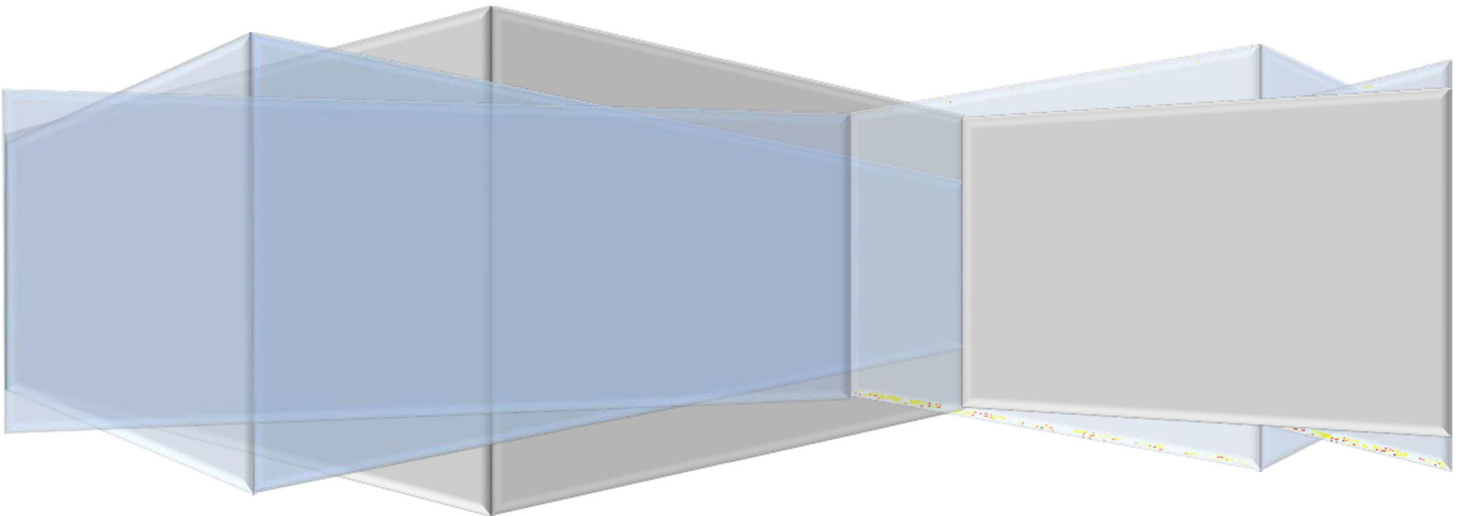




Special Needs Plans Care Coordination (SNPCC)

PROGRAM AUDIT PROTOCOL AND DATA REQUEST



**Program Audit Protocol and Data Request
Special Needs Plans Care Coordination (SNPCC)**

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**Program Audit Protocol and Data Request
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Program Audit Protocol

Purpose

To evaluate performance in the areas outlined in this Program Audit Protocol and Data Request related to Special Needs Plans Care Coordination (SNPCC). The Centers for Medicare and Medicaid Services (CMS) performs its program audit activities in accordance with the SNPCC Program Audit Data Request and applying the compliance standards outlined in this Program Audit Protocol and the Program Audit Process Overview document. At a minimum, CMS will evaluate cases against the criteria listed below but reserves the right to modify its scope as requirements are added or revised and reserves the right to select additional samples if further investigation of an issue is required and/or replace samples if the original sample selection is not relevant to the review.

Audit Elements Tested

1. Timeliness
2. Care Management
3. D-SNP Integration

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Program Audit Data Request

Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Not Applicable	Universe Integrity Testing	Universe Table 1: Special Needs Plans Enrollees (SNPE)	<p>Select a minimum of up to 10 cases from Universe Table 1.</p> <p>Prior to field work, CMS will schedule a webinar with the Sponsoring organization to verify accuracy of data within Table 1 for each of the sampled cases. System data such as enrollment dates, dates of initial HRA, etc. will be verified.</p> <p>Review all cases selected for universe integrity testing. The integrity of the universe will be questioned if data points specific to the sample case(s) are incomplete, do not match, or cannot be verified by viewing the Sponsoring organization's systems and/or other supporting documentation.</p> <p>Sample selections will be provided to the Sponsoring organization approximately one hour prior to the scheduled integrity testing webinar.</p>	<p>42 CFR § 422.504(e)</p> <p>42 CFR § 422.504(f)</p>

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Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Timeliness	1.1	<p>Universe Table 1: Special Needs Plans Enrollees (SNPE)</p> <p>HRA Timeliness Mitigation Analysis (HRA-TMA)</p>	<p>Conduct a timeliness test at the universe level of enrollees who have been continuously enrolled for at least 90 days, to determine whether the Sponsoring organization conducted initial health risk assessments (IHRAs) within 90 days (before or after) enrollees' effective date of enrollment. IHRA Timeliness assessments will be conducted using current enrollments, from Table 1.</p> <p>Assessments will be limited to individuals enrolled with effective dates within 12 months of the audit engagement letter.</p> <p>Request a timeliness mitigation analysis (TMA) for any enrollee identified as not having an IHRA conducted to quantify the outreach made by the Sponsoring organization to conduct the IHRA within 90 days of enrollment. The timeliness mitigation review period is limited to the 12-month period prior to date of the engagement letter, to align with the timeliness test.</p> <p>*Outreach data points in the mitigation analysis are subject to validation, as requested by CMS.</p>	<p>42 CFR § 422.101(f)</p> <p>42 CFR § 422.152(g)</p> <p>Associated Model of Care (MOC)</p>
Timeliness	1.2	<p>Universe Table 1: Special Needs Plans Enrollees (SNPE)</p> <p>Table 2IA: HRA Timeliness Mitigation Analysis (HRA-TMA)</p>	<p>Conduct timeliness test at the universe level of enrollees who have been continuously enrolled for 365 days or more, or new enrollees who missed the deadline to complete an initial HRA, to determine whether the Sponsoring organization conducted timely annual health re-assessment (AHRAs).</p> <p>Request a timeliness mitigation analysis for any enrollee identified as having a untimely AHRA to quantify the outreach made by the Sponsoring organization to conduct the AHRA within 365 days of the prior HRA completion date, or date of enrollment if no initial HRA was conducted.</p>	<p>42 CFR § 422.101(f)</p> <p>42 CFR § 422.152(g)</p> <p>Associated Model of Care (MOC)</p>

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Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Timeliness	1.3	Universe Table 1: Special Needs Plans Enrollees (SNPE)	Conduct timeliness test at the universe level of enrollees who have been enrolled for at least 90 days to ensure the Sponsoring organization developed an individualized care plan (ICP) within 90 days of conducting a comprehensive initial HRA or 90 days after the effective date of enrollment, whichever is later.	42 CFR § 422.101(f)
Care Management	2.1	Universe Table 1: Special Needs Plans Enrollees (SNPE)	<p><u>CMS will select up to</u> Select a minimum of 30 <u>initial</u> samples from Table 1 that reflect the general composition of membership in each of the Sponsoring organization’s plan types or PBPs. A minimum of 5 enrollees should be selected from each plan type. If there are less than 5 enrollees included in the universe for that plan type, then include them all in the sample. The remaining number of sampled enrollees should be from the plan type with the greatest representation in the universe. Also consider responses to Column IDs L and M in Universe Table 1 when selecting samples.</p> <p>Review the selected samples to determine whether the completed HRA included a comprehensive initial assessment and re-assessment(s) of the enrollees’ needs.</p>	42 CFR § 422.101(f) 42 CFR § 422.152(g) Associated Model of Care (MOC)
Care Management	2.2	Universe Table 1: Special Needs Plans Enrollees (SNPE)	<p>Review the selected samples to determine whether the Sponsoring organization completed an individualized care plan (ICP) for each enrollee.</p> <p>Determine whether the Sponsoring organization developed a comprehensive individualized plan of care that meets all the following:</p> <ul style="list-style-type: none"> • Is person-centered and based on the enrollee's preferences, including for delivery of services and benefits, and the needs identified in the HRA. • Identifies person-centered goals and objectives (as prioritized by the enrollee), including measurable outcomes as well as specific services and benefits to be provided. • A description of services specifically tailored to the enrollee’s needs. 	42 CFR § 422.101(f) 42 CFR § 422.152(g) Associated Model of Care (MOC)

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Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Management	2.3	Universe Table 1: Special Needs Plans Enrollees (SNPE)	Review the selected samples to determine whether the enrollees' ICPs were reviewed and/or modified as warranted by changes in enrollees' health status.	42 CFR § 422.101(f) 42 CFR § 422.152(g) Associated Model of Care (MOC)
Care Management	2.4	Universe Table 1: Special Needs Plans Enrollees (SNPE)	Review the selected samples to determine if the ICP was implemented. Evidence of implementation may include but is not limited to documentation of case management notes, ICT documentation, and systems information such as utilization management, claims data, and prescription drug events (PDE).	42 CFR § 422.101(f) 42 CFR § 422.152(g) Associated Model of Care (MOC)
Care Management	2.5	Universe Table 1: Special Needs Plans Enrollees (SNPE)	Review the selected samples to determine if the enrollee/caregiver/representative was involved in the ICP development. Review of documentation may include but is not limited to ICT notes and communications (amongst ICT members and/or with enrollees/caregivers. Determine whether the Sponsor contacted enrollees to participate in the ICP process and, if enrollees were unable to be reached or declined to participate in the development or updates to the ICP, whether the Sponsor documented attempts to contact the enrollee or their refusal to participate.	42 CFR § 422.101(f) 42 CFR § 422.152(g) Associated Model of Care (MOC)
Care Management	2.6	Universe Table 1: Special Needs Plans Enrollees (SNPE)	Review the selected samples to determine whether the Sponsoring organization coordinated communication amongst its personnel, providers, and enrollees. Review of documentation may include but is not limited to case management notes, ICT member notes and communications (e.g., documented phone calls, letters to/from providers regarding member care, etc.), and ICT meeting agendas/minutes.	42 CFR § 422.101(f) 42 CFR § 422.152(g) Associated Model of Care (MOC)

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Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Management	2.7	Universe Table 1: Special Needs Plans Enrollees (SNPE)	<p>Review documentation for each of the selected samples to determine whether each enrollee's:</p> <ul style="list-style-type: none"> Care was managed by an interdisciplinary care team (ICT) comprised of appropriate clinical disciplines according to the SNP's approved MOC. Provider was involved in coordination of care and communications (e.g., ICT meeting attendee lists or other documentation reflecting provider interaction with ICT members). A face-to-face encounter was offered, and provided if the enrollee consented, within 12 months of enrollment, and annually thereafter. 	<p>42 CFR § 422.101(f)</p> <p>42 CFR § 422.152(g)</p> <p>Associated Model of Care (MOC)</p>
Care Management	2.8	Universe Table 1: Special Needs Plans Enrollees (SNPE)	<p>Review documentation for each of the selected samples to determine whether the Sponsoring organization developed and implemented care transition protocols to maintain continuity of care as defined in the MOC.</p> <p>Documentation may include, but is not limited to:</p> <ul style="list-style-type: none"> Case management and/or ICT notes. Correspondence with the enrollee's Provider, specialists, hospital, skilled nursing staff, assisted living facility, etc. Discharge planning and/or care setting transition discussions held with the enrollee, the enrollee's caregiver or authorized representative. 	<p>42 CFR § 422.101(f)</p> <p>42 CFR § 422.152(g)</p> <p>Associated Model of Care (MOC)</p>
Care Management	2.9	Universe Table 1: Special Needs Plans Enrollees (SNPE)	<p>Review documentation for each of the selected samples to determine whether ICPs were developed and implemented by staff that met the professional requirements, including credentials, described in the MOC.</p>	<p>42 CFR § 422.101(f)</p> <p>42 CFR § 422.152(g)</p> <p>Associated Model of Care (MOC)</p>
Care Management	2.10	Universe Table 1: Special Needs Plans Enrollees (SNPE)	<p>Review documentation for each of the selected samples to determine whether each member of the enrollee's ICT received training on the model of care.</p>	<p>42 CFR § 422.101(f)</p> <p>42 CFR § 422.152(g)</p> <p>Associated Model of Care (MOC)</p>

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Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Management	2.11	Universe Table 1: Special Needs Plans Enrollees (SNPE)	Review documentation for each of the selected samples to determine whether MOC training was made available (distributed) to providers caring for each of the sampled enrollees. Specifically, review documentation supporting that training materials were distributed.	42 CFR § 422.101(f) 42 CFR § 422.152(g) Associated Model of Care (MOC)
D-SNP Coordination	3.1	Universe Table 1: Special Needs Plans Enrollees (SNPE)	<u>Applicable Integrated Plan (AIP) D-SNPs:</u> Review each applicable integrated plan (AIP) D-SNP sample and determine if an integrated HRA was used for Medicare and Medicaid, rather than a separate HRA for each program.	42 CFR § 422.101(f)
D-SNP Coordination	3.2	Universe Table 1: Special Needs Plans Enrollees (SNPE)	<u>All D-SNP types:</u> Review documentation for each D-SNP sample to ensure the sponsor offered to coordinate and <u>assist dually eligible enrollees with obtaining</u> provide Medicaid services. assistance where applicable for the dually eligible enrollees. <u>If the enrollee accepts the offer of assistance, the plan provides the assistance.</u> For example: <ul style="list-style-type: none"> • Explaining to an enrollee how to make a request for a Medicaid service. • Assisting an enrollee in obtaining documentation to support a request for authorization of Medicaid services or a Medicaid appeal. • Assisting an enrollee in filing a Medicaid grievance or a Medicaid appeal. 	42 CFR § 422.562(a)
D-SNP Coordination	3.3	Universe Table 1: Special Needs Plans Enrollees (SNPE)	<u>Coordination-only D-SNPs:</u> Review documentation for each coordination only (CO) D-SNP sample to ensure the Sponsoring organization or other entity notified the State Medicaid agency, individuals or entities designated by the State Medicaid agency, or both, of the enrollee's hospital and/or skilled nursing facility admission.	42 CFR § 422.107(d)

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Audit Engagement and Universe Submission Phase

Universe Submissions

Sponsoring organizations must prepare each universe, comprehensive of all contracts and Plan Benefit Packages (PBP) identified in the audit engagement letter, in either Microsoft Excel (.xlsx) file format with a header row or Text (.txt) file format without a header row. The Excel or Text file must be converted into Zip file format (zip) before uploading to the Health Plan Management System (HPMS) audit module. Descriptions and clarifications of what must be included in each submission and data field are outlined in the individual universe record layouts below. Characters are required in all requested fields, unless otherwise specified, and data must be limited to the request specified in each record layout. Sponsoring organizations must provide accurate and timely universe submissions within 15 business days of the audit engagement letter date. Submissions that do not strictly adhere to the record layout specifications will be rejected.

Universe Requests

1. Universe Table 1: Special Needs Plans Enrollees (SNPE) Record Layout

Universe Record Layout	Scope of Universe Request
Table 1	List of enrollees as of the date of the audit engagement letter

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Please use the guidance below for the following record layout:

Universe Table 1: Special Needs Plans Enrollees (SNPE) Record Layout

- List all current SNP enrollees as of the date of the audit engagement letter.
- List each enrollee only once.
- Include enrollees with disenrollment effective dates at the end of month in which the audit engagement letter is received.
- Exclude enrollments received before the date of the audit engagement letter that are not effective until the first day of the month following the audit engagement letter.

Column ID	Field Name	Description
A	Enrollee First Name	Enter the first name of the enrollee.
B	Enrollee Last Name	Enter the last name of the enrollee.
C	Enrollee ID	Enter the Medicare Beneficiary Identifier (MBI) of the enrollee. This number must be submitted excluding hyphens or dashes.
D	Contract ID	Enter the contract number (e.g., H1234) of the organization in which the enrollee is currently in.
E	Plan Benefit Package (PBP)	Enter the PBP (e.g., 001).
F	First Tier, Downstream, and Related Entity	First Tier, Downstream, and Related Entity assigned to the beneficiary enrollee (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.
FG	Plan Type	Enter type of SNP. Valid values are: <ul style="list-style-type: none"> • D-SNP • C-SNP • I-SNP
GH	SNP Enrollment Effective Date	Enter the effective date of the most current/continuous SNP enrollment for the enrollee with the Sponsoring organization. Submit in CCYY/MM/DD format (e.g., 2027/01/01).
I	Most Recent Plan Change Effective Date	Enter the date of last plan change within the continuous SNP enrollment. Submit in CCYY/MM/DD format (e.g., 2027/01/01) For a PBP change or consolidation event the Sponsoring organization must use the post-event effect date for the enrollee. Enter None if there were no PBP or plan consolidation events.

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Column ID	Field Name	Description
J	Most Recent Plan Change Effective Date for non-continuous enrollment	For dis-enrollments and re-enrollments within 365 days, enter date of re-enrollment. Submit in CCYY/MM/DD format (e.g., 2027/01/01) Enter None if there were no breaks in enrollment.
HK	Date of most recent HRA	Enter the date of the enrollee's most recently completed HRA. Submit in CCYY/MM/DD format (e.g., 2027/01/01). Enter None if no HRA was completed (e.g., when enrollee refused the HRA or was unable to be reached). If only the initial HRA has been completed, this date should equal the initial HRA date.
HL	Date of previous HRA	Enter the date of the enrollee's previously completed HRA. Submit in CCYY/MM/DD format (e.g., 2027/01/01). This is the date of the most recently completed HRA prior to the date entered in Column ID HL . Enter None if another HRA was not completed (e.g., when enrollee refused the HRA or was unable to be reached).
JM	Date Initial HRA (IHRA) was completed	Enter the date of the enrollee's first HRA completion (within 90 days before or after the effective date of enrollment). HRA completion date is the date the HRA is returned completed to the Sponsoring organization by either the enrollee or the enrollee's representative. Submit in CCYY/MM/DD format (e.g., 2027/01/01). Enter None if no HRA was completed within 90 days before or after the effective date of enrollment. Enter EXC-10 if the IHRA date is greater than 10 years ago.
KN	Enrollee Risk Stratification Level at time of audit engagement letter	Enter the enrollee risk level at time of the audit engagement letter. Enter None if no risk stratification level has been assigned.

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Column ID	Field Name	Description
<u>L</u>	<u>Date of the Initial Individualized Care Plan (ICP) creation</u>	<u>Enter the date the initial ICP was created</u> <u>Submit in CCYY/MM/DD format (e.g., 2027/01/01).</u> <u>Enter None if the Sponsoring organization did not develop an ICP.</u>
<u>MΘ</u>	Date of most recent Individualized Care Plan (ICP)	Submit in CCYY/MM/DD format (e.g., 2027/01/01). Enter None if the Sponsoring organization did not develop an ICP. If care plan is continuous, enter the date of the most recent update.
<u>NP</u>	Was an Interdisciplinary Care Team (ICT) created/identified?	Enter Y for Yes if the enrollee has an ICT assigned. Enter N for No if the enrollee does not have an assigned ICT.
<u>OQ</u>	Was there a hospital or SNF admission?	Enter Y for Yes if the enrollee had a hospitalization (<u>e.g., acute inpatient, long-term acute, inpatient rehabilitation, behavioral health inpatient, etc.</u>) or a <u>new</u> SNF admission within the 26-week period preceding the date of the audit engagement letter. Enter N for No if the enrollee did not have an admission.
<u>R</u>	For D-SNP enrollees, were there any Medicaid specific services or needs identified (e.g. non-Medicare covered equipment or supplies, LTSS, behavioral health)?	Enter Y for Yes if there were any Medicaid specific services or needs identified within the 26-week period preceding the date of the audit engagement letter. Enter N for No if there were no Medicaid specific services or needs identified. Enter NA if enrollee is not a dual or a partial-benefit dually-eligible individual.

Supplemental Documentation Submissions

Sponsoring organizations must submit the requested documentation identified below in either a Microsoft Word (.docx), Microsoft Excel (.xlsx), or Adobe Portable Document File (.pdf). Sponsoring organizations must submit this documentation within the specified timeframes below, unless otherwise directed.

Supplemental Documentation Requests

1. Copies of selected Models of Care (MOCs) and any red-lined updates to the original submissions (due within 15 business days of the audit engagement letter date)
2. SNPCC Supplemental Questionnaire (due within 5 business days of the audit engagement letter date)

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Audit Field Work Phase

Sample Selection

CMS will select up to 30 initial samples for review. –During audit field work, CMS will review the selected samples to determine whether the Sponsoring organization is compliant with its Part C regulatory and contract requirements. If the audit fieldwork is done live via webinar, the Sponsoring organization will receive notice of the selected samples on the Thursday prior to the entrance conference, 1 hour in advance of the live review. CMS may conduct all or part of the review via desk review. If desk review is conducted, the Sponsoring organization will receive samples five (5) business days prior to fieldwork in order to prepare and submit full or partial case files. CMS will also provide a Care Coordination case file cover sheet that includes the specific documentation identified below that is applicable to each case. ~~CMS may conduct all or part of the review via desk review. If desk review is conducted, the Sponsoring organization will receive samples with enough advanced notice to prepare and submit full or partial case files.~~

Supporting Documentation Submissions

The Sponsoring organization must have access to, and the ability to save and upload, supporting documentation and data relevant to a particular case, including, but not limited to:

- Completed enrollee Health Risk Assessment(s).
- Copy of the enrollee’s Individualized Care Plan (ICP).
- Care and case management documentation associated with the ICP (including claims, encounters, and Prescription Drug Events) submitted for the enrollee since the last HRA was completed. Specific documentation will be selected by the audit team based on the content of the ICP.
- Membership of the ICT with evidence of appropriate credentials.
- Information on the Sponsoring organization’s process to confirm MOC training for network providers and ICT members and evidence of the Sponsoring organization’s confirmation.
- Meeting minutes
- Case files
- Telephone scripts
- Attendance records
- Policies and procedures
- Documentation regarding timeliness

Sponsoring organizations are expected to submit supporting documentation within two business days of the request unless otherwise instructed by CMS. All requested information must be uploaded to the Health Plans Management System (HPMS).

HRA Timeliness Mitigation Analysis

When potential noncompliance is identified in the universe relating to timely completion of HRAs, the Sponsoring organization must complete and submit a timeliness mitigation analysis. Descriptions and clarifications of what must be included in each submission and data field- outlined in the corresponding excel document. Characters are required in all requested fields, unless otherwise specified, and data must be limited to the request specified in each column. Sponsoring organizations must provide an

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accurate and timely mitigation analysis submission within 10 business days of the request. Submissions that do not strictly adhere to the data submission instructions will be rejected.

Timeliness Mitigation Analysis	Scope of Timeliness Mitigation Analysis Request
HRA Timeliness Mitigation Analysis (HRA-TMA) Tool	<u>If the IHRA and/or AHRA universe timeliness calculations fall below the CMS internal benchmark</u> , CMS will submit a list of enrollees that were identified as having an untimely initial and/or annual HRA within the 12-month period prior to the date of the engagement letter. Sponsoring organizations must <u>then</u> populate all untimely cases with the appropriate outreach information for initial and/or annual

Root Cause Analysis Submissions

Sponsoring organizations may be required to provide a root cause analysis using the template provided by CMS. Sponsoring organizations have 2 business days from the date of request to respond.

Impact Analysis Submissions

When noncompliance with regulatory and/or MOC requirements is identified on audit, Sponsoring organizations must submit each requested impact analysis, comprehensive of all contracts and Plan Benefit Packages (PBP) identified in the audit engagement letter using the requested impact analysis template. The Sponsoring organization must include all requests impacted by the issue of noncompliance during the impact analysis request period. Detailed descriptions along with clarifications of what must be included in each submission and data field are outlined in the corresponding excel document(s). Characters are required in all requested fields, unless otherwise specified, and data must be limited to the request specified in each column. Sponsoring organizations must provide an accurate and timely impact analysis submission within 10 business days of the request. Submissions that do not strictly adhere to the data request specifications will be rejected.

CMS will default to the impact analysis timeframe identified in the tables below; however, CMS reserves the right to adjust the timeframe.

Impact Analysis	Scope of Impact Analysis Request
SNPCC_Impact Analysis	Submit a list of enrollees impacted by the Care Coordination or D-SNP Coordination issue(s) identified during the 26-week period preceding the date of the audit engagement letter through the date the issue was identified on audit.

Verification of Information Collected

CMS may conduct integrity tests to validate the accuracy of all universes, impact analyses, timeliness mitigation analyses, and other related documentation submitted in furtherance of the audit. If data integrity issues are noted, Sponsoring organizations may be required to resubmit their data.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1395

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(Expires MM/DD/CCYY). This is a mandatory information collection. The time required to complete this information collection is estimated to average 382 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records, or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact part_c_part_d_audit@cms.hhs.gov.