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**CENTERS FOR MEDICARE & MEDICAID SERVICES**

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**DATE:** March 6, 2015

**TO:** Medicare-Medicaid Plans

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**SUBJECT:** Update to Contract Year 2015 Medicare-Medicaid Plan Reporting Requirements

In October 2014, CMS released the Contract Year 2015 Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements. The purpose of this memo is to provide Medicare-Medicaid Plans (MMPs) with clarifying guidance to Core Measure 2.1 – Members with an assessment completed within 90 days of enrollment.

It has come to our attention that MMPs are interpreting “unable to locate within 90 days of enrollment” and “unwilling to participate within 90 days of enrollment” in different ways that may impact data results. Therefore, supplementary guidance is provided below regarding how MMCO expects MMPs to categorize members for purposes of reporting this measure.

**Supplementary Guidance on Reporting Core Measure 2.1**

MMPs should include the following scenarios under Data Element B – Unwilling to participate in the assessment within 90 days of enrollment:

- Member (or his or her authorized representative) affirmatively declines to participate in the assessment. Member communicates this refusal by phone, mail, fax, or in person.
- Member (or his or her authorized representative) expresses willingness to complete the assessment but asks for it to be conducted after 90 days (despite being offered a reasonable opportunity to complete the assessment within 90 days). Discussions with the member must be documented by the MMP.
- Member (or his or her authorized representative) expresses willingness to complete the assessment, but reschedules or is a no-show and then is subsequently non-responsive. Attempts to contact the member must be documented by the MMP.

- Member (or his or her authorized representative) initially agrees to complete the assessment, but then declines to answer a majority of the questions in the assessment.

Data Element C – Unable to locate, following three attempts, within 90 days of enrollment – is clarified as follows:

- The current specifications indicate MMPs should report the number of members the MMP was unable to locate after three attempts to contact the member. MMCO encourages MMPs to attempt to reach members via multiple methods, including by phone, mail, or email (if the email address is available); however, MMPs should refer to their respective three-way contracts or state guidance for any specific requirements pertaining to the method of outreach to members. MMCO also encourages MMPs to work with community organizations, network providers, and other available resources to help determine accurate contact information for its members and promote member engagement through the member's trusted support networks.
- As indicated in the specifications, MMPs must document each attempt to locate the member, including the method of the attempt (i.e. phone, mail, or email), as CMS and the state will validate this data element (as well as the other data elements for this measure) as part of the overall quality withhold validation process.
- There may be instances when the MMP has a high degree of confidence that a member's contact information is correct, yet that member is not responsive to the MMP's outreach efforts. So long as the MMP follows the guidance regarding outreach attempts, these members may be included in the count for this data element.

Additional notes:

MMCO recognizes that there may be other circumstances that make it impossible or inappropriate to complete an assessment within 90 days of enrollment. For example, a member may be medically unable to respond and have no authorized representative to do so on their behalf, or a member may be experiencing an acute medical or behavioral health crisis that requires immediate attention and outweighs the need for an assessment. MMPs should not include such members in the counts for Data Elements B and C; however, MMCO understands that these circumstances may occur and will take that into consideration when evaluating MMP performance on this measure.

MMCO also wishes to clarify the guidance regarding assessments that are in progress at the time of reporting. If a member reaches their 90th day of enrollment and an assessment was started but not completed by the end of the reporting period, then the assessment should not be considered completed and, therefore, would not be counted in Data Elements B, C or D. However, this member would be included in Data Element A.

## **Operational Next Steps**

Since Core Measure 2.1 is a quality withhold, all MMPs have the opportunity to resubmit the 2014 quarterly data to HPMS by March 20, 2015. MMPs must submit all 2015 data using this guidance.

MMCO will release an updated version of the Contract Year 2015 MMP Reporting Requirements to include this guidance within the Notes section for Core Measure 2.1.

MMPs should work with their Contract Management Team for technical assistance in implementing this guidance and for more information about best practices.