<p style="text-align:center">**Program Audit Data Request**
Medicare-Medicaid Plan - Care Coordination
Supplemental Questionnaire</p>

This questionnaire is designed to assist CMS in understanding the unique qualities of your organization's MMPCC program operations. Please enter your responses to the questions below and upload the completed form to HPMS within 5 business days of receiving your audit engagement letter. If your organization has multiple MMPs, provide contract specific responses, unless specified otherwise. Please provide contract specific responses by listing the contract number next to the corresponding response.

Name of Sponsoring Organization:

> Enter your response here

MMP Contract Number(s):

> Enter your response here

Name and Title of Person Completing Questionnaire:

> Enter your response here

Date Completed:

> Select Date

1. Provide a list of the staff during the review period who have been responsible for administering the health risk assessments (HRAs) and developing individualized care plans (ICPs) with enrollees. 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.

> Enter your response here

2. Describe your organization's internal system utilized for tracking HRAs, ICPs, and Interdisciplinary Care Team (ICT) decisions and activities.

Enter your response here

3. Discuss any routinely observed barriers to care when conducting the HRA. Please elaborate on the work-around process to those barriers.

Enter your response here

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

Enter your response here

5. Describe how staff are held accountable when HRAs and ICPs are not done timely.

Enter your response here

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

Enter your response here

7. Describe the processes when transition of care is documented for a new enrollee or enrollee who has experienced a hospitalization or other change in health status as defined in the three-way contract. How do you define transition of care?

Enter your response here

8. Describe the process of verifying licensure for credentialed personnel.

Enter you response here

9. Describe the internal system utilized for ensuring that ICTs are comprised of appropriate disciplines, as described in the three-way contract, and that ICTs coordinate care and communicate with each other and enrollees regarding the ICP.

Enter your response here

11. Provide a list the HRA tool(s) used by the MMP(s) and provide copies of the tools as separate attachments.

Enter your response here