



| | |
|------------------------------------|----------------------------------------------------------|
| Policy Title: | Most Vulnerable Beneficiaries Identification |
| Department: | Government Programs |
| Business Unit: | State Public Programs |
| Approved By: | Director of SPP Products |
| Approved Date: | 2/11/2011 |
| Original Effective Date: | 2/08/2010 |
| Review Date(s) (no changes) | |
| Revision Dates: | 12/15/2014, 12/12/2016, 11/14/2017, 11/12/2019, 6/1/2021 |

PRODUCTS AFFECTED:

- Minnesota Senior Health Options (MSHO) – Medica DUAL Solution®
- Minnesota Senior Care Plus (MSC+) – Medica Choice CareSM MSC+
- Special Needs BasicCare (SNBC) – Medica AccessAbility Solution®
- Special Needs BasicCare (SNBC) Integrated – Medica AccessAbility Solution Enhanced®

DEFINITIONS

Most vulnerable beneficiaries: The members most likely to have an adverse event or who are more at risk than other member.

Impactability Report: Report that uses Johns Hopkins Adjusted Clinical Groups (ACG) predictive modeling software combined with other selected indicators, including utilization, claims experience, and member diagnostic information. Variables in the reporting tool include Cost Resource Index (CRI), total cost of care, multiple chronic conditions, poly pharmaceuticals or drugs, inpatient use, emergency room utilization and high risk mental health condition indicators.

PURPOSE:

To define Medica’s process for identification of its most vulnerable beneficiaries, expectations for review of most vulnerable beneficiaries, and develop an outreach process that Care Systems, Agencies, and Counties/Tribes will utilize.

POLICY:

Care Systems, Agencies, and Counties/Tribes that provide Care Coordination for Medica members will identify members that are considered most vulnerable beneficiaries and will identify an outreach process where more intensive management may be used to improve member health and safety or attempt to prevent adverse events.

PROCEDURE:

1. Medica will create a quarterly report of members that are identified as having a greater risk of adverse effects or intensive care coordination needs.

-
2. Medica will send the Impactability/Enhanced Care Coordination (ECC) report to each Care System, Agency, or County/Tribe through secure email each quarter.
 3. Each Care System, Agency, or County/Tribe will review and distribute the Impactability/ECC report to individual Care Coordinators (CC's) for follow-up.
 4. CC's will follow-up with any member that has newly identified changes in their care needs. Follow-up with identified members needs to occur within four (4) weeks, this follow-up can be telephonic or in person, based on CC professional judgement.
 5. CC's will document the type of contact, any changes in the member's status, and any follow-up actions that will be completed.
 6. Medica may request examples of interventions initiated for members identified on Impactability/ECC report as part of a file audit.
 7. Medica has a process to conduct reviews of members who have high utilization. This high cost claimant, internal interdisciplinary team completes case reviews of members twice per month to address needs including management of chronic and acute conditions, mental health needs, psychosocial concerns, medication use, emergency room use, and hospitalizations in the past year. Team members then reach out the member's CC to provide consultation on best practices, clinical guidelines, resources, and suggestions to address the member's needs and care. Members are monitored on an ongoing basis and may be reviewed by the team on a regular basis if their risk status and utilization continue to be flagged on the report.

CROSS REFERENCES

John Hopkin's ACG software.

Medica DUAL Solution Model of Care

Medica AccessAbility Solution Enhanced Model of Care

Rev. 06/2021

© 2015-2021 Medica.