



**Medicare-Medicaid Plan (MMP)  
Care Coordination and Quality  
Improvement Program  
Effectiveness (CCQIPE)  
Program Area**

**AUDIT PROCESS AND DATA  
REQUEST**

A 3D graphic of a ribbon or banner, rendered in a light blue and grey color scheme. The ribbon is folded and draped across the bottom of the page. The year "2020" is printed in a black, serif font on the right side of the ribbon.

2020











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members' transitioning across care settings

- Copies of policies and procedures on the monitoring and evaluation of the QIP(s)
- Copies of performance monitoring/evaluation report(s) submitted to MMP quality oversight staff and/or Board
- List of first tier, downstream or related entities (FDRs) that assist with MMP care coordination and QIP functions/deliverables
- Responses to a supplemental questionnaire on care coordination policies and procedures related to HRAs, ICPs, and the ICT

This documentation will have the same submission deadline as the universes, except for the supplemental questionnaire, which will be due 5 business days after receipt of the audit engagement letter. The auditors will conduct a desk review of these materials prior to the audit start date to gain an understanding of the criteria and protocols the MMP has implemented. The background information to be submitted may have been implemented outside of the audit period, but must be in effect during the audit period.

There will be no findings assessed based on the review of these documents prior to the audit.

3. **Submit Universes to CMS:** MMPs should submit each universe in a Microsoft Excel (.xlsx) file format with a header row (or Text (.txt) file format without a header row) following the record layouts shown in Appendix A, Tables 1 and 2. The MMP should submit all background information and additional documentation with its universes.

## Audit Elements

### I. Care Coordination

1. **Select Sample Cases:** CMS will select a sample of 30 members from the MMPM universe submitted. The sample selection will be provided to the MMP by the close of business on the Thursday before the week the MMP-CCQIPE audit begins.
2. **Review Sample Case Documentation:** During the webinar review, CMS will sample all case file documentation for MMP implementation of care coordination in relation to the following areas: HRA administration; ICP appropriateness and implementation; ICT composition, qualifications, and functioning; and coordination of member transition across care settings.

For each case, the MMP must produce all relevant documentation including, **but not limited to:**

- The member's completed HRA(s)
  - The member's ICP
  - Care and case management documentation associated with the ICP submitted for the member during the audit review period. Specific documentation will be selected by the audit team based on the content of the ICP. This could include data related to any Medicare or Medicaid covered services. Examples of care and case management documentation that CMS may request include:
    - Claims
    - Encounters
    - Prescription drug events (This includes evidence for all pharmacy claims, including Part D.)
    - Communications between the MMP and members or providers (e.g., notifications inviting members or providers to attend ICT meetings, notifications to members regarding ICP updates)
  - Membership in the ICT with evidence of appropriate credentials as specified in the contract.
3. **Apply Compliance Standard:** At a minimum, CMS will evaluate cases against the following criteria. CMS may review factors not specifically addressed in these questions if it is determined that there are other related contract requirements not being met.
    - 3.1. **HRAs:**
      - 3.1.1. Did the MMP conduct the initial HRA? CMS will consider if the MMP made the requisite number of attempts to complete the HRA based on the requirements in the applicable contract.
      - 3.1.2. Did the MMP conduct the initial HRA within the required timeframe?
      - 3.1.3. Did the MMP appropriately review, analyze and stratify the HRA?
      - 3.1.4. Did the completed HRA include the review of all requisite assessment domains specified per the contract, for example, the goals and preferences associated with the medical, psychosocial, cognitive, functional, and mental health needs of the member?



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3.1.5. Did the MMP administer HRAs subsequent to the initial HRA/reassessments within the required timeframe (e.g., an annual HRA)? If not, are any mitigating factors documented (e.g., member preference to meet at a later date, member declined to participate in HRA, inability to conduct an appropriate HRA due to hospitalization, etc.)?

3.1.6. Did the personnel who conducted the HRA possess the appropriate professional knowledge and credentials to the extent specified in the contract?

3.1.7. Was the HRA completed in the appropriate setting or method to the extent specified in the contract?

**3.2. ICP:**

3.2.1. Did the MMP complete the ICP according to the contract requirements (including, to the extent possible, with active participation from the member/caregiver)?

3.2.2. Did the ICP include specific interventions designed to meet the needs, member goals and preferences identified in the HRA?

3.2.3. Did the ICP include measurable outcomes (as applicable in the contract)?

3.2.4. Was the ICP reviewed/revised with the appropriate frequency based on the member's health condition(s) and in accordance with contract requirements?

3.2.5. Did the MMP provide documentation to verify the implementation of the ICP, such as proof of claims and/or documentation of social services provided?

3.2.6. Did the MMP coordinate communication of the ICP among personnel, providers, and members?

**3.3. ICT:**

3.3.1. Was member care coordinated by an ICT comprised of the appropriate clinical disciplines and consistent to member preferences, as required per the contract?

3.3.2. Was the ICT composed of team members who possess the training required per the contract?

3.3.3. Did the ICT appropriately perform all prescribed functions as set forth in the contract (e.g., involvement in the ICP development)?

3.3.4. Did the ICT attempt to involve the member in the ICT discussions/meetings?

**3.4. Care Transitions:**

3.4.1. Did the MMP plan and implement transition protocols between settings to ensure that the delivery of care to the member remains stable, and services are consistent and unduplicated?

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- 4. Sample Case Results:** CMS will test each of the 30 cases. If there is lack of evidence that the MMP is appropriately coordinating care and if CMS requirements are not met, conditions (findings) are cited. If CMS requirements are met, no conditions (findings) are cited.

**NOTE:** Cases and conditions may have a one-to-one or a one-to-many relationship. For example, one case may have a single condition or multiple conditions of non-compliance.

## II. Quality Improvement Program Effectiveness (QIPE)

1. **Select Sample Cases:** CMS will review the level of performance for all quality improvement project metrics in the MMP's Quality Improvement (QI) Work Plan and determine whether the MMP implemented appropriate corrective action when a performance goal was not attained.
2. **Review Documentation:** During the webinar review, CMS will assess the effectiveness of the MMP's QI Program in relation to its QI Program monitoring and evaluation efforts, and the appropriateness of the MMP's response to the outcomes of such activities. The MMP must produce all relevant documentation including, **but not limited to:**
  - QI Work Plan(s) effective during the audit review period
  - Methodology for collecting, analyzing, reporting and evaluating quality data
  - Information regarding the personnel having responsibility for overseeing the QI Program
  - Evidence of data collection/results of internal analysis/evaluation, including reports generated based on findings from internal analysis (i.e., progress toward goals/objectives, areas for improvement, etc.)
  - Quality Improvement Committee or workgroup meeting minutes.
  - Corrective Action Plans (CAPs) developed and implemented as a result of internal analysis and the results of the CAPs, if applicable
  - The most recent evaluation of the QI Work Plan
  - Documentation of communications to stakeholders regarding results of the QI Program
  - Meeting minutes showing approval of the QI Program, CAPs, and performance progress/outcomes by the governing body as required per the contract.

**NOTE:** This documentation will vary by MMP based on the provisions of the MMP's QI Program. The documentation to be obtained will be more specific after CMS has completed the desk review of the background information that would have been submitted with the universe.

3. **Apply Compliance Standard:** At a minimum, CMS will evaluate the QI Program against the following criteria. CMS may review factors not specifically addressed in these questions if it is determined that there are other related MMP QI Program requirements not being met.
  - 3.1. Did the MMP collect, analyze, and evaluate quality data relevant to MMP members (e.g., specific data sources, specific performance and outcome measures, etc.), including medical, behavioral health, and LTSS data?
  - 3.2. Did the MMP use the analyzed results of performance measures to improve the QI Program (e.g., internal committee and other structured mechanism)?
  - 3.3. When necessary, did the MMP develop and implement corrective actions?
  - 3.4. Did the MMP show evidence of communicating performance monitoring results and improvements to stakeholders and/or leadership, in accordance with the contract requirements?

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- 3.5. Did the MMP provide members/authorized representatives with opportunities to participate in quality management activities?
- 3.6. Are the appropriate personnel responsible for oversight of the QI Program's evaluation and monitoring process?
4. **Quality Improvement Program Effectiveness Review Results:** CMS will review documentation regarding the monitoring and evaluation of quality improvement project metrics established in the QI Program and any resulting corrective action undertaken by the MMP. If there is lack of evidence that the MMP is effectively implementing its QI Program and if CMS requirements are not met, conditions (findings) are cited. If CMS requirements are met, no conditions (findings) are cited.

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## Appendix

### Appendix A – Medicare-Medicaid Plan Care Coordination and Quality Improvement Program Effectiveness (MMP-CCQIPE) Record Layouts

The universes for the Medicare-Medicaid Plan Care Coordination and Quality Improvement Effectiveness (MMP-CCQIPE) program area must be submitted as a Microsoft Excel (.xlsx) file with a header row (or Text (.txt) file without a header row). Do not include additional information outside of what is dictated in the record layout. Submissions that do not strictly adhere to the record layout will be rejected.

**NOTE:** There is a maximum of 4,000 characters per record row and spaces count toward this 4,000 character limit. Therefore, should additional characters be needed for a response, enter this information on the next record at the appropriate start position.

**Table 1: Medicare-Medicaid Plan Members (MMPM) Record Layout**

- Provide a universe consisting of all MMP members who have been continuously enrolled for a period of at least 13 months as of the engagement letter date.

Column ID	Field Name	Field Type	Field Length	Description
A	Member First Name	CHAR Always Required	50	First name of the member.
B	Member Last Name	CHAR Always Required	50	Last name of the member.
C	First Tier, Downstream, and Related Entities	CHAR Always Required	70	First Tier, Downstream, and Related Entities assigned to the member (e.g., Independent Physician Association, Physicians Medical Group or Third Party Administrator, any/all third party, downstream, or related organizations that the MMP contracts with in order to implement and/or manage the care). Enter NA if not applicable.
D	Member ID	CHAR Always Required	11	Enter the Medicare Beneficiary Identifier (MBI) of the enrollee. An MBI is the non-intelligent unique identifier that replaced the HICN on Medicare cards as a result of The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. The MBI contains uppercase alphabetic and numeric characters throughout the 11-digit identifier and is unique to each Medicare enrollee. This number must be submitted excluding hyphens or dashes.

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Column ID	Field Name	Field Type	Field Length	Description
E	Contract ID	CHAR Always Required	5	The contract number (e.g., H1234) of the organization.
F	Plan ID	CHAR Always Required	3	The plan number (e.g., 001) of the organization.
G	Enrollment Effective Date	CHAR Always Required	10	Effective date of enrollment for the member (PBP level). Submit in CCYY/MM/DD format (e.g., 2020/01/01).
H	Member's Initial Risk Stratification Level	CHAR Always Required	50	Enter the member's initial risk stratification level in accordance with the risk stratification levels set forth in the contract. Enter NA if no risk stratification level has been assigned.
I	Date of member initial Risk Stratification Level assignment	CHAR Always Required	10	Date of initial member risk stratification level assigned. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Enter NA if no risk stratification level has been assigned.
J	Was an initial HRA completed within the required timeframe?	CHAR Always Required	3	(Yes/No)  Enter Yes if an initial HRA was completed within the required timeframe per the contract.  Enter No if an initial HRA was not completed within the required timeframe per the contract or no HRA was completed.
K	Date initial HRA was completed?	CHAR Always Required	10	Date of the member's first HRA after enrolling. Submit in CCYY/MM/DD format (e.g., 2020/01/01).  Enter NA if no HRA was completed.
L	Did the MMP conduct an HRA during the current audit period?	CHAR Always Required	3	Enter Yes if an HRA was completed within the 13-month audit period.  Enter No if an HRA was not completed within the 13-month audit period.

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Column ID	Field Name	Field Type	Field Length	Description
M	Date of completion for HRA conducted during the audit period.	CHAR Always Required	10	Date of completion for the last HRA conducted during the 13-month audit period. Submit in CCYY/MM/DD format (e.g., 2020/01/01).  Enter NA if an HRA was not conducted during the 13-month audit period.
N	Date of previous HRA/reassessment	CHAR Always Required	10	Date the HRA or reassessment was conducted most recently prior to the last HRA. If there were multiple HRAs conducted during the audit period, provide the one conducted most recently to the last HRA conducted during the audit review period. If there was only one HRA conducted during the audit review period, provide the HRA conducted most recently prior to the audit review period. If there was no HRA conducted during the audit period then include the most recent HRA that was conducted. Submit date in CCYY/MM/DD format (e.g. 2020/01/01)  Enter NA if an HRA/reassessment has never been conducted.
O	Was an ICP completed?	CHAR Always Required	3	Enter Yes if an ICP was developed for the member any time before the end of the 13-month audit period.  Enter No if an ICP was not developed for the member or was developed after the end of the 13-month audit period.
P	Member's Current Risk Stratification Level	CHAR Always Required	50	Current Member Risk Stratification Level is the member's risk stratification level on the last day of the review period. See <i>Audit Purpose and General Guidelines</i> for guidance on the review period.  Enter the member's current risk stratification level in accordance with the risk stratification levels set forth in the contract. Enter NA if no risk stratification level has been assigned.

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**Table 2: Quality Improvement Program Effectiveness (QIPE) Record Layout**

- Include each quality improvement project metric and its corresponding data that was tracked during the audit review period.
- Submit one universe for each MMP if the sponsor has multiple MMPs.

Column ID	Field Name	Field Type	Field Length	Description
A	Metric	CHAR Always Required	250	Identify the goal, objective or metric being measured.  Example: Improving access to preventive health services— Increase the percentage of members vaccinated annually against seasonal influenza.
B	What is the duration of the baseline period?	CHAR Always Required	30	Enter the number of months used to establish the baseline performance against which future performance is assessed (e.g., 4 months, 12 months, etc.).
C	Baseline Period Start Date	CHAR Always Required	10	Indicate the start date for the baseline period used to establish the baseline performance against which future performance is assessed.  Submit in CCYY/MM/DD format (e.g., 2020/01/01).
D	Baseline Period End Date	CHAR Always Required	10	Indicate the end date of the baseline period used to establish the baseline performance against which future performance is assessed.  Submit in CCYY/MM/DD format (e.g., 2020/03/31).
E	Baseline Result	CHAR Always Required	10	Enter the baseline result value (e.g., percentage 66.6%, ratio 33:50, etc.).  If no measurement was conducted enter NA.
F	Target Goal	CHAR Always Required	10	Enter the target goal value (e.g., percentage 95%, ratio 49:50, etc.).
G	Data Source	CHAR Always Required	250	Indicate data source(s) for the measurements (goals, objectives, and metrics) reported in the baseline rate and target rate columns.  Example: Claims data, HPMS, HEDIS



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Column ID	Field Name	Field Type	Field Length	Description
H	How often is performance assessed (after the baseline period)?	CHAR Always Required	30	Indicate how often performance is assessed after the baseline period (e.g., monthly, quarterly, yearly).
I	Measurement Period 1 Start Date	CHAR Always Required	10	MMP will report data for the 2 most recently conducted data measurement/assessments.  Enter the start date of the 1 <sup>st</sup> measurement period. Submit in CCYY/MM/DD format.  Example: if the 1 <sup>st</sup> of the 2 most recent measurement periods began on March 1, 2020, then enter 2020/03/01.  Enter NA if no measurement was conducted.
J	Measurement Period 1 End Date	CHAR Always Required	10	Enter the end date of the 1 <sup>st</sup> measurement period. Submit in CCYYMMDD format.  Example: if the 1 <sup>st</sup> of the 2 most recent measurement periods ended on March 31, 2020, then enter 2020/03/31.  Enter NA if no measurement was conducted.
K	Measurement Period 1 Result	CHAR Always Required	10	MMP should enter the value of the result for measurement period 1 (e.g., percentage 70.6%, ratio 29:50.)  Enter NA if no measurement was conducted.
L	Goal Met/Not Met	CHAR Always Required	3	Determination of whether the target value was met after the 2 <sup>nd</sup> measurement period. (Yes/No/NA)  Enter Yes if the goal was met. Enter No if the goal was not met. Enter NA if no information was collected/available.

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Column ID	Field Name	Field Type	Field Length	Description
M	Corrective Action Plan (CAP)	CHAR Always Required	3	<p>Indicate whether a Corrective Action Plan (CAP) was developed and implemented when MMP goals were not met (Yes, No, NA).</p> <p>Enter Yes if a CAP was developed when the MMP's goal was not met.</p> <p>Enter No if a CAP was not developed when the MMP's goal was not met.</p> <p>Enter NA if the goal was met (no CAP necessary).</p>
N	Measurement Period 2 Start Date	CHAR Always Required	10	<p>MMP will report data for the 2 most recently conducted data measurement/ assessments.</p> <p>Enter the start date of the 2nd measurement period. Submit in CCYY/MM/DD format.</p> <p>Example: if the 2<sup>nd</sup> of the 2 most recent measurement periods began on April 1, 2020, then enter 2020/04/01.</p> <p>Enter NA if no measurement was conducted.</p>
O	Measurement Period 2 End Date	CHAR Always Required	10	<p>Enter the end date of the 2<sup>nd</sup> measurement period. Submit in CCYY/MM/DD format (e.g., 2020/06/30).</p> <p>Example: if the 2<sup>nd</sup> of the 2 most recent measurement periods ended on April 30, 2020, then enter 2020/04/30.</p> <p>Enter NA if no measurement was conducted.</p>
P	Measurement Period 2 Result	CHAR Always Required	10	<p>MMP should enter the value of the result for measurement period 1 (e.g., percentage 86.6%, ratio 42:50).</p> <p>Enter NA if no measurement was conducted.</p>
Q	Goal Met/Not Met	CHAR Always Required	3	<p>Determination of whether the target value was met after the 2<sup>nd</sup> measurement period. (Yes/No/ NA)</p> <p>Enter Yes if the goal was met.</p> <p>Enter No if the goal was not met.</p> <p>Enter NA if no information was collected/ available.</p>

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Column ID	Field Name	Field Type	Field Length	Description
R	Corrective Action Plan (CAP)	CHAR Always Required	3	<p>Indicate whether a Corrective Action Plan (CAP) was developed and implemented when MMP goals were not met (Yes, No, NA).</p> <p>Enter Yes if a CAP was developed when the MMP's goal was not met.</p> <p>Enter No if a CAP was not developed when the MMP's goal was not met.</p> <p>Enter NA if the goal was met (no CAP necessary).</p>