



Troy Medicare Policy and Procedure

Title: Health Risk Assessment (HRA) Policy			Policy Number: CM-01	
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Interactive Related Department(s)				
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POLICY PURPOSE

Troy Health, Inc. (dba Troy Medicare) is committed to complying with all regulations and requirements Special Needs Plans (SNP).

The purpose of this policy is to describe the process by which Troy Medicare Care Management coordinates the completion of the Health Risk Assessment (HRA) for all Medicare beneficiaries enrolled in the Dual Eligible Special Needs Plan (SNP) as required the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA).

SCOPE

This policy applies to all employees in Medical Management and Care Management at Troy Health.

REFERENCES

- 42 CFR §422.152(g)(2)(iv)
- Medicare Managed Care Manual Chapter 5, Section 20.2.3
- [Model of Care Scoring Guidelines for Contract Year 2023](#)

RESPONSIBLE PARTIES

- Vice President of Health Services
- Chief Medical Officer

DEFINITIONS

Attempt Cycle- The process for when a member receives outreach for follow-up, HRA completion, or transition of care work. Attempt cycle includes three documented phone attempts and an UTR letter sent to the member prior to the outreach completion due date.

Individualized Care Plan (ICP)- the member plan that includes health goals, barriers, and interventions based on HRA results.

Interdisciplinary Care Team- a group of healthcare professionals that work together to provide members with the health care they need. Examples of ICT members include the member's PCP, any specialists a member sees, and the member's Care Manager

Model of Care- provides the basic framework under which the SNP will meet the needs of each of its enrollees

Risk Stratification- The process by which members are placed into low, medium, or high risk depending on the completed HRA. This risk category drives the frequency of outreach and follow up made to the member.

Special Needs Plan (SNP)- a type of Medicare Advantage Plan that limits membership to people with specific diseases or characteristics. Medicare SNPs tailor their benefits, provider choices, and drug formularies to best meet the specific needs of the groups they serve.

POLICY

Per federal Medicare Advantage regulations, all Special Needs Plans (SNPs) are required to conduct a comprehensive Health Risk Assessment on all members in the SNP to evaluate their medical, cognitive, functional, and mental health needs.

If the plan is not able to complete the initial HRA, they must make and document at least three non-automated outreach attempts and send the member an "Unable to Contact" letter prior to the HRA due date to further attempt to complete the HRA.

For new members, the HRA must be completed within the first 90 days of enrollment.

For current members, the HRA must be completed within 364 days of the initial HRA or the most recent HRA.

Troy Medicare has established a process to track the HRA status of all enrolled SNP members.

PROCEDURE

Initial Health Risk Assessment

1. Upon enrollment into Troy Medicare's SNP plan, Care Management leadership assign a Care Manager to each new member, to completion of the Initial HRA with the member.

2. The Care Manager will initiate (an attempt cycle) to reach the member by telephone.
3. If a member is not reachable by telephone, please see Outreach Policy and Workflow.
4. If a member is reachable and is accepting of the completing the Health Risk Assessment the Care Manager completes the HRA withto the member.
5. Next the Care Manager reviews the HRA responses and analyzes and stratifies the member based on results of the HRA. Refer to the Outreach Policy and Workflow for further information on risk stratification and outreach
6. The HRA results and stratification are document in the members TruChart.

Annual Health Risk Assessment

1. Within 30 days of Annual Health Risk Assessment due date Care Management staff initiates an attempt cycle for completion of HRA.
2. Care Management staff will initiate an attempt cycle to reach the member by telephone.
3. If a member is not reachable by telephone, please see Outreach Policy and Workflow.
4. If a member is reachable and is accepting of the completing the Health Risk Assessment the Care Manager administers the HRA to the member.
5. Next the Care Manager reviews the HRA responses, analyzes and stratifies the member based on results of the HRA. Refer to the Outreach Policy and Workflow for further information on risk stratification and outreach.
6. The HRA results and stratification are document in the members TruChart.

Change in Health Status HRA

According to Troy Medicare's Model of care, the Care Manager completes a Health Risk Assessment when a member experiences a change in health status or has experienced a care transition. The definition of a change in healthcare status is three admissions/readmissions within 60 days and/or more than four emergency room visits within 60 days. The Care Manager completes An HRA after a Transition of Care if there has not been one completed within the past 90 days. Please see Transition of Care Policy for the full transition of care workflow and policy.


1. When a Care Manager has identified a change in a member's health status Care Management staff initiate an attempt cycle.
2. If a member is not reachable by telephone, please see Outreach Policy and Workflow.
3. If a member is reachable and is accepting of the completing the Health Risk Assessment the Care Manager administers the HRA to the member.
4. Next, the Care Manager reviews the HRA responses, analyzes and stratifies the member based on results of the HRA. Refer to the Outreach Policy and Workflow for further information on risk stratification and outreach

5. The HRA results and stratification are document in the members TruChart.

ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES

- HRA Workflow
- Outreach and UTR Policy Stratification Policy
- Transition of Care Policy


APPROVALS



Chief Medical Officer

10 / 28 / 2022

Date:



Committee Approval

10 / 28 / 2022

Date: