



<b>Policy Title:</b>	<b>Most Vulnerable Beneficiaries Identification</b>
<b>Department:</b>	<b>Markets Growth &amp; Retention</b>
<b>Business Unit:</b>	<b>State Public Programs</b>
<b>Approved By:</b>	<b>Director, Medicaid and SNP Product &amp; Strategy</b>
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**PRODUCTS AFFECTED:**

- Minnesota Senior Health Options (MSHO) – Medica DUAL Solution®
- Minnesota Senior Care Plus (MSC+) – Medica Choice Care<sup>SM</sup> MSC+
- Special Needs BasicCare (SNBC) – Medica AccessAbility Solution®
- Special Needs BasicCare (SNBC) Special Needs Plan – Medica AccessAbility Solution Enhanced®

**DEFINITIONS**

**Enhanced Care Coordination (ECC) Report:** Report that uses Johns Hopkins Adjusted Clinical Groups (ACG) predictive modeling software combined with other selected indicators, including utilization, claims experience, and member diagnostic information. Variables in the reporting tool include Cost Resource Index (CRI), total cost of care, multiple chronic conditions, poly pharmaceuticals or drugs, inpatient use, emergency room utilization and high risk mental health condition indicators.

**Most vulnerable beneficiaries:** The members most likely to have an adverse event or who are more at risk than other member.

**PURPOSE:**

To define Medica’s process for identification of its most vulnerable beneficiaries, expectations for review of most vulnerable beneficiaries, and resources and recommendations for managing at risk members for Care Systems, Agencies, and Counties/Tribes.

**POLICY:**

Care Systems, Agencies, and Counties/Tribes that provide Care Coordination for Medica members will identify members that are considered most vulnerable beneficiaries and will identify an outreach process where more intensive management may be used to improve member health and safety or attempt to prevent adverse events.

**PROCEDURE:**

1. Medica will create a quarterly Enhanced Care Coordination (ECC) Report that identifies members at greater risk of adverse effects or intensive care coordination needs. The ECC Report assigns a

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“Care Level” of 1 – 4 based on claims information for the past 12 months, including but not limited to utilization (e.g., inpatient hospitalizations and emergency room visits), number of chronic conditions, and total cost of care. Members identified in Care Levels 1 and 2 are considered most vulnerable.

2. Medica will provide the ECC Report to each Care System, Agency, or County/Tribe through a secure process (e.g., secure file transfer or secure email) each quarter.
3. Each Care System, Agency, or County/Tribe will review and distribute the ECC Report to individual Care Coordinators (CCs) for follow-up. CCs are expected to use the ECC Report to help guide their care coordination activities (e.g., higher risk members may receive more frequent outreach/follow-up from the CC, depending on their needs and preferences).
4. CCs will document the type of contact, any changes in the member’s status, and any follow-up actions that will be completed.
5. Medica may request examples of interventions initiated for members identified on ECC Report as part of a file audit.
6. Medica also has a process to conduct reviews of members who have higher than expected utilization. This high cost claimant, internal interdisciplinary team completes case reviews of identified members at least monthly to address needs including management of chronic and acute conditions, mental health needs, psychosocial concerns, medication use, emergency room use, and hospitalizations in the past year. Team members then reach out the member’s CC to provide consultation on best practices, clinical guidelines, resources, and suggestions to address the member’s needs and care. Members are monitored on an ongoing basis and may be reviewed by the team on a regular basis if their risk status and utilization continue to be flagged on the report.

#### **CROSS REFERENCES**

John Hopkin’s ACG software.

Medica DUAL Solution Model of Care

Medica AccessAbility Solution Enhanced Model of Care

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