Attachment A
Responses to Comments Received
CY 2020 MMP-SARAG and MMP-CCQIPE protocols
and CCQIPE Supplemental Questionnaire

GENERAL COMMENTS

Comment 1: One commenter questioned the exclusion of MMP-CCQIPE and MMP-SARAG from the Pre-Audit Issue Summary Template (PAIS) used for other CMS audit program areas. The commenter also asked for clarification on whether CMS intends to issue new audit documents for MMPs for 2021 similar to the 2021 document collection currently under review for the Parts C and D Program Audit Protocols and Part C Timeliness Monitoring Project.

Response 1: In instances where a sponsoring organization's engagement letter identifies MMP-SARAG and MMP-CCQIPE as program areas to be reviewed, CMS would consider disclosed issues of noncompliance that are relevant to these program areas pre-audit issues within the scope of the CMS Program Audit and would encourage sponsoring organizations to include those issues in the PAIS. CMS will issue 2021 MMP-SARAG and MMP-CCQIPE Audit Process and Data Request protocols that will align with the 2021 Part C Organization Determinations, Appeals, and Grievances (ODAG) and Special Needs Plan Care Coordination (SNPCC) Audit Request and Data Request protocols, as applicable to three-way contract requirements.

CMS Action 1: No changes were made to the protocols in response to these comments.

MMP-CCQIPE PROGRAM AREA

Comment 2: For question one of the CCQIPE Supplemental Questionnaire, two commenters requested clarification on whether CMS intends to require plans to provide generic job titles and credentials, or provide specific staff member names for individuals administering HRAs and developing ICPs with members.

Response 2: CMS clarifies that responses to question 1 on the CCQIPE Supplemental Questionnaire must include names of who have been responsible for administering the HRAs and developing ICPs with the members during the review period. In addition to staff names, the list must include their organizational roles/ job titles, clinical discipline(s), and applicable demonstration (if the sponsor has multiple MMPs).

CMS Action 2: CMS has updated the CCQIPE Supplemental Questionnaire language for question 1 to read: "Provide a list of the staff during the review period who have been responsible for administering the HRAs and developing ICPs with members. The list should include staff names and their organizational roles/ job titles, clinical discipline(s), and applicable demonstration (if the sponsor has multiple MMPs). The staff list may be submitted separately from your questionnaire responses. If the staff list is submitted separately, identify the title of the separate attachment in your response to question 1".

Comment 3: One commenter requested more details on how the auditor is expected to manage and evaluate potentially differing requirements as the cases are reviewed, especially if more than one version of a demonstration's three-way contract applies during the case review period.

Response 3: CMS will review compliance based on the three-way contract(s) in effect for the timeframe in question.

CMS Action 3: No changes were made to the protocol in response to this comment.

Comment 4: One commenter suggested that CMS have all plans enter the cardholder ID (as it appears on the member ID card) into Table 1, Column D.

Response 4: Starting January 1, 2020, all Medicare Advantage (MA), Prescription Drug Plans (PDPs) and MMPs were required to use the Medicare Beneficiary Identifier (MBI) for Medicare transactions. Since the transition period has ended, the MBI must be submitted for CMS Program Audits.

CMS Action 4: No changes were made to the protocol in response to this comment.

Comment 5: One commenter recommended that CMS and the states coordinate and share information when conducting audits of MMPs in order to increase efficiency and remove redundancies.

Response 5: Whereas the focus of state audits of MMPs may differ in the requirements reviewed and timeframes covered, CMS audits MMPs across all demonstrations with consistent compliance standards to ensure federal requirements are met as per the three-way contract.

CMS Action 5: No changes were made to the protocol in response to this comment.

Comment 6: One commenter indicated that it is hard to gauge requirements for the supplemental questionnaire on care coordination policies and procedures related to HRAs, ICPs, and the ICT listed on page 7 of the CCQIPE protocol without knowing the content of the questionnaire.

Response 6: The 2020 CCQIPE Supplemental Questionnaire was posted to the Health Plan Management System (HPMS) for comment on January 9, 2020.

CMS Action 6: No changes were made to the protocol in response to this comment.

Comment 7: One commenter noted that providing MMPs with the Care Coordination sample section by the close of business on the Thursday before the week the MMP-CCQIPE audit begins will only allow the MMP one business day to review the 30 selected cases and properly prepare for the audit.

Response 7: CMS has determined that providing Care Coordination sample selections to MMPs by close of business on the Thursday before the week the MMP-CCQIPE audit begins is sufficient time for MMPs to provide the required case documentation.

CMS Action 7: No changes were made to the protocol in response to this comment.

MMP-SARAG PROGRAM AREA

Comment 8: One commenter requested guidance on how the reviewer will select other cases to sample if the minimum amount of cases within each group is not available for Audit Elements: II. Appropriateness of Clinical Decision Making.

Response 8: As stated in the MMP-SARAG Audit Process and Data Request protocol, CMS reserves the authority to substitute samples in order to ensure the complete review of the Appropriateness of Clinical Decision-Making element. If there are fewer than 10 IRE/ALJ/MAC/State Fair Hearing overturns available to sample, CMS will generally select plan level appeal denial cases as substitutes.

CMS Action 8: No changes were made to the protocol in response to this comment.

Comment 9: Two commenters requested that the timeliness thresholds that are applied to each timeliness test be included in the protocol.

Response 9: CMS appreciates the comment but will not be sharing the thresholds used in determining the classification of timeliness conditions for the MMP-SARAG review. MMPs can ensure they meet CMS timeliness expectations by referring to the requirements found in the applicable three-way contract.

CMS Action 9: No changes were made to the protocol in response to this comment.

Comment 10: One commenter indicated that there would not be a way to include Long Term Services and Supports (LTSS) that do not require authorization in the universe submission, as not all LTSS services require authorization.

Response 10: MMPs must include service authorization requests, provider payment requests, appeals, and grievances in MMP-SARAG universes in accordance with the specific instructions provided for each Record Layout in the protocol.

CMS Action 10: No changes were made to the protocol in response to this comment.

Comment 11: One commenter asked for clarification on the exclusion of Part B drugs that are not payable under Part D and that pay at network pharmacies under Part B with no Coverage Determination or Organizational Determination necessary.

Response 11: CMS clarifies that Part B drugs processed under Part C as paid or rejected at the point of sale should not be included in MMP-SARAG Table 3.

CMS Action 11: No changes were made to the protocol in response to this comment.

Comment 12: One commenter suggested multiple table updates to the 2020 SARAG protocol to follow more closely with the draft 2021 ODAG protocol.

Response 12: CMS has minimized updates to the MMP-SARAG Audit Process and Data Request protocol in the interest of limiting programming updates and providing sponsoring organizations with as much time as possible to prepare for 2020 audits. Sponsors will have an opportunity to comment on the 2021 MMP-SARAG audit protocol, which will align with the ODAG 2021 protocol as applicable to the three-way contracts.

CMS Action 12: No changes were made to the protocol in response to this comment.

Comment 13: One commenter indicated that in the Select Sample Cases in the Appropriateness of Clinical Decision-Making & Compliance with SARA Processing element, the "2" seems duplicative in "(2 denied)" when "2 provider payment requests" was already stated previously.

Response 13: CMS agrees that it is redundant to list the number of provider payment request denials sampled for the Appropriateness of Clinical Decision-Making element twice and has removed the second reference to the number of samples.

CMS Action 13: CMS has removed the second reference to the number of samples.

Comment 14: One commenter noted that not all data was visible in the Table 5: MEPLA (Column P) and Table 10: MGRV_S (Column N) record layouts fields.

Response 14: CMS thanks the commenter for noting the cutoff description of the Table 5: MEPLA (Column P) and Table 10: MGRV_S (Column N) record layouts fields.

CMS Action 14: CMS has updated the protocol so that all language and field descriptions are now visible.

Comment 15: One commenter noted that the current Field Length for the data field "Was the initial service authorization request denied for lack of medical necessity" is two characters with valid values of Y or N in Table 4: MSPLA (Column S) and Table 5: MEPLA (Column T).

Response 15: CMS thanks the commenter for noting this inconsistency and agrees. The Field Length for Table 4: MSPLA (Column S) and Table 5: MEPLA (Column T) has been reduced to one character. The response options for the data field: "Was the initial service authorization request denied for lack of medical necessity?" are Y or N.

CMS Action 15: The protocol has been updated and the Field Length for Table 4: MSPLA (Column S) and Table 5: MEPLA (Column T) have been reduced to one character.

Comment 16: One commenter recommended changing the description of the data field "Does the request appeal a Notice of Action (NOA) decision?" for Table 5: MEPLA (Column AE) to match Table 4: MSPLA (Column Y).

Response 16: CMS thanks the commenter for noting this inconsistency and agrees to update the Table 5: MEPLA (Column AE) description field to match Table 4: MSPLA (Column Y), which removes the "NA" response option. Additionally, the Field Lengths for each column have been updated.

CMS Action 16: The protocol was updated and the "NA" response option was removed for MEPLA and the Field Length was updated for both fields.

Comment 17: One commenter recommended that the Table 4: MSPLA and Table 5: MEPLA data field: "Was a timeframe extension taken?" description be updated to exclude to use of NA as a valid value since the response should always be Y or N only.

Response 17: CMS thanks the commenter for noting this inconsistency and agrees that the description for the field "Was a timeframe extension taken?" should not include the response option "NA".

CMS Action 17: The protocol has been updated to remove the "NA" response option from the Table 4: MSPLA (Column O) and Table 5: MEPLA (Column O) universes. Additionally, the field description for "Was a timeframe extension taken?" was updated to remove the "NA" response option for Table 1: MSSAR (Column N) and Table 2: MESAR (Column N) and the Field Lengths were updated to "1".

Comment 18: One commenter recommended that part of the MEPLA description for this data field be updated to read: "Answer NA if approved or not forwarded to the IRE/IAHO." This would be consistent with the MSPLA definition if the update is made.

Response 18: CMS thanks the commenter for noting this inconsistency and agrees that field description for Table 5: MEPLA (Column AA) should reflect the same language in Table 4: MSPLA (Column V).

CMS Action 18: The protocol has been updated with Table 5: MEPLA (Column AA) to include "Answer NA if approved or not forwarded to IRE/IAHO."

Comment 19: One commenter recommended that the description for data field "Date of MMP decision" be consistent for both Table 4: MSPLA and Table 5: MEPLA.

Response 19: The description for the data field "Date of MMP decision" in the Table 4: MSPLA (Column R) and Table 5: MEPLA (Column R) record layouts are identical and do not contain a reference to "e.g., approved or denied."

CMS Action 19: No changes were made to the protocol in response to this comment.

Comment 20: One commenter recommended "effectuated" be added to Table 4: MSPLA (Column U) description to read: "Date authorization/approval entered/effectuated in the MMP's system. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA for denials and IRE/IAHO auto-forwards."

Response 20: CMS thanks the commenter for noting this inconsistency and has updated both fields, Table 4: MSPLA (Column U) and Table 5: MEPLA (Column Y) to apply the language consistently as follows: "Date service authorization entered in the MMP's system. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA for denials and IRE/IAHO auto-forwards."

Additionally, a similar update has been made to effectuation date fields for MSSAR and MESAR and effectuation time fields for MESAR and MEPLA: Date/Time service authorization entered/effectuated in the MMP's system.

Table 1: MSSAR (Column U): Revised to "Date service authorization entered in the MMP's system. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA for denials."

Table 2: MESAR (Column X): Revised to "Date service authorization entered in the MMP's system. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA for denials."

Table 2: MESAR (Column Y): Revised to "Time service authorization entered in the MMP's system. Submit in HH:MM:SS military time format (e.g., 23:59:59). Answer NA for denials."

Table 5: MEPLA (Column Z): Revised to "Time service authorization entered in the MMP's system. Submit in HH:MM:SS military time format (e.g., 23:59:59). Answer NA for denials and IRE/IAHO auto-forwards."

CMS Action 20: Aligned field descriptions throughout the SARAG protocol.