

ATTACHMENT IX

Special Needs Plans – Model of Care Implementation Audit Process and Universe Request

Purpose: To evaluate the implementation of the SNP MOC. The Centers for Medicare and Medicaid Services will perform its audit activities using these instructions (unless otherwise noted). The elements addressed in this review are:

- I. Population to be Served – Enrollment Verification
- II. Health Risk Assessment (HRA), Interdisciplinary Care Team (ICT), Implementation of the Individualized Care Plan (ICP) and Use of Evidence-Based Clinical Guidelines
- III. Plan Performance Monitoring and Evaluation of the MOC

Review Period: For beneficiary information, if the SNP Model of Care (MOC) was approved for three years, the review period will be the thirteen (13) month period preceding the date of the audit engagement letter (Month, Day, Year). CMS reserves the right to expand the review period to ensure a sufficient universe size. If the MOC was approved for one year, the audit period may cover a shorter time span, as specified in the engagement letter.

Note: The plan is expected to provide accurate and timely universe submissions. In addition, the plan is expected to present its supporting documentation during the audit and upload it to the secure site using the designated naming convention within the timeframe specified by the reviewers. If the plan fails to provide accurate and timely universe submissions or fails to submit the supporting documentation using the designated naming convention and within the timeframe specified by the reviewers, CMS will document this as an Observation in the plan's program audit report.

Universe Submission and Sample Selection

Part I: Background Information

Obtain Evidence: The plan will provide the following documentation:

- A copy of the approved Model of Care (MOC) and any updates to the original submission.
- A copy of the Health Risk Assessment Tool used by the SNP
- A copy of policies and procedures for administration of the Health Risk Assessment Tool, the development of the Individual Care Plan and the composition and functions of the Interdisciplinary Care Team
- Copies of evidence-based guidelines and nationally recognized protocols used for the SNP
- Copies of policies and procedures on the monitoring and evaluation of the MOC

This documentation will have the same submission deadline as the universe. CMS will conduct a desk review of these materials **prior to the audit start date** to gain an understanding of the criteria and protocols the plan'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.

Part II: Select Universe and submit to CMS

In addition to the background information in Part I, the plan will pull a universe consisting of all SNP beneficiaries who have been continuously enrolled for a period of at least 13 months as of the engagement letter date.

1. Submit Universe in Attachment IX-A Universe Template. The plan should submit its universe in whole and not separately for each SNP contract. If the file is too large for Excel, a CSV or a text file

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is acceptable. The requested universe in Attachment IX should be submitted through the CMS Enterprise File Transfer (EFT) in one zip file. The universe should consist of the following:

- 1.1. All SNP beneficiaries continuously enrolled for a period of at least 13 months as of the engagement letter date.
2. Select 30 cases: CMS will pull a tracer sample of 30 beneficiaries from the plan-submitted universe as follows:
 - 10 D-SNP beneficiaries
 - 10 C-SNP beneficiaries
 - 10 I-SNP beneficiaries

If the plan does not offer all three types of SNPs, CMS will increase the number of beneficiaries in SNPs the plan does offer to obtain a total sample size of 30. The same sample will be evaluated for the first three elements of the audit (referenced in the purpose section). The sample selection will be provided to the sponsor by the close of business of the Thursday before the Monday of the audit week.

I. Population to Be Served - Enrollment Verification

1. Obtain Evidence: – This section will apply to members of D-SNP, C-SNP and I-SNP Plans. CMS will review for correct processing of SNP enrollments and involuntary disenrollments. For each case, the plan must produce all relevant documentation including, **but not limited to:**
 - For **C-SNP Plan** beneficiaries:
 - Treating physician verification that the enrollee has the qualifying condition.
 - The date(s) on which the verification was received.
 - The type of tool used to document eligibility.
 - For **I-SNP Plan** beneficiaries:
 - Confirmation that the individual requires an institutional (skilled nursing facility (SNF), nursing facility (NF), intermediate care facility for the mentally retarded (ICF/MR) or inpatient psychiatric facility) level-of-care, and that the need for an institutional level-of-care has lasted 90 days or longer.
 - If the institutional SNP opts to enroll special needs individuals prior to a 90 day length-of-stay, the needs-assessment (pre-approved by CMS) must show that the individual's condition makes it likely that the length-of-stay (or need for an institutional level-of-care) will be at least 90 days.
 - If the I-SNP elects to enroll community based beneficiaries into the I-SNP, the State approved Level of Care Assessment administered by a third party will be required.
 - For **D-SNP Plan** beneficiaries:
 - Copy of enrollment request documentation (e.g., copy of the enrollment form or documentation of other enrollment mechanism, such as telephonic or Online Enrollment Center request) with evidence of receipt date and beneficiary's attestation of eligibility for the election period submitted by the sponsor;

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- Documentation showing sponsor's verification of SNP eligibility prior to submission of the enrollment to CMS;
 - Documentation showing sponsor's ongoing verification of SNP eligibility.
2. Apply Compliance Standards: Apply the following test to **each** of the 30 cases. For a case to receive a score of "pass," the case must present evidence to favorably address both of the following questions:
- Was the appropriate eligibility verification completed? (Applies to all SNP plans)
 - Is there evidence of re-verification of eligibility, when required? (Applies to D-SNPs and I-SNPs)
3. Sample Case Results: CMS will test each of the 30 cases. If CMS requirements are not met, a sample case fails and a condition (finding) is documented. If CMS requirements are met, a sample case passes and no conditions (findings) are documented.

II. Appropriateness of Health Risk Appraisal (HRA), Interdisciplinary Care Team (ICT) and Individualized Care Plan (ICP), Use of Evidence-Based Clinical Guidelines.

1. Obtain Evidence: CMS will review for proper administration of the Health Risk Assessment, as well as the appropriateness and implementation of the individual care plans of the same 30 members selected for the Enrollment Verification element. The appropriateness of the Interdisciplinary Care Team and the use of evidence-based clinical guidelines in the development and implementation of the enrollees' ICPs will also be assessed. For each case, the plan must produce all relevant documentation including, **but not limited to**:
- The completed beneficiary Health Risk Assessment(s).
 - A 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.
2. Apply Applicable Compliance Standards: Apply the applicable test to the relevant 30 sampled cases. For these cases to receive a score of "pass," the case must present evidence to favorably address all of the questions below.
- 3.1. Health Risk Assessment:
- Did the sponsor conduct an HRA?
 - Did the sponsor conduct the HRA timely?
 - Did the completed HRA include a comprehensive initial assessment and/or reassessment of the physical/medical, psychosocial, cognitive and functional areas of need and medical and mental health history?
 - Did the personnel who reviewed, analyzed and stratified the HRA possess appropriate professional knowledge and credentials?
- 3.2 Individual Care Plan and use of Evidence-Based Clinical Practice Guidelines:
- Did the ICP include specific interventions designed to meet all the needs identified in the HRA?
 - Did the ICP documentation show evidence of using clinical guidelines and protocols?
 - Did the personnel who reviewed the ICP possess professional knowledge and credentials?

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- Was the ICP reviewed/revised with appropriate frequency?
- Did the sponsor provide sufficient documentation to verify the implementation of the ICP (through examination of claims, encounters and Prescription Drug Events for items outlined in the ICP)?

3.3 Interdisciplinary Care Team

- Does documentation demonstrate that the ICP was managed by an interdisciplinary team comprised of appropriate clinical disciplines?

4. Sample Case Results: CMS will test each of the 30 cases. If CMS requirements are not met, a sample case fails and a condition (finding) is documented. If CMS requirements are met, a sample case passes and no conditions (findings) are documented.

III. Monitoring and Evaluation of the Model of Care

- Obtain Evidence: CMS will review for appropriateness of the plan's Model of Care and the monitoring thereof. For each case, the plan must produce all relevant documentation including, **but not limited to:**
 - The plan'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.)
 - Any Corrective Action Plans developed and implemented as a result of internal analysis and the results of the CAPs, if applicable
 - A copy of the most recent evaluation of the MOC
 - Communication to stakeholders regarding results of monitoring or improvements to the MOC

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

- Apply Compliance Standard to MOC monitoring and evaluation: CMS will review all documentation to determine if compliance standards were met. CMS will evaluate the documentation and apply the following tests to the MOC. For the MOC monitoring and evaluation, there should be a favorable response to all of the following elements:
 - Did the plan collect, analyze, and evaluate the MOC (e.g., specific data sources, specific performance and outcome measures, etc.)?
 - Did the plan use the analyzed results of performance measures to improve the MOC (e.g., internal committee and other structured mechanism)?
 - When necessary, did the plan develop and implement corrective actions?
 - Did the plan communicate results and improvements in the MOC to stakeholders?
 - Are the appropriate personnel responsible for oversight of the MOC's evaluation and monitoring process?

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- Sample Case Results: CMS will review documentation for the MOC. If CMS requirements are not met, a sample case fails and a condition (finding) is documented. If CMS requirements are met, a sample case passes and no conditions (findings) are documented.