Mid-Atlantic Collaborative Care

# Beneficiary Risk Identification & Stratification

Effective Date: 10/24/2017 Draft/Review Date: 10/24/2017

## Policy

A. It is the policy of the ACO to identify Beneficiary risk and perform assessments to evaluate Beneficiary needs.

## Applicability

This policy and procedure applies to all Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities.

## Procedure

A. Beneficiaries will be stratified using two different methods to identify those who require immediate or more frequent interventions.

B. Beneficiaries will be engaged based on stratification, Beneficiary inbound calls, and requests for follow-up from Participants and Providers/Suppliers. Efforts to collect data will be ongoing and reassessments will be made based upon clinical need in order to assist the Beneficiary throughout the continuum of care.

C. No "at-risk" Beneficiary will be denied the highest quality treatment, education or care coordination due to his/her pattern of adherence, socioeconomic status, health condition, disease or disability. The ACO sees the "at-risk" Beneficiary as an opportunity to provide a higher level of resources in order to reduce Beneficiary risk and exceed quality standards.

D. **Risk Scoring & Methodology**

The ACO may utilize the following measurement tools in order to identify potentially high-risk Beneficiaries. These various methods will allow Participants and Providers/Suppliers to develop individualized care plans for targeted populations.

1. **Risk Stratification**

    a. An initial risk stratification is an analysis derived from medical claims supplied by CMS and HCC codes that stratifies Beneficiaries based upon utilization patterns, conditions, and risk in order to identify those with potentially high-risk needs and determine how intensively to assist them.

    b. Upon receiving claims data from CMS, the analytics staff will use the risk stratification process to determine the risk levels of the Beneficiaries in the ACO.

2. **Clinical Level**

    a. Care coordinators will attempt to contact each Beneficiary identified as high risk to assess the Beneficiary's need for inclusion in the care coordination program by completing additional assessments, as needed.

b. An assigned care coordinator will use clinical expertise and judgment to determine the Beneficiary's clinical level and the appropriate follow-up once assessments have been completed.

c. Participants will collaborate with the care coordination team as risk levels change for Beneficiaries, in order to develop new treatment plans and refer to appropriate programs to enhance Beneficiary care.

E. **Reassessment and Clinical Level Updates**

1. Clinical Level may require reassessment based upon Beneficiary health, HCC codes and utilization.

a. There will be ongoing review of CMS claims and clinical data as they are received. Beneficiary stratification level may fluctuate based upon review of more recent data.

b. A care coordinator may reassess the Beneficiary during any engagement opportunity and determine that the clinical level needs to be revised. The care coordinator will document reassessment findings in the care coordination documentation system. If the clinical level indicates that a change in the level of care coordination is identified, the Beneficiary's information will be shared with the Primary Care Physician (PCP), as needed.

## Reporting

A. Quality Improvement reports will include review of risk stratification within the ACO.

## Related Documentation

A. 42 CFR §425.112

B. ACO Application Narratives: Promoting Beneficiary Engagement, Promoting Coordination of Care, Promoting Evidence-Based Medicine

C. ACO Terms & Definitions Policy

D. Care Coordination Program Policy

E. Medicare Shared Savings Program Quality Measures

F. Personal Health Assessment (PHA) Form

G. Social Security Act §1899(b)(2)(G), §1899 (d)(3)