Attachment B

CY 2020 MMP-SARAG and MMP-CCQIPE Supplemental Questionnaire crosswalk of changes

The following crosswalk details the changes made to the CY 2020 MMP-SARAG Audit Process and Data Request protocol released for comment on January 2, 2020, and the MMP-CCQIPE Supplemental Questionnaire released for comment on January 9, 2020. One change to the SARAG protocol did not relate to a comment received, but was made to correct a technical error; see item number 10 for further information. The revised language is final for CY2020. New language has been italicized in the Revised Language column and deleted language is identified in the Clarification or Change column. No changes were made to the MMP-CCQIPE Audit Process and Data Request protocol released for comment on January 2, 2020.

Item Number	Document reference and Attachment A cross-reference	Original Language	Clarification or Change	Revised Language
1	MMP-CCQIPE Supplemental Questionnaire, question 1 **Attachment A, comment 2**	List the staff who are responsible for administering the HRAs and developing ICPs with the members.	Clarification was added to question 1 to explain the level of detail CMS requires for the list of staff responsible for administering the HRA and developing ICPs with members. Additionally, CMS added flexibility to allow for alternative formats for the requested information.	*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.*
2	MMP-SARAG Audit Process and Data Request II. Appropriateness of Clinical Decision-Making & Compliance with SARA Processing Requirements **Attachment A, comment 12**	**1. Select Sample Cases**: … • 2 provider payment requests (2 denied[2])	CMS has removed the second reference to the number of provider payment request samples.	**1. Select Sample Cases**: … • 2 provider payment requests (denied[2])

3	MMP-SARAG Audit Process and Data Request Table 5: MEPLA (Column P) **Attachment A, comment 14**	Field Name: If an extension was taken, did the MMP notify the member of the reason(s) for the	The full text of the Field Name was not displayed. The full content of the Field Name is now shown.	Field Name: If an extension was taken, did the MMP notify the member of the reason(s) for *the delay and of their right to file an expedited grievance*?
4	MMP-SARAG Audit Process and Data Request Table 10: MGRV_S (Column N) **Attachment A, comment 14**	Field Name: If the extension was taken because the MMP needed more information, did the notice include how	The full text of the Field Name was not displayed. The full content of the Field Name is now shown.	Field Name: If the extension was taken because the MMP needed more information, did the notice include how *the delay was in the best interest of the member?*
5	MMP-SARAG Audit Process and Data Request Table 4: MSPLA (Column S) Table 5: MEPLA (Column T) **Attachment A, comment 15**	Field Name: Was the initial service authorization request denied for lack of medical necessity? Field Length: 2	The response options for the field: "Was the initial service authorization request denied for lack of medical necessity?" are "Y" or "N", which indicate a Field Length of 1. The Field Length was updated from "2" to "1".	Field Name: Was the initial service authorization request denied for lack of medical necessity? Field Length: *1*
6	MMP-SARAG Audit Process and Data Request Table 4: MSPLA (Column Y) Table 5: MEPLA (Column AE) **Attachment A, comment 16**	Field Name: Does the request appeal a Notice of Action (NOA) decision? Field Length: 3 Description: Yes (Y), No (N), or NA indicator depending on whether the member filed an appeal to continue a benefit that the MMP advised would be terminated or reduced per a Notice of Action (NOA).	CMS removed the "NA" response option and updated the Field Length.	Field Name: Does the request appeal a Notice of Action (NOA) decision? Field Length: *1* Description: Yes (Y) or No (N) indicator depending on whether the member filed an appeal to continue a benefit that the MMP advised would be terminated or reduced per a Notice of Action (NOA).

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Table 1: MSSAR (Column N)
Table 2: MESAR (Column N)
Table 4: MSPLA (Column O)
Table 5: MEPLA (Column O)

Attachment A, comment 17 | Field Name: Was a timeframe extension taken?

Field Length: 2

Field Description (MSSAR, MESAR, MEPLA): Yes (Y)/No (N)/ Not Applicable (NA) indicator of whether the MMP extended the timeframe to make the service authorization decision.

Field Description (MSPLA): Yes (Y)/No (N)/ Not Applicable (NA) indicator of whether the MMP extended the timeframe to make the appeal decision. | The protocol has been updated to remove the "NA" response option for the Field Name "Was a timeframe extension taken?" Additionally, the Field Length was changed to "1" to reflect the response options of "Y" or "N" and the MEPLA Column O Description was corrected to reference "appeal decision" instead of "service authorization decision". | Field Name: Was a timeframe extension taken?

Field Length: *1*

Description (MSSAR/ MESAR): Yes (Y)/No (N) indicator of whether the MMP extended the timeframe to make the service authorization decision.

Description (MSPLA/MEPLA): Yes (Y)/No (N) indicator of whether the MMP extended the timeframe to make the *appeal* decision. |
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Table 5: MEPLA (Column AA)

Attachment A, comment 18 | Field Name: Date forwarded to IRE/IAHO if denied or untimely

Field Description: Date the MMP forwarded request to the IRE/IAHO if request denied or untimely. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA if the request was approved.

NY MMPs only: For this field, include the date the MMP forwarded the request to the IAHO if the request for the service was denied or processed untimely. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA if | Added "or not forwarded to the IRE/IAHO" to the field description. | Field Name: Date forwarded to IRE/IAHO if denied or untimely

Description: Date the MMP forwarded request to the IRE/IAHO if request denied or untimely. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA if the request was approved *or not forwarded to the IRE/IAHO*.

NY MMPs only: For this field, include the date the MMP forwarded the request to the IAHO if the request for the service was denied or processed untimely. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA if approved or not forwarded to IAHO. |

		approved or not forwarded to IAHO.		
9	MMP-SARAG Audit Process and Data Request Table 1: MSSAR (Column U) Table 2: MESAR (Column X) Table 2: MESAR (Column Y) Table 4: MSPLA (Column U) Table 5: MEPLA (Column Y) Table 5: MEPLA (Column Z) **Attachment A, comment 20**	Field Name: Date service authorization entered/effectuated in the MMP's system Field Description (MSSAR): Date service authorization entered in the MMP's system. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA for denials. Date service authorization/approval entered in the MMP's system. Field Description (MESAR): Date service authorization/approval was entered in the MMP's system. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA for denials. Field Description (MSPLA): Date authorization/approval 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. Field Description (MEPLA): Date authorization/approval entered/effectuated in the MMP's system. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA for	Updated the field description to consistently state "Date service authorization entered in the MMP's system" or "Time service authorization entered in the MMP's system" throughout the protocol. Removed redundant language from the MSSAR field description.	Field Name: Date service authorization entered/effectuated in the MMP's system Field Description (MSSAR, MESAR): Date service authorization entered in the MMP's system. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer NA for denials. Field Description (MSPLA, MEPLA): 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. Field Name: Time service authorization entered/effectuated in the MMP's system Field Description (MESAR): 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. Field Description (MEPLA): 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.

		denials and IRE/IAHO auto-forwards.

Field Name: Time service authorization entered/effectuated in the MMP's system

Field Description (MESAR): Time service authorization/approval entered in the MMP's system. Submit in HH:MM:SS military time format (e.g., 23:59:59). Answer NA for denials. Note – This is the point at which the member could obtain the service.

Field Description (MEPLA): Time authorization/approval entered/effectuated 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. | | |
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Table 1: MSSAR (Column J)
Table 2: MESAR (Column K)
Table 3: M_Claims (Column J)
Table 4: MSPLA (Column J)
Table 5: MEPLA (Column K)
Table 6: M_SFHEFF (Column G)
Table 7: M_IREEFF (Column G)
Table 8: M_IREClaimsEFF (Column G) | Field Name: Diagnosis

Field Description: Provide the member diagnosis/diagnoses ICD-10 codes related to this request. If the ICD codes are unavailable, provide a description of the diagnosis, or for drugs provide the 11-digit National Drug Code (NDC) as well as the ICD-10 code related to the request. | Removed "as well as the ICD-10 code related to the request" from the field description. | Field Name: Diagnosis

Field Description: Provide the enrollee diagnosis/diagnoses ICD-10 codes related to this request. If the ICD codes are unavailable, provide a description of the diagnosis, or for drugs provide the 11-digit National Drug Code (NDC). |

	Table 9: M_ALJMACEFF (Column G) **Attachment A cross-reference: NA**			