

## Letter of Direction #66

**Date:** July 21, 2021

**To:** Centennial Care 2.0 Managed Care Organizations

**From:** Nicole Comeaux, Director, Medical Assistance Division 

**Subject:** Health Risk Assessment (HRA) for Transitioning Members

**Title:** Health Risk Assessment for Transitioning Members

The purpose of this Letter of Direction (LOD) is to advise the Centennial Care 2.0 Managed Care Organizations that HSD is implementing new designations into the HSD System. Because of this System change, the MCOs will be required to do the following:

- 4.4.2.1 The CONTRACTOR shall conduct the HSD standardized Health Risk Assessment (HRA) on all Members who are: (i) newly enrolled in Centennial Care; (ii) who are not in CCL2 or CCL3 and who have a change in health condition that requires a higher level of care, and (iii) all Members transitioning from another MCO without a Care Coordination Level span, or with an expired Care Coordination Level span, per HSD guidelines and processes. The HRA is conducted for the purpose of: (i) introducing the CONTRACTOR to the Member; (ii) obtaining basic health and demographic information about the Member; and (iii) confirming the need for a CNA. If, after attempting to conduct an HRA, the CONTRACTOR determines the Member, transitioning from another MCO, is CCL0, CCL4 or CCL5, the CONTRACTOR is required to conduct a Data Mining Review (DMR).
- 4.4.2.3 The HRA shall be completed with every new Member, and every Member, transitioning from another MCO, without a Care Coordination Level span or with an expired Care Coordination Level span, within thirty (30) Calendar Days of notification to the CONTRACTOR of the Member's enrollment in the CONTRACTOR'S MCO. If, after attempting to conduct an HRA, the CONTRACTOR determines the Member, transitioning from another MCO, is CCL0, CCL4 or CCL5, the CONTRACTOR is required to conduct a Data Mining Review (DMR) within thirty (30) Calendar Days of determination of CCL0, CCL4 or CCL5.

4.4.2.6 The Contractor shall make reasonable efforts to contact new Members, and Members, transitioning from another MCO, without a Care Coordination Level span or with an expired Care Coordination Level span, to conduct an HRA and provide information about Care Coordination. Such efforts shall include, but shall not be limited to, engaging community supports such as Community Health Workers, CSAs and Centers for Independent Living. The CONTRACTOR shall document at least three (3) attempts to contact a Member which includes at least one (1) attempt to contact the Member at the phone number most recently reported by the Member and using the Member's last reported residential address. The three (3) attempts shall be followed by a letter sent to the Member's most recently reported address that provides information about Care Coordination and how to obtain an HRA. Documentation of the three (3) attempts shall be included in the Member's file. Such attempts shall occur on not less than three (3) different Calendar Days, at different hours of the day, including day and evening hours and after business hours. If, after attempting to conduct an HRA, the CONTRACTOR determines the Member, transitioning from another MCO, is CCL0, CCL4 or CCL5, the CONTRACTOR is required to conduct a Data Mining Review (DMR) within thirty (30) Calendar Days of determination of CCL0, CCL4 or CCL5.

4.4.13.2.1.1 Eighty-five percent (85%) of HRAs are completed with Members (excluding Unable to Reach (UTR), Difficult to Engage (DTE), and Refused Care Coordination (RCC) Members) who are newly enrolled in Centennial Care, or Members, who have transitioned from another MCO, without a Care Coordination span or with an expired Care Coordination span, within thirty (30) Calendar Days of enrollment notification to the CONTRACTOR. Eighty-five percent (85%) of HRAs are completed with Members (excluding UTR, DTE, and RCC Members) who are not in CCL2 or CCL3 and have a change in health condition that requires a higher level of Care Coordination within thirty (30) Calendar Days of the CONTRACTOR's notification of the change in condition.

This LOD will sunset upon inclusion in the Medicaid Managed Care Services Agreement.