

2.3 Members with an annual reassessment.

CONTINUOUS REPORTING				
Reporting Section	Reporting Frequency	Level	Reporting Period	Due Date
2. Assessment	Annual	Contract	Calendar Year, Beginning CY2	By the end of the second month following the last day of the reporting period

A. Data element definitions - details for each data element reported to CMS and the state, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of members enrolled as of the last day of the current reporting period.	Total number of members enrolled as of the last day of the current reporting period.	Field Type: Numeric
B.	Total number of members who had an assessment completed during the previous reporting period.	Of the total reported in A, the number of members who had an assessment completed during the previous reporting period.	Field Type: Numeric Note: Is a subset of A.
C.	Total number of members with a reassessment completed during the current reporting period.	Of the total reported in B, the number of members who had a reassessment completed during the current reporting period.	Field Type: Numeric Note: Is a subset of B.
D.	Total number of members with a reassessment completed within 365 days of the most recent assessment completed.	Of the total reported in C, the number of members with a reassessment completed during the current reporting period that occurred within 365 days of the most recent assessment completed during the previous reporting period.	Field Type: Numeric Note: Is a subset of C.

Element Letter	Element Name	Definition	Allowable Values
E.	Total number of members who did not have an assessment completed during the previous reporting period.	Of the total reported in A, the number of members enrolled for at least 90 days during the previous reporting period who did not have an assessment completed during the previous reporting period.	Field Type: Numeric Note: Is a subset of A.
F.	Total number of members with an assessment completed during the current reporting period.	Of the total reported in E, the number of members who had an assessment completed during the current reporting period.	Field Type: Numeric Note: Is a subset of E.

B. QA Checks/Thresholds - procedures used by CMS and the state to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- CMS and the state will perform an outlier analysis.
- As data are received from MMPs over time, CMS and the state will apply threshold checks.

C. Edits and Validation checks - validation checks that should be performed by each MMP prior to data submission.

- Confirm those data elements listed above as subsets of other elements.
- MMPs should validate that data elements B and E are less than or equal to data element A.
- MMPs should validate that data element C is less than or equal to data element B.
- MMPs should validate that data element D is less than or equal to data element C.
- MMPs should validate that data element F is less than or equal to data element E.
- All data elements should be positive values.

D. Analysis - how CMS and the state will evaluate reported data, as well as how other data sources may be monitored. CMS and the state will evaluate the percentage of members who:

- Had an assessment completed during the previous reporting period who had a reassessment completed during the current reporting period.
- Had a reassessment completed during the current reporting period that was within 365 days of the most recent assessment completed during the previous reporting period.
- Were enrolled for at least 90 days during the previous reporting period who did not have an assessment completed during the previous reporting.

- Were enrolled for at least 90 days during the previous reporting period who did not have an assessment completed during the previous reporting period but had an assessment completed during the current reporting period.

E. Notes - additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- MMPs should include all members regardless of whether the member was enrolled through passive enrollment or opt-in enrollment. Medicaid-only members should not be included.
- MMPs should only include members who are still enrolled as of the last day of the current reporting period.
- The specific requirements pertaining to an assessment may vary by state. MMPs should refer to their three-way contract for specific requirements.
- The assessment for this measure should be the comprehensive health risk assessment. Some states may require a preliminary screening; this is not the focus of this measure.
- For reporting all data elements, MMPs should report unduplicated counts of members meeting the criteria for each element. Members with more than one assessment or reassessment during a reporting period should be reported only once in the relevant data elements.
- For reporting data element B, include all members who were enrolled as of the last day of the current reporting period who received an assessment (initial or reassessment) during the previous reporting period.
- For reporting data element C, include all members reported in data element B who had a reassessment completed at any time during the current reporting period.
- For reporting data element D, include all members reported in data element C who had a reassessment completed during the current reporting period that was completed within 365 days of the date of the member's most recent assessment (initial or reassessment) completed during the previous reporting period. For example, if a member was assessed twice during CY2014, first on May 15, 2014 and again on October 15, 2014, count 365 days continuously from October 15, 2014 to determine if a reassessment occurred within 365 days. In this example, if the member completes a reassessment on September 15, 2015, they would be included in data element D for CY2015 reporting. Conversely, if the member's reassessment was not completed until November 15, 2015, they would not be included in data element D for CY2015 reporting. In either case, the member would be captured in data element C.
- For members who disenroll and reenroll in the MMP, MMPs should count 365 days continuously from the member's most recent assessment date within the previous reporting period, even if that assessment was conducted during the member's prior enrollment period.
- For reporting data element E, include all members who were enrolled as of the last day of the current reporting period, who were enrolled for at

least 90 days during the previous reporting period who did not receive an assessment (initial or reassessment) during the previous reporting period.

- For members who disenroll and reenroll in the MMP, MMPs should include members that had any continuous enrollment of 90 days or more in the previous year, even if that enrollment preceded a break in coverage by the MMP.
- For reporting data element F, include all members reported in data element E who had an assessment completed at any time during the current reporting period.
- This measure will not be reported until Calendar Year 2 (e.g., Calendar Year 2015 will be Calendar Year 2 for all MMPs whose demonstration effective enrollment date began in Calendar Year 2014).
- The term “current reporting period” in data elements A, C, D and F refers to the current calendar year. The term “previous reporting period” in elements B, D and E refers to the prior calendar year.

F. Data Submission - how MMPs will submit data collected to CMS and the state.

- MMPs will submit data collected for this measure through the Health Plan Management System (HPMS).