

**ATTACHMENT I-B**  
**MEDICARE-MEDICAID PLAN (MMP)**  
**CARE COORDINATION AND QUALITY IMPROVEMENT PROGRAM**  
**EFFECTIVENESS (CCOIFE)**  
**QUESTIONNAIRE**

**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 CCQIPE program operations.

**Please upload the completed form to HPMS within 5 business days of receiving your audit engagement letter.** Provide responses to the questions listed below. 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.

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

1. 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.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

6. Describe the processes when transition of care is documented for a new member or member who has experienced a hospitalization.

Click or tap here to enter text.

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

Click or tap here to enter text.

8. 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 members regarding the ICP. Identify which of the background documents that must be submitted per the Audit Process and Data Request document includes this information.

Click or tap here to enter text.