

Instructions
Special Needs Plans Care Coordination (SNPCC)
HRA Timeliness Mitigation Analysis (HRA-TMA)

HRA Timeliness Mitigation Analysis (HRA-TMA) - complete as requested by CMS

- Analysis review period is the 12-month period prior to date of the engagement letter.
Sponsoring organizations conducting HRA events within the 12-month period on a single enrollee should populate with the most recent HRA event that occurred during the applicable timeframe.

HRA Timeliness Mitigation Analysis tabs- complete as requested by CMS

Mitigation timeframe: XX/XX/XXXX - XX/XX/XXXX

- Using the Enrollee Mitigation tab(s):
 - Complete the IHRA Enrollee Mitigation and AHRA Mitigation tabs separately (as instructed).
 - Complete only the fields shaded in green.
 - Include all enrollees without a completed HRA or with an untimely HRA to quantify outreach attempts, as specified in the request
- **All fields must be populated as instructed.** Revision may be requested if the information provided is incomplete or insufficient.
- Remove "TEMPLATE" from the document title and upload the completed file in HPMS as a 'Impact Analysis' File Type.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
The valid OMB control number for this information collection is 0938-1395 (Expires MM/DD/CCYY). This is a mandatory information collection.

The time required to complete this information collection is estimated to average 382 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.
If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office.

Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained.

If you have questions or concerns regarding where to submit your documents, please contact part_c_part_d_audit@cms.hhs.gov.

Enrollee First Name	Enrollee Last Name	Enrollee ID	Contract ID	Plan Benefit Package (PBP)	Plan Type	SNP Enrollment effective date	IHRA completion date <i>Description:</i> Enter the actual date the IHRA was completed. Submit in CCYYMM/DD format (e.g., 2025/01/01) or enter NA if not completed.	<i>Number of IHRA's outreach attempts required by MCO:</i> <i>Description:</i> Enter number of outreach attempts completed on or before the IHRA due date in numerical format.	Number of IHRA outreaches attempted <i>Description:</i> Enter number of IHRA outreach attempts completed on or before the IHRA due date in numerical format.	Date of first IHRA outreach attempt <i>Description:</i> Enter the date the first attempt was made to conduct the IHRA. Submit in CCYYMM/DD format (e.g., 2025/01/01). Enter NA if no outreach attempts were made.	Date of last IHRA outreach attempt <i>Description:</i> Enter the date of the last IHRA outreach attempt on or before the IHRA due date. Submit in CCYYMM/DD format (e.g., 2025/01/01). Enter NA if no outreach attempts were made.	Date enrollee declined participation in IHRA <i>Description:</i> Enter date in CCYYMM/DD format (e.g., 2025/01/01). Enter NA if the enrollee did not decline participation in the IHRA.	Date the IHRA - Unable to Reach (UTR) Letter was sent to non-responding enrollee <i>Description:</i> Enter the date the UTR letter was sent. Submit in CCYYMM/DD format (e.g., 2025/01/01) or enter NA, if no letter sent.

Enrollee First Name	Enrollee Last Name	Enrollee ID	Contract ID	Plan Benefit Package (PBP)	Plan Type	SNP Enrollment effective date

Annual HRA (AHRA) due date	Was an AHRA completed?	AHRA completion date	Number of AHRA outreach attempts required by MOG	Number of AHRA outreaches attempted
Description: Enter the date the AHRA was due (measured from a completed HRA or the anniversary of the enrollment effective date when no HRA has been completed). Submit in CCYY/MM/DD format (e.g., 2025/01/01).	Description: Enter: • Y for Yes • N for No • NA if AHRA was not yet due	Description: Enter the actual date the AHRA was completed. Submit in CCYY/MM/DD format (e.g., 2025/01/01) or enter NA if the AHRA was not completed.	Description: Enter number of required outreach attempts per approved MOG at time of outreach event.	Description: Enter number of outreach attempts completed on or before the AHRA due date.

Date of first AHRA outreach attempt	Date of last AHRA outreach attempt	Date enrollee declined participant in AHRA	Date the HRA - Unable to Reach (UTR) Letter was sent to non-responding enrollee
Description: Enter the date first attempt was made to conduct the AHRA. Submit in CCYY/MM/DD format (e.g., 2025/01/01) or enter NA if no outreach attempts were made.	Description: Enter the date of the last AHRA outreach attempt on or before the AHRA due date. Submit in CCYY/MM/DD format (e.g., 2025/01/01) or enter NA if no outreach attempts were made.	Description: Enter: •Date enrollee declined participation in CCYY/MM/DD format •NA if the enrollee did not decline HRA completion.	Description: Enter the date the UTR letter was sent. Submit in CCYY/MM/DD format (e.g., 2025/01/01) or enter NA, if no letter sent.