

Assessments and Care Plans for Members with a Break in Coverage



This document provides guidance on how comprehensive assessments and care plans should be handled for members that reenroll in Healthy Connections Prime after having disenrolled at an earlier date.

Comprehensive Assessments

To determine if an assessment should be conducted for a member that re-enrolled in the same or a different Medicare-Medicaid Plan (MMP), the MMP should first determine if the member previously received an assessment from any MMP in the Healthy Connections Prime program, and if that assessment is included in the member's Phoenix case management record. If the member did receive an assessment and it is included in Phoenix, and it was completed within one year of his/her most recent enrollment date, then the MMP is not necessarily required to conduct a new assessment. Instead, the MMP must:

1. Perform and document any risk stratification, claims data review, or other analyses as required by the three-way contract to detect any changes in the member's condition since the assessment was conducted; and
2. Ask the member (or his/her authorized representative) if there has been a change in the member's health status or needs since the assessment was conducted. These discussions must be documented.

If a change is identified, the MMP must conduct a new assessment within the timeframe prescribed by the contract. If there are no changes, the MMP is not required to conduct a new assessment unless requested by the member (or his/her authorized representative).

Once the MMP has conducted a new assessment as needed or confirmed that the prior assessment is still accurate, the MMP can mark the assessment as complete for the member's current enrollment. The MMP would then report that completion according to the specifications for Core 2.1 and Core 2.2 (and the applicable state-specific measures). When reporting these measures, the MMP should count the number of enrollment days from the member's most recent enrollment effective date, and should report the assessment based on the date the prior assessment was either confirmed to be accurate or a new assessment was completed.

If an assessment was not completed for the re-enrolled member during his/her prior enrollment period in Healthy Connections Prime, or if it has been more than one year since the member's assessment was completed, the MMP is required to conduct an assessment for the member within the timeframe prescribed by the contract. The MMP must make the requisite number of attempts to reach the member (at minimum) after his/her most recent enrollment effective date, even if the MMP reported that the member was unable to be located during his/her prior enrollment. Similarly, members that refused the assessment during their prior

enrollment must be asked again to participate (i.e., the MMP may not carry over a refusal from one enrollment period to the next).

Individualized Care Plans

If the MMP conducts a new assessment for the re-enrolled member, the MMP must revise the Individualized Care Plan (ICP) accordingly within the timeframe prescribed by the contract. Once the ICP is revised, the MMP may mark the ICP as complete for the member's current enrollment. If the MMP determines that the prior assessment is still accurate and therefore no updates are required to the previously developed ICP, the MMP may mark the ICP as complete for the current enrollment at the same time that the assessment is marked complete. The MMP would then follow the applicable state-specific measure specifications for reporting the completion. Please note, for purposes of reporting, this ICP should be classified as an initial ICP.

If a care plan was not completed, or it is not loaded into Phoenix, for the re-enrolled member during his/her prior enrollment period in Healthy Connections Prime, or if it has been more than one year since the member's ICP was completed, the MMP is required to develop an ICP for the member within the timeframe prescribed by the contract. The MMP must also follow the above guidance regarding reaching out to members that previously refused to participate or were not located.

Annual Reassessments and ICP updates

The MMP must follow contract requirements regarding the completion of annual reassessments and updates to ICPs. If the MMP determined that an assessment/ICP from a member's prior enrollment was accurate and marked that assessment/ICP as complete for the member's current enrollment, the MMP should count from the date that the assessment/ICP was completed in the prior enrollment period to determine the due date for the annual reassessment and ICP update. For example, when reporting Core 2.3, the MMP should count 365 days from the date when the assessment was actually completed, even if that date was during the member's prior enrollment period.