

Attachment B: MMP Program Audit Protocol and Data Request Updates for 2022

Crosswalk of Updates from the Draft to Final 2022 MMP Audit Protocols and MMPCC Supplemental Questionnaire

*Updated language has been italicized in the 2022 Protocol Language column.***MMP-SARAG Audit Process and Data Request Protocol**

Update No.	Section in Draft Protocol	Draft Protocol Language	Clarification or Change	2022 Protocol Language
1	Classification of Requests, Compliance Standard 3.1, Criteria	42 CFR § 422.566 42 CFR § 422.578 42 CFR § 422.582 42 CFR § 422.584 42 CFR § 422.590 42 CFR § 423.564	The criteria for compliance standard 3.1 was updated to reference the applicable demonstration three-way contract.	<i>Applicable demonstration three-way contract, including Medicare and Medicaid regulations referenced in the contract.</i> 42 CFR § 422.566 42 CFR § 422.578 42 CFR § 422.582 42 CFR § 422.584 42 CFR § 422.590 42 CFR § 423.564

Update No.	Section in Draft Protocol	Draft Protocol Language	Clarification or Change	2022 Protocol Language
2	<p>Criteria corresponding with the following Record Layouts:</p> <p>Table 1: MMP Standard and Expedited Service Authorization Requests (M_SAR)</p> <p>Table 2: MMP Standard and Expedited Plan Level Appeals (M_PLA)</p> <p>Table 3: MMP Provider Payment Requests and Appeals (M_PYMT)</p>	NA	The Record Layout criteria were updated to exclude value added items and services, which aligns with the Part C Organization Determinations, Appeals, and Grievances (ODAG) audit protocol.	<i>Exclude all requests for Value Added Items and Services.</i>

Update No.	Section in Draft Protocol	Draft Protocol Language	Clarification or Change	2022 Protocol Language
3	<p>Table 2: MMP Standard and Expedited Plan Level Appeals (M_PLA)</p> <p>Column V: Date appeal effectuated in the system</p> <p>Column W: Time appeal effectuated in the system</p>	<p>Column V Description: Enter the date the appeal was effectuated in the system. Submit in CCYY/MM/DD format (e.g., 2020/01/01).</p> <p>Enter None if the appeal was denied, or dismissed.</p> <p>Column W Description: For all expedited requests, enter the time the appeal was effectuated in the system. Submit in HH:MM:SS military time format (e.g., 23:59:59).</p> <p>Enter None for standard cases, dismissed cases, or if the request was denied.</p>	<p>CMS updated the descriptions for the date/time appeal effectuated in the system fields to reflect that responding “None” would be appropriate if the appealed service was not effectuated, regardless of whether it was dismissed, denied, or approved but not authorized.</p>	<p>Column V Description: Enter the date the appeal was effectuated in the system. Submit in CCYY/MM/DD format (e.g., 2020/01/01).</p> <p>Enter None <i>if the appeal was not effectuated</i>.</p> <p>Column W Description: For all expedited requests, enter the time the appeal was effectuated in the system. Submit in HH:MM:SS military time format (e.g., 23:59:59).</p> <p>Enter None for standard appeals, <i>or if the request was not effectuated</i>.</p>
4	<p>Table 1: MMP Standard and Expedited Service Authorization Requests (M_SAR)</p> <p>Column IL: AOR/Equivalent notice Receipt Time</p>	Column ID: IL	CMS updated Column ID IL to Column ID L.	Column ID: L

MMPCC Audit Process and Data Request Protocol

Update No.	Section in Draft Protocol	Draft Protocol Language	Clarification or Change	2022 Protocol Language
1	Table 1IA: MMP Care Coordination Impact Analysis (M_CC-IA) Column K Column L	<p>Column K Field Name: Did the enrollee experience a change in health status that met the requirement for a reassessment per the applicable demonstration three-way contract during the impact analysis request period?</p> <p>Column L Field Name: Did the enrollee experience a change in health status that met the requirement for a reassessment per the applicable demonstration three-way contract during the impact analysis request period?</p>	<p>CMS updated the Column ID language for Column K and L to reference “hospitalizations or other” changes in health status, which aligns with the language in Column ID U, <i>If enrollee experienced a hospitalization or other change in health status during the impact analysis request period, was the ICP updated?</i></p>	<p>Column K Field Name: Did the enrollee experience a <i>hospitalization or other</i> change in health status that met the requirement for a reassessment per the applicable demonstration three-way contract during the impact analysis request period?</p> <p>Column L Field Name: Did the enrollee experience a <i>hospitalization or other</i> change in health status that met the requirement for a reassessment per the applicable demonstration three-way contract during the impact analysis request period?</p>

MMPCC Supplemental Questionnaire

Update No.	Section in the Questionnaire	Draft Questionnaire Language	Clarification or Change	2022 Supplemental Questionnaire Language
1	Question 10	NA	CMS has identified that question 10 was inadvertently omitted from the draft questionnaire, and has updated the questionnaire to include question 10, which is the same as question 8 in the SNPCC Supplemental Questionnaire.	<i>10. Please identify FDRs that you contract with that conduct MMP related care coordination activities, such as administering HRAs or outreach.</i>