MEDICA®

High Risk Member Identification

Policy Title: High Risk Member Identification
Department: State Public Programs
Business Unit: Care Coordinated Products

Approved By: Director of Care Coordination and Dual eligible products
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PRODUCTS AFFECTED:
- Medica DUAL Solution® – for Minnesota Senior Health Options (MSHO) enrollees
- Medica Choice CareSM – for Minnesota Senior Care Plus (MSC+) enrollees
- Medica AccessAbility Solution® – for Special Needs Basic Care (SNBC) enrollees

PURPOSE:
To define Medica’s process for identification of high risk members, expectations for review of high risk members, and develop an outreach process that Care Systems, Agencies, and Counties will utilize.

POLICY:
Care Systems, Agencies, and Counties that provide Care Coordination for Medica members will identify members at high risk of hospitalization and/or Emergency Room (ER) use and will identify an outreach process for members where more intensive management may be used to improve member health and safety or attempt to prevent avoidable readmissions.

MEDICA PROCEDURE:
1. Medica will create a quarterly report of members that are identified as having a greater risk of hospitalization, ER use, or intensive care coordination needs.

2. Medica will send the report to each Care System, Agency, or County through secure email each month. If no individuals are identified, no list will be sent.

3. Each Care System, Agency, or County will review and distribute the monthly High Risk Reporting List to individual Care Coordinators for follow-up.
4. Care Coordinators will follow-up with any member that is new to the Reporting List or 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.

5. Care Coordinators will document the type of contact, any changes in the member’s status, and any follow-up actions that will be completed.

6. Medica Regulatory Quality will review the written process for each Care System, Agency, or County during their annual Delegation Oversight Review.

7. Medica may request examples of interventions initiated for members identified on Reporting List to meet CMS audit requirements.

CROSS REFERENCES
John Hopkin’s ACG software.

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