

**MN MOU Work Plan (Draft)**

**Work Plan Terms Defined:**

- Deliverable:** Is a verifiable task or product that is required to be produced in order to complete a process, phase or project within a defined period of time.
- Owner:** The owner is responsible for overall completion of an assigned deliverable and has full understanding of the scope, quality criteria and budget for the deliverable. The owner verifies that the deliverable has been completed per specifications.
- Lead:** The lead staff performs the work needed to complete the deliverable, reports progress to the assigned Owner, and may also be considered a subject matter expert or SME for the assigned deliverable. The Lead may collaborate with the Owner or assigned supports as needed.
- Supports:** The supports are those staff or subject matter experts (SMEs) that are available either internally or externally to the organization that have knowledge or expertise needed to assist the Lead in completing the work for a particular deliverable.
- Start Date:** The start date is the date when the Owner and Lead plan to begin the work that is required to complete the assigned deliverable.
- Due Date:** The due date is the scheduled date the work is to be completed for each respective deliverable. Once the work is completed an actual completion date will be noted in place of the estimated due date. For specific meetings that need to be conducted, the scheduled date is noted in this area, if the meeting date changes it is updated to reflect the actual date the meeting was held if different.
- Status:**  
The status reflects the progress or current status of a deliverable. For example, a deliverable can be noted as: **Not started**- means no work has begun; **In process**-means work has started on a deliverable; **Completed**- meaning the deliverable has met specifications and is approved by the owner; **Deferred**- means the deliverable is not a priority or is no longer active but could resume at a later date. **On-going**- means the deliverable has already been initiated and is anticipated to continue through the life of the demo with no set end date. **Scheduled**- means a meeting has been scheduled and the actual date will be noted should it change from the original date.
- Notes:** The notes section is an area used by team members to document and describe the work to be completed for that particular deliverable.

**Work Plan Sections Defined:**

<b>Section 1.0</b> Develop Final Implementation Plan	Intent: These deliverables will result in a work plan that is reviewed by stakeholders and submitted to CMS for review and approval.
<b>Section 2.0</b> Administer Alignment, Plan Oversight and Monitoring	Intent: These deliverables will result in the development of teams that guide the overall administrative goals of the MOU including oversight and monitoring.
<b>Section 3.0</b> Materials Review	Intent: These deliverables will result in the development of simpler, integrated materials, forms and notices and a process for State/CMS review of MCO submitted materials through HPMS
<b>Section 4.0</b> Network Review	Intent: These deliverables will result in the development of a network review process that will test new standards that utilize prevailing Medicare Advantage methodology but are based on the Medicare-Medicaid population. The State will be involved in the review of MCO submitted networks. CMS will develop the timeframes associated with the network review.
<b>Section 5.0</b> Contract Amendments to Medicare SNP	Intent: These deliverables will result in changes in the MCO/CMS contract needed as a result of the MOU with the State.
<b>Section 6.0</b> State Seniors Contract/MOU Integration	Intent: These deliverables will result in changes in the MCO/State contract as needed as a result of the MOU with CMS.
<b>Section 7.0</b>	Intent:

Integrated Enrollment Systems	The state will continue to use an integrated enrollment system. These deliverables will result in a review of the enrollment process to assure the State is able to retain the same accretion and deletion dates for Medicare and Medicaid. (See Appendix D regarding accretion and deletion dates)
<b>Section 8.0</b>	Intent:
Integrated Medicare /Medicaid Quality Measurement Development	These deliverables will result in the development of integrated quality strategies for Stars, PIP/QIP, HEDIS, and CAHPS.
<b>Section 9.0</b>	Intent:
Integrated Medicare /Medicaid Quality Oversight Implementation	The state will test adjustments made to quality reporting requirements and will provide updates and present findings to CMS and quality measurement organizations.
<b>Section 10.0</b>	Intent
Care Coordination Quality	These deliverables will result in changes in the Model of Care to reflect Medicaid and Medicare integration and include a state review of the MOCs submitted by the MCOs.
<b>Section 11.0</b>	Intent:
Integrated Appeals, Grievances and Consumer Protection	These deliverables will result in assuring an integrated appeals and grievance process and the development of materials and notices to reflect this integrated process.
<b>Section 12.0</b>	Intent:
iMMRS (Dual Database) Analysis and Management	These deliverables will result in the development of iMMRS for use in enhanced reporting and evaluation.
<b>Section 13.0</b>	Intent:
SNP/ICSP/Stakeholder/Provider Training and Education	These deliverables will result in enhanced stakeholder and care coordination engagement including new training opportunities and the development of a targeted demographic outreach project.
<b>Section 14.0</b>	Intent:
Integrated Payment and Delivery Reform - ICSP Implementation	These deliverables will result in the review of current MCO ICSP projects and the process of expanding ICSP projects for 2015. The goals of the ICSPs are to improve coordination between Medicare and Medicaid services and to help beneficiaries remain in their home of choice of community setting and improve health care outcomes in all settings.
<b>Section 15.0</b>	Intent:
Claims Integration	CMS to determine
<b>Section 16.0</b>	Intent:
Benefits	CMS to determine
<b>Section 17.0</b>	Intent:

Grant Management  
Reporting (Financial  
Progress)

These deliverables will result in timely submission of required financial and progress reports for the cooperative agreement.

**Descriptors Used**

- 1 **Items in Red are newly updated since the last submission to CMS.** Items in black have not been updated since the last submission to CMS.
- 2 Start and Due dates are expressed in two forms. The first is (month/year), which is a more general start or due date within the specified month and year. The second form is (month/day/year), which means there is a specific start or due date.
- 3 **TBD** (To be determined) in a start or due date means that the the date that it will start or should be completed has not yet been determined.
- 4 **Ongoing** in the due date column means that the project will continue without a due date in the foreseeable future
  
- 5 **Continuous** in the status column indicates that the project isn't well suited for a hard deadline, that it should continue into the foreseeable future
  
- 6 **In process** in the status column indicates that the project will have a deadline and the project is currently making progress toward that deadline
- 7 **Not Started** in the status column indicates that the project has not yet been started
- 8 **Pending** in the status column indicates that the project is on hold due to outside forces preventing project progress

Revised: 7/31/2014

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
<b>1.0</b>	<b>Develop Final Implementation Plan</b>							
1.1	Conduct CMS Working Sessions to <b>Update</b> MOU Work Plan	Sue	Sue	Lauren	9/13	Ongoing	Continuous	Can occur during Tuesday morning calls
1.2	Finalize MOU Work Plan	Sue	Sue	Lauren	9/13	Ongoing	Continuous	Workplan will be updated further and the next submission will be on July 23, 2014 for non-competing continuation application
1.3	Review MOU workplan and receive input on deliverables at Stakeholder meetings that occur 3-4 times a year	Sue	Sue	Lauren	4/24/2014	Ongoing	Continuous	<a href="#">Public Meeting Info</a> Last stakeholder meeting: 4/24/2014, Next meeting 8/8/2014
1.4	Submit MOU Work Plan to CMS for review and discussion	Sue	Sue	Lauren	9/13	Ongoing	Continuous	CMS provided comments on 6/10/2014 and agreed that this will be a continually updated document. (appendix A)
1.5	Submit MOU Work Plan as part of Non-Competing Continuation Application	Sue	Sue	Lauren	7/7/2014	7/23/2014	Completed	
<b>2.0</b>	<b>Administrative Alignment, Plan Oversight and Monitoring</b>							
2.1	Designate representatives to serve on a CMS-State Contract Management Team	Sue				1/14	Completed	Per CMS CMT is Stacey, Sue and Julie.
2.2	Conduct CMS-State Contract Management Team meetings	Sue	Team		9/13	Ongoing	Continuous	Weekly call scheduled for Tuesday mornings.
2.3	Communications Plan with the MCOs	Sue			9/13	Ongoing	Continuous	As needed (over the phone or in person) and/or with monthly SNP meetings (in person).
2.4	Demonstration MOU Implementation Team	Sue	Lauren/ Brooke/ Pam/ Team		9/13	Ongoing	Continuous	Team meeting as needed.
<b>3.0</b>	<b>Materials Review</b>							List of Materials in Appendix B
3.1	Determine the materials review process with CMS	Sue	Jorie		3/14	4/14	Completed	workgroup meeting and workplan developed

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
3.2	Revise the materials review process if needed based on 4.1 including transitioning to HPMS	Sue	Jorie		4/14	9/14	Pending	Waiting for CMS to send more info about Network Reviews
3.3	Receive HPMS Access guidance from CMS	Sue	Jorie		3/15	TBD	Pending	CMS has delayed this until 2015
3.4	Implement new materials review process with CMS	Sue	Jorie		TBD	TBD	Pending	See 3.3 - will continue to use the existing process
3.5	Conduct initial meeting of MSHO Materials Workgroup to review charter	Sue	Jorie		3/14	5/13/14	Completed	
3.6	Schedule and hold bi-weekly meetings of the MSHO Materials Workgroup	Sue	Jorie		5/14	8/14	In process	Bi-Weekly Meetings currently occurring
3.7	Review MMP Materials to determine if appropriate for MN use	Sue	Jorie		5/14	8/14	In process	Discussion has started, no documents created
3.8	Request approval from CMS to use MMP materials language as needed	Sue	Jorie		5/14	8/14	Not started	Dependent on 3.7
3.9	Review MMP enrollment forms and notices to determine if appropriate for MN use	Sue	Jorie		6/14	8/14	Pending	Need to wait for Chapter 2 to be issued by CMS
3.10	Request approval from CMS to use MMP enrollment forms and notices as needed	Sue	Jorie		6/14	8/14	Pending	Pending: CMS
3.11	Review CMS and State anti-discrimination language for disconnects	Sue	Jorie		7/14	8/14	In process	Consult with Marketing Workgroup to determine if conflicts still exist
3.12	Work with CMS on language to reconcile anti-discrimination disconnects	Sue	Jorie		8/14	8/14	Pending	Dependent on 3.11
3.13	Collect materials and support documents in order to append to workplan for CMS reference	Sue	Lauren		6/14/2014	2/15	In process	Additional appendices of workplan will be added to workplan as time progresses
<b>4.0</b>	<b>Network Review</b>							
4.1	Develop process with CMS for state involvement in Network Reviews				9/14	TBD	pending	CMS has indicated it will not be done until fall 2014 at the earliest
4.2	Implement new Network Adequacy Reviews and Monitoring				TBD	TBD	Not started	pending on 4.1

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
4.3	Conduct network review with CMS (or designated contractor) for all MSHO plans				TBD	TBD	Not started	pending on 4.1
<b>5.0</b>	<b>Contract Amendments to Medicare SNP</b>							
5.1	CMS Contract Changes 2014	Sue				2/14/14	Completed	Contract Changes in Appendix C
5.2	CMS Contract Changes 2015	Sue	Sue	Lauren/Rachel	6/14	1/15	In process	Assembled Contract Team and Delegate tasks- next meeting will be held end of July to ensure all parts are done
5.3	CMS Contract Changes 2016	Sue				1/16		
<b>6.0</b>	<b>State Seniors Contract/MOU Integration</b>							
6.1	Develop, negotiate and execute state contract changes for 2014	Sue				1/1/14	Completed	
6.2	Obtain Actuarial consultation	Deb/Marie	Gina	Susan	6/14	7/14	completed	
6.3	Develop Actuarial consultation work plan	Deb/Marie	Gina	Susan	6/14	TBD	On-going	MCOs are submitting bids and on-going consultation around Medicare Call Letter and ICSP Measurement Risk Adj.
6.4	State review of bids, rebates and benefits for 2015	Sue/Marie	Actuaries		6/14	12/31/2014	In process	Sue ensures they are reviewed, actuaries review the bids
6.5	Incorporate Senior Procurement and service area expansion results into 2015 contract	Sue	Gina		9/14	1/1/2015	In process	
6.6	Develop state contract changes for 2015	Sue			6/14	9/14	In process	First collaborative meeting held in June and will have contract language from collaborative by 7/31
6.7	Negotiate state contract changes for 2015	Sue			9/14	12/14	Not started	

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
6.8	Execute state contract changes for 2015	Sue			1/15	12/15	Not started	
6.9	Monitor Compliance with changes	Sue			1/15	12/15	Not started	
6.10	State review of bids, rebates and benefits for 2016				6/15	6/15	Not started	
6.11	Develop state contract changes for 2016	Sue			6/15	9/15	Not started	
6.12	Negotiate state contract changes for 2016	Sue			9/15	12/15	Not started	
6.13	Execute state contract changes for 2016	Sue			1/16	12/16	Not started	
<b>7.0</b>	<b>Integrated Enrollment Systems</b>							
7.1	Review Systems for Initial Readiness for alignment	Sue	Chris G		9/13	12/13	Completed	
7.2	Enrollment, File Submission and Reconciliation (Monthly)	Sue	Chris G	Enroll. Team	9/13		Continuous	
7.3	Review system policy for timely reconciliation of data in State and CMS systems	Sue	Chris G		9/13		Continuous	Review if CMS makes changes with submission requirements in the future
<b>8.0</b>	<b>Integrated Medicare /Medicaid Quality Measurement Development</b>							
8.1	Develop a Quality Oversight Implementation Team	Sue/Deb	Pam	Brooke	4/14		Completed	Pam, Brooke, Deb, Marie, CMS, JEN
8.2	Hire Evaluation Coordinator	Marie	Deb/Sue		7/14	11/14	In Process	
8.3	Develop CMS/State Implementation Plan for Stars	Sue/Deb	Pam	Brooke	8/14		Not started	
8.4	Develop CMS/State Implementation plan for PIP/QIP	Sue/Deb	Pam	Brooke	8/14		Not started	
8.5	Develop CMS/State Implementation plan for HEDIS	Sue/Deb	Pam	Brooke	8/14		Not started	

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
8.6	Clinical and Quality Metrics Workgroup consultation	Sue/Deb	Pam	Brooke	8/14		Continuous	Continuing schedule TBD
8.7	Develop CMS/State Implementation plan for HOS vs HOSM	Sue/Deb	Pam	Brooke	2/14		In process	Continuing conversation to determine plan
8.8	Recommend to CMS which languages the HOS should be translated into by CMS	Sue/Deb	Lauren/ Brooke		3/14	3/11/14	Completed	CMS originally asked for two languages. Upon consultation with the state it was agreed one language would be implemented as a test
<b>9.0 Integrated Medicare /Medicaid Quality Oversight Implementation</b>								
9.1	State to present identified measures to CMS for community integration and update CMS as necessary to include specific changes to measurement standards as per Appendix 4, Section V(d)(4)(ii)	Sue/Deb	Pam	Brooke	8/14		Not started	
9.2	Develop work plan with NCQA or other CMS recognized "consensus building" organization to test measures	Sue/Deb	Pam	Brooke	8/14		Not started	
9.3	Begin Implementation of Integrated SNP reporting elements	Sue/Deb	Pam	Brooke	8/14	TBD	Not started	
9.4	Develop a process to obtain CAHPS data from CMS	Sue/Deb	Pam	Brooke	8/14	TBD	Not started	
<b>10.0 Care Coordination Quality</b>								
10.1	Negotiate changes with CMS to the MOC to reflect Medicaid and Medicare integration.	Sue			1/14	2/14	Completed	See appended SNP Model of Care Matrix with CMS comments (appendix E)
10.2	State review of MOC and comments to CMS	Sue	Sue	Jorie	3/14	4/11/14	Completed	
<b>11.0 Integrated Appeals, Grievances and Consumer Protection</b>								
11.1	Review Medicare and Medicaid Grievance and Appeals Processes to determine if modifications are needed	Sue	Jorie		9/13	9/13	Completed	



#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
11.2	Review MMP Appeals Materials and Rights Notices to determine if changes are necessary for MN	Sue	Jorie		8/14	4/14	Not started	
11.3	Revise Appeals Materials and Rights Notices, if necessary based on 11.2	Sue	Jorie		8/14	8/14	Not started	
11.4	Review proposed changes with stakeholders, if changes are proposed in 11.4	Sue	Jorie		8/14	8/14	Not started	
11.5	Implement changes in materials distributed by the MCOs and the State	Sue	Jorie		1/15	1/15	Not started	
11.6	Train and provide updates to Ombudsman and Senior Linkage Line Staff on Demo Changes	Sue	Lauren	Jorie	6/14	Ongoing	Not started	Done informally to discuss the process
11.7	Develop plan for sharing complaints and grievance data with CMS	Sue	Lauren	Jorie	8/14	TBD	Not started	
<b>12.0</b>	<b>iMMRS (Dual Database) Analysis and Management</b>							
12.1	Hire Data Analyst	Pam	Deb/Sue			3/26/14	Completed	Hired Brooke
12.2	Develop Integ. Medicare-Medicaid Data Mgt. Team	Deb	Brooke	Data Team	9/13	Ongoing	Continuous	Weekly meetings (i.e.-Team then Jen)
	Update historical (from 2007 to 2012) Medicare data to monthly non-adjudicated data and update Medicaid data to February 2014.	Deb	Brooke		4/14	Ongoing	Continuous	Medicare will be updated monthly and the schedule for Medicaid updates is still being determined
	Established an edit feedback process with JEN regarding the database functionality	Deb	Brooke		6/14	Ongoing	Continuous	
12.5	Test accuracy of iMMRS Medicaid and Medicare A,B and D data integration	Deb	Brooke	Data Team	9/13	Ongoing	Continuous	
12.6	Develop Data Analyses, Research and Measurement, and Reporting Plan (i.e.-utilization and performance reports and any ad hoc reports)	Deb	Brooke	Brooke/Team	7/14	Ongoing	Continuous	a research agenda has been developed, see (12.8)

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
12.7	Develop standardization rules for data accuracy and reporting of primary and downstream users under DUA #24815	Deb	Brooke	Brooke/ Team	7/14	Ongoing	Ongoing	have a meeting schedule to address reporting process
12.8	Implement data analysis/research measurements and reporting plan	Deb	Brooke	Data Team	TBD	TBD	pending	implementation has been delayed due to data integration complications (see 12.4)
	Determine iMMRS enhancements (notify Jen as needed)	Deb	Brooke	Data Team	9/13	Ongoing	Continuous	Notify Jen as needed
12.9	Manage JEN contract and communications	Deb	Derrick/Brooke	Data Team	9/13	Ongoing	Continuous	
	Develop a Process for sharing Medicare Data for Care Coordination and Outreach	Deb	Brooke		7/14	Ongoing	Continuous	
	Develop Medicare Medicaid Integration Sustainment Plan	Deb	Brooke		7/14	Ongoing	Continuous	
12.10	Provide input to CMS evaluation contractor on draft data evaluation and review findings for accuracy	Deb	Brooke		4/14	Ongoing	continuous	
<b>13.0</b>	<b>SNP/ICSP/Stakeholder/Provider Training and Education</b>							
13.1	Develop Integrated Medicare-Medicaid Consumer Outreach Team	Sue	Lauren	Jorie	4/14	7/14	Completed	
13.2	Hire Project Coordinator	Pam	Sue/Deb			3/26/14	Completed	
13.3	Implement Outreach Project to Targeted Senior Communities	Sue	Lauren	Jorie	4/14	8/15	In process	Have completed initial research to determine which demographic groups are less represented in MSHO. Will begin targeted outreach
13.4	Develop RFP for Outreach Project contracts and materials	Sue	Lauren	Jorie	8/14	10/14	Not started	
13.5	Conduct Outreach, Special Mailings for MSC+ Enrollment	Sue	Lauren		9/14	10/15	Not started	
13.6	Design and host stakeholder conference	Sue	Lauren	Jorie	10/14	3/15	Not started	
13.7	Design and host Care Coordinator Conference	Sue	Lauren	Jorie	4/14	10/14	In process	Have venue and working with workgroup to develop content

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
13.8	Stakeholder outreach and presentations	Sue/Deb	Deb	Team	4/14	Ongoing	continuous	Quarterly Meetings.
13.9	Manage and update the public dual demo website as needed	Sue/Deb	Jorie Susan		9/13	Ongoing	continuous	
13.10	Review meeting minutes of local SNP advisory groups for oversight purposes	Sue/Deb	Lauren Susan		12/14	1/15	Not started	
<b>14.0</b>	<b>Integrated Payment and Delivery Reform-ICSP Implementation</b>							
14.1	ICSP Proposal Review and Acceptance 2014	Sue/Deb	Jorie/Gina			10/1/13	Completed	
14.2	Review ICSP Implementation reports 2014	Sue/Deb	Jorie/Gina		4/14	5/14	completed	MCOs submitted 3/30/14 and DHS has approved
14.3	Schedule individual meetings or calls with MCOs	Sue/Deb	Jorie/Gina		4/14	7/14	In process	One MCO remaining
14.4	Revise and provide ICSP/HCH "Template" for new 2015 ICSPs	Sue/Deb	Jorie/Gina		5/14	5/14	Completed	
14.5	ICSP Proposals due 2015	Sue/Deb	Jorie/Gina		7/14	7/14	Completed	
14.6	ICSP Proposal review 2015	Sue/Deb	Jorie/Gina		7/14	7/14	completed	
14.7	ICSP Proposal acceptance 2015	Sue/Deb	Jorie/Gina		8/14	8/14	In process	
14.8	Conduct Stakeholders' Clinical and Quality Metrics Workgroup meetings to obtain feedback	Sue/Deb	Jorie/Gina		8/14	TBD		Ongoing Meetings
14.9	Revise Performance Metrics Requirements	Sue/Deb	Jorie/Gina		10/14	TBD	Not started	
14.10	Utilization and Performance Report design	Sue/Deb	Jorie/Gina		9/14			
14.11	Collect and Analyze ICSP/ HCH Performance Measures Outcome Reports	Sue/Deb	Jorie/Gina		10/14			
<b>15.0</b>	<b>Claims Integration</b>							
15.1	CMS will provide clear guidance to claims process auditors that integration of Medicare and Medicaid claims adjudication is allowed.	Sue			TBD	TBD		CMS to provide guidance
<b>16.0</b>	<b>Benefits</b>							

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
16.1	CMS to work with State to explore options for MCOs to reduce Part D co-pays for all enrollees	Sue			TBD	TBD		CMS to provide guidance
<b>17.0</b>	<b>CMS Evaluation</b>							
17.1	Compile Data and Support for CMS Evaluation requirements (1st quarter report)	Deb	Brooke/ Lauren	Brooke	3/14	4/4/2014	Submitted	Reports are submitted quarterly based on RTI schedule (1st Qrt report due 4/4/14)
17.2	Compile Data and Support for CMS Evaluation requirements (2nd quarter report)	Deb	Brooke/ Lauren	Brooke	5/14	5/27/2014	Submitted	
17.3	Compile Data and Support for CMS Evaluation requirements (3rd quarter report)	Deb	Brooke/ Lauren	Brooke	7/14	8/20/2014		
17.4	Compile Data and Support for CMS Evaluation requirements (4th quarter report)	Deb	Brooke/ Lauren	Brooke	10/14	11/20/2014		
17.5	Submit data to evaluator as needed	Deb	Brooke	Chris Brooke	2/14	Ongoing		
17.6	Host informational RTI evaluator on-site meetings	Deb/Sue	Brooke		4/14	Ongoing		First site visit completed 4/22/14 - 4/24/14
<b>18.0</b>	<b>Grant Management Reporting (Financial and Progress)</b>							
18.1.a	Quarterly Cash Reports (Financial)	Deb/Lauren	Phyllis M. Kathy L.			10/30/13	Completed	
18.1.b	Quarterly Cash Reports (Financial)	Deb/Lauren	Phyllis M. Kathy L.			1/30/14	Completed	
18.1.c	Quarterly Cash Reports (Financial)	Deb/Lauren	Phyllis M. Kathy L.			4/30/2014	Completed	
18.1.d	Quarterly Cash Reports (Financial)	Deb/Lauren	Phyllis M. Kathy L.			7/30/2014	Scheduled	
18.1.e	Quarterly Cash Reports (Financial)	Deb/Lauren	Phyllis M. Kathy L.			10/30/2014	Scheduled	
18.2.a	Semi-Annual Expenditure Report (Financial)	Deb/Lauren	Phyllis M. Kathy L.			4/30/14	Completed	Submitted
18.2.b	Semi-Annual Expenditure Report (Financial)	Deb/Lauren	Phyllis M. Kathy L.			10/30/14	Scheduled	
18.3.a	Final Report Expenditure Report (Financial)	Deb/Lauren	Phyllis M. Kathy L.					Due within 90 days from end of the 2 year cooperative agreement

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
18.4.a	Semi-Annual Progress Reports (Progress #1)	Deb/Lauren	Brooke Chris			4/16/14	Scheduled	Submitted
18.4.b	Non-Competing Continuation Application	Deb/Lauren	Brooke Chris			7/23/14	Completed	CMS indicated that the submission of the Non-Competing Continuation Application satisfies the submission of the Semi-Annual Progress Report due 9/30
18.5.a	Annual Progress Reports (Progress #3)	Deb/Lauren	Brooke Chris			3/31/15	Scheduled	
18.6.a	Final Progress Report (Progress #4)	Deb/Lauren	Brooke Chris			11/30/15	Scheduled	

## Appendix Table of Contents

- A. Copy of workplan that CMS initially commented on and returned on June 10th (1.4)
- B. List of Marketing Materials (3.0)
- C. 2013 and 2014 Medicare SNP contract changes (5.1)
- D. Enrollment Information Regarding Accretion and Deletion Dates (7.0)
- E. 2015 SNP Model of Care Matrix Upload Document (10.1)

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
<b>1.0</b>	<b>Develop Final Implementation Plan</b>							
1.1	Conduct CMS Working Sessions to finalize MOU Work Plan	Sue	Sue	Jorie	9/13	3/14	In process	
1.2	Finalize MOU Work Plan	Sue	Sue	Jorie	9/13	3/14	In process	
1.3	Conduct meeting for Stakeholder review of MOU Work Plan	Sue	Sue	Jorie		4/24/14	Scheduled	
1.4	Submit final MOU Work Plan to CMS for review and approval	Sue	Sue	Jorie	9/13	4/14	In process	
<b>2.0</b>	<b>Administrative Alignment, Plan Oversight and Monitoring</b>							
2.1	Designate representatives to serve on a CMS-State Contract Management Team	Sue				1/14	Completed	Per CMS CMT is Stacey, Sue and Julie.
2.2	Conduct CMS-State Contract Management Team meetings	Sue			9/13	On-going	In process	Weekly call scheduled for Tuesday mornings.
2.3	Develop Oversight, Operations and Communication Plan				TBD	TBD		
2.4	Demonstration MOU Implementation Team	Sue			9/13	On-going	On-going	Team meeting as needed.
<b>3.0</b>	<b>Materials Review</b>							
3.1	Determine the materials review process with CMS	Sue	Jorie		3/14	4/14	In process	
3.2	Revise the materials review process if needed based on 4.1 including transitioning to HPMS	Sue	Jorie		4/14	5/14	In process	
3.3	Receive HPMS Access guidance from CMS	Sue	Jorie		4/14	5/14	Not started	
3.4	Implement new materials review process with CMS	Sue	Jorie		5/14	6/14	Not started	
3.5	Conduct initial meeting of MSHO Materials Workgroup to review charter	Sue	Jorie		3/14	3/31/14	Scheduled	
3.6	Schedule and hold bi-weekly meetings of the MSHO Materials Workgroup	Sue	Jorie		5/14	8/14	Not started	
3.7	Review MMP Materials to determine if appropriate for MN use	Sue	Jorie		5/14	8/14	Not started	
3.8	Request approval from CMS to use MMP materials language as needed	Sue	Jorie		5/14	8/14	Not started	
3.90	Review MMP enrollment forms and notices to determine if appropriate for MN use	Sue	Jorie		6/14	8/14	Not started	Need to wait for Chapter 2 to be issued in June
3.10	Request approval from CMS to use MMP enrollment forms and notices as needed	Sue	Jorie		6/14	8/14	Not started	
3.11	Review CMS and State anti-discrimination language for disconnects	Sue	Jorie		5/14	6/14	Not started	Work group agenda

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
3.12	Work with CMS on language to reconcile anti-discrimination disconnects	Sue	Jorie		5/14	6/14	Not started	
<b>4.0</b>	<b>Network Review</b>							
4.1	Develop process with CMS for state involvement in Network Reviews				TBD	TBD	Not started	CMS has indicated it will not be done until fall 2014 at the earliest
4.2	Implement new Network Adequacy Reviews and Monitoring				TBD	TBD	Not started	
4.3	Conduct network review with CMS (or designated contractor) for all MSHO plans				TBD	TBD	Not started	
<b>5.0</b>	<b>Contract Amendments to Medicare SNP</b>							
5.1	CMS Contract Changes 2014	Sue				2/14/14	Completed	
5.2	CMS Contract Changes 2015	Sue				1/15		
5.3	CMS Contract Changes 2016	Sue				1/16		
<b>6.0</b>	<b>State Seniors Contract/MOU Integration</b>							
6.1	Develop, negotiate and execute state contract changes for 2014	Sue				1/14/14	Completed	
6.2	Obtain Actuarial consultation	Sue	Gina	Susan				Draft a work plan review of bids and on-going consultation around Medicare Call Letter and ICSP Measurement Risk Adj.
6.3	Develop Actuarial consultation work plan	Sue	Gina	Susan	TBD	TBD	Not started	
6.4	State review of bids, rebates and benefits for 2015	Sue			6/14	6/14	Not started	
6.5	Incorporate Senior Procurement and service area expansion results into 2015 contract	Sue			9/14	9/14	Not started	
6.6	Develop state contract changes for 2015	Sue			6/14	9/14	Not started	
6.7	Negotiate state contract changes for 2015	Sue			9/14	12/14	Not started	
6.8	Execute state contract changes for 2015	Sue			1/15	12/15	Not started	
6.9	Monitor Compliance with changes	Sue			1/15	12/15	Not started	
6.10	State review of bids, rebates and benefits for 2016				6/15	6/15	Not started	
6.11	Develop state contract changes for 2016	Sue			6/15	9/15	Not started	
6.12	Negotiate state contract changes for 2016	Sue			9/15	12/15	Not started	
6.13	Execute state contract changes for 2016	Sue			1/16	12/16	Not started	
<b>7.0</b>	<b>Integrated Enrollment Systems</b>							



#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
7.1	Review Systems for Initial Readiness for alignment	Sue	Chris G		9/13	12/13	Completed	
7.2	Conduct Outreach, Special Mailings for MSC+ Enrollment	Sue	Lauren		9/14	12/14	Not started	Outreach to ethnic communities.
7.3	Enrollment, File Submission and Reconciliation (Monthly)	Sue	Chris G	Enroll. Team	9/13		On-going	
7.4	Review system policy for timely reconciliation of data in State and CMS systems	Sue	Chris G		9/13		On-going	Review if CMS makes changes with submission requirements in the future
<b>8.0</b>	<b>Integrated Medicare /Medicaid Quality Oversight</b>							
8.1	Develop a Quality Oversight Implementation Team	Sue/Deb	Demo Prj. Consult.	Brooke	4/14		Not started	
8.2	Hire Data Analyst	Pam	Deb/Sue			4/26/14	Completed	
8.3	Hire Research Scientist for evaluation	Pam	Deb/Sue		TBD	TBD	TBD	
8.4	Develop CMS/State Implementation Plan for Stars	Sue/Deb	Demo Prj. Consult.	Brooke	7/14		Not started	
8.5	Develop CMS/State Implementation plan for PIP/QIP	Sue/Deb	Demo Prj. Consult.	Brooke	7/14		Not started	
8.6	Develop CMS/State Implementation plan for HEDIS	Sue/Deb	Demo Prj. Consult.	Brooke	7/14		Not started	
8.7	Finalize CMS/State Implementation plan for HOS vs HOSN	Sue/Deb	Demo Prj. Consult.	Brooke	7/14		Not started	
8.8	Stakeholders' Clinical and Quality Metrics Workgroups consultation	Sue/Deb	Demo Prj. Consult.	Brooke	7/14		Not started	
8.9	State to present identified measures to CMS for community integration and update CMS as necessary to include specific changes to measurement standards as per Appendix 4, Section V(d)(4)(ii)	Sue/Deb	Demo Prj. Consult.	Brooke	7/14		Not started	
8.10	Develop work plan with NCQA or other CMS recognized "consensus building" organization to test measures	Sue/Deb	Demo Prj. Consult.	Brooke	7/14		Not started	
8.11	Negotiate changes with CMS to the MOC to reflect Medicaid and Medicare integration.	Sue			1/14	2/14	Completed	
8.12	State review of MOC and comments to CMS	Sue	Sue	Jorie	3/14	4/11	In process	
8.13	Begin Implementation of Integrated SNP reporting elements	Sue/Deb	Demo Prj. Consult.	Brooke	7/14	TBD	Not started	
8.14	Develop a process to obtain CAHPS data from CMS	Sue/Deb	Demo Prj. Consult.	Brooke	7/14	TBD	Not started	
8.15	Recommend to CMS which languages the HOS should be translated into by CMS				3/14	3/11/14	Completed	

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
<b>9.0</b>	<b>Integrated Appeals, Grievances and Consumer Protection</b>							
9.1	Review Medicare and Medicaid Grievance and Appeals Processes to determine if simplification is needed	Sue	Jorie		5/14	8/14	Not started	
9.2	Review MMP Appeals Materials and Rights Notices to determine if appropriate for MN use	Sue	Jorie		5/14	4/14	Not started	
9.3	Request approval from CMS to use MMP benefit notices (EOC) language as needed	Sue	Jorie		5/14	8/14	Not started	
9.4	Revise Appeals Materials and Rights Notices	Sue	Jorie		6/14	8/14	Not started	
9.5	Review proposed changes with stakeholders	Sue	Jorie		8/14	8/14	Not started	
9.6	Implement changes in materials distributed by the MCOs and the State	Sue	Jorie		8/14	9/14	Not started	
9.7	Train and provide updates to Ombudsman and Senior Linkage Line Staff on Demo Changes	Sue	Lauren	Jorie	6/14	Ongoing	Not started	Done informally to discuss the process
9.8	Develop plan for sharing complaints and grievance data with CMS	Sue	Demo Prj. Consult.		7/14	TBD	Not started	
<b>10.0</b>	<b>iMMRS (Dual Database) Analysis and Management</b>							
10.1	Develop Integ. Medicare-Medicaid Data Mgt. Team	Deb	Brooke Chris	Data Team	9/13	Ongoing	Ongoing	Bi-weekly meetings (i.e.-Team then Jen)
10.2	Determine iMMRS enhancements (notify Jen as needed)	Deb	Brooke Chris	Data Team	9/13	Ongoing	Ongoing	Notify Jen as needed
10.3	Test accuracy of iMMRS Medicaid and Medicare A,B and D data integration	Deb	Brooke Chris	Data Team	9/13	Ongoing	Ongoing	Tested with any report
10.4	Develop Data Analyses, Research and Measurement, and Reporting Plan (i.e.- utilization and performance reports and any ad hoc reports)	Deb	Brooke/RS 3	Brooke/Team	TBD	TBD		
10.5	Develop standardization rules for data accuracy and reporting by standards team	Deb	Brooke/RS 3	Brooke/Team	TBD	TBD		
10.6	Implement data analysis/research measurements and reporting plan	Deb	Brooke/RS 3	Data Team	TBD	TBD		
10.7	Manage JEN contract and communications	Deb	Derrick	Data Team	TBD	TBD		
10.8	Compile Data and Support for CMS Evaluation requirements	Deb	Brooke/RS 3	Brooke	TBD	TBD		Reports are submitted quarterly based on RTI schedule
10.9	Submit data to evaluator as needed	Deb	Brooke RS 3	Chris Brooke	2/14	3/14		
10.10	Host informational RTI evaluator on-site meetings	Deb/Sue	Brooke/RS 3		4/14	On-going		First site visit is scheduled for 4/22/14 and 4/23/14
10.11	DHS provides input to CMS data evaluation draft and review findings for accuracy	Deb	Brooke/RS 3		4/14	On-going		

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
<b>11.0</b>	<b>SNP/ICSP/Stakeholder/Provider Training and Education</b>							
11.1	Develop Integrated Medicare-Medicaid Consumer Outreach Team	Sue	Lauren	Jorie	4/14	4/14	Not started	
11.2	Hire Project Coordinator	Pam	Sue/Deb			4/26/14	Completed	
11.3	Design Outreach Project to Diverse Senior Communities	Sue	Lauren	Jorie	4/14	6/14	Not started	
11.4	Develop RFP for Outreach Project contracts and materials	Sue	Lauren	Jorie	4/14	7/14	Not started	
11.5	Design and host stakeholder conference	Sue	Lauren	Jorie	4/14	3/15	Not started	
11.6	Design and host Care Coordinator Conference	Sue	Lauren	Jorie	4/14	10/14	Not started	
11.7	Stakeholder outreach and presentations	Sue/Deb	Deb	Team	4/14	On-going	In process	Quarterly Meetings
11.80	Manage and update the public dual demo website as needed	Sue/Deb	Jorie Susan		9/13	On-going	In process	
11.9	Review meeting minutes of local SNP advisory groups for oversight purposes	Sue/Deb	Lauren Susan		12/14	1/15	Not started	
<b>12.0</b>	<b>Integrated Payment and Delivery Reform-ICSP Implementation</b>							
12.1	ICSP Proposal Review and Acceptance 2014	Sue/Deb	Jorie/Gina			10/1/14	Completed	
12.2	Review ICSP Implementation reports 2014	Sue/Deb	Jorie/Gina		4/14	5/14		MCOs submit 3/30/14
12.3	Schedule individual meetings or calls with MCOs	Sue/Deb	Jorie/Gina		4/14	6/14		Re: Discuss progress
12.4	Revise and provide ICSP/HCH "Template" for new 2015 ICSPs	Sue/Deb	Jorie/Gina		5/14	5/14		
12.5	ICSP Proposals due 2015	Sue/Deb	Jorie/Gina		7/14			
12.6	ICSP Proposal review 2015	Sue/Deb	Jorie/Gina		8/14			
12.7	ICSP Proposal acceptance 2015	Sue/Deb	Jorie/Gina		9/14			
12.8	Conduct Stakeholders' Clinical and Quality Metrics Workgroup meetings to review to obtain feedback	Sue/Deb	Jorie/Gina		7/14			
12.9	Revise Performance Metrics Requirements per recs.	Sue/Deb	Jorie/Gina		7/14			
12.10	Revise and Provide ICSP /HCH "Template" for new 2015 ICSP	Sue/Deb	Jorie/Gina		5/14	5/14		
12.11	Utilization and Performance Report design	Sue/Deb	Jorie/Gina		9/14			
12.12	Collect and Analyze ICSP/ HCH Performance Measures Outcome Reports	Sue/Deb	Jorie/Gina		10/14			
<b>13.0</b>	<b>Claims Integration</b>							
13.1	CMS will provide clear guidance to claims process auditors that integration of Medicare and Medicaid claims adjudication is allowed.	Sue			TBD	TBD		CMS to provide guidance
<b>14.0</b>	<b>Benefits</b>							
14.1	CMS to work with State to explore options for MCOs to reduce Part D co-pays for all enrollees	Sue			TBD	TBD		CMS to provide guidance

#	Deliverable	Owner	Lead	Supports	Start Date	Due Date	Status	Notes
<b>15.0</b>	<b>Grant Management Reporting (Financial and Progress)</b>							
15.1.a	Quarterly Cash Reports (Financial)	Deb/Lauren	Phyllis M. Kathy L.			10/30/13	Scheduled	
15.1.b	Quarterly Cash Reports (Financial)	Deb/Lauren	Phyllis M. Kathy L.			1/30/14	Scheduled	
15.1.c	Quarterly Cash Reports (Financial)	Deb/Lauren	Phyllis M. Kathy L.			4/30/2014	Scheduled	
15.1.d	Quarterly Cash Reports (Financial)	Deb/Lauren	Phyllis M. Kathy L.			7/30/2014	Scheduled	
15.1.e	Quarterly Cash Reports (Financial)	Deb/Lauren	Phyllis M. Kathy L.			10/30/2014	Scheduled	
15.2.a	Semi-Annual Expenditure Report (Financial)	Deb/Lauren	Phyllis M. Kathy L.			4/30/14	Scheduled	
15.2.b	Semi-Annual Expenditure Report (Financial)	Deb/Lauren	Phyllis M. Kathy L.			10/30/14	Scheduled	
15.3.a	Final Report Expenditure Report (Financial)	Deb/Lauren	Phyllis M. Kathy L.					Due within 90 days from end of the 2 year cooperative agreement
15.4.a	Semi-Annual Progress Reports (Progress #1)	Deb/Lauren	Brooke Chris			4/16/14	Scheduled	
15.4.b	Semi-Annual Progress Reports (Progress #2)	Deb/Lauren	Brooke Chris			9/30/14	Scheduled	
15.5.a	Annual Progress Reports (Progress #3)	Deb/Lauren	Brooke Chris			3/31/15	Scheduled	
15.6.a	Final Progress Report (Progress #4)	Deb/Lauren	Brooke Chris			11/30/15	Scheduled	

Appendix B: MSHO Marketing Materials: Required Materials

1. Summary of Benefits
2. Drug List (formulary)
3. ANOC
4. Provider/Pharmacy Directory
5. Enrollment form
6. Member Handbook (EOC)
7. Notices Enrollment (exhibits)
8. LIS Rider

**2014\_SENIORS\_FINAL\_MODEL\_2013-12-10\_PUBLIC.DOCX**

**MINNESOTA DEPARTMENT OF HUMAN SERVICES CONTRACT  
FOR MINNESOTA SENIOR HEALTH OPTIONS AND  
MINNESOTA SENIOR CARE PLUS SERVICES**

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## Appendix D

### Enrollment Information about Accretion and Deletion Dates

It is important for Minnesota to keep our enrollment dates for both Medicare and Medicaid the same. This allows us to use an integrated Medicaid/Medicare enrollment form, provide integrated members materials, and assists providers in knowing who and where to bill for services. In order to keep this alignment, we must verify Medicaid eligibility **prior** to submitting the Medicare enrollment to CMS. The MSHO application is not considered “*complete*” until Medicaid capitation, six working days before the end of the month. This is the point Medicaid eligibility cannot be removed from the system. The Medicare enrollment is then submitted to CMS within seven days of the “*complete*” application. Recipients that do not have Medicaid eligibility at capitation are tracked the full CMS application timeline, 21 days or until the end of the month whichever is longer, and are enrolled in the integrated product if they regain Medicaid eligibility during that period. This process alleviates premature denials and ensures that Medicare enrollment will not begin before Medicaid enrollment.

The Minnesota Medicaid contract requires that MCO’s can submit enrollments to CMS only after the Medicaid capitation is verified.

## 2015 SNP Model of Care Matrix Upload Document

<b>Please complete and upload this document into HPMS per HPMS MA Application User Guide instructions.</b>	
<b>Applicant's Contract Name (as provided in HPMS)</b>	
<i>Enter contract name here.</i>	
<b>Applicant's CMS Contract Number</b>	
<i>Enter contract number here.</i>	
<b>Care Management Plan Outlining the Model of Care</b>	
In the following table, list the document, page number, and section of the corresponding description in your care management plan for each model of care element.	
<b>Model of Care Elements</b>	<b>Corresponding Document Page Number/Section</b>
<p><b>1. Description of the SNP Population:</b></p> <p>The identification and comprehensive description of the SNP-specific population is an integral component of the MOC because all of the other elements depend on the firm foundation of a comprehensive population description. It must provide an overview that fully addresses the full continuum of care of current and potential SNP beneficiaries, including end-of-life needs and considerations, if relevant to the target population served by the SNP. The description of the SNP population must include, but not be limited to, the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clear documentation of how the health plan staff determines or will determine, verify, and track eligibility of SNP beneficiaries.</li> <li><input type="checkbox"/> A detailed profile of the medical, social, cognitive, environmental, living conditions, and co-morbidities associated with the SNP population in the plan's geographic service area.</li> <li><input type="checkbox"/> Identification and description of the health conditions impacting SNP beneficiaries, including specific information about other characteristics that affect health such as, population demographics (e.g. average age, gender, ethnicity, and potential health disparities associated with specific groups such as: language barriers, deficits in health literacy, poor socioeconomic status, cultural beliefs/barriers, caregiver considerations, other).</li> <li><input type="checkbox"/> Define unique characteristics for the SNP population served:             <ul style="list-style-type: none"> <li>➤ C-SNP: What are the unique chronic care needs for beneficiaries enrolled in a C-SNP? Include limitations and barriers that pose potential challenges for these C-SNP beneficiaries.</li> <li>➤ D-SNP: What are the unique health needs for beneficiaries enrolled in a D-SNP? Include limitations and barriers that pose potential challenges for these D-SNP beneficiaries.</li> <li>➤ I-SNP: What are the unique health needs for beneficiaries enrolled in an I-SNP? Include limitations and barriers that pose potential challenges for these I-SNP beneficiaries as well as information about the facilities and/or home and community-based services in which your beneficiaries reside.</li> </ul> </li> </ul> <p><b>A. Sub-Population: Most Vulnerable Beneficiaries</b></p> <p>As a SNP, you must include a complete description of the specially-tailored services for beneficiaries considered especially vulnerable using specific terms and details (e.g., members with multiple hospital admissions within three months, "medication spending above \$4,000"). Other information specific to the description of the most vulnerable beneficiaries must include, but not be limited to, the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A description of the internal health plan procedures for identifying the most vulnerable beneficiaries within the SNP.</li> <li><input type="checkbox"/> A description of the relationship between the demographic characteristics of the</li> </ul>	



<p>most vulnerable beneficiaries with their unique clinical requirements. Explain in detail how the average age, gender, ethnicity, language barriers, deficits in health literacy, poor socioeconomic status and other factor(s) affect the health outcomes of the most vulnerable beneficiaries.</p> <ul style="list-style-type: none"> <li>□ The identification and description of the established partnerships with community organizations that assist in identifying resources for the most vulnerable beneficiaries, including the process that is used to support continuity of community partnerships and facilitate access to community services by the most vulnerable beneficiaries and/or their caregiver(s).</li> </ul>	
<p><b>2. Care Coordination:</b></p> <p>Care coordination helps ensure that SNP beneficiaries’ healthcare needs, preferences for health services and information sharing across healthcare staff and facilities are met over time. Care coordination maximizes the use of effective, efficient, safe, and high-quality patient services that ultimately lead to improved healthcare outcomes, including services furnished outside the SNP’s provider network as well as the care coordination roles and responsibilities overseen by the beneficiaries’ caregiver(s). The following MOC sub-elements are essential components to consider in the development of a comprehensive care coordination program; no sub-element must be interpreted as being of greater importance than any other. All five sub-elements below, taken together, must comprehensively address the SNPs’ care coordination activities.</p> <p><b>A. SNP Staff Structure</b></p> <ul style="list-style-type: none"> <li>□ Fully define the SNP staff roles and responsibilities across all health plan functions that directly or indirectly affect the care coordination of beneficiaries enrolled in the SNP. This includes, but is not limited to, identification and detailed explanation of: <ul style="list-style-type: none"> <li>▪ Specific employed and/or contracted staff responsible for performing administrative functions, such as: enrollment and eligibility verification, claims verification and processing, other.</li> <li>▪ Employed and/or contracted staff that perform clinical functions, such as: direct beneficiary care and education on self-management techniques, care coordination, pharmacy consultation, behavioral health counseling, other.</li> <li>▪ Employed and/or contracted staff that performs administrative and clinical oversight functions, such as: license and competency verification, data analyses to ensure appropriate and timely healthcare services, utilization review, ensuring that providers use appropriate clinical practice guidelines and integrate care transitions protocols.</li> </ul> </li> <li>□ Provide a copy of the SNP’s organizational chart that shows how staff responsibilities identified in the MOC are coordinated with job titles. If applicable, include a description of any instances when a change to staff title/position or level of accountability was required to accommodate operational changes in the SNP.</li> <li>□ Identify the SNP contingency plan(s) used to ensure ongoing continuity of critical staff functions.</li> <li>□ Describe how the SNP conducts initial and annual MOC training for its employed and contracted staff, which may include, but not be limited to, printed instructional materials, face-to-face training, web-based instruction, and audio/video-conferencing.</li> <li>□ Describe how the SNP documents and maintains training records as evidence to ensure MOC training provided to its employed and contracted staff was completed. For example, documentation may include, but is not limited to: copies of dated attendee lists, results of MOC competency testing, web-based attendance confirmation, and electronic training records.</li> <li>□ Explain any challenges associated with the completion of MOC training for SNP employed and contracted staff and describe what specific actions the SNP will take when the required MOC training has not been completed or has been found to be deficient in some way.</li> <li>□ Describe that the training for MSHO care coordinators incorporates the State’s</li> </ul>	

**Managed Long Term Services and Supports (MLTSS) requirements.**

**B. Health Risk Assessment Tool (HRAT)**

The quality and content of the HRAT should identify the medical, functional, cognitive, psychosocial and mental health needs of each SNP beneficiary. The content of, and methods used to conduct the HRAT have a direct effect on the development of the Individualized Care Plan and ongoing coordination of Interdisciplinary Care Team activities; therefore, it is imperative that the MOC include the following:

- A clear and detailed description of the policies and procedures for completing the HRAT including:
  - Description of how the HRAT is used to develop and update, in a timely manner, the Individualized Care Plan (MOC Element 2C) for each beneficiary and how the HRAT information is disseminated to and used by the Interdisciplinary Care Team (MOC Element 2D).
  - Detailed explanation for how the initial HRAT and annual reassessment are conducted for each beneficiary.
  - Detailed plan and rationale for reviewing, analyzing, and stratifying (if applicable) the results of the HRAT, including the mechanisms to ensure communication of that information to the Interdisciplinary Care Team, provider network, beneficiaries and/or their caregiver(s), as well as other SNP personnel that may be involved with overseeing the SNP beneficiary's plan of care. If stratified results are used, include a detailed description of how the SNP uses the stratified results to improve the care coordination process.
  - Describe how: 1) the State MLTSS assessment and LOC tools are coordinated with the HRA; 2) the assessment process meets the State contract requirement for face to face MLTSS assessment, is consistent with state criteria, and continues to meet Part C requirements, including established timeframes; and 3) primary, acute and long term care needs are addressed.

**C. Individualized Care Plan (ICP)**

- The ICP components must include, but are not limited to: beneficiary self-management goals and objectives; the beneficiary's personal healthcare preferences; description of services specifically tailored to the beneficiary's needs; roles of the beneficiaries' caregiver(s); and identification of goals met or not met.
  - When the beneficiary's goals are not met, provide a detailed description of the process employed to reassess the current ICP and determine appropriate alternative actions.
- Explain the process and which SNP personnel are responsible for the development of the ICP, how the beneficiary and/or his/her caregiver(s) or representative(s) is involved in its development and how often the ICP is reviewed and modified as the beneficiary's healthcare needs change. If a stratification model is used for determining SNP beneficiaries' health care needs, then each SNP must provide a detailed explanation of how the stratification results are incorporated into each beneficiary's ICP.
- Describe how the ICP is documented and updated as well as, where the documentation is maintained to ensure accessibility to the ICT, provider network, beneficiary and/or caregiver(s).
- Explain how updates and/or modifications to the ICP are communicated to the beneficiary and/or their caregiver(s), the ICT, applicable network providers, other SNP personnel and other stakeholders as necessary.
- Describe that the ICP: 1) integrates Medicare/Medicaid services, including MLTSS, 2) addresses State required MLTSS care plan elements, and 3) addresses the process for coordinating medical and social services identified in the ICP.

**D. Interdisciplinary Care Team (ICT)**

- Provide a detailed and comprehensive description of the composition of the ICT; include how the SNP determines ICT membership and a description of the roles and responsibilities of each member. Specify how the expertise and capabilities of the

ICT members align with the identified clinical and social needs of the SNP beneficiaries, and how the ICT members contribute to improving the health status of SNP beneficiaries. If a stratification model is used for determining SNP beneficiaries' health care needs, then each SNP must provide a detailed explanation of how the stratification results are used to determine the composition of the ICT.

- Explain how the SNP facilitates the participation of beneficiaries and their caregivers as members of the ICT.
- Describe how the beneficiary's HRAT (MOC Element 2B) and ICP (MOC Element 2C) are used to determine the composition of the ICT; including those cases where additional team members are needed to meet the unique needs of the individual beneficiary.
- Explain how the ICT uses healthcare outcomes to evaluate established processes to manage changes and/or adjustments to the beneficiary's health care needs on a continuous basis.
- Identify and explain the use of clinical managers, case managers or others who play critical roles in ensuring an effective interdisciplinary care process is being conducted.
- Provide a clear and comprehensive description of the SNP's communication plan that ensures exchanges of beneficiary information is occurring regularly within the ICT, including not be limited to, the following:
  - Clear evidence of an established communication plan that is overseen by SNP personnel who are knowledgeable and connected to multiple facets of the SNP MOC. Explain how the SNP maintains effective and ongoing communication between SNP personnel, the ICT, beneficiaries, caregiver(s), community organizations and other stakeholders.
  - The types of evidence used to verify that communications have taken place, e.g., written ICT meeting minutes, documentation in the ICP, other.
  - How communication is conducted with beneficiaries who have hearing impairments, language barriers and/or cognitive deficiencies.
  - **That information about beneficiaries' Medicare and Medicaid services, including MLTSS, is communicated from the MLTSS care coordinator to the primary care or health care home provider; and that the care coordination models are tailored to the differences in settings and needs between institutional and community members.**

#### **E. Care Transitions Protocols**

- Explain how care transitions protocols are used to maintain continuity of care for SNP beneficiaries. Provide details and specify the process and rationale for connecting the beneficiary to the appropriate provider(s).
- Describe which personnel (e.g., case manager) are responsible for coordinating the care transition process and ensuring that follow-up services and appointments are scheduled and performed as defined in MOC Element 2A.
- Explain how the SNP ensures elements of the beneficiary's ICP are transferred between healthcare settings when the beneficiary experiences an applicable transition in care. This must include the steps that need to take place before, during and after a transition in care has occurred.
- Describe, in detail, the process for ensuring the SNP beneficiary and/or caregiver(s) have access to and can adequately utilize the beneficiaries' personal health information to facilitate communication between the SNP beneficiary and/or their caregiver(s) with healthcare providers in other healthcare settings and/or health specialists outside their primary care network.
- Describe how the beneficiary and/or caregiver(s) will be educated about indicators that his/her condition has improved or worsened and how they will demonstrate their understanding of those indicators and appropriate self-management activities.
- Describe how the beneficiary and/or caregiver(s) are informed about who their point of contact is throughout the transition process.

### 3. SNP Provider Network:

The SNP Provider Network is a network of healthcare providers who are contracted to provide health care services to SNP beneficiaries. Each SNP is responsible for ensuring their MOC identifies, fully describes, and implements the following for its SNP Provider Network:

#### A. Specialized Expertise

- Provide a complete and detailed description of the specialized expertise available to SNP beneficiaries in the SNP provider network that corresponds to the SNP population identified in MOC Element 1.
- Explain how the SNP oversees its provider network facilities and ensures its providers are actively licensed and competent (e.g., confirmation of applicable board certification) to provide specialized healthcare services to SNP beneficiaries. Specialized expertise may include, but is not limited to: internal medicine, endocrinologists, cardiologists, oncologists,, mental health specialists, other.
- Describe how providers collaborate with the ICT (MOC Element 2D) and the beneficiary, contribute to the ICP (MOC Element 2C) and ensure the delivery of necessary specialized services. For example, describe: how providers communicate SNP beneficiaries' care needs to the ICT and other stakeholders; how specialized services are delivered to the SNP beneficiary in a timely and effective way; and how reports regarding services rendered are shared with the ICT and how relevant information is incorporated into the ICP.

#### B. Use of Clinical Practice Guidelines & Care Transitions Protocols

- Explain the processes for ensuring that network providers utilize appropriate clinical practice guidelines and nationally-recognized protocols. This may include, but is not limited to: use of electronic databases, web technology, and manual medical record review to ensure appropriate documentation.
- Define any challenges encountered with overseeing patients with complex healthcare needs where clinical practice guidelines and nationally-recognized protocols may need to be modified to fit the unique needs of vulnerable SNP beneficiaries. Provide details regarding how these decisions are made, incorporated into the ICP (MOC Element 2C), communicated with the ICT (MOC Element 2D) and acted upon.
- Explain how SNP providers ensure care transitions protocols are being used to maintain continuity of care for the SNP beneficiary as outlined in MOC Element 2E.
- Explain that clinical practice guidelines are appropriate for and tailored to differences in frailty levels, including those members receiving MLTSS.

#### C. MOC Training for the Provider Network

- Explain, in detail, how the SNP conducts initial and annual MOC training for network providers and out-of-network providers seen by beneficiaries on a routine basis. This could include, but not be limited to: printed instructional materials, face-to-face training, web-based instruction, audio/video-conferencing, and availability of instructional materials via the SNP plans' website.
- Describe how the SNP documents and maintains training records as evidence of MOC training for their network providers. Documentation may include, but is not limited to: copies of dated attendee lists, results of MOC competency testing, web-based attendance confirmation, electronic training records, and physician attestation of MOC training.
- Explain any challenges associated with the completion of MOC training for network providers and describe what specific actions the SNP Plan will take when the required MOC training has not been completed or is found to be deficient in some way.

### 4. MOC Quality Measurement & Performance Improvement:

The goals of performance improvement and quality measurement are to improve the SNP's ability to deliver healthcare services and benefits to its SNP beneficiaries in a high-quality manner. Achievement of those goals may result from increased organizational effectiveness and efficiency by incorporating quality measurement and performance

improvement concepts used to drive organizational change. The leadership, managers and governing body of a SNP organization must have a comprehensive quality improvement program in place to measure its current level of performance and determine if organizational systems and processes must be modified based on performance results.

#### **A. MOC Quality Performance Improvement Plan**

- Explain, in detail, the quality performance improvement plan and how it ensures that appropriate services are being delivered to SNP beneficiaries. The quality performance improvement plan must be designed to detect whether the overall MOC structure effectively accommodates beneficiaries' unique healthcare needs. The description must include, but is not limited to, the following:
  - The complete process, by which the SNP continuously collects, analyzes, evaluates and reports on quality performance based on the MOC by using specified data sources, performance and outcome measures.
  - Details regarding how the SNP leadership, management groups and other SNP personnel and stakeholders are involved with the internal quality performance process.
  - Details regarding how the SNP-specific measurable goals and health outcomes objectives are integrated in the overall performance improvement plan (MOC Element 4B).

#### **B. Measureable Goals & Health Outcomes for the MOC**

- Identify and clearly define the SNP's measureable goals and health outcomes and describe how identified measureable goals and health outcomes are communicated throughout the SNP organization. Responses should include but not be limited to, the following:
  - Specific goals for improving access and affordability of the healthcare needs outlined for the SNP population described in MOC Element 1.
  - Improvements made in coordination of care and appropriate delivery of services through the direct alignment of the HRAT, ICP, and ICT.
  - Enhancing care transitions across all healthcare settings and providers for SNP beneficiaries.
  - Ensuring appropriate utilization of services for preventive health and chronic conditions.
- Identify the specific beneficiary health outcomes measures that will be used to measure overall SNP population health outcomes, including the specific data source(s) that will be used.
  - Describe, in detail, how the SNP establishes methods to assess and track the MOC's impact on the SNP beneficiaries' health outcomes.
  - Describe, in detail, the processes and procedures the SNP will use to determine if the health outcomes goals are met or not met.
  - Explain the specific steps the SNP will take if goals are not met in the expected time frame.
  - Describe measures the SNP will use that are specifically tailored to the frail elderly, including those receiving MLTSS, and account for differences in care delivery models and settings of care among beneficiaries.

#### **C. Measuring Patient Experience of Care (SNP Member Satisfaction)**

- Describe the specific SNP survey(s) used and the rationale for selection of that particular tool(s) to measure SNP beneficiary satisfaction.
- Explain how the results of SNP member satisfaction surveys are integrated into the overall MOC performance improvement plan, including specific steps to be taken by the SNP to address issues identified in response to survey results.

#### **D. Ongoing Performance Improvement Evaluation of the MOC**

- Explain, in detail, how the SNP will use the results of the quality performance indicators and measures to support ongoing improvement of the MOC, including

<p>how quality will be continuously assessed and evaluated.</p> <ul style="list-style-type: none"> <li>□ Describe the SNP’s ability to improve, on a timely basis, mechanisms for interpreting and responding to lessons learned through the MOC performance evaluation process.</li> <li>□ Describe how the performance improvement evaluation of the MOC will be documented and shared with key stakeholders.</li> </ul> <p><b>E. Dissemination of SNP Quality Performance related to the MOC</b></p> <ul style="list-style-type: none"> <li>□ Explain, in detail, how the SNP communicates its quality improvement performance results and other pertinent information to its multiple stakeholders, which may include, but not be limited to: SNP leadership, SNP management groups, SNP boards of directors, SNP personnel &amp; staff, SNP provider networks, SNP beneficiaries and caregivers, the general public, and regulatory agencies on a routine basis.</li> <li>□ This description must include, but is not limited to, the scheduled frequency of communications and the methods for ad hoc communication with the various stakeholders, such as: a webpage for announcements; printed newsletters; bulletins; and other announcement mechanisms.</li> <li>□ Identify the individual(s) responsible for communicating performance updates in a timely manner as described in MOC Element 2A.</li> </ul>	
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