Program Audit Data Request Medicare-Medicaid Plan - Care Coordination (MMPCC) Supplemental Questionnaire

This questionnaire is designed to assist CMS in understanding the unique qualities of your organization's MMPCC 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. If your organization has multiple MMPs, provide contract specific responses, unless specified otherwise. Please provide contract specific responses by listing the contract number next to the corresponding response.

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Enter your resp	onse here
MMP Contract	Number(s):
Enter your resp	onse here
Name and Title	of Person Completing Questionnaire:
Enter your resp	onse here
Date Completed	l :
Enter your resp	oonse here
	of the staff during the review period who have been responsible for
(ICPs) with enro job titles, clinica MMPs). The sta the staff list is su	ne health risk assessments (HRAs) and developing individualized care plans ollees. The list should include staff names and their organizational roles/al discipline(s), and applicable demonstration (if the sponsor has multiple aff list may be submitted separately from your questionnaire responses. If ubmitted separately, identify the title of the separate attachment in your
(ICPs) with enro job titles, clinica MMPs). The sta	ne health risk assessments (HRAs) and developing individualized care plans ollees. The list should include staff names and their organizational roles/al discipline(s), and applicable demonstration (if the sponsor has multiple aff list may be submitted separately from your questionnaire responses. If abmitted separately, identify the title of the separate attachment in your stion 1.

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Enter your response here

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Enter your response here	
	ertaining to HRA administration and ICP development. that cannot or do not want to be contacted.
Enter your response here	
5. Describe how staff are held acco	ountable when HRAs and ICPs are not done timely.
Enter your response here	
illness/intensity of service? If yes, I	cuity scoring system to assess enrollee severity of please describe each of your organizations' enrollee risk ess for assigning enrollees to a risk stratification level.
illness/intensity of service? If yes, partification levels and your process.	please describe each of your organizations' enrollee risk
illness/intensity of service? If yes, pertratification levels and your process. Enter your response here 7. Describe the processes when tracenrollee who has experienced a hor	please describe each of your organizations' enrollee risk ess for assigning enrollees to a risk stratification level. Insition of care is documented for a new enrollee or spitalization or other change in health status as defined
illness/intensity of service? If yes, pertratification levels and your process. Enter your response here 7. Describe the processes when tracenrollee who has experienced a hor	please describe each of your organizations' enrollee risk ess for assigning enrollees to a risk stratification level. Insition of care is documented for a new enrollee or spitalization or other change in health status as defined
illness/intensity of service? If yes, per stratification levels and your process. Enter your response here 7. Describe the processes when tracenrollee who has experienced a horin the three-way contract. How do Enter your response here	please describe each of your organizations' enrollee risk ess for assigning enrollees to a risk stratification level. Insition of care is documented for a new enrollee or spitalization or other change in health status as defined

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9. Describe the internal system utilized for ensuring that ICTs are comprised of appropriate
disciplines, as described in the three-way contract, and that ICTs coordinate care and
communicate with each other and enrollees regarding the ICP.

Enter your response here

10. Please identify first tier, downstream, and related entities (<u>FDRs</u>) that you contract with that conduct MMP related care coordination activities, such as administering HRAs or outreach.

Enter your response here

11. Provide a list the HRA tool(s) used by the MMP(s) and provide copies of the tools as separate attachments.

Enter your response here

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