Medicare-Medicaid Plan Care Coordination (MMPCC)

PROGRAM AUDIT PROTOCOL AND DATA REQUEST
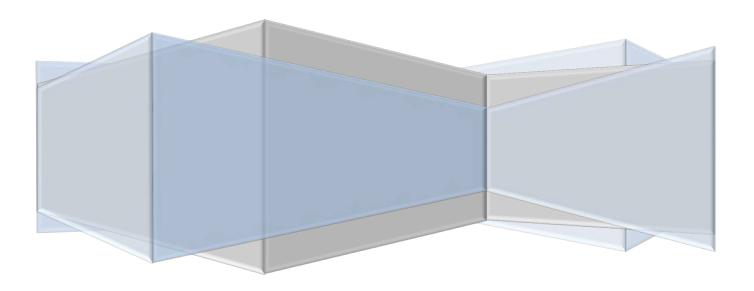
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Program Audit Protocol

Purpose

To evaluate performance in the areas outlined in this Program Audit Protocol and Data Request related to Medicare-Medicaid Plan Care Coordination (MMPCC). The Centers for Medicare & Medicaid Services (CMS) performs its program audit activities in accordance with the MMPCC Program Audit Data Request and applying the compliance standards outlined in this Program Audit Protocol and the Program Audit Process Overview document. At a minimum, CMS will evaluate cases against the criteria listed below. CMS may review factors not specifically addressed below if it is determined that there are other related MMPCC requirements not being met.

Audit Elements Tested

      1. Care Coordination

Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Not Applicable	Universe Integrity Testing	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Select 10 cases from Universe Table 1. Prior to field work, CMS will schedule a webinar with the Sponsoring Organization to verify accuracy of Medicare-Medicaid Plan (MMP) data within Table 1 for each of the sampled cases. System data such as enrollment dates, dates of initial health risk assessment (IHRA), etc. will be verified. Review all cases selected for universe integrity testing. The integrity of the universe will be questioned if data points specific to the sample case(s) are incomplete, do not match, or cannot be verified by viewing the Sponsoring organization's systems and/or other supporting documentation. Sample selections will be provided to the Sponsoring organization approximately one hour prior to the scheduled integrity testing webinar.	Applicable demonstration three-way contract

Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Coordination	1.1	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE) Table 2IA: MMP HRA Timeliness Impact Analysis (M_HRAT-IA)	Conduct a timeliness test at the universe level of enrollees who have been continuously enrolled for at least 90 days, to determine whether the MMP conducted IHRAs within the required timeframe described in the applicable demonstration three-way contract for each risk stratification level. IHRA timeliness assessments will be conducted using current enrollments from Table 1. Assessments will be limited to individuals enrolled with effective dates within 12 months of the audit engagement letter. CMS will consider if the MMP made the requisite number of attempts to complete the IHRA based on the requirements in the applicable demonstration three-way contract. Request an impact analysis for any enrollee identified as not having an IHRA conducted to quantify the outreach made by the MMP in an attempt to conduct the IHRA within the required timeframe described in the applicable demonstration three-way contract for each risk stratification level. Impact analysis review period is limited to the 12 month period prior to date of the engagement letter to align with the timeliness test. *Outreach data points in Table 2IA are subject to validation, as requested by CMS.*	Applicable demonstration three-way contract

Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Coordination	1.2	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE) Table 2IA: MMP HRA Timeliness Impact Analysis (M_HRAT-IA)	Conduct timeliness test at the universe level of enrollees who have either been continuously enrolled for 365 days or more, or new enrollees who missed the deadline to complete an initial HRA, to determine whether the MMP conducted timely annual health re-assessment HRAs (AHRAs). Request an impact analysis for any enrollee identified as having an untimely AHRA to quantify the outreach made by the MMP in an attempt to conduct the AHRA within 365 days of the prior HRA completion date, or date of enrollment if no initial HRA was conducted.	Applicable demonstration three-way contract

Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Coordination	1.3	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Select a sample of 30 enrollees from Table 1 that reflect general composition of membership in each of the MMPs for the Sponsoring Organization. When a Sponsoring Organization has multiple MMPs, a minimum of 5 enrollees should be selected from each MMP. If there are less than 5 enrollees included in the universe for that MMP, then include them all in the sample. The remaining number of sampled enrollees should be split between other MMPs proportional to their enrollment, if possible. Select samples with a variety of risk stratification levels (Column ID H in Universe Table 1). Review the 30 selected samples to determine whether the completed HRA included a comprehensive initial assessment and reassessment(s) of all requisite assessment domains specified per the applicable demonstration three-way contract, for example, the goals and preferences associated with the medical, psychosocial, cognitive, functional, and mental health needs of the enrollee. Sample selections will be provided to the MMP the Thursday prior to the start of audit field work.	Applicable demonstration three-way contract

Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Coordination	1.4	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review the 30 selected samples to determine whether the MMP appropriately reviewed, analyzed, and stratified the enrollee based on the HRA and any other applicable demonstration three-way contract requirements such as waiver enrollment or certain diagnoses.	Applicable demonstration three-way contract
Care Coordination	1.5	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review the 30 selected samples to determine whether the HRA was completed in the appropriate setting or method to the extent it was specified in the applicable demonstration three-way contract.	Applicable demonstration three-way contract.
Care Coordination	1.6	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review the 30 selected samples to determine whether the MMP administered HRAs subsequent to the IHRA/reassessment in the event of an enrollee's change in health status. If not, consider any mitigating factors documented (e.g., enrollee preference to meet at a later date, enrollee declined to participate in HRA, inability to conduct an appropriate HRA due to hospitalization, etc.).	Applicable demonstration three-way contract

Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Coordination	1.7	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review the 30 selected samples to determine whether the MMP completed an individualized care plan (ICP) for each enrollee that addressed the enrollee needs, goals and preferences identified in the HRA and was consistent with the applicable demonstration three-way contract. Consider whether the ICP includes the following, in accordance with the applicable demonstration three-way contract: • The enrollee's self-management goals and objectives. • The enrollee's personal healthcare preferences. • A description of services specifically tailored to the enrollee's needs. • The enrollee's language preferences. • Identification of any caregiver needs, if applicable. • Identification of goals (met or not met).	Applicable demonstration three-way contract
Care Coordination	1.8	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review the 30 selected samples to determine whether the ICP included measurable outcomes, inclusive of a timeframe for completion or evaluation if the outcome was not met, in accordance with the applicable demonstration three-way contract.	Applicable demonstration three-way contract

Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Coordination	1.9	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review the 30 selected samples to determine whether the enrollees' ICPs were reviewed and/or modified as there were changes to the enrollees' health care needs and in accordance with applicable demonstration three-way contract requirements.	Applicable demonstration three-way contract
Care Coordination	1.10	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review documentation which may include, but is not limited to case management notes, Interdisciplinary Care Team (ICT) documentation including social services provided, and systems information such as utilization management, claims data, and prescription drug events (PDE) for each of the 30 selected samples to determine whether the MMP implemented the ICP.	Applicable demonstration three-way contract
Care Coordination	1.11	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review documentation which may include, but is not limited to ICT notes and communications (amongst ICT members and/or with enrollees/caregivers) pertaining to each of the 30 selected samples to determine how the enrollee and/or the caregiver/representative was involved in the ICP development.	Applicable demonstration three-way contract

Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Coordination	1.12	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review systems for documentation which may include but is not limited to case management notes, ICT member notes and communications (e.g. documented phone calls, letters to/from providers regarding enrollee care, etc.), and ICT meeting agendas/minutes pertaining to each of the 30 selected samples to determine whether the MMP coordinated communication among its personnel, providers, and enrollees.	Applicable demonstration three-way contract
Care Coordination	1.13	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review documentation for each of the 30 selected samples to determine whether each enrollee's care was managed by an ICT comprised of appropriate clinical disciplines and consistent with enrollee preferences, according to the applicable demonstration three-way contract.	Applicable demonstration three-way contract
Care Coordination	1.14	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review documentation for each of the 30 selected samples to determine whether the ICT performed all prescribed functions as set forth in the applicable demonstration three-way contract (e.g., involvement in ICP development).	Applicable demonstration three-way contract
Care Coordination	1.15	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review documentation for each of the 30 selected samples to determine whether the ICT attempted to involve the enrollee in the ICT discussions/meetings as set forth in the applicable demonstration three-way contract.	Applicable demonstration three-way contract

Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Coordination	1.16	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review documentation for each of the 30 selected samples to determine whether the MMP developed and implemented care transition protocols between settings to maintain continuity of care and care transitions for new enrollees as defined in the applicable demonstration three-way contract. Documentation may include, but is not limited to: • Case management and/or ICT notes. • Correspondence with the enrollee's PCP, specialists, hospital, skilled nursing staff, assisted living facility, etc. • Discharge planning and/or care setting transition discussions held with the enrollee, the enrollee's caregiver or authorized representative.	Applicable demonstration three-way contract
Care Coordination	1.17	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review documentation for each of the 30 selected samples to determine whether HRAs and ICPs were conducted by staff with appropriate professional knowledge and credentials, as required per the applicable demonstration three-way contract.	Applicable demonstration three-way contract

Audit Element	Compliance Standard	Data Request	Method of Evaluation	Criteria
Care Coordination	1.18	Universe Table 1: Medicare-Medicaid Plan Enrollees (MMPE)	Review documentation for each of the 30 selected samples to determine whether each member of the enrollee's ICT possesses the training required by the applicable demonstration three-way contract.	Applicable demonstration three-way contract

Program Audit Data Request

Audit Engagement and Universe Submission Phase

Universe Submissions

Sponsoring organizations must submit each universe, comprehensive of all MMP contracts identified in the audit engagement letter, in either Microsoft Excel (.xlsx) file format with a header row or Text (.txt) file format without a header row. Descriptions and clarifications of what must be included in each submission and data field are outlined in the individual universe record layouts below. Characters are required in all requested fields, unless otherwise specified, and data must be limited to the request specified in each record layout. Sponsoring organizations must provide accurate and timely universe submissions within 15 business days of the audit engagement letter date. Submissions that do not strictly adhere to the record layout specifications will be rejected.

Universe Requests

1. Universe Table 1: Medicare-Medicaid Plans Enrollees (MMPE) Record Layout

Universe Record Layout	Scope of Universe Request
Table 1	List of enrollees as of the date of the audit engagement letter

Please use the guidance below for the following record layout:

Universe Table 1: Medicare-Medicare Plans Enrollees (MMPE) Record Layout
- List all current MMP enrollees as of the date of the audit engagement letter.
- List each enrollee only once.
- Include enrollees with disenrollment effective dates at the end of month in which the audit engagement letter is received.
- Exclude enrollments received before the date of the audit engagement letter that are not effective until the first day of the month following the audit engagement letter.

Column ID	Field Name	Field Type	Field Length	Description
A	Enrollee First Name	CHAR Always Required	50	Enter the first name of the enrollee.
B	Enrollee Last Name	CHAR Always Required	50	Enter the last name of the enrollee.

Column ID	Field Name	Field Type	Field Length	Description
C	Enrollee ID	CHAR Always Required	11	Enter the Medicare Beneficiary Identifier (MBI) of the enrollee. An MBI is the non-intelligent unique identifier that replaced the HICN on Medicare cards as a result of The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. The MBI contains uppercase alphabetic and numeric characters throughout the 11-digit identifier and is unique to each Medicare enrollee. This number must be submitted excluding hyphens or dashes.
D	Contract ID	CHAR Always Required	5	Enter the contract number (e.g., H1234) of the organization in which the enrollee is currently part.
E	Plan Benefit Package (PBP)	CHAR Always Required	3	Enter the PBP (e.g., 001).
F	First Tier, Downstream, and Related Entities (FDR)	CHAR Always Required	70	FDRs assigned to the enrollee (e.g., Independent Physician Association, Physicians Medical Group or Third Party Administrator, any/all third party, downstream, or related organizations that the MMP contracts with in order to implement and/or manage the care). Enter NA if not applicable.
G	Enrollment Effective Date	CHAR Always Required	10	Enter the effective date of the most current/continuous enrollment for the enrollee with the MMP. Submit in CCYY/MM/DD format (e.g., 2020/01/01).
H	Enrollee's Initial Risk Stratification Level	CHAR Always Required	50	Enter the enrollee's initial risk stratification level in accordance with the risk stratification levels set forth in the applicable demonstration three-way contract. Enter NA if no risk stratification level has been assigned.

Column ID	Field Name	Field Type	Field Length	Description
I	Date of enrollee initial risk stratification level	CHAR Always Required	10	Date of the enrollee's initial risk stratification level assignment. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Enter NA if no risk stratification level has been assigned.
J	Date of most recent HRA	CHAR Always Required	10	Enter the date of the enrollee's most recently completed HRA. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Enter None if no HRA was completed (e.g., when enrollee refused the HRA or was unable to be reached). If only the Initial HRA has been completed this date should equal the Initial HRA date.
K	Date of previous HRA	CHAR Always Required	10	Enter the date of the enrollee's previously completed HRA. Submit in CCYY/MM/DD format (e.g., 2020/01/01). This is the date of the most recently completed HRA prior to the date entered in Column ID J. Enter None if another HRA was not completed (e.g., when enrollee refused the HRA or was unable to be reached).

Column ID	Field Name	Field Type	Field Length	Description
L	Date Initial HRA (IHRA) was completed	CHAR Always Required	10	Enter the date of the enrollee's IHRA completion. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Enter None if no IHRA or Medicaid assessment, if allowed, was completed within the required timeframe per the applicable demonstration three-way contract.
M	Enrollee Risk Stratification Level at time of audit engagement letter	CHAR Always Required	50	Enter the enrollee risk stratification level at time of the audit engagement letter. Enter None if no risk stratification level has been assigned.
N	Date of most recent Individualized Care Plan (ICP)	CHAR Always Required	10	Submit in CCYY/MM/DD format (e.g., 2020/01/01). Enter None if the MMP did not develop an ICP. If care plan is continuous, enter the date of the most recent update.
O	Was an Interdisciplinary Care Team (ICT) created/identified?	CHAR Always Required	1	Enter Y (for Yes) if the enrollee has an ICT assigned. Enter N (for No) if the enrollee does not have an assigned ICT.

Supplemental Documentation Submissions

MMPs must submit the requested documentation identified below in either a Microsoft Word (.docx), Microsoft Excel (.xlsx), or Adobe Portable Document File (.pdf). MMPs must submit this documentation within 15 business days of the audit engagement letter date, unless otherwise specified.

Supplemental Documentation Requests
- MMPCC Supplemental Questionnaire- due within 5 business days of the audit engagement letter date.

Audit Field Work Phase

Supporting Documentation Submissions

During audit field work, CMS will review 30 enrollee samples selected from Table 1 to determine whether the MMP is compliant with its applicable demonstration three-way contract requirements. To facilitate this review, the MMP must have access to, and the ability to save and upload screenshots of, supporting documentation and data relevant to a particular case, including, but not limited to:

- Completed enrollee Health Risk Assessment(s).
- Copy of the enrollee's Individualized Care Plan (ICP).
- Care and case management documentation associated with the ICP (including claims, encounters, and Prescription Drug Events). Specific documentation will be selected by the audit team based on the content of the ICP.
- Membership of the ICT with evidence of appropriate credentials.
- Information on the MMP's process to confirm training for ICT members and evidence of the MMP's confirmation.
- Meeting minutes
- Case files
- Telephone scripts
- Attendance records
- Policies and procedures

CMS may request supporting documentation dated as far back as necessary in order to determine compliance with the applicable demonstration three-way contract requirements. MMPs must submit supporting documentation within 2 business days of the request.

Root Cause Analysis Submissions

MMPs may be required to provide a root cause analysis using the Root Cause Template provided by CMS. MMPs have 2 business days from the date of request to respond.

Impact Analysis Submissions

When noncompliance with the applicable demonstration three-way contract requirements is identified on audit, MMPs must submit each requested impact analysis, comprehensive of all applicable contracts, in either Microsoft Excel (.xlsx) file format with a header row or Text (.txt) file format without a header row. Descriptions and clarifications of what must be included in each submission and data field is outlined in the individual tables below. Characters are required in all requested fields, unless otherwise specified, and data must be limited to the request specified in each table. MMPs must provide accurate and timely impact analysis submissions within 10 business days of the request. Submissions that do not strictly adhere to the record layout specifications will be rejected.

Impact Analysis Requests
1. Table 1IA: MMP Care Coordination Impact Analysis (M_CC-IA) Record Layout
2. Table 2IA: MMP HRA Timeliness Impact Analysis (M_HRAT-IA) Record Layout

Impact Analysis Record Layout	Scope of Impact Analysis Request
Table 1IA	Submit a list of enrollees impacted by the Care Coordination issue(s) identified during the 26-week period preceding the date of the audit engagement letter through the date the issue was identified on audit.
Table 2IA	Submit a list of enrollees who did not receive a timely initial and/or annual HRA within the 12 month period prior to the date of the engagement letter. Populate untimely cases with the appropriate outreach information for initial and/or annual HRAs as identified during the timeliness test.

Please use the guidance below for the following record layout:

Table 1IA: MMP Care Coordination Impact Analysis (M_CC-IA) Record Layout
• Include all enrollees impacted by the care coordination issue as specified in the request for an impact analysis.

Column ID	Field Name	Field Type	Field Length	Description
A	Enrollee First Name	CHAR Always Required	50	Enter the first name of the enrollee.
B	Enrollee Last Name	CHAR Always Required	50	Enter the last name of the enrollee.
C	Enrollee ID	CHAR Always Required	11	Enter the Medicare Beneficiary Identifier (MBI) of the enrollee. An MBI is the non-intelligent unique identifier that replaced the HICN on Medicare cards as a result of The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. The MBI contains uppercase alphabetic and numeric characters throughout the 11-digit identifier and is unique to each Medicare enrollee. This number must be submitted excluding hyphens or dashes.

Column ID	Field Name	Field Type	Field Length	Description
D	Contract ID	CHAR Always Required	5	Enter the contract number (e.g., H1234) of the organization in which the enrollee is currently part.
E	Plan Benefit Package (PBP)	CHAR Always Required	3	Enter the PBP (e.g., 001).
F	First Tier, Downstream, and Related Entities (FDR)	CHAR Always Required	70	FDRs assigned to the enrollee (e.g., Independent Physician Association, Physicians Medical Group or Third Party Administrator, any/all third party, downstream, or related organizations that the MMP contracts with in order to implement and/or manage the care). Enter NA if not applicable.
G	Enrollee Current Risk Stratification Level	CHAR Always Required	50	Enter the enrollee's current risk stratification level in accordance with the risk stratification levels set forth in the applicable demonstration three-way contract. Enter NA if no risk stratification level has been assigned.
H	Was an HRA conducted?	CHAR Always Required	1	Enter: • Y (for Yes) • N (for No)
I	Were all HRAs conducted during the IA review period in the setting required per the applicable demonstration three-way contract?	CHAR Always Required	2	Enter: • Y (for Yes) • N (for No) • NA if the HRA was not conducted

Column ID	Field Name	Field Type	Field Length	Description
J	If an HRA was conducted, were needs identified?	CHAR Always Required	2	Enter: • Y (for Yes) if needs were identified in all HRAs conducted within the IA review period. • N (for No) if needs were not identified in all HRAs conducted within the IA review period. • NA if an HRA was not conducted.
K	Did the enrollee experience a change in health status that met the requirement for a reassessment per the applicable demonstration three-way contract during the impact analysis request period?	CHAR Always Required	1	Enter: • Y (for Yes) • N (for No)
L	If the enrollee experienced a change in health status that met the requirement for a reassessment per the applicable demonstration three-way contract during the impact analysis period, was the reassessment conducted?	CHAR Always Required	2	Enter: • Y (for Yes) • N (for No) • NA if the enrollee did not experience a change in health status that would trigger the requirement for a reassessment during the impact analysis request period.

Column ID	Field Name	Field Type	Field Length	Description

M	If a reassessment was not completed based on a change in health status, was the required number of outreach attempts completed per the applicable demonstration three-way contract?	CHAR Always Required	2	• Y (for Yes)
				• N (for No)
				• NA:
				   • if there was no change in health status reassessment required per the applicable demonstration three-way contract during the IA period or;
				   • if the reassessment was completed for a change in health status.

N	If an ICP was created, were the enrollee needs, goals and preferences addressed?	CHAR Always Required	2	Enter: • Y (for Yes) • N (for No) • NA (if an ICP was not created)
O	If an ICP was created, was enrollee or caregiver/ representative involved in its development?	CHAR Always Required	2	Enter: • Y (for Yes) • N (for No) • NA (if an ICP was not created)
P	Initial ICP Date	CHAR Always Required	10	Enter the date the initial ICP was completed. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Enter None if an initial ICP was not completed.

Column ID	Field Name	Field Type	Field Length	Description
Q	Date of Most Recent ICP revision	CHAR Always Required	10	Enter the date the ICP was most recently revised. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Enter NA if the enrollee's ICP has not been completed or revised since the initial ICP was completed per Column ID P.
R	Basis of most recent ICP	CHAR Always Required	16	Enter basis for most recent ICP revision in Column ID Q: • Annual, or • Change in Status Enter NA if the enrollee's ICP has not been completed or revised since the initial ICP was completed per Column ID P.
S	Date of previous ICP revision	CHAR Always Required	10	Enter the date the enrollee's ICP was previously revised compared to Column ID Q. Submit in CCYY/MM/DD format (e.g., 2020/01/01) For example, in the case of an ICP that was revised on January 1, but then revised again on March 1 of the same year, March is the date of the most recent ICP revision, and January is the date of the previous ICP revision. Enter NA if the enrollee's ICP has not been completed or revised since the initial ICP was completed.

Column ID	Field Name	Field Type	Field Length	Description
T	Basis of previous ICP	CHAR Always Required	16	Enter basis for previous ICP revision: • Annual, or • Change in Status Enter NA if the enrollee's ICP has not been completed or revised since the initial ICP was completed.
U	If enrollee experienced a hospitalization or other change in health status during the impact analysis request period, was the ICP updated?	CHAR Always Required	2	Enter: • Y (for Yes) • N (for No) • NA if the enrollee did not experience a hospitalization or other change in health status during the impact analysis request period.
V	If enrollee experienced a transition of care between settings (hospital, long-term care, etc.) was transitional care offered to the enrollee post-discharge?	CHAR Always Required	2	Enter: • Y (for Yes) • N (for No) • NA if the enrollee did not experience a transition of care between settings.
W	Was an ICT created?	CHAR Always Required	1	Enter: • Y (for Yes) • N (for No)
X	If an ICT was created, was the ICT involved in creating and updating the enrollee's ICP?	CHAR Always Required	2	Enter: • Y (for Yes) • N (for No) • NA if an ICT was not created.

Column ID	Field Name	Field Type	Field Length	Description
Y	Is there evidence that providers (PCPs, specialists, etc.) with appropriate clinical disciplines per the applicable demonstration three-way contract and consistent with enrollee preferences were invited to participate on the enrollee's ICT?	CHAR Always Required	1	Enter: • Y (for Yes) • N (for No)
Z	Did all members of enrollee's ICT receive training as required by the applicable demonstration three-way contract?	CHAR Always Required	1	Enter: • Y (for Yes) • N (for No) Enrollees and family members are not required to receive training.

Please use the guidance below for the following record layout:

Table 2IA: MMP HRA Timeliness Impact Analysis (M_HRAT-IA) Record Layout

- Include all enrollees without a completed HRA or with an untimely HRA to quantify outreach attempts, as specified in the request.

Impact analysis review period is the 12 month period prior to date of the engagement letter. MMPs conducting HRA events within the 12-month period on a single enrollee should populate the IA record layout with the most recent HRA event that occurred during the applicable timeframe.

Column ID	Field Name	Field Type	Field Length	Description
A	Enrollee First Name	CHAR Always Required	50	Enter the first name of the enrollee.
B	Enrollee Last Name	CHAR Always Required	50	Enter the last name of the enrollee.
C	Enrollee ID	CHAR Always Required	11	Enter the Medicare Beneficiary Identifier (MBI) of the enrollee. An MBI is the non-intelligent unique identifier that replaced the HICN on Medicare cards as a result of The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. The MBI contains uppercase alphabetic and numeric characters throughout the 11-digit identifier and is unique to each Medicare enrollee. This number must be submitted excluding hyphens or dashes.
D	Contract ID	CHAR Always Required	5	Enter the contract number (e.g., H1234) of the organization in which the enrollee is currently part.
E	Plan Benefit Package (PBP)	CHAR Always Required	3	Enter the PBP (e.g., 001).

Column ID	Field Name	Field Type	Field Length	Description
F	First Tier, Downstream, and Related Entities (FDR)	CHAR Always Required	70	FDRs assigned to the enrollee (e.g., Independent Physician Association, Physicians Medical Group or Third Party Administrator, any/all third party, downstream, or related organizations that the MMP contracts with in order to implement and/or manage the care). Enter NA if not applicable.
G	Enrollment effective date	CHAR Always Required	10	Enter the effective date of the most current/continuous enrollment for the enrollee with the MMP. Submit in CCYY/MM/DD format (e.g., 2020/01/01).
H	Enrollee Initial Risk Stratification Level	CHAR Always Required	50	Enter the enrollee's initial risk stratification level in accordance with the risk stratification levels set forth in the applicable demonstration three-way contract. Enter NA if no risk stratification level has been assigned.
I	IHRA completion date	CHAR Always Required	10	Enter the actual date the IHRA was completed. Submit in CCYY/MM/DD format (e.g., 2020/01/01) or enter NA if not completed.
J	Number of IHRA outreach attempts	CHAR Always Required	2	Enter number of outreach attempts in numerical format.
K	Date of first IHRA outreach attempt	CHAR Always Required	10	Enter the date first attempt was made to conduct the IHRA. Submit in CCYY/MM/DD format (e.g., 2020/01/01).
L	Date of last IHRA outreach attempt	CHAR Always Required	10	Enter the date of the most recent attempt was made to conduct the IHRA. Submit in CCYY/MM/DD format (e.g., 2020/01/01).

Column ID	Field Name	Field Type	Field Length	Description
M	Date of enrollee IHRA refusal	CHAR Always Required	10	Enter: • refusal date in CCYY/MM/DD format, • NA if the enrollee did not refuse IHRA completion.
N	Enrollee Current Risk Stratification Level	CHAR Always Required	50	Enter the enrollee's current risk stratification level in accordance with the risk stratification levels set forth in the applicable demonstration three-way contract. Enter NA if no risk stratification level has been assigned.
O	AHRA due date	CHAR Always Required	10	Enter the date by which the AHRA should have been completed. Submit in CCYY/MM/DD format (e.g., 2020/01/01).
P	Was an AHRA completed?	CHAR Always Required	2	Enter: • Y (for Yes) • N (for No) • NA if AHRA was not yet due
Q	AHRA completion date	CHAR Always Required	10	Enter the actual date the AHRA was completed. Submit in CCYY/MM/DD format (e.g., 2020/01/01) or enter NA if the AHRA was not completed.
R	Number of AHRA outreach attempts	CHAR Always Required	2	Enter number of outreach attempts made by MMP.
S	Date of first AHRA outreach attempt	CHAR Always Required	10	Enter the date first attempt was made to conduct the AHRA. Submit in CCYY/MM/DD format (e.g., 2020/01/01) or enter NA if the AHRA was not completed.

Column ID	Field Name	Field Type	Field Length	Description
T	Date of last AHRA outreach attempt	CHAR Always Required	10	Enter the date the most recent attempt was made to conduct the AHRA. Submit in CCYY/MM/DD format (e.g., 2020/01/01) or enter NA if the AHRA was not completed.
U	Date of enrollee AHRA refusal	CHAR Always Required	10	Enter: • Refusal date in CCYY/MM/DD format • NA if the enrollee did not refuse AHRA completion.

Verification of Information Collected: CMS may conduct integrity tests to validate the accuracy of all universes, impact analyses, and other related documentation submitted in furtherance of the audit. If data integrity issues are noted, MMPs may be required to resubmit their data.