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.

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

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 ***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).*	**Was an AHRA completed?** ***Description:*** *Enter:* *• Y for Yes* *• N for No* *• NA if AHRA was not yet due*	**AHRA completion date** ***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.*	~~**Number of AHRA outreach attempts required by MOC**~~ ~~***Description:*** *Enter number of required outreach attempts per approved MOC at time of outreach event.*~~	**Number of AHRA outreaches attempted** ***Description:*** *Enter number of outreach attempts completed on or before the AHRA due date.*

Date of first AHRA outreach attempt ***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.*	**Date of last AHRA outreach attempt** ***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**.***	**Date enrollee declined participant in AHRA** ***Description:*** *Enter:* *•Date enrollee declined participation in CCYY/MM/DD format* *•NA if the enrollee did not decline HRA completion.*	**Date the HRA - Unable to Reach (UTR) Letter was sent to non-responding enrollee** ***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.