



Department of
Health Care Services



CAL MEDICONNECT:

Understanding the Health Risk Assessment

Physician Webinar Series

Today's Webinar

- This webinar is part of a series designed specifically for CAPG members.
- For a general overview of the initiative, visit CalDuals.org and review the “What Doctors Need to Know” PowerPoint.
- Today's subject matter will be in-depth on the topic of the Health Risk Assessment in the Cal MediConnect program.

Today's Webinar

- Brief overview of Cal MediConnect
- What: HRA Basics
 - Risk Stratification
 - Assessment
- Why: HRAs Will Support Physicians
- How: Conducting the Assessment
 - Timelines
 - Reporting

Medicare & Medi-Cal Today

Medicare Services

- Hospital care
- Physician & ancillary services
- Short-term skilled nursing facility care
- Hospice
- Home health care
- Prescription drugs
- Durable medical equipment

Medi-Cal Services

- Medicare cost sharing (Medicare wrap)
- Long-term nursing home (after Medicare benefits are exhausted)
- Long-term home and community based services (including CBAS, MSSP, IHSS, Nursing Facilities, HCBS waivers)
- Prescriptions, durable medical equipment, and supplies not covered by Medicare

Why Cal MediConnect?

- Some people with multiple chronic conditions see many different doctors and have multiple prescriptions.
- This is common among people with both Medicare and Medicaid, referred to as “dual eligibles” or Medi-Medis here in California, who often are sicker and poorer than other beneficiaries.
- Today’s care delivery system doesn’t always support the care coordination many people need. This leads to increased risk of admission to the hospital or nursing home.
- Coordinated care is a critical component of the Cal MediConnect program, which combines Medicare and Medi-Cal services in one health plan.

What is an HRA?

- The HRA will evaluate an enrollee's current health status and establish a platform to begin building care management and develop the enrollee's individual care plan (ICP).
- As a part of plan readiness for Cal MediConnect, every participating plan developed assessment tools, which have been approved by CMS and DHCS.
- The HRA has two components.
 - Risk stratification
 - Health Risk Assessment

Required Assessment Components

- **Risk Stratification**

- Prior to beneficiary enrollment, DHCS will provide the plans with Medicare and Medi-Cal data to help them stratify enrollees as high- or low-risk.
- Plans will use an electronic tool to search the data to identify newly enrolled individuals who are considered higher or lower risk.
 - High risk: enrollees who are at an increased risk of having an adverse health outcome or worsening of their health status if the health plan does not contact them within 45 calendar days of their coverage date.
 - Low risk: all other enrollees, and those in nursing homes. The health plan will contact them within 90 calendar days of their coverage date.

- **Health Risk Assessment**

- This component will assess an enrollee's current health risk for the purpose of developing individualized care plans.
- This will involve outreach and communication with the enrollee.

Data Used in HRAs

- DHCS and CMS will provide the following historical claims-related data to the plans no sooner than 60 days prior to beneficiary enrollment. Plans will also receive data through a monthly upload:
 - ✓ Medi-Cal Data
 - ✓ Medi-Cal Treatment Authorization Request data
 - ✓ Medicare Part A and B data
 - ✓ Medicare Part D data
 - ✓ IHSS data (this data is available to assist in care coordination)
 - Payment data
 - Assessment data

Assessment Requirements

- Each plan has developed their own assessment, but all plan assessments must include some standard topics.
- The assessment identifies an enrollee's primary, acute, LTSS, and behavioral health and functional needs including:
 - Behavioral health needs
 - Substance use needs
 - Chronic conditions
 - Disabilities
 - Functional impairments
 - Assistance in key activities of daily living
 - Dementia
 - Cognitive and mental status
 - The capacity to make informed decisions

Sample HRA Questions

33. Has the doctor EVER told you that you had any of the following conditions? (check YES or NO for each line).

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. Congestive heart failure |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. Long term lung disease (bronchitis, emphysema or COPD) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | c. Diabetes Mellitus (sugar diabetes) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | d. Asthma |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | e. Sickle Cell |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | f. HIV/AIDS |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | g. Hypertension (high blood pressure) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | h. Heart attack |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | i. Stroke (blood clot in the brain) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | j. End stage kidney disease requiring dialysis |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | k. Cancer |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | l. Autoimmune disorders (rheumatoid arthritis, lupus, or multiple sclerosis) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | m. Dementia (Alzheimer) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | n. End stage liver disease |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | o. Blood disorders, clotting disorders |

Sample HRA Questions

IV. Activities of Daily Living

30. Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?

	I do not have difficulty doing this myself	I do this myself with difficulty	I am unable to do this activity
a. Bathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Dressing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Eating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Getting in or out of chairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Walking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Using the toilet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Sample HRA Questions

30. During the past 4 weeks, how often have you had the following problems?

	Never	Rarely	Sometimes	Often	Always
Falling or dizzy when standing up					
Sexual problems					
Trouble eating well					
Teeth or denture problems					
Problems using the telephone					
Tired or have no energy					

31. In the past year, did you **fall** two or more times?

Yes No

32. Are you afraid of falling?

Yes No

Sample HRA Questions

26. If you are currently taking pain medicine, does your pain medicine provide adequate relief of your pain?

I do not take medicine for pain	No, my pain medicine <u>does not</u> provide adequate relief	Yes, my pain medicine <u>does</u> provide adequate relief
▼ <input type="checkbox"/> 1	▼ <input type="checkbox"/> 2	▼ <input type="checkbox"/> 3

27. During the past 4 weeks was someone available to help you if you needed and wanted help (for example, if you needed someone to talk to or if you needed help with daily chores)?

Yes, as much as I wanted	Yes, quite a lot	Yes, a fair amount	Yes, a little bit	No, not at all
▼ <input type="checkbox"/> 1	▼ <input type="checkbox"/> 2	▼ <input type="checkbox"/> 3	▼ <input type="checkbox"/> 4	▼ <input type="checkbox"/> 5

Why the HRA Supports Physicians

- The health plan care manager will make results from an enrollee's assessment available to providers 10 days after completion.
 - The data will automatically go to all providers on an enrollee's interdisciplinary care team. The HRA will help establish which providers should be on this team.
 - This will vary by health plan. Some plans (or their vendors) may share data files electronically, others may fax information to a physician or physician group office. Check with your plan on how the data will arrive.
- If a physician believes an enrollee was incorrectly classified as high or low risk, the physician may contact the health plan to ask for a reassessment if they believe it will benefit the enrollee's care and better inform the other providers involved in the care of the enrollee.

Conducting the Assessment

- Plans will attempt to conduct the assessment in-person as the preferred and first option. Plans also will conduct the assessment by telephone or by mail, depending on the individual's needs and preference.
- The health plans will contact enrollees about their assessment with at least five phone calls followed by a letter or in-person visits.
- Plans will provide assessment materials in the enrollee's preferred language or alternative formats upon request.
- Plans will share results of the assessment within 10 days of completion with an enrollee's provider.

Assessment Timeline: High Risk

Higher risk: For individuals identified by the risk stratification as higher risk, plans must complete the assessment within 45 calendar days after their coverage date. Beneficiaries with IHSS hours equal to or greater than 195 hours per month are considered higher risk.

Time Frame	Activity
Day 1	Enrollee begins coverage
Day 1 to Day 30	Health plan attempts at least five phone calls (two within ten business days of the enrollee's coverage date) and first offers the enrollee the option of an in-person HRA, or if the enrollee prefers, the health plan may complete the HRA by telephone at that time.
Day 31 to Day 40	If the health plan is unable to complete the assessment by day 30, the health plan must mail the assessment to the enrollee.
Day 41 to 45	If the enrollee has not completed the assessment, the health plan must call again.
6 months after enrollment	If the health plan is unable to complete the assessment due to lack of response from the enrollee, it must mail the assessment survey to the enrollee.

Assessment Timeline: Lower Risk

- **Nursing facilities or lower risk:** For individuals in nursing facilities or those identified as lower risk, plans must complete the assessment within 90 calendar days after their coverage date.

Time Frame	Activity
Day 1	Enrollee begins coverage
Day 1 to Day 30	Health plan attempts at least two phone calls within 30 days of the enrollee's coverage date to first offer the enrollee the option of an in-person HRA or, if the enrollee agrees, the health plan may complete the HRA by telephone at that time.
Day 31 to Day 60	If the health plan is unable to complete the assessment by day 30, the health plan must mail the assessment to the enrollee.
Day 61 to 85	If the assessment is still not completed by day 60, the health plan must send a second mailing to the enrollee.
Day 86 to Day 90	If the enrollee has not completed the assessment, the health plan must attempt another phone call.
6 months after enrollment	If the health plan is unable to complete the assessment due to lack of response from the enrollee, it must mail and assessment survey to the enrollee.

Conducting the Assessment

- Plans have identified the personnel or vendors who will conduct the HRA. The requirements for personnel administering the HRA are as follows:
 - Personnel trained in the use of the assessment instrument.
 - Personnel will be trained for cultural and linguistic competency, needs of individuals with functional impairment, and long-term services and supports (LTSS) needs.
 - Professionally knowledgeable, licensed and/or certified personnel will review, analyze, identify and stratify health care needs for higher risk enrollees.

Reassessment Strategy

- Plans will conduct reassessments at least annually, within twelve months of the last assessment, or as often as the health and/or functional status of the individual requires.
- The health plan will regularly use electronic health records and claims data to inform reassessments and to identify individuals as high risk, with newly diagnosed acute and chronic conditions, or high frequency emergency department or hospital use, or LTSS or Behavioral Health referral.
- Physicians or enrollees can always request a reassessment for an enrollee.

Reporting Requirements

- Each plan must report to DHCS and CMS on the number of:
 - Members who were successfully contacted and by what method.
 - Members determined as higher risk or lower risk.
 - Members who completed the risk assessment survey and who declined the survey.
 - Members who, after completing the assessment, were determined to be in a different risk category than initially assigned.
- CMS and DHCS are developing a reporting template for the health plans.

Wrap Up: HRAs

- HRAs will evaluate an enrollee's health status and inform their individual care plan.
- HRAs are a new source of information to help physicians provide coordinated care.
- Ask Cal MediConnect plans in your area about when and how you'll start receiving more information.

Continuity of Care

REMINDER - Continuity of Care: if a physician is not in the plan network

- Medicare Services
 - Up to six months
 - This applies to doctors including specialists like cardiologists, ophthalmologists, and pulmonologists

- Medi-Cal Services
 - Up to 12 months
 - Note: does not apply to providers of ancillary services like durable medical equipment (DME)

Other Upcoming Webinars

- **Wednesday, February 5th, 12 – 1 pm:**
Understanding the Interdisciplinary Care Team (ICT) and Care Plans
- **Wednesday, February 12th, 12 – 1 pm:**
Working with In-Home Supportive Services (IHSS)
- **Wednesday, February 19th, 12 – 1 pm:**
Introduction to Care Plan Option (CPO) Services

References & Questions

- Care Coordination Standards: visit http://www.calduals.org/2013/02/20/cc_standards/
- Provider Relations at the Health plans: visit www.calduals.org and select your county from the navigation
- Email info@calduals.org