



October 15, 2014

# Meeting the Health Risk Assessment Challenge

Jennifer Rasmussen, AVP Case Management

**MOLINA HEALTHCARE OF CALIFORNIA**



Your Extended Family.

- Overview of Health Risk Assessment (HRA) Process
- Molina's Approach to HRAs
- Challenges
- Successes
- Conclusion

- Waves of new passive enrollments - 1<sup>st</sup> of every month
- Based on data from state Molina risk stratifies into higher or lower risk

<b>Lower Risk</b>
Risk algorithm (low)
In Home Supporting Services (IHSS) < 195 hours/month
Nursing facility residents

## Higher Risk

Risk algorithm (high)

In Home Supporting Services (IHSS) > 195 hours/month

Receiving Community Based Adult Services (CBAS)

Enrolled in Multipurpose Senior Services Program (MSSP)

- Risk category determines timeline for HRA attempts/completion
- Must offer in-person option
- Base effort required

	Higher Risk – 45 days	Lower Risk – 90 days
Days 1-30	5 calls, two within 10 days	2 calls
Day 31	Mail HRA	Mail HRA
Day 41-45	Another call	n/a
Day 61	n/a	Mail another HRA
Day 86-90	n/a	Another call
6 months	Mail another HRA	Mail a 3 <sup>rd</sup> HRA

## Regional Teams

- Molina staff who live and work in the MMP Counties
- Direct assignment of ALL high risk and low risk LTSS members
- Poised to respond quickly to in-person requests – many done same or next day
- Know the community's geography, cultures, languages, providers, resources/services
- Languages spoken by Molina's LA region staff: Spanish, Tagalog, Vietnamese, Russian, Armenian, French, Farsi
- Familiar with local SNFs, senior and low-income housing, CBAS centers, etc.

## Central Team

- Molina staff in assessment-focused call center get initial assignments of non-LTSS low risk members
- Reach higher volumes
- Offer the in-person HRA, phone option
- Quick hand off process to regional teams for in-person assessment or those not reached



- Multiple enrollment files
- Passive enrollment - data on file with state not current or accurate
  - Disconnected phone numbers
  - Incorrect phone numbers
  - Address info incorrect, incomplete
- Difficult to determine accuracy
  - No answer, no voicemail, no call back
  - Denial, screening
  - “Borrowed” contact info
  - Language preference not known
  - Hang up

## Invalid info

- Use historical claim data to identify past providers – call them for alternate contact info
  - PCP
  - Specialist
  - Pharmacy
  
- Data exchange or collaboration with LTSS programs
  - IHSS
  - CBAS
  - MSSP
  
- Look for recent authorization and claim data



## Unable to contact – Initial efforts

- Call different times, different days
- Send “unable to contact you” letters
- Inbound calls
  - Warm transfers to central assessment or regional team
  - Providers educated to identify, e.g. nursing facilities
- Refer to Community Connector

## Molina's Community Connector Program

- Success in Molina's New Mexico health plan
- Follows a community health worker model
- Supplements traditional telephonic case management approach
  - Locating members unable to reach by phone
  - Eyes and ears
  - System navigation
- Adopted in May 2013 in Molina of California
- Grown from 11 to over 50 – 15 for LA
- Field-based staff, live in and reflect the communities we serve
  - Long Beach, San Gabriel, San Fernando, Downtown, etc.
  - Most bi-cultural, bilingual

## Community Connector's Role in MMP

- Help with “unable to contact” members
  - Call from non Molina-identified phone numbers
  - Do additional research on and outreach to providers
  - Visit address(es) on file
  - Follow leads to other addresses, community centers, shelters, etc.
  - Leave business cards and hard copy HRAs behind
  - Conduct assessments “in the moment”
  - World is their office
  - Work the case to 90<sup>th</sup> day



- Some people don't want to be found
- Out of the service area, out of the country
- Behavioral health issues prevalent
- Transience, homelessness
- Limited minutes on cell phone
- Shared phones among family members
- Member "uses" this address
- Declines

- Don't know enrolled in plan
  - Time spent on basic Cal MediConnect education
  - Answer questions
  - Mitigate confusion or anger
  - Provide Health Care Options info if requesting to disenroll
- Dispelling myths and misinformation
- Getting to the assessment
  - Explain what it is
  - Offer in-person visit, alternatives if needed
  - Listening
  - Use motivational interviewing
  - Address concerns first, e.g. continuity of care
- Mission driven, balance of reward, service

