**Name of Sponsoring Organization:**

Click or tap here to enter text.

**Contract Numbers:**

Click or tap here to enter text.

**Name and Title of Person Completing Questionnaire:**

Click or tap here to enter text.

**Date Completed:**

Click or tap to enter a date.

This questionnaire is designed to assist CMS in understanding the unique qualities of your organization’s SNP program operations.

**Please upload the completed form to HPMS within 5 business days of receiving your audit engagement letter.** Separate questionnaires may be provided for each entity/operating system showing the CMS contracts that are applicable to each completed questionnaire (*if multiple questionnaires are completed, they must be zipped together and uploaded to HPMS as a single file*).

We recognize that your time is valuable and appreciate your availability to provide responses to our questions regarding the SNP program operations. The responses to these questions may be discussed during the SNP audit.

1. Has your organization experienced any seamless enrollments, PBP mergers, acquisitions, or plan consolidations within the 12 months preceding the date of the engagement letter? If so, please describe the circumstance.

Click or tap here to enter text.

2. Confirm your organization’s SNP plan type offerings (C-SNP, D-SNP or I-SNP) at time of audit engagement letter and provide enrollment statistics for the three largest PBPs of each SNP type offered as of the date of the audit engagement letter. If only 1 or 2 SNP types offered, provide enrollment statistics for those SNP types.

Click or tap here to enter text.

3. Describe your organization’s internal system utilized for tracking HRAs, ICPs, and ICT decisions and activities.

Click or tap here to enter text.

4. Does your organization use an acuity scoring system to assess enrollee severity of illness/intensity of service? If yes, please describe your organization’s enrollee risk stratification levels and your process for assigning enrollees to a risk stratification level.

Click or tap here to enter text.

5. Describe the processes when transition of care is documented for a new enrollee or an enrollee who has experienced hospitalization. How do you define transition of care?

Click or tap here to enter text.

6. Describe the process for tracking MOC training for ICT-implicated staff and FDRs.

Click or tap here to enter text.

7. Describe the outreach policy pertaining to HRA administration and ICP development. Describe the process for enrollees that cannot or do not want to be contacted.

Click or tap here to enter text.

8. Please identify FDRs that you contract with that conduct SNP related care coordination activities, such as administering HRAs or outreach.

Click or tap here to enter text.