Special Needs Plan Model of Care (SNP- MOC) Program Area

AUDIT PROCESS AND DATA REQUEST

Table of Contents

Audit Purpose and General Guidelines

1. **Purpose**: To evaluate sponsor implementation and performance in the two areas outlined in this protocol related to Special Needs Plan (SNP) model of care (MOC). The Centers for Medicare & Medicaid Services (CMS) will perform its audit activities using these instructions (unless otherwise noted).

2. **Review Period**: The review period for SNPs that have been operational for at least a year, will be the (13) thirteen month period preceding and including the date of the audit engagement letter (for example, for an engagement letter sent on March 9, 2020, the universe review period would be February 1, 2019 through March 9, 2020) CMS reserves the right to expand the universe request as needed. Sponsors that have operated for more than one year, but have a new/updated MOC that has been implemented for less than a year, will be assessed using the previous MOC.

3. **Responding to Documentation Requests**: The sponsor is expected to present its supporting documentation during the audit and take screen shots or otherwise upload the supporting documentation, as requested, to the secure site using the designated naming convention and within the timeframe specified by the CMS Audit Team.

4. **Sponsor Disclosed Issues**: Sponsors will be asked to provide a list of all disclosed issues of non-compliance that are relevant to the program areas being audited and may be detected during the audit. A disclosed issue is one that has been reported to CMS prior to the receipt of the audit start notice (which is also known as the "engagement letter"). Issues identified by CMS through on-going monitoring or other account management/oversight activities during the plan year are not considered disclosed.

   Sponsors must provide a description of each disclosed issue as well as the status of correction and remediation using the Pre-Audit Issue Summary template. This template is due within 5 business days after the receipt of the audit start notice. The sponsor's Account Manager will review the summary to validate that "disclosed" issues were known to CMS prior to receipt of the audit start notice.

   When CMS determines that a disclosed issue was promptly identified, corrected (or is actively undergoing correction), and the risk to beneficiaries has been mitigated, CMS will not apply the ICAR condition classification to that condition.

5. **Impact Analysis (IA)**: An impact analysis must be submitted as requested by CMS. The impact analysis must identify all beneficiaries subjected to or impacted by the issue of non-compliance. Sponsors will have up to 10 business days to complete the requested impact analysis templates. CMS may validate the accuracy of the impact analysis submission(s). In the event an impact analysis cannot be produced, CMS will report that the scope of non-compliance could not be fully measured and impacted an unknown number of beneficiaries across all contracts audited.

6. **Calculation of Score:** CMS will determine if each condition cited is an Observation (0 points), Corrective Action Required (CAR) (1 point) or an Immediate Corrective Action Required (ICAR) (2 points). Invalid Data Submission (IDS) conditions will be cited when a sponsor is not able to produce an accurate universe within 3 attempts. IDS conditions will be worth one point.

   CMS will then add the score for that audit element to the scores for the remainder of the audit elements in a given protocol and then divide that number (i.e., total score), by the number of audit elements tested to determine the sponsor's overall SNP MOC audit score. Some elements and program areas may not apply to certain sponsors and therefore will not be considered when calculating program area and overall audit scores. Observations will be recorded in the draft and final reports, but will not be scored and therefore will not be included in the program area and audit scores.

7. **Informing Sponsor of Results:** CMS will provide daily updates regarding conditions discovered that day (unless the case has been pended for further review. CMS will provide a preliminary summary of its findings at the exit conference. The CMS Audit team will do its best to be as transparent and timely as possible in its communication of audit findings. Sponsors will also receive a draft audit report which they may formally comment on and then a final report will be issued after consideration of a sponsor's comments on the draft.

Universe Preparation & Submission

1. **Responding to Universe Requests**: The sponsor is expected to provide accurate and timely universe submissions within 15 business days of the engagement letter date. CMS may request a revised universe if data issues are identified. The resubmission request may occur before and/or after the entrance conference depending on when the issue was identified. Sponsors will have a maximum of 3 attempts to provide complete and accurate universes, whether these attempts all occur prior to the entrance conference or they include submissions prior to and after the entrance conference. However, 3 attempts may not always be feasible depending on when the data issues are identified and the potential for impact to the audit schedule. When multiple attempts are made, CMS will only use the last universe submitted.

   If the sponsor fails to provide accurate and timely universe submissions twice, CMS will document this as an observation in the sponsor's program audit report. After the third failed attempt, or when the sponsor determines after fewer attempts that they are unable to provide an accurate universe within the timeframe specified during the audit, the sponsor will be cited an Invalid Data Submission (IDS) condition relative to each element that cannot be tested, grouped by the type of case.

2. **Pull Universes and Submit Background Information:** The universes collected for this program area tests the sponsor's performance in care coordination, and plan performance monitoring and evaluation of the MOC.

   The sponsor will provide a universe consisting of all SNP beneficiaries who have been enrolled in any of the sponsoring organization's SNPs, with no breaks in enrollment (i.e. continuously enrolled) for a period of at least 13 months as of the engagement letter date. Members may have switched from one SNP plan to another so long as they did not experience a break in enrollment.

The sponsor will also submit quality measurement and performance improvement metrics utilized by your organization to monitor and evaluate the effectiveness of the MOC. All applicable fields of the plan performance monitoring and evaluation record layout should be completed; a separate record layout should be submitted <u>for each unique </u>MOC. Sponsors may opt to submit one workbook with a separate tab for each unique MOC.

The universes should be compiled using the appropriate SNP-MOC record layout as described in Appendix A. These record layouts include:

- Special Needs Plan Enrollees (SNPE) Record Layout (Table 1)
- Plan Performance Monitoring and Evaluation (PPME) Record Layout (Table 2)

NOTE: For SNPE, the sponsor should include all cases that match the description for that universe for all applicable SNP contracts and PBPs in its organization as identified in the audit engagement letter (i.e., for all beneficiaries enrolled in your organization' SNPs during the review period).

The sponsor will provide the following background information documentation that is applicable to the audit timeframe:

- Copies of all approved Models of Care (MOC) and any (red-lined) updates to the original submissions
- Copies of the Health Risk Assessment Tool(s) (HRA) used by the SNP
- Copies of policies and procedures for administration of the Health Risk Assessment Tool, the development of the Individual Care Plan, the composition and functions of the Interdisciplinary Care Team, and the coordination of members' transitioning across care settings
- Copies of policies and procedures on the monitoring and evaluation of the MOC
- Copies of performance monitoring/evaluation report(s) submitted to MOC/quality oversight staff and/or Board
- Listing of FDRs that assist with the MOC and their functions/deliverables

This documentation will have the same submission deadline as the universe. 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 organization's SNPs implement. 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 pass or fail determinations made based on the review of these documents prior to the audit.

3. **<u>Submit Universes to CMS</u>:** Sponsoring organizations should submit each universe in the 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 sponsor should submit its universes in whole and not separately for each contract and PBP. The sponsor should submit all background information and additional documentation with its universes.

Sample Selection

1. **Select Sample Cases:** CMS will select a sample of 30 beneficiaries from the sponsor-submitted universe as follows:

   - % selected = % of D-SNP beneficiaries
   - % selected = % of I-SNP beneficiaries
   - % selected = % of C-SNP beneficiaries

   CMS will generally sample proportionally, with a minimum of 5 as applicable, for each existing SNP type represented in the universe to obtain a total sample size of 30. The sample selection will be provided to the sponsor by the close of business on the Thursday before the Monday of the audit week.

Audit Elements

I. Care Coordination

1. <u>**Review Sample Case Documentation**</u>: CMS will sample all case file documentation for sponsors implementation of care coordination in relation to its MOC in the following areas: Health Risk Assessments (HRAs) administration; Individual Care Plans (ICPs) appropriateness and implementation; Interdisciplinary Care Team (ICT) appropriateness, development and implementation of enrollee's ICPs; and coordination of members transitions across care settings. For each case, the sponsor must produce all relevant documentation during the live audit webinar including, **but <u>not limited to</u>**:

   - Completed beneficiary Health Risk Assessment(s)
   - Copy of the beneficiary's Individualized Care Plan (ICP).
   - Care and case management documentation associated with the ICP (including claims, encounters and Prescription Drug Events) submitted for the beneficiary since the last HRA was completed. Specific documentation will be selected by the audit team based on the content of the ICP.
   - Membership in the ICT with evidence of appropriate credentials
   - Information of sponsor's process to confirm MOC training for network providers and ICT members.
   - Evidence that sponsor confirmation has occurred for MOC training of network providers and ICT members.

2. <u>**Apply Compliance Standard**</u>: 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 SNP-MOC requirements not being met. CMS will defer to regulatory requirements in absence of an applicable clause in the MOC.

   2.1. **Health Risk Assessment:**

   2.1.1. **Did the sponsor conduct an initial HRA?**

   2.1.2. **Did the sponsor conduct the initial HRA either 90 days before or after the enrollment effective date?**

   2.1.3. **Did the completed HRA include a comprehensive initial assessment and reassessment(s) of the needs of the beneficiary including, for example, the medical, psychosocial, cognitive, functional, and mental health needs?**

   2.1.4. **Did the Sponsor conduct the annual HRA within 1 year of the initial assessment/1 year of the previous HRA?**

   2.2. **Individual Care Plan:**

   2.2.1. **Did the sponsor complete the individualized care plan (ICP) according to its MOC?**

2.2.2. Did the sponsor develop a comprehensive ICP designed to address needs identified in the HRA, consistent with the MOC?

2.2.3. Did the ICP include measurable outcomes in accordance with the MOC?

2.2.4. Was the ICP reviewed/revised based on the beneficiary's health condition and in accordance with the SNP's most recently approved MOC?

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

2.2.6. Did the sponsor facilitate beneficiary and/or caregiver participation when developing the beneficiary's ICP?

2.2.7. For the ICP, did the sponsor coordinate communication among sponsor's personnel, providers, and beneficiaries?

2.3. **Interdisciplinary Care Team:**

2.3.1. Does documentation demonstrate that member care was managed by an interdisciplinary care team (ICT) comprised of appropriate clinical disciplines according to the SNP's approved MOC?

2.4. **Care Transitions:**

2.4.1. Did the sponsor plan & implement care transition protocols to maintain member's continuity of care as defined in the MOC?

2.5. **Administrative Processes & Training/Credentialing:**

2.5.1. Did the personnel who reviewed, analyzed, developed and implemented the HRA and ICP possess appropriate professional knowledge and credentials, as defined in the MOC?

2.5.2. Have all members of the sponsoring organization's staff (employed, contracted, or non-contracted) that serve on the ICT received training on the SNP plan model of care to coordinate and/or deliver all services and benefits?

2.5.3. Did the sponsor provide evidence of conducting outreach, training to educate network providers about the MOC?

3. **Sample Case Results**: CMS will test each of the 30 cases. If there is lack of evidence that the sponsor is implementing its MOC 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. Plan Performance Monitoring and Evaluation of the MOC

1. **Review Documentation**: CMS will review all documentation for appropriateness of the sponsor's monitoring and evaluation of their MOC. The sponsor must produce all relevant documentation during the live audit webinar including, **but not limited to:**

   - Sponsor's methodology for collecting, analyzing, reporting and evaluating their MOC's performance.
   - Information regarding the personnel having responsibility for overseeing the MOC's monitoring and evaluation.
   - 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.).
   - Corrective Action Plans developed and implemented as a result of internal analysis and the results of the CAPs, if applicable.
   - Copy of the most recent evaluation of the MOC.
   - Communication to stakeholders regarding results of monitoring or improvements to the MOC.
   - Board Meeting minutes showing approval of the QI work plan and MOC, CAPs performance outcomes
   - MOC versions: Updated and approved by CMS
   - QI/PI Meeting minutes for the audit period, CAP, Performance progress/Outcomes

   NOTE: This documentation will vary by plan based on the provisions of the sponsor's approved MOC. The documentation to be obtained will be more specific after CMS has completed the desk review of the background information that was submitted with the universe.

2. **Apply Compliance Standard**: At a minimum, CMS will evaluate the MOC against the following criteria. CMS may review factors not specifically addressed in these questions if it is determined that there are other related SNP MOC requirements not being met.

   2.1. **Did the sponsor collect, analyze, and evaluate the MOC (e.g., specific data sources, specific performance and outcome measures, etc.)?**

   2.2. **Did the sponsor use the analyzed results of performance measures to improve the MOC (e.g., internal committee and other structured mechanism)?**

   2.3. **When necessary, did the sponsor develop and implement corrective actions?**

   2.4. **Did the sponsor show evidence of communicating performance monitoring results and improvements to stakeholders and/or leadership, in accordance with the MOC?**

   2.5. **Are the appropriate personnel responsible for oversight of the MOC's evaluation and monitoring process?**

   2.6. **Does the sponsor's Organizational chart properly reflect the personnel administering the MOC program and their reporting structure?**

3. **Model of Care Review Results**: CMS will review documentation of MOC monitoring and evaluations conducted by the sponsor utilizing metrics identified in the MOC. If there is lack of evidence that the sponsor is implementing its MOC and if CMS requirements are not met, conditions (findings) are cited. If CMS requirements are met, no conditions (findings) are cited.

Appendix

Appendix A – Special Needs Plan Model of Care (SNP MOC) Record Layouts

The universes for the Special Needs Plan Model of Care (SNP MOC) program area must be submitted as a Microsoft Excel (.xlsx) file with a header row (or Text (.txt) file format 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 4000 characters per record row. Therefore, should additional characters be needed for a response, enter this information on the next record at the appropriate start position.

Table 1: Special Needs Plan Enrollees (SNPE) Record Layout

Column ID	Field Name	Field Type	Field Length	Description
A	Beneficiary First Name	CHAR Always Required	50	First name of the beneficiary.
B	Beneficiary Last Name	CHAR Always Required	50	Last name of the beneficiary.
C	First Tier, Downstream, and Related Entity	CHAR Always Required	70	First Tier, Downstream, and Related Entity assigned to the beneficiary (e.g., Independent Physician Association, Physicians Medical Group or Third Party Administrator, any/all third party, downstream, or related organizations that the Sponsor contracts with in order to implement and/or manage the Model of Care). Enter NA if not applicable
D	Enrollee 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.
E	Contract ID	CHAR Always Required	5	The contract number (e.g., H1234) of the organization.

Special Needs Plan Model of Care (SNP-MOC)
AUDIT PROCESS AND DATA REQUEST

Column ID	Field Name	Field Type	Field Length	Description
F	Plan ID	CHAR Always Required	3	The plan number (e.g., 001) of the organization.
G	Plan Type	CHAR Always Required	10	Type of SNP. Valid values are: • D-SNP (for dual-eligible beneficiaries) • C-SNP (for beneficiaries in a chronic needs plan) • I-SNP (for beneficiaries in an institutional care setting)
H	Enrollment Mechanism	CHAR Always Required	10	Enrollment mechanism for the beneficiary. Enter one of the following descriptions: Paper, Electronic, Telephonic, Passive or Seamless. Only enter "Seamless" if the beneficiary was already enrolled in other health plans offered by Sponsor, such as commercial or Medicaid plans, and was seamlessly enrolled into the Medicare plan.
I	Date sponsor received completed enrollment request	CHAR Always Required	10	Date a completed enrollment request was received by the sponsor. Submit in CCYY/MM/DD format (e.g., 2018/01/01).
J	Enrollment Effective Date	CHAR Always Required	10	Effective date of enrollment for the beneficiary. Submit in CCYY/MM/DD format (e.g., 2018/01/01).
K	Was an initial HRA completed 90 days before or after the enrollment effective date?	CHAR Always Required	3	Beneficiaries should receive a Health Risk Assessment (HRA) within 90 days (before or after) their effective date of enrollment. (Yes/No) Enter Yes if the sponsor completed an initial HRA within 90 days before or after the member's effective date of enrollment. Enter No if the member did not have an initial HRA within 90 days before or after his/her effective date of enrollment.
L	Date initial HRA was completed?	CHAR Always Required	10	Date of the beneficiary's first HRA after enrolling. Submit in CCYY/MM/DD format (e.g., 2019/01/01). Enter NA if no HRA was completed

Column ID	Field Name	Field Type	Field Length	Description
M	Did the sponsor conduct a HRA during the current audit period?	CHAR Always Required	3	Enter Yes if the sponsor completed an HRA within the 13-month audit period. Enter No if the beneficiary did not have an HRA completed within the audit period.
N	Date of completion for HRA conducted during current audit period	CHAR Always Required	10	Submit in CCYY/MM/DD format (e.g., 2020/01/01). If no HRA was conducted during current audit period, please enter NA.
O	Date of previous HRA/reassessment?	CHAR Always Required	10	Submit in CCYY/MM/format (e.g. 2019/01/01) If previous HRA/reassessment was not conducted please enter NA
P	Was an ICP completed?	CHAR Always Required	3	Enter Yes if the beneficiary received a comprehensive, Individualized Care Plan (ICP). Enter No if the beneficiary did not receive an ICP.
Q	Cumulative Dollar Amount of Parts C and D Claims Paid	CHAR Always Required (Currency)	30	Enter the total dollar amount for all paid claims with dates of service during the audit review period (e.g., $430,265). This field is not to be populated with the number of claims. Sponsors should exclude data related to the types of claims cited; duplicate claims and payment adjustments to claims, claims that are denied for invalid billing codes, billing errors, denied claims for bundled or not separately payable items, denied claims for beneficiaries who are not enrolled on the date of service and claims denied due to recoupment of payment.

Column ID	Field Name	Field Type	Field Length	Description
R	Cumulative Dollar Amount of Parts C and D Claims Denied	CHAR Always Required (Currency)	30	Enter the total dollar amount for all denied claims with dates of service during the audit review period (e.g., $99,782). This field is not to be populated with the number of claims. Sponsors should exclude data related to the types of claims cited; duplicate claims and payment adjustments to claims, claims that are denied for invalid billing codes, billing errors, denied claims for bundled or not separately payable items, denied claims for beneficiaries who are not enrolled on the date of service and claims denied due to recoupment of payment.
S	Cumulative # of Parts C and D Claims Paid	CHAR Always Required	20	Enter the number of all paid claims with dates of service during the audit review period (e.g., 10,000). This field is not to be populated with a dollar amount. Sponsors should exclude data related to the types of claims cited; duplicate claims and payment adjustments to claims, claims that are denied for invalid billing codes, billing errors, denied claims for bundled or not separately payable items, denied claims for beneficiaries who are not enrolled on the date of service and claims denied due to recoupment of payment.
T	Cumulative # of Parts C and D Claims Denied	CHAR Always Required	20	Enter the number of all denied claims with dates of service during the audit review period (e.g., 2,000). This field is not to be populated with a dollar amount. Sponsors should exclude data related to the types of claims cited; duplicate claims and payment adjustments to claims, claims that are denied for invalid billing codes, billing errors, denied claims for bundled or not separately payable items, denied claims for beneficiaries who are not enrolled on the date of service and claims denied due to recoupment of payment.

Table 2: Plan Performance Monitoring and Evaluation (PPME) Record Layout

- Submit one universe for each unique Model of Care administered.

Column ID	Field Name	Field Type	Field Length	Description
A	Metric	CHAR Always Required	250	Sponsor should 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	Sponsor should 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	Sponsor should 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., 2018/03/31).
D	Baseline Period End Date	CHAR Always Required	10	Sponsor should 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., 2019/03/31).
E	Baseline Result	CHAR Always Required	10	Sponsors should enter the baseline result value (e.g., percentage 66.6%, ratio 33:50, etc.). Enter NA if no baseline information was collected/available.
F	Target Goal	CHAR Always Required	10	Sponsor should enter the target goal value (e.g., percentage 95%, ratio 49:50, etc.).

Column ID	Field Name	Field Type	Field Length	Description
G	Data Source	CHAR Always Required	250	Sponsor should indicate data source for the measurements (goals, objectives, and metrics) reported in the baseline rate and target rate columns. Example: Claims data, HPMS, CAHPS, HEDIS
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	Sponsor will report data for the 2 most recently conducted data measurement/ assessments. Enter the start date of the 1st measurement period. Submit in CCYY/MM/DD format (e.g., 2019/04/01). Example: if the 1st of the 2 most recent measurement periods began on April 1, 2019, then enter 2019/04/01. If no measurement was conducted enter NA.
J	Measurement Period 1 End Date	CHAR Always Required	10	Enter the end date of the 1st measurement period. Submit in CCYYMMDD format (e.g., 2019/06/30). Example: if the 1st of the 2 most recent measurement periods ended on June 30, 2019, then enter 2019/06/30. If no measurement was conducted enter NA.
K	Measurement Period 1 Result	CHAR Always Required	10	Sponsor should enter the value of the result for measurement period 1 (e.g., percentage 70.6%, ratio 29:50.) If no measurement was conducted enter NA.

Column ID	Field Name	Field Type	Field Length	Description
L	Goal Met/Not Met	CHAR Always Required	3	Determination of whether the target value was met after the 1st measurement period. (Yes/No) Enter Yes if the goal was met. Enter No if the goal was not met. Enter NA if no information was collected/available.
M	Corrective Action Plan (CAP)	CHAR Always Required	3	Indicate whether a Corrective Action Plan (CAP) was developed when sponsor goals were not met (Yes, No, NA). Enter Yes if a CAP was developed when the sponsor's goal was not met. Enter No if a CAP was not developed when the sponsor's goal was not met. Enter NA if the goal was met (no CAP necessary).
N	Measurement Period 2 Start Date	CHAR Always Required	10	Sponsor will report data for the 2 most recently conducted data measurement/ assessments. Enter the start date of the 2nd measurement period. Submit in CCYY/MM/DD format (e.g., 2019/07/01). Example: if the 2nd of the 2 most recent measurement periods began on July 1, 2019, then enter 2019/07/01. If no measurement was conducted enter NA.
O	Measurement Period 2 End Date	CHAR Always Required	10	Enter the end date of the 2nd measurement period. Submit in CCYY/MM/DD format (e.g., 2019/09/30). Example: if the 2nd of the 2 most recent measurement periods ended on September 30, 2019, then enter 2019/09/30. If no measurement was conducted
P	Measurement Period 2 Result	CHAR Always Required	10	Sponsor should enter the value of the result for measurement period 1 (e.g., percentage 86.6%, ratio 42:50). If no measurement was conducted enter NA.

Column ID	Field Name	Field Type	Field Length	Description
Q	Goal Met/Not Met	CHAR Always Required	3	Determination of whether the target value was met after the 2nd measurement period. (Yes/No) Enter Yes if the goal was met. Enter No if the goal was not met. Enter NA if no information was collected/available.
R	Corrective Action Plan (CAP)	CHAR Always Required	3	Indicate whether a Corrective Action Plan (CAP) was developed when sponsor goals were not met (Yes, No, NA). Enter Yes if a CAP was developed when the sponsor's goal was not met. Enter No if a CAP was not developed when the sponsor's goal was not met. Enter NA if the goal was met (no CAP necessary).