



Troy Medicare Policy and Procedure

Title: Outreach and Unable to Contact (UTC)/Decline		Policy Number: CM-003	
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Interactive Related Department(s)			
<input type="checkbox"/> All Departments <input type="checkbox"/> Compliance <input type="checkbox"/> Medical Management <input type="checkbox"/> Provider Operations <input type="checkbox"/> Sales and Marketing	<input type="checkbox"/> Appeals and Grievances <input type="checkbox"/> Pharmacy <input type="checkbox"/> Member Services <input type="checkbox"/> Quality Management <input type="checkbox"/> Utilization Management	<input type="checkbox"/> Care Management <input type="checkbox"/> Enrollment <input type="checkbox"/> Plan Administration <input type="checkbox"/> Claims <input type="checkbox"/> Other _____	

POLICY PURPOSE

Troy Health, Inc. is committed to comply with all regulations and requirements for Medicare Advantage Special Needs Plans regarding the member's completion of a Health Risk Assessment (HRA).

The purpose of this policy is to describe the process by which Care Management attempts to contact all Medicare beneficiaries enrolled in the Special Needs Plan (SNP) as required by regulatory requirements set forth by the Centers of Medicare and Medicaid Services (CMS) as well as Model of Care Guidance issued by 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 §422.101(f)(I); 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 to attempt to contact a SNP member for follow-up, completion of the HRA, or outreach when a member experiences a transition of care. Attempt cycle includes 3 documented phone attempts and sending a letter to the member asking for a response.
- **Individualized Care Plan (ICP)-** the member plan that includes health goals, barriers, and interventions based on HRA results
- **Risk Stratification-** The process by which members are placed into low, medium, or high risk. This risk category drives the frequency of outreach attempts and follow up made to the member.
- **TruChart-** Troy Medicare's care management documentation platform.

POLICY

All SNPs are required to conduct a comprehensive HRA for all members within 90 days of the enrollment effective date, and a reassessment at least every 365 days. If Care Management is not able to contact the member to complete a Health Risk Assessment, they must make at least three (3) non-automated outreach attempts and send the member a letter prior to the HRA due date.

If the member is unable to be reached following the three attempted calls and letter, the Care Manager will classify the member as **"Unable to Contact"**. Members who decline Care Management or refuses to complete an HRA will be classified as **"Declines CM"**. Members who request no further contact or follow up will be classified as **"Do Not Call"**. Documentation of the member's refusal and/or the Care Manager's inability to contact the member is reported to CMS as part of the Part C Required Reporting.

Members who are unable to be contacted (UTC) will receive a letter along with a paper HRA form to inform them that their Care Manager has attempted to reach them and gives the member an opportunity to call back and engage with their Care Manager or fill out and send back the HRA. Members that are classified as "Do Not Call" will be sent a Do Not Call letter along with an Individualized Care Plan. Please see ICP Policy and Workflow for further information.

Member Follow-Up

The member's follow-up frequency is determined after the review of their completed HRA and a risk stratification. This is completed after the HRA has been submitted and given a numerical score between 0-61.

Members who decline Care Management, are unable to be contacted, or score between 0-10 will be considered low risk. The Attempt Cycle is scheduled every 6 months to reattempt HRA completion if the member was previously Unable to Contact, or to follow up on the member's health care needs, changes since the last call, services and supports or any progress made since the previous call.

Members scoring between 11-35 will be considered medium risk. The Attempt Cycle is scheduled every 3 months to complete follow-up with members on their health care needs, identify any changes since last the call, services and supports or any progress made from the previous call.

Members scoring between 36-61 are considered high risk. The Attempt Cycle is scheduled every 2 months to complete follow up with the member on their health care needs, any changes since the last call, interventions, or any progress from the previous call.

Care Managers may change the risk stratification one level up or one level down based on their clinical judgment but must document in the case the justification for the change. For example, if the member scores low on the HRA, but several responses indicate the member is needing a higher stratification level, Care Managers may update their stratification level.

PROCEDURE

HRA Outreach

1. For members not able to be reached outreach (Attempt Cycle) is initiated by the Care Manager which consists of making 3 "non-automated" phone calls to the member.
2. Following each call to the member documentation must occur in TruChart.
3. Once 3 attempts have been made the Care Manager will submit the letter in mail vendor's website.
4. After completing submission in vendor's website enter a note in TruChart stating "Letter was submitted to mail vendor for mailing to the member on (date)".
5. Schedule 6-month follow-up with the member.

Member Declines Care Management

1. If during an outreach attempt a member verbalizes that they do not wish to engage in Care Management, the Care Manager will verify if the member is open to annual calls for HRA completion, and/or Post Discharge outreach.
2. The Care Manager documents this conversation in the members TruChart
3. If the member agrees to annual and as needed outreach, they will be outreached following the follow-up call schedule for low-risk members.
4. If the member declines care management during time of HRA outreach, a Decline CM letter is sent with generic ICP through the mail vendor.

5. After completing submission in the vendor's website, enter a note in TruChart stating "Letter has been submitted to mail vendor for mailing to the member on (date)."
6. Schedule 6-month follow-up with the member.

Do Not Call

1. If during an outreach attempt the member verbalizes, they do not wish to engage in Care Management and during verification do not agree to annual outreach as needed, or states they do not want to be called, the Care Manager must document this conversation in TruChart.
2. The Care Manager documents this conversation in the members TruChart case.
3. Next the Care Manager sends a Do Not Call letter with a generic ICP via vendor's website.
4. After completing submission in mail vendor's website enter a note in TruChart stating "Letter was submitted to mail vendor for mailing to the member on (date)".
5. After submitting the letter in mail vendor's website, the Care Manager can un-assign themselves from the member.

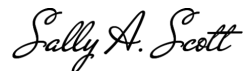
APPROVALS



Chief Medical Officer

10 / 28 / 2022

Date:



Committee Approval

10 / 28 / 2022

Date: