Program Audit Data Request
Special Needs Plans - Care Coordination
Supplemental Questionnaire

This questionnaire is designed to assist CMS in understanding the unique qualities of your organization's SNP program operations. Please enter your responses to the questions below and upload the completed form to HPMS within 5 business days of receiving your audit engagement letter. Separate questionnaires may be provided for each entity/operating system showing the CMS contracts that are applicable to each completed questionnaire (*if multiple questionnaires are completed, they must be zipped together and uploaded to HPMS as a single file*).

Name of Sponsoring Organization:

Enter your response here

Contract Numbers:

Enter your response here

Name and Title of Person Completing Questionnaire:

Enter your response here

Date Completed:

Select date

1. Has your organization experienced any seamless enrollments, PBP mergers, acquisitions, or plan consolidations within the 12 months preceding the date of the engagement letter? If so, please describe the circumstance.

Enter your response here

2. Confirm your organization's SNP plan type offerings (C-SNP, D-SNP or I-SNP) at time of audit engagement letter and provide enrollment statistics for the three largest PBPs of each SNP type offered as of the date of the audit engagement letter. If only 1 or 2 SNP types offered, provide enrollment statistics for those SNP types.

Enter your response here

3. Describe your organization's internal system utilized for tracking HRAs, ICPs, and ICT decisions and activities.

Enter your response here

4. Does your organization use an acuity scoring system to assess enrollee severity of illness/intensity of service? If yes, please describe your organization's enrollee risk stratification levels and your process for assigning enrollees to a risk stratification level.

Enter your response here

5. Describe the processes when transition of care is documented for a new enrollee or an enrollee who has experienced hospitalization. How do you define transition of care?

Enter your response here

6. Describe the process for tracking MOC training for ICT-implicated staff and FDRs.

Enter your response here

7. Describe the outreach policy pertaining to HRA administration and ICP development. Describe the process for beneficiaries that cannot or do not want to be contacted.

Enter your response here

8. Please identify <u>FDRs</u> that you contract with that conduct SNP related care coordination activities, such as administering HRAs or outreach.

Enter your response here