Core Measure 2.1: Frequently Asked Questions (FAQs)

Last Updated: March 2019

The following FAQs provide guidance for reporting Core Measure 2.1: *Members with an assessment completed within 90 days of enrollment*. Detailed specifications for this measure can be found in the Medicare-Medicaid Capitated Financial Alignment Model Core Reporting Requirements. The reporting requirements document is available on the following website: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPReportingRequirements.html.

Core Measure 2.1 General Guidance

1. What is the intent of Core Measure 2.1?

The intent of the measure is to capture the number of members who had an initial comprehensive assessment completed within their first 90 days of continuous enrollment. It also captures the number of members who were unwilling to participate in the comprehensive assessment within 90 days of enrollment, or were unable to be reached by the MMP within 90 days of enrollment.

2. What type of assessment meets the requirements of Core Measure 2.1?

The assessment for this measure should be an initial comprehensive health risk assessment, as applicable per demonstration-specific guidance. The requirements pertaining to the assessment tool and how the tool should be administered (e.g., in-person, phone, etc.) may vary by demonstration. The assessment tool should meet any state-specific criteria and include the appropriate domains. MMPs should refer to their three-way contract for specific requirements.

Additional guidance is included in the state-specific reporting appendices. MMPs should refer to their state-specific reporting appendix for information on the type of tool used to conduct the assessment, reporting initial assessments completed by the MMP prior to a member's effective enrollment date, reporting initial assessments for members with a break in coverage, and reporting initial assessments completed previously by the MMP's affiliated product. Note that the applicability of such guidance varies across demonstrations.

Identifying Data Element A

3. How should MMPs determine if a member's 90th day of enrollment occurred within the reporting period?

The 90th day of enrollment is based on each member's most recent effective date of Medicare-Medicaid enrollment. For purposes of reporting Core Measure 2.1, 90 days of continuous enrollment is equivalent to three full calendar months, not 90 calendar days. Further, the 90th day of continuous enrollment will always occur on the last day of the 3rd month following a member's most recent effective enrollment date. For example, a member enrolled on January 1, 2019 would reach his/her 90th day of enrollment on March 31, 2019.

When reporting quarterly results for Ongoing reporting periods, MMPs should report all members who reached their 90th day of continuous enrollment at any point during the three months included in the quarter (e.g., members enrolled on May 1, June 1, and July 1 reached their 90th day of enrollment during the third quarter [July – September]; therefore, these members should be included in Ongoing reporting for the third quarter as long as they were still enrolled on the last day of the reporting period).

4. **Should a member be continuously enrolled in the MMP from their most recent effective enrollment date through the 90th day of enrollment?**

   Yes. In addition to reporting members who are currently enrolled on the last day of the reporting period, the member may have no breaks in enrollment from his/her most recent effective enrollment date through his/her 90th day of enrollment. For example, if a member enrolled on April 1, disenrolled on May 1, then re-enrolled on June 1 and remained enrolled on September 30, the most recent effective enrollment date would be June 1, not April 1. Since this member was continuously enrolled from June 30 through 90 days of enrollment and remained enrolled on the last day of the reporting period (i.e., September 30), the member would be included in data element A for the third quarter.

5. **Should MMPs include passively enrolled or opt-in only members?**

   MMPs should include all Medicare-Medicaid members in data element A regardless of whether the member was enrolled through passive enrollment or opt-in enrollment. Members receiving only Medicaid coverage during the reporting period should not be included in data element A.

6. **Should MMPs include members who were disenrolled as of the end of the reporting period?**

   MMPs should not report members in data element A who are no longer enrolled on the last day of the reporting period. The last day of the reporting period is the anchor date, or the date on which all reported members must be enrolled in the MMP. For example, if a member enrolled in the MMP on February 1 and disenrolled on June 1, he/she would not be reported in data element A for the second quarter reporting, because the member was not enrolled on the last day of the reporting period (i.e., June 30).

Identifying Data Element B

7. **Should MMPs include indirect refusals when reporting members as unwilling to participate in the assessment within 90 days of enrollment?**

   Any of the following scenarios would indicate that a member (or his/her authorized representative) was unwilling to participate in the assessment. The MMP must be able to demonstrate during performance measure validation that information from the following scenarios was clearly documented.

   1. *Affirmatively declines to participate in the assessment, affirmatively declines care management activities overall, or refuses any contact with the MMP. The member may communicate the declination or refusal by phone, mail, fax, or in person. The declination or refusal must be documented by the MMP.*

2. *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.*
3. *Schedules an appointment to complete the assessment, but cancels or is a no-show and then is subsequently non-responsive. Attempts to contact the member must be documented by the MMP.*
4. *Initially agrees to complete the assessment, but then declines to answer a majority of the questions in the assessment. The declination must be documented by the MMP.*

8. How should the MMP document the declination by the member to participate in the assessment?

The MMP must clearly document why a member was unwilling to participate (i.e., document notes from the encounter with the member explaining the reason the member declined participation). Simply checking a box or a drop-down menu item that the member refused or was unwilling to participate, without accompanying narrative, does not constitute documented declination.

9. Upon reaching out to a member to complete the assessment or during an inbound call from the member, if a member declines care management services or unsubscribes from all communication from the MMP, can the member be categorized as unwilling to participate in the assessment within 90 days of enrollment?

Yes. The MMP must clearly document why a member was unwilling to participate.

10. If a member is disgruntled, hangs up on the MMP, or states they do not want to speak with the MMP "at this time" during an outreach attempt, can the member be categorized as unwilling to participate in the assessment within 90 days of enrollment?

No. The MMP must continue to conduct outreach to the member until the member meets the criteria for refusing to participate in the assessment as outlined in FAQ #7 above.

11. If a member mentions during an outreach attempt that they are traveling and are outside of the service area and will not return within 90 days of enrollment, can the member be categorized as unwilling to participate in the assessment within 90 days of enrollment?

Yes, if the assessment is required to be completed in person or if the member prefers to complete the assessment in person. However, the MMP should continue to conduct outreach to the member once the member has returned within the service area to complete the assessment.

Identifying Data Element C

12. What types of outreach can be counted in the three documented outreach attempts as part of data element C?

MMPs are encouraged to attempt to reach members via multiple modes (e.g., phone, mail, email, or in-person visits) and over various times and days of the week during the course of the member's first 90 days of enrollment. MMPs are also encouraged 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.

MMPs should refer to their three-way contract or other demonstration-specific guidance for any requirements pertaining to the method of outreach to members. MMPs must document each attempt to reach the member, including the method of the attempt (e.g., phone, mail, email, or in-person). If less than three outreach attempts are made to the member within 90 days of enrollment, then the member should not be included in data element C.

13. **Can MMPs include multiple modes of outreach when reporting three attempts for a single member (e.g., two telephonic attempts and one attempt via postal mail), or do all three attempts need to be the same mode of outreach (e.g., three telephonic attempts)?**

    MMPs should count the first three outreach attempts made to complete the assessment, regardless of the outreach method. For example, if a member was called on day 3 after the most recent effective enrollment date, was mailed an unable-to-reach letter on day 21, and was called again on day 40, the MMP can count these three individual attempts for data element C as long as the attempts were completed within 90 days of enrollment. All three outreach attempts must be clearly documented.

14. **Can MMPs count all outreach attempts made using the same mode of outreach that occur on the same day?**

    No. For example, if a member was called twice on day 6 and mailed an unable-to-reach letter on the same day, the MMP can only count the first phone call and the mail attempt for data element C. Outreach attempts made using the same mode of outreach must be conducted on different days of the week in order to count each outreach attempt. MMPs should refer to their three-way contract or other demonstration-specific guidance for any requirements pertaining to the method of outreach to members.

Additional Guidance – Scenario Examples

15. **If a member was documented as unwilling to participate in the assessment and then subsequently completed an assessment within the first 90 days of enrollment, in what data element should the member be reported?**

    If a member was documented as unwilling to participate in the assessment and also had an assessment completed within 90 days of enrollment, the member should be reported in data element D, not data element B.

16. **If a member was documented as unable to be reached to have an assessment completed and then subsequently completed an assessment within the first 90 days of enrollment, in what data element should the member be reported?**

    If a member was documented as unable to be reached to have an assessment completed and also had an assessment completed within 90 days of enrollment, the member should be reported in data element D, not data element C.

17. **If a member asks the MMP to mail them a paper version of the assessment to complete but does not mail back the completed paper assessment to the MMP, and no additional**

documented evidence of a refusal exists or additional outreach attempts to the member were made by the MMP, can this member be reported in data element B?

No. This member cannot be reported in data element B as there was no documented refusal to participate in the assessment. The MMP should make all efforts to follow up with the member to complete the assessment within 90 days of enrollment.

18. If a member tells the MMP that they want to disenroll from the MMP during an outreach attempt, can this member be reported in data element B?

No. This member cannot be reported in data element B as there was no documented refusal to participate in the assessment. For inclusion in data element B, the member must meet the criteria for refusing to participate in the assessment as outlined in FAQ #7 above.

19. If a member was contacted by phone and the phone number was invalid or disconnected, the member was sent an assessment letter in the mail, and no additional outreach attempts were made, can this member be reported in data element C?

No. This member cannot be reported in data element C as there were only two outreach attempts documented. The MMP should make all efforts to obtain updated contact information for the member, which may include contacting the member's primary care provider (or other recently utilized providers/pharmacies) for updated contact information or attempting an unscheduled visit to the member in person. Even if there are no additional methods for contacting the member, he/she should not be reported in data element C as the MMP did not conduct and document three attempts to reach the member.

20. If a member calls the MMP (e.g., to request information regarding the demonstration), can this inbound call be counted as one of the three documented outreach attempts for data element C?

No. Any inbound calls by the member to the MMP cannot be counted as part of the three required outreach attempts. All outreach attempts must be outbound attempts by the MMP to be counted in data element C. If the member calls the MMP and the assessment is completed during the same telephone call, the member would be included in data element D. Similarly, if the member calls the MMP and refuses to complete the assessment during the same telephone call, the member would be included in data element B.

21. If a member's assessment is in progress, but is not completed within 90 days of enrollment, should the assessment be considered complete?

No. Since the assessment was not completed within 90 days of enrollment, the assessment cannot be considered complete, and therefore, the member cannot be counted in data element D.

22. If the MMP is confident that a member's contact information is correct, yet the member is not responsive to the MMP's outreach efforts, can this member be reported in data element C?

Yes. So long as the MMP follows the guidance regarding outreach attempts, these members may be included in the count for data element C.

23. There may be certain circumstances that make it impossible or inappropriate to complete an assessment within the required timeframes. 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. In these cases, should members be counted in data elements B or C?

No. MMPs should not include such members in the counts for data elements B or C.

24. If the MMP contacts the member's pharmacy, primary care physician, or other provider to obtain updated contact information for the member, can this call be counted as one of the three documented outreach attempts for data element C?

No. Any calls to the member's pharmacy, primary care physician, or other provider cannot be counted as part of the three required outreach attempts. Only outreach attempts made to the member or the member's authorized representative can be counted as an outreach attempt for data element C.

25. If the MMP reviews a member's file/record in its care management system and discovers there is no phone information available for the member, can this member be reported in data element C?

No. MMPs should not include such members in the counts for data element C. MMPs should make all efforts to obtain updated contact information for members, attempt to visit the members in person, or mail letters to the members. Even if there are no additional methods for contacting the members, they should not be reported in data element C as the MMP did not conduct and document three outreach attempts to reach the members.

Validation Checks

26. What validation checks should MMPs perform internally to help ensure that reported data are valid prior to submitting data element values to the Health Plan Management System (HPMS)?

MMPs should ensure members reported in data elements B, C, and D are also reported in data element A since these data elements are subsets of data element A. The sum of data elements B, C, and D should be less than or equal to data element A. Additionally, data elements B, C, and D should be mutually exclusive (e.g., a member reported in data element B or C should not also be reported in data element D).

For data element A: MMPs should validate that members included in data element A were continuously enrolled for at least 90 days, and the 90th day of enrollment occurred within the reporting period. Note that for purposes of reporting this measure, 90 days of continuous enrollment is equivalent to three full calendar months (see FAQ #3 for more information). All members in data element A must be enrolled as of the last day of the reporting period. MMPs should also perform cross-measure comparisons, where applicable. For instance, MMPs should compare Core Measure 2.1 data element A to Core Measure 3.2 data element A, as the definitions of these data elements are identical.

For data element B: MMPs should validate that members included in data element B were included in data element A, but were not reported in data elements C or D. MMPs should validate that members reported in data element B were clearly documented as unwilling to

participate in the assessment within 90 days of enrollment and never had an assessment completed within 90 days of enrollment.

For data element C: MMPs should validate that members included in data element C were included in data element A, but were not included in data elements B or D. MMPs should validate that members reported in data element C had three outreach attempts clearly documented within 90 days of enrollment and never had an assessment completed within 90 days of enrollment.

For data element D: MMPs should validate that members reported in data element D were included in data element A, but were not reported in data elements B or C. MMPs should validate that members reported in data element D had a completed initial assessment clearly documented within 90 days of enrollment.