed: enter **None** ○ Includes enrollee refusal, unable to contact, failure to complete HRA

Field Descriptions – Most Recent Plan Change Effective Date

ENROLLMENT EFFECTIVE DATE	MOST RECENT PLAN CHANGE EFFECTIVE DATE	DATE OF MOST RECENT HRA	DATE OF PREVIOUS HRA

• Date of most current/ continuous enrollment	• Date of last plan change within organization
	  ○ Use post-event effective date for enrollee
	• Enter None if there were no PBP or plan consolidation events
		• Date of enrollee's most recently completed HRA
		• No HRA completed: enter **None**
		  ○ Includes enrollee refusal, unable to contact, failure to complete HRA
		• Only IHRA completed: enter **date IHRA completed**
			• Date of enrollee's previously completed HRA
			  ○ Date of HRA that preceded the most recent HRA
			• No HRA completed: enter **None**
			  ○ Includes enrollee refusal, unable to contact, failure to complete HRA

Field Descriptions – Date of Most Recent HRA

ENROLLMENT EFFECTIVE DATE	MOST RECENT PLAN CHANGE EFFECTIVE DATE	DATE OF MOST RECENT HRA	DATE OF PREVIOUS HRA

• Date of most current/ continuous enrollment	• Date of last plan change within organization
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		• Only IHRA completed: enter **date IHRA completed**
			• Date of enrollee's previously completed HRA
			    ○ Date of HRA that preceded the most recent HRA
			• No HRA completed: enter **None**
			    ○ Includes enrollee refusal, unable to contact, failure to complete HRA

Field Descriptions – Date of Previous HRA

ENROLLMENT EFFECTIVE DATE	MOST RECENT PLAN CHANGE EFFECTIVE DATE	DATE OF MOST RECENT HRA	DATE OF PREVIOUS HRA
• Date of most current/ continuous enrollment	• Date of last plan change within organization ○ Use post-event effective date for enrollee • Enter None if there were no PBP or plan consolidation events	• Date of enrollee's most recently completed HRA • No HRA completed: enter **None** ○ Includes enrollee refusal, unable to contact, failure to complete HRA • Only IHRA completed: enter **date IHRA completed**	• Date of enrollee's previously completed HRA ○ Date of HRA that preceded the most recent HRA (Column ID I) • No HRA completed: enter **None** ○ Includes enrollee refusal, unable to contact, failure to complete HRA

Field Descriptions – Date Initial HRA was Completed

DATE INITIAL HRA WAS COMPLETED	ENROLLEE RISK STRATIFICATION LEVEL AT TIME OF AUDIT ENGAGEMENT LETTER	DATE OF MOST RECENT INDIVIDUALIZED CARE PLAN (ICP)
• Date of enrollee's first HRA • Date completed HRA is returned to SNP • IHRA not complete: enter **None** • IHRA date more than 10 years prior to engagement letter date: enter **EXC-10**	• Enrollee risk level at time of engagement letter • No risk stratification level has been assigned enter: **None**	• Date of most recent ICP • Continuous ICPs: enter **date of most recent update** • No care plan developed enter: **None**

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Field Descriptions – Enrollee Risk Stratification Level at time of Audit Engagement Letter

DATE INITIAL HRA WAS COMPLETED	ENROLLEE RISK STRATIFICATION LEVEL AT TIME OF AUDIT ENGAGEMENT LETTER	DATE OF MOST RECENT INDIVIDUALIZED CARE PLAN (ICP)
• Date of enrollee's first HRA • Date completed HRA is returned to SNP • IHRA not complete: enter **None** • IHRA date more than 10 years prior to engagement letter date: enter **EXC-10**	• Enrollee risk level at time of engagement letter • No risk stratification level has been assigned enter: **None**	• Date of most recent ICP • Continuous ICPs: enter **date of most recent update** • No care plan developed enter: **None**

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Field Descriptions – Date of Most Recent Individualized Care Plan (ICP)

DATE INITIAL HRA WAS COMPLETED	ENROLLEE RISK STRATIFICATION LEVEL AT TIME OF AUDIT ENGAGEMENT LETTER	DATE OF MOST RECENT INDIVIDUALIZED CARE PLAN (ICP)
• Date of enrollee's first HRA • Date completed HRA is returned to SNP • IHRA not complete: enter **None** • IHRA date more than 10 years prior to engagement letter date: enter **EXC-10**	• Enrollee risk level at time of engagement letter • No risk stratification level has been assigned enter: **None**	• Date of most recent ICP • Continuous ICPs: enter **date of most recent update** • No care plan developed enter: **None**

Impact Analysis Requests

Care Coordination Impact Analysis (CC-IA) Record Layout	HRA Timeliness Impact Analysis (HRAT-IA) Record Layout
Table 1IA	**Table 2IA**
• Used to quantify noncompliance • Populated with enrollees impacted in the 26-week period preceding engagement letter through the date the issue was identified on audit	• Used to mitigate noncompliance • Populate with enrollees who did not receive a timely IHRA or AHRA within the 12-month period prior to the date of engagement letter

SNPCC Supplemental Questionnaire

- Assists CMS in understanding the SNPs operations
- Separate questionnaires for each entity/operating system
- Due 5 business days after engagement letter is issued

Questions?

- Questions related to the program audit process can be sent to the program audit mailbox at part_c_part_d_audit@cms.hhs.gov.