blue california Promise Health Plan	**POLICY & PROCEDURE** **Medical Services**		
Policy Title: Health Risk Stratification and Assessment Process			
Policy No: 10.2.100.2.		**Original Date: 04/11**	
Effective Date: 12/18	**Revision Date: 04/11, 10/17, 12/18**		**Revision No: 3**
Department Head: Date:		**Medical Services/P&T Committee:** Date:	
P&P Committee: Date:		**Department(s):** **UM**	

PURPOSE:

The purpose of the policy is to establish and delineate the process to ensure that all new Medi-Cal Seniors and Persons with Disabilities (SPDs) members are risk stratified and complete a Health Risk Assessment (HRA).

Blue Shield Promise will also use the data from the Health Information Form (HIF) to help identify all newly enrolled members who may need expedited services.

POLICY:

In January 2012, Governor Brown announced his intent to enhance health outcomes and member satisfaction for low-income Seniors and Persons with Disabilities (SPDs) and those dually eligible for both Medicare and Medi-Cal (Duals) by shifting services delivery away from institutional care to home and community-based settings. To implement that goal, the legislature passed, and Governor Brown signed, Senate Bill (SB) 1008 (Chapter 33, Statutes of 2012), SB 1036 (Chapter 45, Statutes of 2012), and SB 94 (Chapter 37, Statutes of 2013), which authorized the implementation of the Coordinated Care Initiative (CCI).

For the LTSS component of the CCI, all Medi-Cal members, including Duals, are required to join an MCP to receive Medi-Cal benefits, including LTSS and Medicare wrap-around benefits. MCPs are required to provide care coordination for these members. This includes risk-stratifying the population, conducting Health Risk Assessment (HRAs), when applicable or requested by the member, developing Individual Care Plans (ICPs) for high-risk members, and establishing Interdisciplinary Care Teams (ICTs), when appropriate, or requested by the member.

RISK STRATIFICATION:

Per APL 17-013 Blue Shield Promise has elected to consider all new SPD members as higher risk and HRAs are completed within 45 calendar days from enrollment.

HEALTH RISK ASSESSMENT:

The Health Risk Assessment (HRA) (see Attachment 1, "Medi-Cal Health Risk Assessment Survey") is a survey used to comprehensively assess a member's current health status. The member will be contacted to complete the HRA within 45 days.

The HRA will be developed with input from both stakeholders and consumers. For this purpose, input will be obtained from the Medical Services Committee and the Public Policy Committee.

The HRA incorporates questions to elicit specific information to address the current needs of the member. Below is a sample of specific information which is elicited from the HRA questions. This includes but not limited to the following:

- Identify medical care needs, including primary care, specialty care, durable medical equipment, medications, and caregiver involvement.
- Identify members who may qualify or benefit from Long Term Support Service (LTSS) services.
- Needs for community resources and other agencies for services outside the scope of responsibility of the managed care health plan, including but not limited to:
    - o Mental health and behavioral health
    - o Personal care, housing, home-delivered meals
    - o Energy assistance programs
    - o Services for individuals with intellectual and developmental disabilities

Blue Shield Promise Health Plan has contracted with a vendor to conduct the HRA process which is HIPAA complaint. The process is as follows:

- Blue Shield Promise provides the vendor with one distinct data file on a monthly basis containing current member eligibility.
- The files are uploaded to a secure FTP site
- The vendor process to conduct the HRA are as follows:
    - o All HRAs will be conducted telephonically from vendor's centralized call center
    - o Vendor will conduct HRAs in 2 phases
    - o Phase 1: includes 3 telephonic attempts within a 7 day period
    - o Phase 2: includes 2 additional telephonic attempts, if unsuccessful, the HRA is mailed. Phase 2 occurs within a 7 day period immediately following Phase 1.
- Completion timeline of the HRA is as follows

o   All File members to be completed within 45 days of enrollment.

o   On a weekly basis the vendor will upload to a secure FTP site all HRA data from the prior week. This includes completed HRA and documentation of unsuccessful HRA completion.

Blue Shield Promise HRA process upon receipt of data from contracted vendor:

- Electronic data files are downloaded from secure FTP site weekly

- HRA data converted to electronic format necessary to create the HRA Summary. This standardized document contains the members' responses to each question

- The Individualized Care Plan (ICP) is generated for the High Risk stratified members based on the responses to questions (see section below describing the ICP process)

- Tier Levels identified for each members (see below describing this process)

Health Risk Assessment Tier Categories:

The HRA has the capability to stratify the member into tier levels to designate the acuity and level of intervention needed. The HRA questions are individually weighted based on the answers to determine a numerical score. The total HRA question scoring calculation defines the Tier Level. The tiers are on a numerical scale of 1-3. A Tier 1 and 2 would require basic case management and Tier 3 would require complex case management.

INDIVIDUALIZED CARE PLAN:

Blue Shield Promise will create an Individualized Care Plan (ICP) for SPD members with a post High Risk Stratification.. The ICP is developed based on the member's responses to specific HRA questions. The ICP process was developed by physicians and case managers with experience in the management of members with chronic conditions.

Blue Shield Promise created an ICP that consists of three components; Problems, Interventions and Goals.

Definitions:

Problem: The "problem" is a summary statement addressing the identified outstanding member issue triggered by the member's specific answer to a question

Intervention: A response to specifically target how to address the associated problem

Goal: Expectation as to what needs to be achieved to adequately resolve the identified problem. The goal is designated as either a short term or long term goal depending on the nature of the problem.

ICP Categories:

The ICP which lists the problems, interventions and goals are grouped and displayed into five distinct categories. Each HRA question with an associated problem also identifies the specific category. They are as follows:

- Clinical

- Functional

- Psychosocial

- Preventive Measures

- Compliance

Individual Measures:

Specific measures to address the SPD member's identified issues are achieved through multiple methods. When Blue Shield Promise receives the completed HRA data specific measures are delineated by creating the ICP and by generating question specific reports. Below is the process for addressing specific health related measures by either method:

- Identifying medical care needs, including PCP, specialty care, DME: Identified by responses to the HRA questions available. Issues addressed by referral to case management to assist with appointment scheduling and determine DME needs.

- Referrals to appropriate community resources and LTSS for any of the following: mental health, personal care, housing, meals, energy assistance, developmental disabilities, etc. Identified by responses to the HRA questions available. The process will include referral for assistance form social worker, case manager or complex case manager depending on number of issues identified and assist member with appropriate referrals.

- Involvement with caregiver: Identified via response to HRA questions. Depending on the scope of the caregiver issues or to assess for caregiver needs and/or involvement this would processes by either the social worker, and/or case manager.

- Facilitating timely access to provider network, DME, medications, referrals to assess physical and cognitive barriers and assignment for home management: Identified by responses to the HRA questions available. Process will include evaluation by case management and referrals processed to meet the specific identified member needs.

- Facilitating communication among health care providers, including mental health and substance abuse providers: Identified by responses to the HRA questions available. Case management would assist in facilitating communication among providers to ensure member is receiving appropriate care.

- Assistance to optimize member health status, health education, etc: Identified by responses to the HRA questions available. Depending on the nature of the members identified needs these issues will be addressed by either or a combination of case

management, complex case management, disease management and health education department.

- Coordination of care across all settings including outside of provider network, discharge planning when admitted to a hospital or institution: these issues will be processed by the case manger to ensure appropriate coordination of care when indicated and followed by the inpatient case manager for an admission and ensure appropriate discharge planning and followed by case management post discharge. This process includes notifying the PCP of the admission and subsequent discharge needs.

All members will be reassessed at least annually or sooner depending on individual member needs. During the case management assessment process all members are stratified into four different acuity levels. These include: High, medium, and low levels which determines the frequency of member contact and reassessment.

In the event that the Blue Shield Promise contracted vendor, upon completion of the HRA, identifies any issues that may require immediate intervention, Blue Shield Promise requires that the information be transmitted to Blue Shield Promise via secure e-mail. Depending on the nature of the issues the matter will be urgently referred to a Case Manager, Complex Manager, Social Worker or appropriate health professional. All information is documented in the Blue Shield Promise Case Management system, CCMS per protocol. All relevant information is forwarded to the members PCP.

COMMUNICATION:

Upon completion of HRA process the HRA Summary, and Individualized Care Plan generated for the High Risk Members is mailed to the member's PCP for review and follow-up as needed.

PLAN REPORTING REUQIREMENTS

Beginning October 1, 2011 and quarterly thereafter, Blue Shield Promise shall report to MMCD, at a minimum:

1. The number of newly enrolled SPD members during the previous quarter who have been determined to be at a higher risk and lower risk by means of the risk stratification mechanism or algorithm.

2. The number of newly enrolled SPD during the previous quarter in each risk category who were successful contacted (plan received phone or mailed response) during the previous quarter and by what method.

3. The number of newly enrolled SPD members during the previous quarter who were successfully contacted who completed the risk assessment survey (answered all questions) and the number who declined the risk assessment survey.

4. The number of newly enrolled SPD during the previous quarter who completed the risk assessment survey and who were then determined to be in a different risk category (higher or lower) than was established for those members by the plan during the risk stratification process.

AUTHORITIES AND REFERENCES:
APL 17-012
APL 17-013

ATTACHMENTS:
Attachment A- SPD HRA Survey
Attachment B- LTSS Questions