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Special Needs Plans Structure & Process Measures

Policy Clarifications and Frequently Asked Questions (FAQs)



CMS Contract No. HHSM-500-2006-00060C

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	General Questions (back to contents)	Last Reviewed
Q1	<p>Difference between HEDIS® and S&P Measures</p> <p>Question: What is the difference between the HEDIS measures and the Structure & Process measures?</p> <p>Response: HEDIS measures focus on performance for specific clinical issues and require the use of administrative claims data and for some measures, review of the medical records as well. HEDIS measure specifications are used to calculate rates based on a defined numerator and denominator. Structure & Process measures are designed to assess the systems SNPs have in place to perform specific functions related to quality care such as case management. Structure & Process measures rely on review of plan policies and procedures, data reports, prepared materials and other data plans use to implement their programs, analyze internal data, document processes and convey information to members and practitioners.</p>	6/29/2012
Q2	<p>Structure and Process (S&P) Measure Reporting</p> <p>Question: Which SNPs must report S&P measures?</p> <p>Response: Please note that the reporting requirements for the Structure & Process measures are different from the reporting requirements for HEDIS results. <u>CMS requires all SNPs that were operational in 2011 and renewed for 2012 to report the Structure & Process measures regardless of enrollment size.</u> The term operational refers to the date when CMS notified an organization of its approval to begin marketing the plan benefit package as a SNP; it is unrelated to the date when the organization actually enrolled members in the plan benefit package.</p> <p>Some states however must also approve dual-eligible SNPs before they can begin marketing the plan benefit package to members who are eligible for Medicare and Medicaid services. As a result, a dual-eligible SNP that received approval from CMS to operate as a SNP before January 1, 2011 but received approval from the state to be operational after January 1, 2011 (e.g., on March 1, 2011) does not have to report the 2012 S&P measures.</p>	REVISED! 6/29/2012

	General Questions (back to contents)	Last Reviewed
Q3	<p>How SNPs Report S&P Measures</p> <p>Question: How will SNPs report the Structure & Process measures?</p> <p>Response: All SNPs that meet the requirements stated above will submit the Structure & Process measures via NCQA's Interactive Survey System (ISS). The ISS is a Web-based survey tool that allows SNPs to self-evaluate against the Structure & Process measures and submit supporting documentation to substantiate their responses for each of the elements in each measure. The SNP ISS Tool is due back to NCQA NO LATER THAN OCTOBER 15, 2012. If your organization has discontinued its SNP program for 2012, please contact NCQA at SNP@NCQA.ORG.</p>	<p>REVISED!</p> <p>6/29/2012</p>
Q4	<p>Submission Date</p> <p>Question: Can SNPs request an extension to submit their Structure & Process measures after the October 15, 2012 deadline?</p> <p>Response: No. All SNPs that meet the requirements for submission for the SNP Evaluation program must submit their completed ISS Tool no later than October 15, 2012.</p>	<p>REVISED!</p> <p>6/29/2012</p>
Q5	<p>Submission of Separate Survey Tools for Each SNP</p> <p>Question: My organization has several SNP benefit packages; do we need to submit a different tool for each SNP?</p> <p>Response: Yes, your organization must submit a separate ISS Tool for each SNP benefit package. Each ISS license contains the name of the SNP, H-number and Plan ID to assist you with identifying the appropriate tool for each SNP.</p>	<p>6/29/2012</p>
Q6	<p>2012 Reporting Requirements</p> <p>Question: Which measures does NCQA require an organization to report based on its survey type?</p> <p>Response: Initial and Returning SNPs have different reporting requirements for this year's assessment. Initial SNPs are required to report SNP 1 Elements A-H, SNP 2 and SNP 4-6. Returning SNPs are required to report SNP 1 Elements A-B and I-K, SNP 2 Element C and SNP 3-6.</p>	<p>REVISED!</p> <p>6/29/2012</p>

	General Questions continued (back to contents)	Last Reviewed
Q7	<p>Look-Back-Period</p> <p>Question: What is the look-back-period and must all of our policies and procedures have been in place from April 15th to October 15th to meet the look-back period?</p> <p>Response: The look-back-period is the six month period prior to the date the ISS Tool is due to NCQA (i.e., April 15, 2012 to October 15, 2012). The look-back period is the same for all SNP surveys. SNPs may submit their ISS Tool(s) any time prior to October 15, 2012 and the look-back-period will not be affected. If an organization did not have a policy in place when NCQA released the Structure & Process measures, surveyors will look for evidence which shows the organization developed the policy and incorporated it into its operations within the look-back period. All documentation (e.g., policies and procedures) must be current as of the look-back-period, but could have been developed prior to that time.</p>	<p>REVISED!</p> <p>6/29/2012</p>
Q8	<p>Public Reporting</p> <p>Question: Will NCQA publicly report the results of each SNP's evaluation?</p> <p>Response: NCQA does not publicly report any of the data from the SNP Evaluation (Structure & Process and HEDIS measures). NCQA will provide the data to the Centers for Medicare and Medicaid Services (CMS) and CMS will determine how it will use the results of the SNP evaluation.</p>	<p>6/29/2012</p>
Q9	<p>Reporting Fees</p> <p>Question: Are there any direct fees associated with the assessment against the Structure & Process measures?</p> <p>Response: No. There are no fees for SNPs to undergo the assessment against the Structure & Process measures. CMS has contracted with NCQA to perform this evaluation.</p>	<p>6/29/2012</p>

	General Questions continued (back to contents)	Last Reviewed
Q10	<p>SNP Survey Team Assignment</p> <p>Question: Does NCQA anticipate assigning an Accreditation Survey Coordinator (ASC) to each organization for its assessment against the Structure & Process measures?</p> <p>Response: While NCQA is not assigning an ASC to each organization, we are providing a variety of resources available to assist SNPs throughout the assessment process (e.g., training sessions and Q&A forums). There is a dedicated SNP assessment team at NCQA that will be actively working with the SNPs to provide information and assistance throughout the SNP assessment process. If SNPs have questions related to the Structure & Process measures, HEDIS measures or the use of the ISS survey tool, they should submit those questions through NCQA's Policy Clarification Support System (http://app04.ncqa.org/pcs/web/asp/TIL_ClientLogin.asp). SNPs may also direct general inquiries about the SNP assessment program to SNP@NCQA.ORG.</p>	6/29/2012
Q11	<p>Policies for MA Product Line and SNP Benefit Packages</p> <p>Question: My organization has a Medicare Advantage product line, a Medicaid product line and two SNP benefit packages and case management services are included as part of the entire memberships' benefits. If we attach policies as evidence of performance for a particular element must they be specifically for the SNP population or could they reference the SNP population along with the other product lines?</p> <p>Response: Your organization can choose to do this either way. Please keep in mind that an over-arching policy would need to indicate whether all of the provisions are applicable to all SNP members or just certain subpopulations.</p>	6/29/2012
Q12	<p>Submission of the Same Policy for Different Types of SNPs</p> <p>Question: If an organization has several SNPs of different types (e.g., two dual-eligible SNPs, an Institutional SNP and a Chronic SNP) but it manages them all the same way, could the organization submit the same policy for all of its SNPs to meet the intent of elements that require a documented process?</p> <p>Response: Yes, you can submit the same policy as long as your organization manages all of its SNPs the same and the policy indicates (in a header or cover page) which SNP type(s) it is applicable for. On the other hand, if certain sections or provisions in the policy only apply to one or more of the specific types of SNPs, then the policy must include that information as well.</p>	NEW! 6/29/12

	General Questions continued (back to contents)	Last Reviewed
Q13	<p>Documenting Functions Performed by Contracted Entities</p> <p>Question: We contract with other entities (medical groups) to perform a number of the functions assessed by the Structure & Process measures. How should we demonstrate performance with these requirements?</p> <p>Response: Your organization needs to provide the appropriate evidence from these contracted entities to document your performance. <u>In addition you should discuss the details of this documentation with a member of the NCQA SNP team by sending an email to SNP@NCQA.org.</u></p>	6/29/2012
Q14	<p>Using Hyperlinks in Submission Documentation</p> <p>Question: Can you explain how to use hyperlinks for document preparation?</p> <p>Response: When NCQA uses the term “hyperlink” it is referring to linking sections together in the same document, not between different files for upload. The idea behind this is that by placing hyperlinks in a large comprehensive document, the plan can better show NCQA where pertinent information is located. Please note that hyperlinks in documents submitted via ISS CANNOT be linked to any outside documents and must be within the same file. This means that you cannot provide a link to policies, reports, or materials if those items are not already embedded in the same PDF or Word document, since hyperlinks work by linking items within the same document, not between them. For example, an organization may link the table of contents to individual documents and this allows one viewing a PDF document electronically to click on the hyperlink and go to that document and subsequently return to the table of contents.</p> <p>For plans that want to direct NCQA to a website via a hyperlink for examples of materials, such as a provider directory, please include the complete URL (web address) in the documentation.</p>	6/29/2012

	SNP 1: Complex Case Management (back to contents)	Last Reviewed
Q15	<p>Case Management Program Conditions</p> <p>Question: What conditions qualify for entry into a case management program?</p> <p>Response: It is up to the SNP to design a program appropriate for its population and to specify what conditions qualify for entry into its case management program.</p>	6/29/2012
Q16	<p>Case Management Services Within Disease Management Program</p> <p>Question: What if Case Management (CM) is part of a larger Disease Management (DM) program? How would NCQA score the elements of SNP 1 if an organization's documentation is from its DM program?</p> <p>Response: SNPs must have a CM program. This program may be part of a broader DM program, but the SNP must demonstrate that it meets the requirements for CM as stated in SNP 1. The DM program documentation must clearly indicate that CM is part of the DM program.</p>	6/29/2012
Q17	<p>Case Manager Licensure Requirements</p> <p>Question: Do the Structure & Process measures stipulate specific education or licensure requirements for case managers?</p> <p>Response: No. The organization may determine the appropriate level of education and the type of licensure necessary for case managers.</p>	6/29/2012
Q18	<p>Use of Data Supplied by Providers</p> <p>Question: Factor 7 of SNP 1 Element A, states that a plan may provide data from practitioners as one of the seven required data sources it uses to identify members for complex case management services. Could a SNP also include data from providers such as skilled nursing facilities and home health?</p> <p>Response: Yes. Factor 7 specifies practitioner information as a required data source but it should read "data supplied by practitioners or providers, if applicable". Thus, in lieu of data from practitioners (which can be obtained through electronic health records), a plan may submit data supplied by providers that it uses to identify members for case management. For example, this can include information on discharges from skilled nursing facilities or home health services.</p>	<p>NEW!</p> <p>9/13/2012</p>

	SNP 1: Complex Case Management (back to contents)	Last Reviewed
Q19	<p>Materials in the Case Management Assessment Process</p> <p>Question: SNP 1 Element F lists documented processes and reports as data sources. The explanation and examples however, indicate that NCQA accepts reports and materials as supplemental evidence. Can a plan submit materials for this element?</p> <p>Response: Yes. SNP 1 Element F requires a SNP to submit documented processes that describe how it carries out the requirements of factors 1-8 for the case management assessment process. Additionally, the plan may provide reports OR materials showing it performs the specified functions.</p>	<p>NEW!</p> <p>6/29/2012</p>
Q20	<p>Data Sources for SNP 1 Elements I, J, and K</p> <p>Question: SNP 1 Elements I, J and K list reports as a required data source. However, the explanation indicates that NCQA accepts documented processes for these elements. Please clarify the required data sources for the new elements.</p> <p>Response: For SNP 1 Elements I, J, and K, the plan must provide reports for these elements. However, a plan may also choose to provide documented processes as supplemental information that explains how it carries out these processes. Please note that a plan MUST provide reports AND MAY PROVIDE documented processes for these elements to demonstrate its performance.</p>	<p>NEW!</p> <p>6/29/2012</p>
Q21	<p>Timeframes for Requirements Specified by Elements, I, J and K</p> <p>Question: We already have some processes in place to evaluate our case management program; must we perform all of the activities for Elements, I, J and K within the look-back period?</p> <p>Response: No, but your organization must provide recent analyses of the appropriate data for Elements I and J. Specifically, your organization may not use data collected prior to April 15, 2011 or analyses performed before October 1, 2011 for Elements I and J. In addition, your organization's evidence for Element K could show that it implemented interventions to address improvement opportunities up to a year prior to the submission date. On the other hand, Element K requires an organization that does not have any improvement opportunities to show it implemented its remeasurement plan within the look-back period.</p>	<p>REVISED!</p> <p>9/13/2012</p>

	SNP 1: Complex Case Management continued (back to contents)	Last Reviewed
Q22	<p>Scoring Element K if SNP Does Not Identify Any Opportunities</p> <p>Question: If an organization does not have any opportunities for improvement, does it still need to perform remeasurement for factor 2 of Element K or is factor 2 not applicable (NA)?</p> <p>Response: The exception for Element K is not completely correct. If a SNP's analysis of case management measures for Element J does not result in the identification of any improvement opportunities, NCQA scores factor 1 of Element K NA. However, the SNP must develop and implement a remeasurement plan to receive credit for the remeasurement component of factor 2.</p>	<p>NEW!</p> <p>6/29/2012</p>

	SNP 2: Improving Member Satisfaction (back to contents)	Last Reviewed
Q23	<p>Aggregate Analysis of CAHPS Results</p> <p>Question: Must an organization break out an aggregate analysis of its CAHPS results for multiple SNP benefit packages?</p> <p>Response: No, but a SNP that performed an aggregate analysis of complaint and appeal data across multiple benefit packages must break out the data and results for each individual benefit package.</p>	<p>NEW!</p> <p>6/29/2012</p>
Q24	<p>Timeframes for Analysis and the Identification of Opportunities</p> <p>Question: The explanation for SNP 2 Element A states that we cannot use member satisfaction data collected more than 12 months prior to the start of the look-back period. Do we need to perform the analysis for this element or identify opportunities for SNP 2 Element B within a specific timeframe?</p> <p>Response: Your organization must submit evidence that shows it performed a member satisfaction analysis for SNP 2 Element A and identified opportunities for SNP 2 Element B after 10/1/11 to meet the intent of these requirements.</p>	<p>NEW!</p> <p>6/29/2012</p>
Q25	<p>Showing Improvement Based on Actions Taken</p> <p>Question: Do SNPs have to show improvement based on the actions they have taken to address opportunities identified?</p> <p>Response: No. SNPs are required to demonstrate that they have identified opportunities for SNP 2 Element B based on their analysis for SNP 2 Element A, and implemented interventions and measured the effectiveness of them for SNP 2 Element C. SNP 2 does not require organizations to show improvement on the opportunities identified.</p>	<p>REVISED!</p> <p>6/29/2012</p>
Q26	<p>Evidence for Element C</p> <p>Question: If my organization supplies a documented process that describes how we implement interventions for member satisfaction opportunities and evaluate the effectiveness of those interventions in detail, could we meet factors 1 and 2 of Element C by supplying an excerpt from our member satisfaction analysis that focuses solely on our response to those factors?</p> <p>Response: No. Returning SNPs must provide evidence consisting of a documented process and a report that shows the analysis of member satisfaction data performed as specified in Element A, the identification of improvement opportunities specified in Element B and the implementation of interventions and measurement of their effectiveness required by Element C. NCQA does not assess the returning SNP's performance with Elements A and B but the SNP's evidence must show the relationship between requirements of all three elements mentioned in the explanation of Element C.</p>	<p>NEW!</p> <p>6/29/2012</p>

	SNP 2: Improving Member Satisfaction (back to contents)	Last Reviewed
Q27	<p>Providing an Updated Analysis of Member Satisfaction Data for Element C</p> <p>Question: If an organization has updated its analysis of member satisfaction data and identified new opportunities for a returning SNP since the 2011 survey submission, could it submit the revised report with interventions and remeasurement to demonstrate its performance with Element C?</p> <p>Response: Yes. An organization that has performed another annual analysis of member satisfaction data after 10/1/11, which includes: the identification of opportunities for improvement, the implementation of interventions, and an evaluation of the effectiveness of the interventions, can submit this report along with the relevant documented process to show it meets Element C.</p>	<p>NEW!</p> <p>9/13/2012</p>
Q28	<p>Scoring Element C if SNP Does Not Identify Any Opportunities</p> <p>Question: If an organization did not have any opportunities for improvement per Element B, does it still need to meet the intent factor 1 of Element C or is factor 1 not applicable (NA) along with factor 2?</p> <p>Response: Please note that the exception for Element C is not completely correct. Factors 1 and 2 of Element C are NA if an initial SNP's analysis of satisfaction data does not show it has opportunities for improvement. Alternatively if a returning SNP's analysis of member satisfaction data for Element B did not result in the identification of any improvement opportunities in 2011, NCQA scores factor 1 of Element C NA. However, the returning SNP must provide its updated annual analysis of member satisfaction data or its tracking mechanism showing the analysis/remeasurement of data still does not result any opportunities to receive credit for factor 2.</p>	<p>NEW!</p> <p>9/13/2012</p>
Q29	<p>Timeframe for Implementing Interventions and the Evaluation of Effectiveness</p> <p>Question: Must a SNP show that it implemented interventions and evaluated the effectiveness of them within the look-back period?</p> <p>Response: Your organization's evidence for Element C could show that it implemented interventions to address member satisfaction opportunities up to year prior to the survey submission date. However a SNP must show that the measurement of the effectiveness occurred within the look-back period (April 15, 2012 to October 15, 2012).</p>	<p>NEW!</p> <p>6/29/2012</p>
Q30	<p>Using the Same Measures to Evaluate Intervention Effectiveness</p> <p>Question: Does factor 2 require us to assess intervention effectiveness using an original goal, or targeted, intermediate measures?</p> <p>Response: The explanation inadvertently contains the word "may" but please note that SNPs <u>must</u> perform intermediate remeasurement against an original goal, or other previously identified measures to evaluate the effectiveness of specific interventions for factor 2.</p>	<p>NEW!</p> <p>6/29/2012</p>

	SNP 2: Improving Member Satisfaction (back to contents)	Last Reviewed
Q31	<p>Timing for a QIP Submitted for Element C</p> <p>Question: Must a QIP undertaken to address member satisfaction issues be dated after October 15, 2011?</p> <p>Response: No, a SNP must have developed a QIP it would like to submit for Element C after February 28, 2011 and this document needs to contain information for and meet the requirements of SNP 2 Elements A, B and C.</p>	<p>NEW!</p> <p>6/29/2012</p>

	SNP 3: Clinical Quality Improvements (back to contents)	Last Reviewed
Q32	<p>Showing Improvement for Clinical Measures</p> <p>Question: Do SNPs have to show actual clinical improvements for this element?</p> <p>Response: Yes. SNP 3 Element A requires returning plans to demonstrate three statistically significant improvements in their HEDIS Effectiveness of Care measures.</p>	<p>REVISED!</p> <p>6/29/2012</p>
Q33	<p>Documenting Clinical Improvement</p> <p>Question: SNP 3 Element A requires a plan to demonstrate three clinical improvements that are statistically significant in an audited HEDIS measure. What type of documentation does the plan need to submit to meet the intent of this element?</p> <p>Response: For SNP 3 Element A, plans are not required to provide any additional documentation. NCQA staff will use a plan's previously submitted HEDIS scores from 2011 and 2012 to calculate statistically significant improvements in at least three measures. Please note that plans which are undergoing an initial review for 2012 or those that do not have at least 30 members as of the CMS February 2011 SNP Comprehensive Report will receive a score of not applicable (NA).</p>	<p>NEW!</p> <p>6/29/2012</p>

	SNP 4: Care Transitions (back to contents)	Last Reviewed
Q34	<p>Use of Patient Data in Reports</p> <p>Question: Should a SNP provide actual patient data in its admissions reports?</p> <p>Response: Yes, but a plan should NOT submit any reports that contain protected health information (PHI). Therefore, please blind or redact all patient identifiable data from reports before attaching them to ISS as evidence of performance.</p>	6/29/2012
Q35	<p>Submitting a Preauthorization Policy for Factor 1 of SNP 4 Element A</p> <p>Question: The explanation of Element A indicates that an organization may use UM data to identify members about to undergo a transition; could my organization submit a UM policy that details the requirements for preauthorization to satisfy factor 1 of SNP 4 Element A?</p> <p>Response: If the main intent of your organization's preauthorization documentation is to approve requested services and the main focus is around payment or coverage, then it will not satisfy the intent for factor 1. For example, a preauthorization policy that describes the preauthorization process practitioners must follow and includes the list of procedures for which preauthorization is required, but does not trigger additional notification to the clinical care team, would not meet the intent of this factor. A preauthorization policy however that details how the SNP uses preauthorization data to identify that a member is about to experience a transition could serve as a part of the documentation for factor 1. The intent is to ensure that plans are aware of impending procedures and transitions and take proactive steps, before, during and after the procedure or transition to ensure the member receives appropriate care. Keep in mind that factor 1 requires a SNP to supply evidence that shows it identifies a planned transition is about to take place, before that transition occurs. As a result, a SNP needs to submit evidence in two data sources that addresses all planned transitions which include scheduled procedures, planned admissions to a long-term care facility and discharges.</p>	6/29/2012

	SNP 4: Care Transitions continued (back to contents)	Last Reviewed
Q36	<p>Analyzing Performance, Aggregate Analysis and Sampling</p> <p>Question: Factors 1 and 3 of SNP 4 Element C require a plan to perform an analysis of aggregate performance but factors 2 and 4 of this element discuss drawing an appropriate sample. Please clarify what NCQA is referring to as an aggregate analysis of performance and a sample for these factors?</p> <p>Response: Factors 1 and 3 require a plan to conduct an analysis of aggregate performance. In this case the term “aggregate” refers to all SNP members that experienced transitions over a period of time. The term “sample” in factors 2 and 4 refers to the data you choose to pull from the entire universe of transitions to show evidence of performance.</p> <p>This means that an organization can use its entire universe of transitions or it may choose to select a sample of at least 3 months of data from the universe. Factors 2 and 4 require an organization that uses a sample to have a description of the sampling methodology in its documentation. Alternately, an organization that uses its entire universe of transitions for the analyses receives credit for factors 2 and 4, but must state that is pulling data from its entire universe of transitions.</p> <p>For this element all data collected must be dated after April 15, 2011. This means an organization could include all of its transitions from April 15, 2011 to June 30, 2012 in the analyses and not pull a sample. However an organization that includes transitions for a quarter, say for the third quarter of July 2012, is, in effect using a sample and its documentation must describe its data universe and sampling methodology to meet the intent of factors 2 and 4.</p>	<p>REVISED!</p> <p>9/13/2012</p>
Q37	<p>Drawing a Sample or Using the Universe of Transitions</p> <p>Question: The explanation in Element C states that a plan must draw a minimum of three consecutive month’s worth of data (one quarter) for its analysis of transitions or use its universe between April 15, 2011 and June 30, 2012. If it chooses to draw a sample, does the plan need to pull all of its transitions for a three-month period?</p> <p>Response: No, if a plan wishes to draw a sample of its care transitions, it must select one from the aggregate care transitions members’ experienced over three consecutive months (one quarter). A SNP is not required to use all of its care transitions from that period; it may elect to pull a sample from the three-month period. For example, a plan using the months of June 2012 through August 2012 may have 500 transitions in total. This plan may elect to use all 500 transitions or draw an appropriate sample from the total.</p> <p>Please note that factors 2 and 4 require the analysis to include an explanation of the sampling methodology used for plans choosing to draw a sample.</p>	<p>NEW!</p> <p>6/29/2012</p>

	SNP 4: Care Transitions continued (back to contents)	Last Reviewed
Q38	<p>Timeframe for Aggregate Analysis of Care Transitions</p> <p>Question: Does Element C require my organization to show that it performed an analysis of care transitions within the look-back period or could we provide one performed before then?</p> <p>Response: This year a SNP must provide an analysis of care transitions it performed after October 1, 2011. Analyses performed before that time will not meet the intent of the requirements.</p>	<p>NEW!</p> <p>6/29/2012</p>
Q39	<p>Preauthorization for SNF Admissions</p> <p>Question: My organization requires preauthorization for all SNF admissions for long-term care. As a result, all of our admissions to long-term facilities involve planned transitions not unplanned transitions. What type of evidence should we submit to demonstrate that we meet the intent of SNP 4 Element D factor 2?</p> <p>Response: In this instance your organization would need to submit a copy of its policies or a contract or agreement with a nursing facility which shows the prior authorization requirements for all long-term care admissions. You would also need to submit a report which identifies the nursing facility, lists the date of the authorization request and the subsequent date of admission. These two types of evidence would show that your SNP meets and exceeds the requirements specified in SNP 4 Element D factor 2.</p>	<p>6/29/2012</p>
Q40	<p>Coordinating Services for High-risk Members</p> <p>Question: Must an organization's activities for factor 1 in Element F stem from the patient-based analysis it conducted for factor 1 of SNP 4 Element E?</p> <p>Response: Yes. Although the explanation only mentions educational materials, factors 1 and 2 of this element require a SNP's documentation to show it coordinates services for high-risk members and educates them on how to prevent unplanned transitions based on the results of its patient-based analysis for factor 1 of Element E.</p>	<p>NEW!</p> <p>6/29/2012</p>

	SNP 6: Coordination of Medicare and Medicaid Coverage (back to contents)	Last Reviewed
Q41	<p>Required Data Sources for Element A</p> <p>Question: Element A states that a SNP must provide reports to demonstrate performance with factors 1 through 3 and it may provide documented processes or materials. Please clarify the whether or not a SNP must submit documented processes since they appear to be required for coordinated information and staff who can advise on Medicare and Medicaid in factors 1 and 2.</p> <p>Response: Please note that text stating that a SNP must provide documented processes showing it provides coordinated information and staff who can advise on Medicare and Medicaid is incorrect. Documented processes are optional for this year's assessment. A SNP must provide reports that demonstrate it meets the intent of factors 1 through 3.</p>	<p>NEW!</p> <p>6/29/2012</p>
Q42	<p>Submitting an Evidence of Coverage (EOC) Document for Element A</p> <p>Question: This year NCQA changed the required data source for Element A from documented processes to reports but the examples still contain the EOC. Could a SNP submit an EOC alone to meet factors 1 through 3 or does it need to develop a separate report for this element?</p> <p>Response: An organization could attach its EOC to meet the intent of Element A as long as the document addresses all of the requirements of factors 1 through 3 including giving members access to staff who can advise them on Medicare and Medicaid programs.</p>	<p>NEW!</p> <p>6/29/2012</p>
Q43	<p>Benefits Dual-Eligible Members Receive Under Medicaid Programs</p> <p>Question: A number of SNPs include integrated descriptions of Medicare and Medicaid benefits in Evidence of Coverage documents and their benefit designs contain value-added services for members; please clarify which general benefits dual-eligible members receive under the Medicaid program.</p> <p>Response: Medicaid benefits can vary from state to state but the most common benefits and services covered under Medicaid programs include cost-sharing amounts for Medicare covered services and supplies. Depending on the member's type of Medicaid eligibility cost-sharing can include: payment of deductibles, co-insurance and co-pays for physician visits, hospital stays and ER visits, ambulatory, ancillary and medical services; and reduced cost or assistance with prescriptions. Eligible members may also receive: long-term care benefits, enhanced vision, hearing and dental benefits and non-emergent transportation services.</p>	<p>6/29/2012</p>

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Q44	<p>Timeframe for Network Adequacy Analysis</p> <p>Question: Could an organization use the GeoAccess data and an analysis it performed in June 2011 as long as they meet the requirements of factors 1 through 4 of Element E?</p> <p>Response: No. A SNP must provide an analysis of network availability that contains recent data. As a result, a plan may not use data collected or an analysis performed before October 1, 2011 to demonstrate its performance with requirements of this element.</p>	<p>NEW!</p> <p>6/29/2012</p>
Q45	<p>Primary Care Practitioners Included in Availability Analysis</p> <p>Question: Must an organization's network adequacy analysis break out its data for primary care practitioners by the practitioner's specialty e.g., general/family practitioners vs. internal medicine?</p> <p>Response: No. The organization's network availability analysis needs to encompass practitioners and providers that accept members' Medicare and Medicaid benefits and include: 1) all of the practitioners that provide primary care; 2) the practitioners that serve as high volume specialists; and 3) providers consisting of hospitals and skilled nursing facilities or other appropriate providers based on the target population.</p>	<p>NEW!</p> <p>6/29/2012</p>

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