

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
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CENTER FOR MEDICARE

DATE: December 21, 2017

TO: Medicare-Medicaid Plans

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SUBJECT: CY 2018 MMP Audit Protocol Updates

The purpose of this memorandum is to release the 2018 Medicare-Medicaid Plan (MMP) Service Authorization Requests, Appeals and Grievances (SARAG) and Care Coordination Quality Improvement Program Effectiveness (CCQIPE) audit protocols. As announced in the December 6, 2017 HPMS memo *2018 Program Audits*, the Centers for Medicare & Medicaid Services (CMS) will transition the two MMP program areas from pilot status into fully operational program areas beginning in 2018. As a result, SARAG and CCQIPE findings will factor into the overall audit score calculation. The SARAG and CCQIPE protocols have been updated to reflect this change in status for the 2018 audit year.

In addition, CMS has made minor modifications to the MMP protocols as a result of what we learned during the pilot year. The following modifications are primarily meant to clarify existing content or to align the protocols with other program areas.

SARAG Protocol Updates

- Updated service authorization request definition to reflect that service authorization requests can be initiated by service coordinators or care coordinators. Thus, such authorization requests should be included in the service authorization request universes (MSSAR and MESAR).
- Clarified that provider payment requests will be included in the pre-entrance conference webinar that will verify the accuracy of the dates and times provided in the record layouts. However, Table 3: M_Claims, will continue to be excluded from the SARAG timeliness calculation.
- Corrected various record layout character lengths.
- Removed the New York and California specific columns in Table 1: MSSAR (formerly Columns N and O) and Table 2: MESAR (formerly Columns O and P).
- Added the required field *First Tier, Downstream, and Related Entity* to the Table 12:

- MMP Call Logs record layout to match the ODAG Call Log record layout.
- Reduced the Table 12: MMP Call Logs universe review period to 10 days of calls.
 - Clarified State Fair Hearings, IRE, ALJ, or MAC overturns compliance standards in the Appropriateness of Clinical Decision-Making & Compliance with SARA Processing Requirements element.
 - Clarified that CMS reserves the authority to make any sample substitutions it deems necessary even though the intended sample set for the Appropriateness of Clinical Decision-Making & Compliance with SARA Processing Requirements element remains unchanged.
 - Clarified the record layouts and compliance standards to more clearly reflect that aid pending appeal could apply to denied and approved plan level appeals and external appeals.
 - Updated field descriptions for *Date written notification provided to member* and *Date written notification provided to provider* in Table 3: M_Claims.
 - Added clarification to the field description for *Type of Service* in Tables 1-6.

CCQIPE Protocol Updates

- Clarified that Model of Care documents are no longer required audit documentation.
- Removed record layout fields *Cumulative dollar amount of claims paid*, *Cumulative dollar amount of claims denied*, *Cumulative # of claims paid*, and *Cumulative # of claims denied* (formerly columns P-S) in Table 1: Medicare-Medicaid Plan Member (MMPM).
- Added the field *Member's Current Risk Stratification Level* to Table 1: Medicare-Medicaid Plan Members (MMPM).
- Updated ICT compliance standard 3.3.2 to clarify that the focus of the compliance standard is whether the ICT members possess the training required per the 3-way contract.

Attachments

- Attachment_VII_MMP-SARAG_AuditProcess_DataRequest.pdf
- Attachment_VIII_MMP-CCQIPE_AuditProcess_DataRequest.pdf

Any questions regarding the CY2018 MMP Program Audit Protocols should be sent to MMCOCapsModel@cms.hhs.gov and part_c_part_d_audit@cms.hhs.gov.