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MN

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General Comment

On behalf of PrimeWest Health, thank you for giving us the opportunity to provide feedback on the 2017 Medicare Part C
Reporting Requirements (CMS-10261; OMB control number: 0938-1054). Our questions are on the Part C 13
SNP Care Management.

Questions:

1.) In data element 13.1, it says that after the 90-day period following the effective date of enrollment enrollees are no
longer reported as eligible for an initial HRA but are eligible for a reassessment. Does this mean that if they didn't have an
HRA in the time frame they are now not reported in the denominator for "initial assessments"?

If yes, would data elements 13.4 and 13.5 both be zero, since they are a subset of new enrollees (defined by 13.1) and
members enrolled for more than 90 days without an assessment are no longer eligible for 13.1?

If no, are these members double counted in the year since they will then qualify for bullet 3 in 13.2? Also, does 13.2
have no enrollment criteria other than the 90 days from the initial period?

2.) In data element 13.2, bullets 1 and 2 have the criteria of eligibility as being enrolled up to 365 days after initial or most
recent HRA. Does this mean that members who did not receive a reassessment (or initial) in the last year are not accounted
for, since it will have been over 365 days since their most recent HRA? Or will the "anniversary date" idea be used?

3.) What, if any, is the time frame for the attempts to contact and the refusal?

4.) Do the attempts/refusals have to be renewed yearly to keep them in a bucket? Or members in the 13.4/5 buckets that
would then by bullet 3 fall into 13.2 need to have attempts/refusals documented again? Or would the member not even fall
into the reassessment eligibility in the next year if they were in 13.4/5/7/8 in the previous year?

5.) What counts as a phone attempt? Do they all have to be calls to the member? What if there isn't a known phone number
for the member or the phone number is incorrect, as is often the case with dual eligible members?

6.) How do we handle members that have been retro-enrolled? They could potentially fall off enrollment in the month prior
to their reassessment due date but then after being off the plan for a month, retro-enroll back to their disenrollment date.
Our enrollment at the end of the year wouldn't show them as having fallen off, it'd show them as having continuous enrollment
even though during the month they should have had their reassessment they didn't appear to be enrolled.