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**Measure: C05 - Special Needs Plan (SNP) Care Management**

| Title  | Description  |
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| Label for Stars: Members Whose Plan Did an Assessment of Their Health Needs and Risks  |  |
| Label for Data: Members Whose Plan Did an Assessment of Their Health Needs and Risks   |  |
| Description: Percent of members whose plan did an assessment of their health needs and risks in the past year. The results of this review are used to help the member get the care they need.  |  |
|  | (Medicare does not collect this information from all plans. Medicare collects it only for Special Needs Plans. These plans are a type of Medicare Advantage plan designed for certain people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.)   |
| Metric: This measure is defined as the percent of eligible Special Needs Plan (SNP) enrollees who received a health risk assessment (HRA) during the measurement year. The denominator for this measure is the sum of the number of new enrollees due for an Initial HRA (Element A) and the number of enrollees eligible for an annual reassessment HRA (Element B). The numerator for this measure is the sum of the number of initial HRAs performed on new enrollees (Element C) and the number of annual reassessments performed on enrollees eligible for a reassessment (Element F). The equation for calculating the SNP Care Management Assessment Rate is: |  |
|  | $\frac{\begin{aligned} &\text{[Number of initial HRAs performed on new enrollees (Element C)} \\ &+ \text{Number of annual reassessments performed on enrollees eligible for a reassessment (Element F)]} \end{aligned}}{\begin{aligned} &\text{[Number of new enrollees due for an Initial HRA (Element A)} \\ &+ \text{Number of enrollees eligible for an annual reassessment HRA (Element B)]} \end{aligned}}$   |
| Primary Data Source: Part C Plan Reporting   |  |
| Data Source Description: Data reported by contracts to CMS per the Part C Reporting Requirements. Validation for data performed during the 2020 Data Validation cycle.   |  |
| Data Source Category: Health and Drug Plans  |  |
| Exclusions: Contracts and PBPs with an effective termination date on or before the deadline to submit data validation results to CMS (June 30, 2021) are excluded and listed as “No data available.”   |  |
|  | SNP Care Management Assessment Rates are not provided for contracts that did not score at least 95% on data validation for the SNP Care Management reporting section or were not compliant with data validation standards/sub-standards for any of the following SNP Care Management data elements: <ul style="list-style-type: none"><li>• Number of new enrollees due for an initial HRA (Element A)</li><li>• Number of enrollees eligible for an annual reassessment HRA (Element B)</li><li>• Number of initial HRAs performed on new enrollees (Element C)</li><li>• Number of annual reassessments performed on enrollees eligible for reassessment (Element F)</li></ul> |
|  | Contracts can view their data validation results in HPMS ( <a href="https://hpms.cms.gov/">https://hpms.cms.gov/</a> ). From the home page, select Monitoring   Plan Reporting Data Validation. If you cannot see the Plan Reporting Data Validation module, contact <a href="mailto:CMSHPMS_Access@cms.hhs.gov">CMSHPMS_Access@cms.hhs.gov</a> .  |
|  | Contracts excluded from the SNP Care Management Assessment Rates due to data validation issues are shown as “CMS identified issues with this plan's data.”   |

**Title****Description**

Contracts can view their data validation results in HPMS (<https://hpms.cms.gov/>). To access this page, from the top menu select “Monitoring,” then “Plan Reporting Data Validation.” Select the appropriate contract year. Select the PRDVM Reports. Select “Score Detail Report.” Select the applicable reporting section. If you cannot see the Plan Reporting Data Validation module, contact [CMSHPMS\\_Access@cms.hhs.gov](mailto:CMSHPMS_Access@cms.hhs.gov).

Additionally, contracts must have 30 or more enrollees in the denominator [Number of new enrollees due for an Initial HRA (Element A) + Number of enrollees eligible for an annual HRA (Element B)  $\geq$  30] in order to have a calculated rate. Contracts with fewer than 30 eligible enrollees are listed as "No data available."

General Notes: More information about the data used to calculate this measure can be found in [Attachment E](#).

The Part C reporting requirement fields listed below are not used in calculating this measure:

- Data Element D Number of initial HRA refusals
- Data Element E Number of initial HRAs where SNP is unable to reach new enrollees
- Data Element G Number of annual reassessment refusals
- Data Element H Number of annual reassessments where SNP is unable to reach enrollee

Data Time Frame: 01/01/2020 – 12/31/2020

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Not Included

Case-Mix Adjusted: No

Weighting Category: Process Measure

Weighting Value: 1

Major Disaster: Higher measure star (2021-2022) for contracts with 25% or more enrolled affected by 2020 disasters.

Meaningful Measure Area: Management of Chronic Conditions

NQF #: Not Applicable

Data Display: Percentage with no decimal place

Reporting Requirements:

| 1876 Cost | CCP w/o SNP | CCP with SNP | CCP with Only I-SNP | MSA | PDP | PFFS |
|-----------|-------------|--------------|---------------------|-----|-----|------|
| No        | No          | Yes          | Yes                 | No  | No  | No   |

Cut Points:

| 1 Star | 2 Stars               | 3 Stars               | 4 Stars               | 5 Stars     |
|--------|-----------------------|-----------------------|-----------------------|-------------|
| < 45 % | $\geq$ 45 % to < 59 % | $\geq$ 59 % to < 73 % | $\geq$ 73 % to < 87 % | $\geq$ 87 % |