

Special Needs Plans (SNPs) Care Management 2022

Organization Name:
 Contract Number:
 Reporting Section:

Special Needs
 Plans (SNPs) Care
 Management
 2022

Last Updated:
 Date of Site Visit (on-site or virtual):
 Name of Reviewer:
 Name of Peer Reviewer:

Instructions:

- 1) In the "Data Sources and Review Results:" column, enter the review results and/or data sources used for each standard or sub-standard.
- 2) Enter "Y" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or substandard has not been met, enter "N". If any standard or sub-standard does not apply, enter "N/A".
- 3) For standards 1c, 1d, 1e, 1g, 1h, and 2e, enter 'Findings' as follows based on the five-point scale: Select "1" if plan data has more than 20% error, select "2" if plan data has between 15.1% - 20.0% error, select "3" if plan data has between 10.1% - 15.0% error, select "4" if plan data has between 5.1% - 10.0% error, select "5" if plan data has less than or equal to a 5% error. Enter "N/A" if standard does not apply.

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: review results and/or data sources	Enter	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '**' should not be edited.
1		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) indicates that all source documents accurately capture required data fields and are properly documented.		Data Sources:		*
1.a		Source documents are properly secured so that source documents can be retrieved at any time to validate the information submitted to CMS via HPMS.		Review Results:		
1.b		Source documents create all required data fields for reporting requirements.		Review Results:		
1.c		Source documents are error-free (e.g., programming code and spreadsheet formulas have no messages or warnings indicating errors, use correct fields, have appropriate data selection, etc.).		Review Results:		
1.d		All data fields have meaningful, consistent labels (e.g., label field for patient ID as Patient ID, rather than Field1 and maintain the same field name across data sets).		Review Results:		
1.e		Data file locations are referenced correctly.		Review Results:		
1.f		If used, macros are properly documented.		Review Results:		
1.g		Source documents are clearly and adequately documented.		Review Results:		
1.h		Titles and footnotes on reports and tables are accurate.		Review Results:		

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1.i		Version control of source documents is appropriately applied.		Review Results:		
2		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) and census or sample data, whichever is applicable, indicates that data elements for each reporting section are accurately identified, processed, and calculated.		Data Sources:		*
2.a	RSC-1	The appropriate date range(s) for the reporting period(s) is captured. Organization reports data based on the required reporting period of 1/1 through 12/31.		Review Results:		
2.b	RSC-2	Data are assigned at the applicable level (e.g., plan benefit package or contract level). Organization properly assigns data to the applicable CMS plan benefit package.		Review Results:		
2.c	RSC-3	Appropriate deadlines are met for reporting data (e.g., quarterly). Organization meets deadline for reporting annual data to CMS by 2/27/2023. <i>[Note to reviewer: If the organization has, for any reason, re-submitted its data to CMS for this reporting section, the reviewer should verify that the organization's original data submissions met the CMS deadline in order to have a finding of "yes" for this reporting section criterion. However, if the organization re-submits data for any reason and if the re-submission was completed by 3/31 of the data validation year, the reviewer should use the organization's corrected data submission for the review of this reporting section.]</i>		Review Results:		
2.d	RSC - 4	Terms used are properly defined per CMS regulations, guidance, Reporting Requirements, and Technical Specifications. Organization properly defines the term Health Risk Assessment (HRA) as defined in 42 CFR § 422.101 (f). This includes applying all relevant guidance properly when performing its HRA.		Review Results:		
2.e	RSC - 5 a	The number of expected counts (e.g., number of members, claims, grievances, procedures) are verified; ranges of data fields are verified; all calculations (e.g., derived data fields) are verified; missing data has been properly addressed; reporting output matches corresponding source documents (e.g., programming code, saved queries, analysis plans); version control of reported data elements is appropriately applied; QA checks/thresholds are applied to detect outlier or erroneous data prior to data submission.		Data Sources:		*
2.e	RSC - 5 a		Data Element A	Review Results:		
2.e	RSC - 5b	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria: b: Includes members who have an effective enrollment date that falls within the measurement year, are continuously enrolled for fewer than 90 days, and complete an initial HRA. (Data Element A)		Data Sources:		*
2.e	RSC - 5b		Data Element A	Review Results:		

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2.e	RSC 5.c	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria: c: Includes members who have an effective enrollment date that falls in the previous measurement year, but a 90-day deadline for initial HRA completion that falls in this measurement year, if no initial HRA was completed in the previous measurement year. (Data Element A)		Data Sources:	*
2.e	RSC 5.c		Data Element A	Review Results:	
2.e	RSC 5.d	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria: d: Includes members who have enrolled in the plan after dis-enrolling from another plan (different sponsor or organization). (Data Element A)		Data Sources:	*
2.e	RSC 5.d		Data Element A	Review Results:	
2.e	RSC 5.e	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria: e: Includes members who dis-enrolled from and re-enrolled into the same plan if an initial HRA was not performed prior to dis-enrollment and calculates the member's eligibility date starting from the date of re-enrollment. (Data Element A)		Data Sources:	*
2.e	RSC 5.e		Data Element A	Review Results:	
2.e	RSC 5.f	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria: f: Excludes continuously enrolled members with a documented initial HRA that occurred under the plan during the previous year. These members, and their HRAs, should be counted as new in the previous year. (Data Element A)		Data Sources:	*
2.e	RSC 5.f		Data Element A	Review Results:	
2.e	RSC 5.g	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria: g: Excludes members who received an initial HRA but were subsequently deemed ineligible because they were never enrolled in the plan. (Data Element A)		Data Sources:	*
2.e	RSC 5.g		Data Element A	Review Results:	
2.e	RSC 5.h	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria: h: Excludes members who disenroll from the plan prior to the effective enrollment date or within the first 90 days after the effective enrollment date, if an initial HRA was not completed prior to disenrolling.		Data Sources:	*

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2.e	RSC 5.h		Data Element A	Review Results:		
2.e	RSC 5.i	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria: i: Excludes enrollees who receive an initial or reassessment HRA and remain continuously enrolled under a MAO whose contract was part of a consolidation of merger under the same legal entity during the member's continuous enrollment, where the consolidated SNP is still under the same Model of Care (MOC) as the enrollee's previous SNP. (Data Element A)		Data Sources:		*
2.e	RSC 5.i		Data Element A	Review Results:		
2.e	RSC-6.a	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. a: The number of initial HRAs performed on new enrollees (Data Element C) does not exceed the number of new enrollees (Data Element A).		Data Sources:		*
2.e	RSC-6.a		Data Element C	Review Results:		
2.e	RSC-6.b	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. b: The number of annual re-assessments performed (Data Element F) does not exceed number of enrollees eligible for annual HRA (Data Element B).		Data Sources:		*
2.e	RSC-6.b		Data Element F	Review Results:		
2.e	RSC-6.c	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. c: Number of initial HRAs refusals (Data Element D) does not exceed number of new enrollees (Data Element A).		Data Sources:		*
2.e	RSC-6.c		Data Element D	Review Results:		
2.e	RSC-6.d	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. d: Number of annual reassessment refusals (Data Element G) does not exceed the number of enrollees eligible for an annual reassessment HRA (Data Element B).		Data Sources:		*
2.e	RSC-6.d		Data Element G	Review Results:		

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: review results and/or data sources	Enter	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-6.e	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. e: Number of initial HRAs where SNP is unable to reach enrollees (Data Element E) does not exceed number of new enrollees (Data Element A).		Data Sources:		*
2.e	RSC-6.e		Data Element E	Review Results:		
2.e	RSC-6.f	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. f: Number of annual reassessments where SNP is unable to reach enrollee (Data Element H) does not exceed number of enrollees eligible for annual HRA (Data Element B).		Data Sources:		*
2.e	RSC-6.f		Data Element H	Review Results:		
2.e	RSC-6.g	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. g: If the organization received a CMS outlier/data integrity notice, validate whether or not an internal procedure change was warranted or resubmission through HPMS. (Data Element A-H)		Data Sources:		*
2.e	RSC-6.g		Data Elements A-H	Review Results:		
2.e	RSC-7.a	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria: a: Includes members who remained continuously enrolled in the same plan for 365 days, starting from the initial day of enrollment if no initial HRA had been performed, or from the date of their previous HRA.		Data Sources:		*
2.e	RSC-7.a		Data Element B	Review Results:		
2.e	RSC-7.b	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria: b: Includes members who received a reassessment during the measurement year within 365 days after their last HRA.		Data Sources:		*
2.e	RSC-7.b		Data Element B	Review Results:		
2.e	RSC-7.c	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria: c: Includes new enrollees who missed both the deadline to complete an initial HRA and the deadline to complete a reassessment HRA, and are enrolled for all 365 days of the measurement year.		Data Sources:		*
2.e	RSC-7.c		Data Element B	Review Results:		

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-7.d	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria: d: Includes new enrollees who missed an initial HRA, but completed a reassessment HRA by the 365-day deadline (even if the enrollee was covered for fewer than 365 days).		Data Sources:	*
2.e	RSC-7.d		Data Element B	Review Results:	
2.e	RSC-7.e	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria: e: Includes members who dis-enrolled from and re-enrolled into the same plan if an initial HRA was performed within 90 days of re-enrollment and the member has continuously enrolled in the same plan for up to 365 days since the initial HRA.		Data Sources:	*
2.e	RSC-7.e		Data Element B	Review Results:	
2.e	RSC-7.f	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria: f: Includes members who dis-enrolled from and re-enrolled into the same plan if an initial HRA or reassessment was not performed within 90 days of re-enrollment. The enrollee becomes eligible for a reassessment HRA the day after the 90-day initial period expires.		Data Sources:	*
2.e	RSC-7.f		Data Element B	Review Results:	
2.e	RSC-7.g	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria: g: Excludes enrollees for whom the initial HRA was completed within the current measurement year.		Data Sources:	*
2.e	RSC-7.g		Data Element B	Review Results:	
2.e	RSC-7.h	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria: h: Excludes new enrollees who miss the deadline to complete an initial HRA, and have not yet completed their reassessment HRA, but whose 365-day reassessment deadline is not until the following calendar year.		Data Sources:	*
2.e	RSC-7.h		Data Element B	Review Results:	
2.e	RSC-7.i	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria: i. Excludes members who received a reassessment but were subsequently deemed ineligible because they were never enrolled in the plan.		Data Sources:	*

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: review results and/or data sources	Enter	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-7.i		Data Element B	Review Results:		
2.e	RSC-7.j	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria: j: Excludes members who were not continuously enrolled in their same health plan for 365 days after their last HRA and did not receive a reassessment HRA.		Data Sources:		*
2.e	RSC-7.j		Data Element B	Review Results:		
2.e	RSC-8.a	RSC-8: Organization accurately calculates the number of initial health risk assessments performed on new members, including the following criteria: [Note to reviewer: CMS has not identified a standard tool that SNPs must use to complete initial and annual health risk assessments. The information will not be captured by designated CPT or ICD-10 Procedure codes. Reviewer should confirm that the SNP maintained documentation for each reported assessment.]		Data Sources:		*
2.e	RSC-8.a		Data Element C	Review Results:		
2.e	RSC-8.b	RSC-8: Organization accurately calculates the number of initial health risk assessments performed on new members, including the following criteria: b: The initial HRA is counted in the year that the effective date of enrollment occurred. For members who dis-enrolled from and re-enrolled into the same plan, excludes any HRAs (initial or reassessment) performed during their previous enrollment unless the re-enrollment occurred the day after the disenrollment.		Data Sources:		*
2.e	RSC-8.b		Data Element C	Review Results:		
2.e	RSC-8.c	RSC-8: Organization accurately calculates the number of initial health risk assessments performed on new members, including the following criteria: c: For members who dis-enrolled from and re-enrolled into the same plan, includes HRAs (initial or reassessment) performed during their previous enrollment if the HRAs are not more than 365 days old.		Data Sources:		*
2.e	RSC-8.c		Data Element C	Review Results:		
2.e	RSC-8.d	RSC-8: Organization accurately calculates the number of initial health risk assessments performed on new members, including the following criteria: d: Counts only one HRA for members who have multiple HRAs within 90 days before or after the effective date of enrollment.		Data Sources:		*
2.e	RSC-8.d		Data Element C	Review Results:		

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: review results and/or data sources	Enter	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-8.e	RSC-8: Organization accurately calculates the number of initial health risk assessments performed on new members, including the following criteria: e: Excludes HRAs completed for members who were subsequently deemed ineligible because they were never enrolled in the plan.		Data Sources:		*
2.e	RSC-8.e		Data Element C	Review Results:		
2.e	RSC-9.a	RSC-9 Organization accurately calculates the number of initial health risk assessments refusals, including the following criteria: a: Includes only initial HRAs that were not performed within 90 days before or after the effective date of enrollment/re-enrollment due to enrollee refusal.		Data Sources:		*
2.e	RSC-9.a		Data Element D	Review Results:		
2.e	RSC-9.b	RSC-9 Organization accurately calculates the number of initial health risk assessments refusals, including the following criteria: b: Includes only initial HRA refusals for which the SNP has documentation of enrollee refusal.		Data Sources:		*
2.e	RSC-9.b		Data Element D	Review Results:		
2.e	RSC-10.a	RSC-10: Organization accurately calculates the number of initial health risk assessments not performed due to SNP not being able to reach the enrollee, including the following criteria: a: Includes only initial HRAs not performed for which the SNP has documentation showing that enrollee did not respond to the SNP's attempts to reach him/her. Documentation must show that the SNP made at least 3 phone calls and sent a follow-up letter in its attempts to reach the enrollee.		Data Sources:		*
2.e	RSC-10.a		Data Element E	Review Results:		
2.e	RSC-10.b	RSC-10 Organization accurately calculates the number of initial health risk assessments not performed due to SNP not being able to reach the enrollee, including the following criteria: b: Includes only those initial HRAs not performed where the SNP made an attempt to reach the enrollee at least within 90 days after the effective enrollment date.		Data Sources:		*
2.e	RSC-10.b		Data Element E	Review Results:		
2.e	RSC-11.a	RSC-11: Organization accurately calculates the number of annual health risk reassessments performed on members eligible for a reassessment, including the following criteria: [Note to reviewer: CMS has not identified a standard tool that SNPs must use to complete initial and annual health risk assessments. The information will not be captured by designated CPT or ICD-10 Procedure codes. Reviewer should confirm that the SNP maintained documentation for each reported assessment.]		Data Sources:		*

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: review results and/or data sources	Enter	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-11.a		Data Element F	Review Results:		
2.e	RSC-11.b	RSC-11: Organization accurately calculates the number of annual health risk reassessments performed on members eligible for a reassessment, including the following criteria: b: Includes annual HRA reassessments within 365 days of the member's initial date of enrollment if the member did not receive an initial HRA within 90 days before or after the effective date of enrollment.		Data Sources:		*
2.e	RSC-11.b		Data Element F	Review Results:		
2.e	RSC-11.c	RSC-11: Organization accurately calculates the number of annual health risk reassessments performed on members eligible for a reassessment, including the following criteria: c: Includes only HRAs that were performed between 1/1 and 12/31 of the measurement year.		Data Sources:		*
2.e	RSC-11.c		Data Element F	Review Results:		
2.e	RSC-11.d	RSC-11: Organization accurately calculates the number of annual health risk reassessments performed on members eligible for a reassessment, including the following criteria: d: Counts only one HRA for members who have multiple reassessments within 365 days of becoming eligible for a reassessment.		Data Sources:		*
2.e	RSC-11.d		Data Element F	Review Results:		
2.e	RSC-11.e	RSC-11: Organization accurately calculates the number of annual health risk reassessments performed on members eligible for a reassessment, including the following criteria: e: Excludes HRAs completed for members who were subsequently deemed ineligible because they were never enrolled in the plan.		Data Sources:		*
2.e	RSC-11.e		Data Element F	Review Results:		
2.e	RSC-12.a	RSC-12: Organization accurately calculates the number of annual health risk reassessments not performed on members eligible for a reassessment due to enrollee refusal. a: Only includes annual reassessments not performed due to enrollee refusal.		Data Sources:		*
2.e	RSC-12.a		Data Element G	Review Results:		
2.e	RSC-12.b	RSC-12: Organization accurately calculates the number of annual health risk reassessments not performed on members eligible for a reassessment due to enrollee refusal. b: Includes only annual reassessments refusals for which the SNP has documentation of enrollee refusal.		Data Sources:		*
2.e	RSC-12.b		Data Element G	Review Results:		

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: review results and/or data sources	Enter	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-13.a	RSC-13: Organization accurately calculates the number of annual health risk reassessments not performed on members eligible for a reassessment due to SNP not being able to reach enrollee. a: Only includes annual reassessments not performed for which the SNP has documentation showing that the enrollee did not respond to the plan's attempts to reach him/her. Documentation must show that the SNP made at least 3 phone calls and sent a follow-up letter in its attempts to reach the enrollee.		Data Sources:		*
2.e	RSC-13.a		Data Element H	Review Results:		
3		Organization implements policies and procedures for data submission, including the following:		Data Sources:		*
3.a		Data elements are accurately entered/uploaded into HPMS and entries match corresponding source documents.	Data Element A	Review Results:		
3.a			Data Element B	Review Results:		
3.a			Data Element C	Review Results:		
3.a			Data Element D	Review Results:		
3.a			Data Element E	Review Results:		
3.a			Data Element F	Review Results:		
3.a			Data Element G	Review Results:		
3.a			Data Element H	Review Results:		
3.b		All source, intermediate, and final stage data sets and other outputs relied upon to enter data into HPMS are archived.		Review Results:		
4		Organization implements policies and procedures for periodic data system updates (e.g., changes in enrollment, provider/pharmacy status, claims adjustments).		Review Results:		
5		Organization implements policies and procedures for archiving and restoring data in each data system (e.g., disaster recovery plan).		Review Results:		
6		If organization's data systems underwent any changes during the reporting period (e.g., because of a merger, acquisition, or upgrade): Organization provided documentation on the data system changes and, upon review, there were no issues that adversely impacted data reported.		Review Results:		
7		If data collection and/or reporting for this reporting section is delegated to another entity: Organization regularly monitors the quality and timeliness of the data collected and/or reported by the delegated entity or first tier/downstream contractor.		Review Results:		