

Improving Quality and Performance in Dual Eligible Special Needs Plans (D-SNPs)

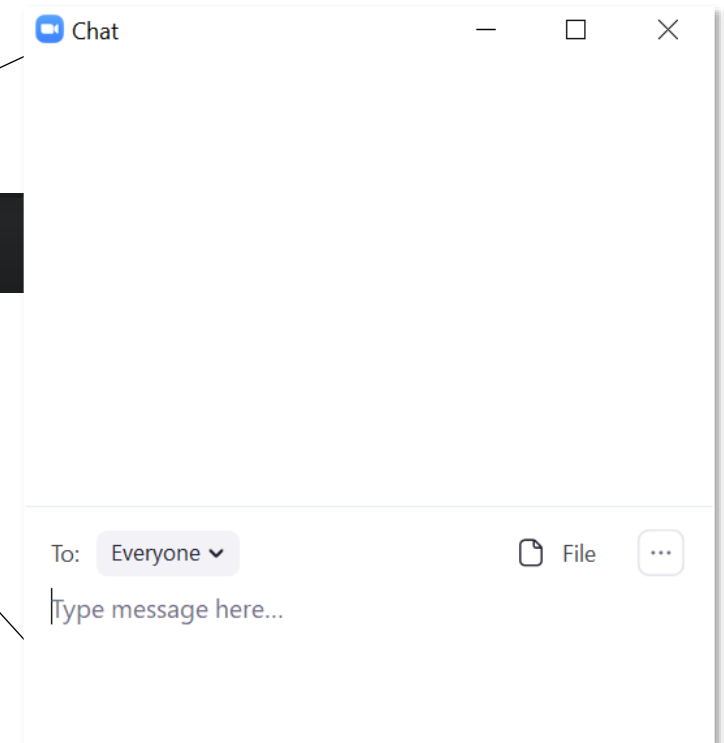
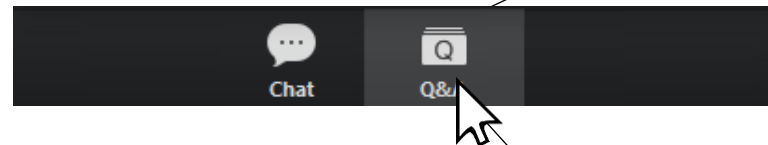
Monitoring and Oversight Tips for States

November 9, 2023

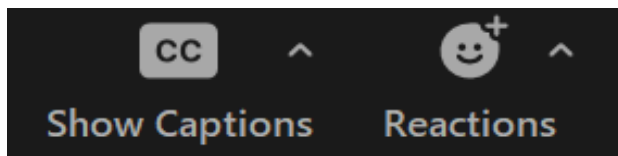
3:00-4:00 pm Eastern Time

Logistics

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Webinar Series

This webinar is part of a series of 2023 ICRC webinars on steps that states can take to promote integration of Medicare and Medicaid benefits for dually eligible individuals through integrated care programs, particularly programs that leverage Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs).

Previous webinars in this series include:

- [Selectively Contracting with Medicare Advantage D-SNPs to Promote Alignment with Medicaid Managed Care Plans \(February 2023\)](#)
- [Leveraging the D-SNP Model of Care to Enhance Enrollee Care Coordination \(April 2023\)](#)
- [Using Exclusively Aligned Enrollment to Integrate Medicare and Medicaid Benefits for Dually Eligible Individuals \(June 2023\)](#)
- [State Strategies for Encouraging Enrollment in Integrated Care Programs \(August 2023\)](#)

Agenda

- Welcome and introductions
- Brief overview of D-SNPs
- Introduction to state oversight of D-SNP quality/performance
- Medicare resources available to states to support oversight of D-SNP quality/performance
- Incorporating D-SNPs into state Medicaid quality oversight activities
- Questions and answers

Presenters



Emily Costello

Analyst

Mathematica, ICRC



Ryan Stringer

Senior Researcher

Mathematica, ICRC



Michaella Morzuch

Researcher

Mathematica, ICRC

What Are D-SNPs?

What Are D-SNPs?

- D-SNPs are Medicare Advantage plans that **only enroll dually eligible individuals**.
- All D-SNPs must:
 - At least “**coordinate**” **Medicaid benefits** for their enrollees;
 - Have a **Model of Care** that describes how the D-SNP will meet the needs of the dually eligible population being served;
 - Have contract-level **enrollee advisory committees** that solicit input on ways to improve access to covered services, coordination of services, and health equity among underserved populations; and
 - Incorporate questions about **social needs** into health risk assessments starting in 2024.

State Contracting with D-SNPs



In addition to contracts with CMS, D-SNPs must have a **State Medicaid Agency Contract (SMAC)** with each state in which they operate.



State contracts with D-SNPs must include **minimum contract elements**, but states may include additional requirements to improve administrative, clinical, and financial integration for enrollees.



States are **not required to contract with D-SNPs**, and states have the authority to deny contracts to potential D-SNPs.

Levels of D-SNP Integration

Coordination-Only D-SNPs (**CO D-SNPs**)

- Must meet minimum CMS requirements for D-SNPs.
- Must notify the state Medicaid agency or its designee of hospital and skilled nursing facility admissions for at least one designated group of “high-risk,” full-benefit dually eligible (FBDE) enrollees.

Highly Integrated D-SNPs (**HIDE SNPs**)

- Must cover Medicaid behavioral health benefits, long-term services and supports (LTSS), or both.
- Contract for coverage of Medicaid benefits may be with the D-SNP, the D-SNP’s parent company, or another entity owned and controlled by the D-SNP’s parent company.
- In 2025, a HIDE SNP’s capitated contract with the state Medicaid agency must cover the entire service area of the D-SNP.

Fully Integrated D-SNPs (**FIDE SNPs**)

- Must cover Medicaid primary and acute care services and LTSS, including at least 180 days of nursing facility coverage.
- Must use specialized care management and network methods to coordinate care for high-risk beneficiaries.
- Entity contracted to cover Medicaid benefits must be the same legal entity that holds the D-SNP contract with CMS.
- In 2025, FIDE SNPs must operate with exclusively aligned enrollment and cover additional Medicaid benefits, and the FIDE SNP’s capitated contract with the state Medicaid agency must also cover the entire service area of the D-SNP.

For more information, see Weir Lakhmani, E. “Definitions of Different Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) Types in 2023 and 2025.” Integrated Care Resource Center. December 2022. Available at: <https://www.integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-d-snp-types-2023>

More Information on D-SNPs

- For introductory information about D-SNPs and ways that states can leverage contracts with D-SNPs to better coordinate/integrate benefits for dually eligible individuals, please see ICRC's December 2022 Working with Medicare webinars on D-SNP contracting:
 - [Introduction to D-SNPs and D-SNP contracting basics](#)
 - [Using D-SNPs to integrate care for dually eligible individuals](#)
- ICRC also published a [tip sheet](#) in October 2023 on incorporating D-SNPs into Medicaid quality improvement activities. This tip sheet contains more details for all the topics covered in this presentation.

Introduction to State Oversight of D-SNP Quality/Performance

Two Levels of D-SNP Oversight

Level one: Oversight of CO D-SNPs, which cover Medicare benefits and coordinate the delivery of Medicare and Medicaid benefits.

Level two: Oversight of D-SNPs that cover both Medicare benefits and at least some Medicaid benefits beyond Medicare cost sharing, such as LTSS, behavioral health, and/or dental.

CMS and states **share responsibility** for D-SNP oversight, especially when D-SNPs cover Medicaid benefits.

Oversight of CO D-SNPs

- Although CO D-SNPs only cover Medicare benefits and coordinate the delivery of Medicare and Medicaid benefits, states should **monitor** the extent to which D-SNP activities support positive health outcomes for dually eligible D-SNP enrollees. For example, states can monitor:
 - The quality of the Medicare services that CO D-SNPs provide.
 - How well CO D-SNPs coordinate Medicaid benefits.
- The following section of this presentation will describe **Medicare resources** (such as Medicare Advantage quality measures and CMS documents) that states can use to oversee the quality and performance of CO D-SNPs.

Oversight of D-SNPs That Cover Medicaid Benefits

- The **Medicaid managed care quality oversight and improvement cycle** applies to D-SNPs (and D-SNPs' affiliated Medicaid managed care plans, where applicable) that cover Medicaid benefits such as LTSS, behavioral health, and dental services.*
- Later sections of this presentation will describe how to incorporate D-SNPs into each stage of this cycle, as well as the **Medicare resources** that states can use in each stage.



*Medicaid managed care regulations issued at 42 CFR Part 438 for quality strategies, quality assessment and performance improvement programs, and external quality review apply not only to Medicaid managed care plans, but also to D-SNPs that receive capitated payments from states to provide Medicaid benefits beyond cost sharing, such as LTSS, behavioral health, and dental.

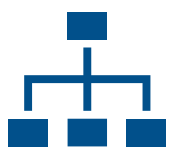
Considerations in D-SNP Quality Oversight



Medicare and Medicaid have separate quality oversight and improvement tools, such as Medicaid Quality Assurance and Performance Improvement (QAPI) programs, Medicare quality improvement programs, and D-SNP Models of Care.

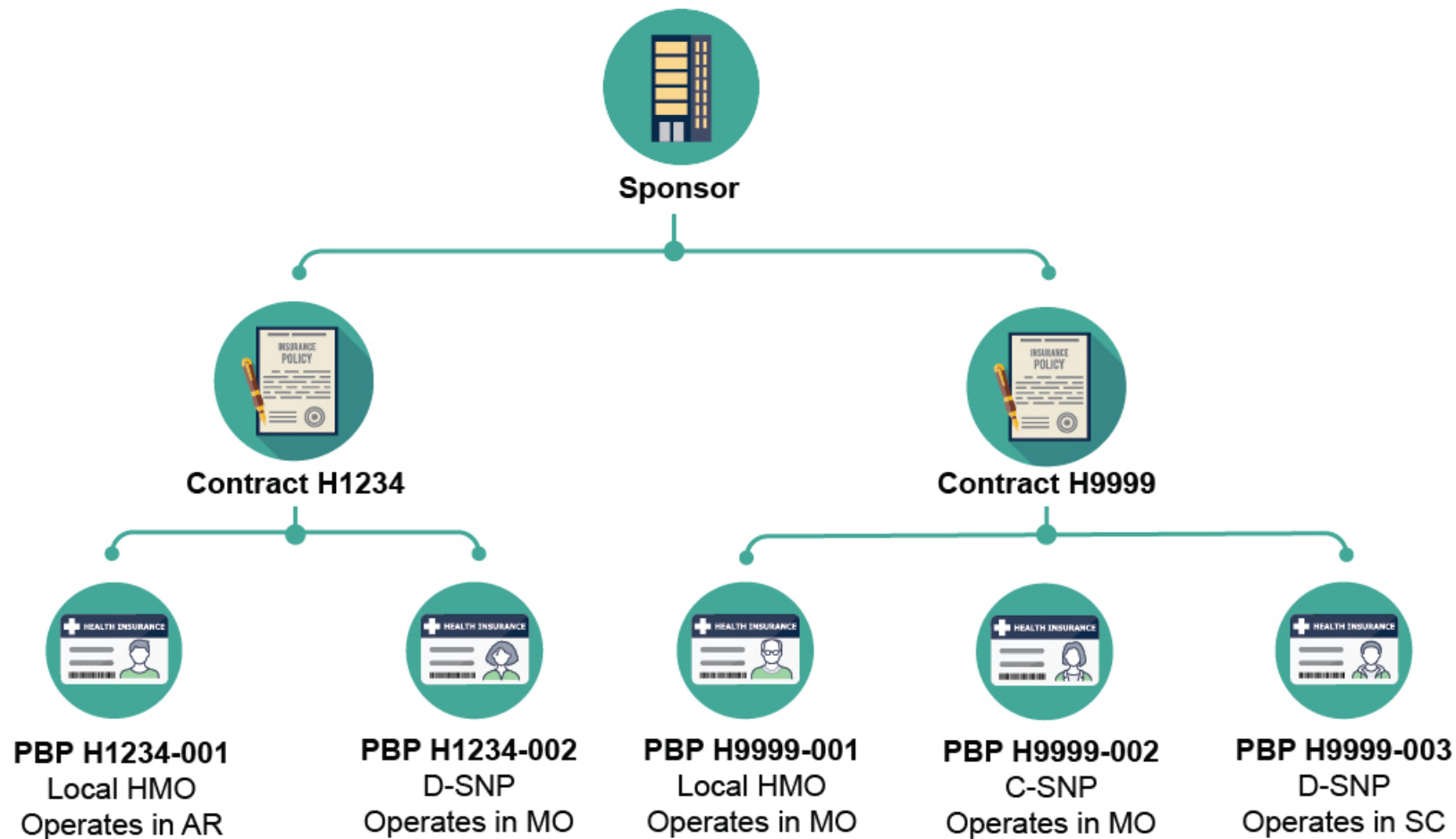


Many Medicare resources, such as Medicare audits and corrective action plans (CAPs), are not available to states or Medicaid managed care plans unless a state requires its D-SNPs to submit those resources to the state or obtains them from CMS.



Some Medicare resources are only available at the Medicare Advantage contract or sponsor levels. This dilutes states' ability to leverage these resources for monitoring individual D-SNPs.

Medicare Advantage Plan, Contract, and Sponsor Levels



Medicare Resources Available to States for D-SNP Quality Oversight

Medicare Resources Available to States

Quality Measures

- Medicare Advantage Healthcare Effectiveness Data and Information Set (HEDIS) measures
- Special Needs Plan (SNP) HEDIS measures
- Medicare Health Outcomes Survey (HOS)
- Medicare star ratings
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures

Quality Programs, Evaluations, and Enforcement Actions

- Chronic care improvement programs (CCIP)
- Past performance resources
- CAPs and enforcement actions
- Program audit results

The following slides and Appendix A contain more details on each of these resources.

More information on how to access and use these tools is available at: <https://integratedcareresourcecenter.com/resources-by-topic/oversight-and-monitoring-dual-eligible-special-needs-plans>.

Medicare Resources at the Medicare Advantage Plan Level

- Plan-level Medicare resources detail the performance of individual D-SNPs. These include:
 - **SNP HEDIS measures:** A set of standardized quality measures calculated specifically for SNPs, including D-SNPs. Examples of these measures include:
 - Antidepressant Medication Management
 - Plan All-Cause Readmissions
 - **Medicare CCIPs:** Programs implemented by Medicare Advantage plans to promote improved health outcomes for enrollees with chronic conditions.
 - For example, a CCIP could include interventions to improve transitions and outcomes for individuals with chronic conditions who are discharged from inpatient to home and community-based settings.

More information on SNP HEDIS measures is available at: <https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/SNP-HEDIS>.

More information on Medicare CCIPs is available at: <https://www.cms.gov/medicare/health-plans/medicare-advantage-quality-improvement-program/5ccip>.

Medicare Resources at the Medicare Advantage Contract Level

- Some Medicare resources describe the performance of plans included in a Medicare Advantage **contract**, which may include multiple plans, including one or more D-SNPs. Examples include:
 - **Some Medicare Advantage HEDIS measures:** A set of standardized quality measures on topics such as effectiveness of care, access, and utilization.
 - **CAHPS measures:** Enrollee survey results on experiences with their plans.
 - **Medicare star ratings:** Performance scores for Medicare Advantage plans.
 - **Past performance information:** Include 'intent to deny' and 'application denial' notices issued by CMS for a Medicare Advantage contract application due to past performance issues.

When a D-SNP is one of several Medicare Advantage plans in a contract, this dilutes states' ability to leverage these resources for monitoring individual D-SNPs.

More information on CAHPS is available at: <https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems/medicare-advantage-and-prescription-drug-plan-cahps>.

More information on star ratings is available at: <https://www.cms.gov/medicare/health-drug-plans/part-c-d-performance-data>.

More information on past performance is available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-K/section-422.502>.

More information on Medicare Advantage HEDIS measures is available at: <https://resdac.org/cms-data/files/hedis-rif>.

Medicare Resources at the Medicare Advantage Sponsor Level

- Some Medicare resources describe the performance of the **sponsoring organization (or parent organization)** that operates the Medicare Advantage contract that includes the D-SNP(s). These include:
 - **Medicare CAPs:** Issued by CMS to Medicare Advantage sponsors to address persistent and/or serious performance issues.
 - **Medicare audits:** Provide information on Medicare Advantage sponsors' performance on core program requirements, such as compliance program effectiveness and models of care.

A Medicare Advantage organization can sponsor multiple plans across multiple contracts. This dilutes states' ability to leverage these resources for monitoring individual D-SNPs.

More information on Medicare CAPs is available at: <https://www.cms.gov/medicare/audits-compliance/part-c-d/actions>.

More information on Medicare audits is available at: <https://www.cms.gov/medicare/audits-compliance/part-c-d/program-audit-results>.

D-SNP Only Contracts

- States can require D-SNPs that operate with exclusively aligned enrollment to establish (and operate within) contracts with CMS that only include one or more D-SNPs within a state. These are referred to as **D-SNP-only contracts**.
 - This flexibility enables **reporting of contract-level resources, such as CAHPS measures and star ratings, specific to the D-SNPs within a particular state** rather than for all Medicare Advantage plans included in a contract.
- This option also establishes processes for **state and CMS coordination of D-SNP oversight**, including coordination of program audits, and grants state access to the CMS Health Plan Management System for oversight purposes.

CMS guidance for states regarding the benefits, considerations, and steps for states interested in pursuing this opportunity is available at:

<https://www.cms.gov/files/document/stateopsintegratedcareprogs.pdf>.

This flexibility is detailed in the Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs Rule, available at: <https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and>.

Incorporating D-SNPs into State Medicaid Quality Strategies

Quality Strategy Basics

- States with Medicaid managed care programs are required to have a Medicaid quality strategy (42 CFR 438.330).
- Quality strategies are roadmaps for states to oversee and improve the quality of care provided by Medicaid managed care plans, including D-SNPs that cover Medicaid benefits.
- Quality strategies articulate states' managed care goals and objectives, describe managed care plan performance improvement projects (PIP), and detail states' plans to address health disparities.



Goals are high-level managed care performance aims that provide direction for the state.



Objectives are measurable steps toward meeting the state's goals, and typically include quality measures.

Quality strategy requirements are detailed at 42 CFR 438.340 and <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care-quality/state-quality-strategies/index.html>.

More information about state Medicaid quality strategies and developing goals and objectives is available in the CMS Medicaid and CHIP Managed Care Quality Strategy Toolkit at <https://www.medicaid.gov/sites/default/files/2021-12/managed-care-quality-strategy-toolkit.pdf>.

Incorporating D-SNPs into Quality Strategy

Goals and Objectives

- States can develop quality strategy goals and objectives that address the quality of Medicaid benefits provided by D-SNPs, such as:
 - LTSS
 - Behavioral health
 - Dental
- For example, a state that identifies an opportunity to improve transitions between hospitals and home for dually eligible individuals with behavioral health and/or LTSS needs could set a goal and objective on this topic.

Example Goal and Objective

Example Goal

- Improve coordination during care transitions

Example objective

- Increase follow-up visit rates after discharge for dually eligible enrollees with behavioral health and/or LTSS needs

Example measure to monitor progress

- SNP HEDIS measure: Follow-up After Hospitalization for Mental Illness – Follow-up Within 7 Days of Discharge

Medicare Resources for Medicaid Quality Strategy Goals and Objectives

- States can use Medicare Advantage HEDIS and SNP HEDIS measures, Medicare CCIPs, CAHPS measures, Medicare HOS, Medicare star ratings, past performance information, and Medicare CAPs and audits to identify opportunities for potential improvement and choose appropriate measures for goals and objectives.
- For example, Massachusetts uses several SNP HEDIS measures and CAHPS survey measures to monitor quality improvement progress in its Senior Care Options (SCO) FIDE SNP program.

Goal	Objective	Quality Measure Examples
Promote safe and high-quality care for MassHealth members	Focus on timely, preventative, primary care services with access to integrated care and community-based services and supports	<ul style="list-style-type: none">• Colorectal Cancer Screening• Controlling High Blood Pressure• Pharmacotherapy Management of COPD Exacerbation• Influenza Immunization

Source: Commonwealth of Massachusetts, Executive Office of Health and Human Services, Office of Medicaid. "MassHealth 2022 Comprehensive Quality Strategy." Available at <https://www.mass.gov/doc/masshealth-2022-comprehensive-quality-strategy-2/download>.

Using Quality Strategies to Address Health Disparities Among Dually Eligible Individuals

- Quality strategies must also describe states' plans to address health disparities based on age, race, ethnicity, sex, primary language, and disability status.
- As part of these plans to address disparities, states can develop goals and objectives that focus on reducing disparities affecting dually eligible individuals.
 - Dually eligible individuals often experience disparities in care quality compared to non-dually eligible populations, so some states may wish to develop goals and objectives that aim to reduce disparities **between dually eligible individuals and their non-dually eligible counterparts.**
 - Certain subgroups of dually eligible individuals (for example, people of color, people with disabilities, or people who speak limited English) may also be disproportionately impacted by certain health disparities, so some states may wish to focus on reducing disparities **between different sub-groups of the broader dually eligible population.**

How to Identify Health Disparities Among Dually Eligible Individuals



Stratify Medicaid quality measure data using demographic and eligibility information, including information that identifies dually eligible individuals.



Use stratified Medicare data (by race, ethnicity, and sex) to **identify disparities** within sub-group of dually eligible populations.

Requiring D-SNP Involvement in Medicaid QAPI Programs

QAPI Program Basics

- QAPI programs reflect the priorities that the state includes in its quality strategy and are required for most Medicaid managed care plans under 42 CFR 438.330.
- QAPI programs include the following tools to improve the quality of care delivered to Medicaid enrollees:
 - Performance measures
 - Performance targets
 - PIPs

Requiring D-SNP Involvement in QAPI Programs



Pathway 1

D-SNPs that receive capitated payments from the state to cover Medicaid benefits beyond Medicare cost sharing (such as LTSS, behavioral health, and dental) are required to implement QAPI programs.



Pathway 2

D-SNPs with affiliated Medicaid managed care plans should be involved with implementing the Medicaid plan's QAPI program, particularly when the QAPI program focuses on services for which the D-SNP is the primary payer, such as inpatient or physician services.

Requiring D-SNP Involvement in QAPI

- States can include language in their SMACs that requires D-SNPs to participate in QAPI programs. For example:

Minnesota QAPI Language

In Article 7 of Minnesota's contract for its Minnesota Senior Health Options (MSHO) FIDE SNPs and Minnesota Senior Care Plus (MSC+) Medicaid managed care plans, the state specifies that the managed care plans, including the FIDE SNPs *"Shall provide an ongoing quality assessment and performance improvement program for the services [the plan] furnishes to all Enrollees ensuring the delivery of high-quality health care"* and that *"the Quality Assessment and Performance Improvement Program must be consistent with federal [Medicaid managed care] requirements under Title XIX of the SSA, 42 CFR Part 438, Subpart E."*

Source: Minnesota Department of Human Services Contract for Minnesota Senior Health Options and Minnesota Senior Care Plus Services, January 1, 2023. Available at https://mn.gov/dhs/assets/2023-seniors-model-contract_tcm1053-552961.pdf.

Using Medicare Resources in Medicaid QAPI Programs

- States can use Medicare resources, such as Medicare Advantage HEDIS and SNP HEDIS measures, in D-SNP QAPI programs. For example, Massachusetts requires its FIDE SNPs to:
 - Incorporate SNP HEDIS measures into their QAPI programs and use results to design quality improvement activities.
 - Develop PIPs that align with quality improvement goals for the state's managed care programs. For instance:
 - PIP name: Improving Telehealth Utilization for Behavioral Health Services for SCO Members.
 - SNP HEDIS measure: Follow-Up After Hospitalization for Mental Illness— Follow-Up Within 30 Days of Discharge.

Source: MassHealth Comprehensive Quality Strategy, November 2018. Available at: <https://www.mass.gov/doc/masshealth-comprehensive-quality-strategy-november-2018-0/download>; Senior Care Organizations External Quality Review, Calendar Year 2021. Available at: <https://www.mass.gov/doc/masshealth-senior-care-organizations-sco-eqr-technical-report-2021-0/download>; and MassHealth Comprehensive Quality Strategy, June 2022. Available at: <https://www.mass.gov/doc/masshealth-2022-comprehensive-quality-strategy-2/download>.

Streamlining Quality Improvement

Align D-SNP Medicaid and Medicare quality improvement projects

States can use their SMACs to require D-SNPs to align their Medicaid PIP and Medicare CCIP topics, measures, and interventions for dually eligible populations, while having separate PIPs for non-dually eligible populations.

Align D-SNP Medicaid and Medicare quality reporting requirements

States can also streamline D-SNP quality reporting requirements by leveraging existing Medicare tools and/or combining reporting requirements where possible. For example, Minnesota allows its MSHO FIDE SNPs to combine: (1) their Medicaid and Medicare quality assurance work plans and (2) their annual QAPI evaluations with their Medicare project evaluations.

Requiring D-SNPs to Undergo External Quality Review (EQR)

EQR Basics

- In Medicaid EQR, an **independent organization** analyzes aggregate information on **quality**, **timeliness**, and **access** to evaluate the care that a Medicaid managed care plan has provided to its enrollees.
- EQR consists of **four mandatory activities**:
 - Performance measurement validation
 - PIP validation
 - Compliance review
 - Network adequacy validation (new for 2024)
- States can use EQR to assess D-SNP performance in implementing state quality improvement priorities for the Medicaid services delivered by D-SNPs (and their affiliated Medicaid managed care plans, where applicable), such as LTSS and behavioral health.

More information about EQR is available at <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html>.

Requiring D-SNPs to undergo EQR

- D-SNPs that receive capitated payments from states to cover Medicaid benefits are **required to undergo annual EQR**.^{*} States can include language their SMACs that requires these D-SNPs to undergo EQR. For example:

Minnesota SMAC EQR language

Article 7.6 of Minnesota's contract for MSHO and MSC+ requires the state's MSHO FIDE SNPs to *"cooperate with the entity as arranged for by the STATE in an annual independent, external review of the quality of services furnished under this Contract. Such cooperation shall include, but is not limited to 1) meeting with the entity and responding to questions, 2) providing requested medical records and other data in the requested format; and 3) providing copies (on site or by other means) of MCO policies and procedures, and other records, reports and/or data."*

Source: Minnesota Department of Human Services Contract for Minnesota Senior Health Options and Minnesota Senior Care Plus Services, January 1, 2023. Available at https://mn.gov/dhs/assets/2023-seniors-model-contract_tcm1053-552961.pdf.

^{*}These Medicaid benefits include, for example, LTSS, behavioral health, and dental. Like other Medicaid managed care plans, states may exempt D-SNPs from EQR, as described on the next slide.

Streamlining EQR for D-SNPs Through the EQR Exemption Option

- States can **exempt** D-SNPs that provide Medicaid benefits as Medicaid managed care organizations from EQR in certain circumstances.
- If a state's D-SNPs are eligible for this exemption and the state wishes to use it, the state must obtain the D-SNP's most recent Medicare review findings or accreditation review findings.
- States can use their SMACs to require D-SNPs to share these findings with the state.

Exemption Requirements

- The D-SNP's Medicare Advantage contract must cover **all or part of the same geographic area in the state** as the D-SNP's Medicaid contract with the state.
- The D-SNP's Medicaid **contract must have been in effect for at least two consecutive years** before the exemption date.
- During those same two years, the D-SNP must have been subject to EQR and **met the quality, timeliness, and access to health care services standards** for Medicaid enrollees.

Streamlining EQR for D-SNPs Through the EQR Non-duplication Option

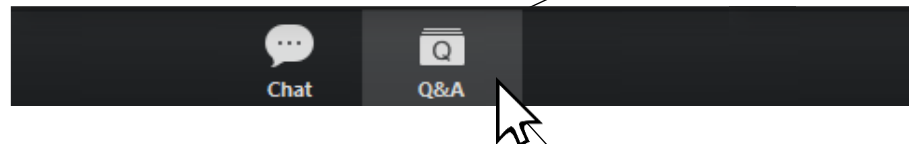
- States can use the EQR non-duplication option to integrate D-SNPs into their EQR activities **without duplicating other Medicaid or Medicare review activities**. Specifically, states can allow their EQR organizations (EQROs) to accept information from a Medicare or private accreditation review instead of conducting one or more EQR activities. Unlike the exemption option, if a state uses this option, the D-SNP must still undergo EQR.

Non-duplication example:

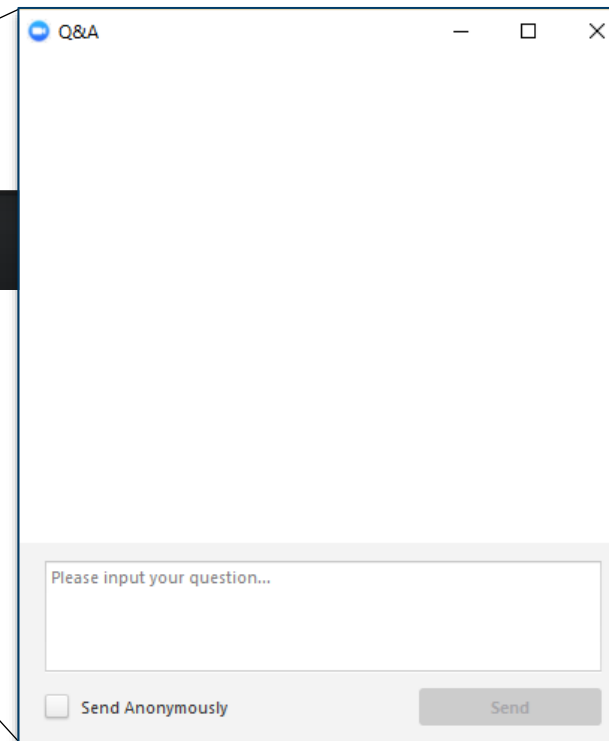
To implement the non-duplication option for performance measure validation, states could use information from a Medicare review of a D-SNP's CAHPS and HOS results (where a single D-SNP operates in a D-SNP-only contract) and SNP HEDIS measure results instead of having the EQRO validate performance measures independently. States could also use information from a Medicare review of the D-SNP's CCIP for EQR PIP validation provided that the CCIP and PIP are aligned.

Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.



Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.

A window titled 'Q&A' with standard window controls (minimize, maximize, close). The window contains a text input field with the placeholder text 'Please input your question...'. Below the input field is a checkbox labeled 'Send Anonymously' and a 'Send' button.

About ICRC

- Established by CMS to advance integrated care models for dually eligible individuals.
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica and the Center for Health Care Strategies.
- Visit <http://www.integratedcareresourcecenter.com> to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges.
- Send other ICRC questions to: integratedcareresourcecenter@chcs.org.

Appendix A: Medicare Resources Available to States to Monitor D-SNP Performance and Quality Improvement

Appendix A

Medicare Resource	Description of Resource	Frequency of Data Reporting	Level at Which Data is Reported (Plan, Contract, or Sponsor)	Stage(s) of Medicaid Quality Oversight in Which Medicare Resource Would Be Helpful
CAHPS measures	CAHPS measures contain information collected via surveys about enrollees' experiences with their Medicare Advantage plans, including D-SNPs. CAHPS measures also contribute to Medicare star ratings.	Annual	Contract	Quality strategy, QAPI, EQR
CAPs	CAPs are issued by CMS to Medicare Advantage sponsors to address persistent and/or serious performance issues.	Varies by Medicare Advantage sponsor; CAPs are issued on an ad hoc basis	Sponsor	Quality strategy
CCIPs	As part of Medicare Advantage QI programs, all Medicare Advantage plans (including D-SNPs) implement CCIPs, which promote improved health outcomes for enrollees with chronic conditions.	Varies by plan; Medicare Advantage organizations must report CCIP information to CMS as requested	Plan	QAPI, EQR

Appendix A, Continued

Medicare Resource	Description of Resource	Frequency of Data Reporting	Level at Which Data is Reported (Plan, Contract, or Sponsor)	Stage(s) of Medicaid Quality Oversight in Which Medicare Resource Would Be Helpful
HEDIS measures	Medicare Advantage HEDIS measures are a set of standardized quality measures calculated using data submitted by plans, including D-SNPs, on topics such as effectiveness of care, access, and utilization. HEDIS data also contribute to Medicare star ratings.	Annual	Plan/contract	Quality strategy, QAPI, EQR
Medicare HOS	The Medicare HOS is a physical and mental health survey of enrollees in Medicare Advantage plans, including D-SNPs. HOS data also contribute to Medicare star ratings and HEDIS measures.	Annual	Plan/contract	Quality strategy, QAPI, EQR

Appendix A, Continued

Medicare Resource	Description of Resource	Frequency of Data Reporting	Level at Which Data is Reported (Plan, Contract, or Sponsor)	Stage(s) of Medicaid Quality Oversight in Which Medicare Resource Would Be Helpful
Medicare star ratings	Medicare star ratings provide performance scores for Medicare Advantage plans, including D-SNPs, based on outcome, patient experience, access, and process measures.	Annual	Contract	Quality strategy
Past performance	CMS can provide 'intent to deny' and 'application denial' notices for a Medicare Advantage contract application due to past performance issues, such as having summary Medicare star ratings of 2.5 or less in the two most recent star ratings periods.	Varies by contract	Contract	Quality strategy

Appendix A, Continued

Medicare Resource	Description of Resource	Frequency of Data Reporting	Level at Which Data is Reported (Plan, Contract, or Sponsor)	Stage(s) of Medicaid Quality Oversight in Which Medicare Resource Would Be Helpful
Program audit results	Program audit results provide information on Medicare Advantage sponsors' performance on core program requirements, such as compliance program effectiveness, organization determinations, appeals, and grievances, and Special Needs Plan Models of Care.	Annual	Contract	Quality strategy, QAPI, EQR
SNP HEDIS measures	SNP-specific HEDIS measures are a set of standardized quality measures that are calculated specifically for Medicare Advantage Special Needs Plans, including D-SNPs.	Annual	Plan	Quality strategy, QAPI, EQR

Appendix A, Continued

- More information on CAHPS is available at: <https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems/medicare-advantage-and-prescription-drug-plan-cahps>.
- More information on Medicare CAPs is available at: <https://www.cms.gov/medicare/audits-compliance/part-c-d/actions>.
- More information on Medicare CCIPs is available at: <https://www.cms.gov/medicare/health-plans/medicare-advantage-quality-improvement-program/5ccip>.
- More information on Medicare Advantage HEDIS measures is available at: <https://resdac.org/cms-data/files/hedis-rif>.
- More information on the Medicare HOS is available at: <https://www.cms.gov/research-statistics-data-and-systems/research/hos>.
- More information on Medicare star ratings and associated SNP-specific star rating measures is available at: <https://www.integratedcareresourcecenter.com/resource/how-states-can-use-medicare-advantage-star-ratings-assess-d-snp-quality-and-performance>.
- More information on past performance is available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-K/section-422.502>.
- More information on Medicare audits is available at: <https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ProgramAuditResults>.
- SNP-specific HEDIS public use files are available at: <https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/snp-hedis-public-use-files>.