



Integrated Health Homes

Client Tiering and Assignment

August 30th, 31st 2018

September 4th 2018

Client Population

Target Population

4 tiers, reflecting acuity of behavioral and physical health needs:

- **Tier A:** High behavioral and high physical health needs
- **Tier B:** High behavioral and low to moderate physical health needs
- **Tier C:** High physical and low to moderate behavioral health needs
- **Tier D:** Low to moderate behavioral and low to moderate physical health needs

▪ **Full Medicaid population except:**

- MMAI
- Individuals with partial benefits
- High TPL
- Residents in a specific set of LTC facilities, e.g., SNFs (90+ days)

Exclusions

Clients are tiered using the CRG software and a series of behavioral health diagnosis codes or a triggering event

What is a CRG

- The Clinical Risk Group (CRG) software is a categorical model that assigns a client into one, mutually exclusive CRG grouping using inpatient, outpatient and pharmacy data.
- The Department is using 18 months of claims data

What is the Role of CRG

- Describe Health Status of Individuals in a defined population.
- Define Primary Chronic Condition(s) driving contact with healthcare.
- Identify Individuals that are clinically or demographically at risk for higher resource consumption or need for greater care coordination (prospective).
- Explain conditions responsible for an individual's past health care utilization and cost (concurrent/retrospective).
- There are multiple levels of CRG groups. The highest level of aggregation being categories 1-9.

CRG – 9 Major Health Status

1 - Healthy

2 - History Of Significant Acute Disease

3 - Single Minor Chronic Disease

4 - Minor Chronic Disease in Multiple Organ Systems

5 - Single Dominant or Moderate Chronic Disease

6 - Significant Chronic Disease in Multiple Organ Systems

7 - Dominant Chronic Disease in Three or More Organ Systems

8 - Dominant, Metastatic, and Complicated Malignancies

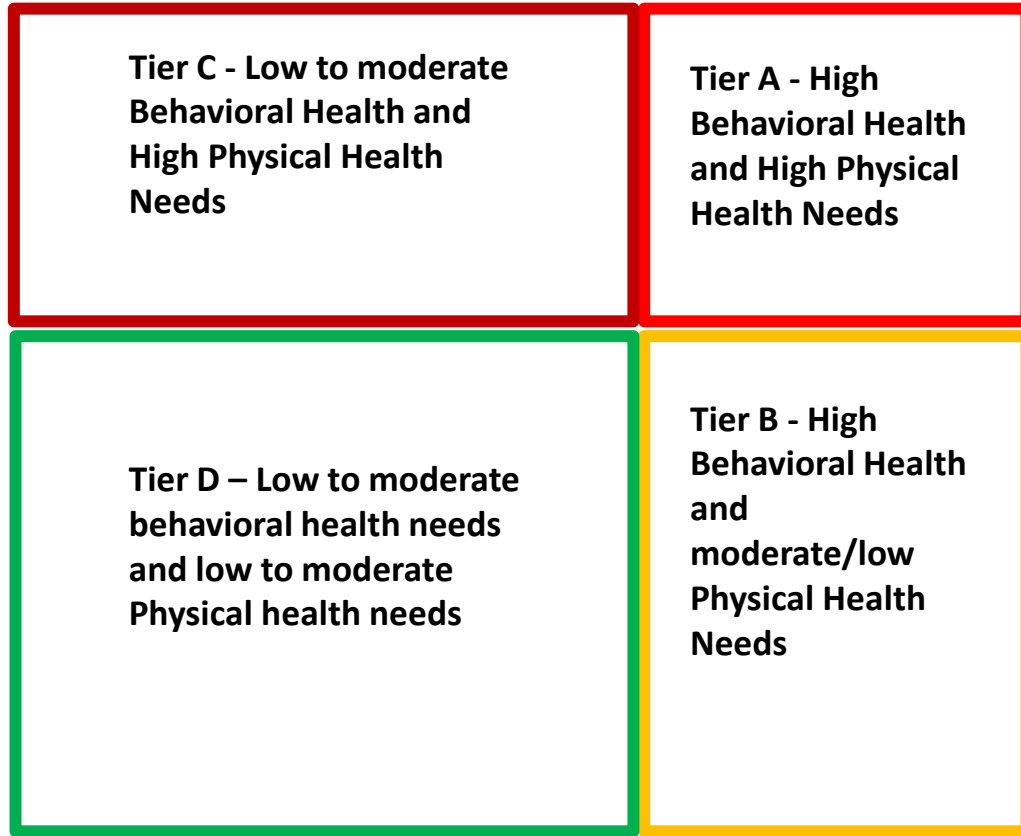
9 - Catastrophic Conditions

IHH stratification approach by levels of behavioral health needs and CRG physical health categories

Proposed IHH stratification approach by Behavioral Health high needs and CRG Health Category

Severity of Physical Health Needs

9. Catastrophic
8. Dominant/Metastatic malignancy
7. Dom. chronic disease in 3+ systems
6. Sign. chronic diseases in multiple systems
5. Significant chronic disease
4. Minor chronic diseases in multiple systems
3. Single minor chronic disease
2. History of significant acute disease
1. Healthy

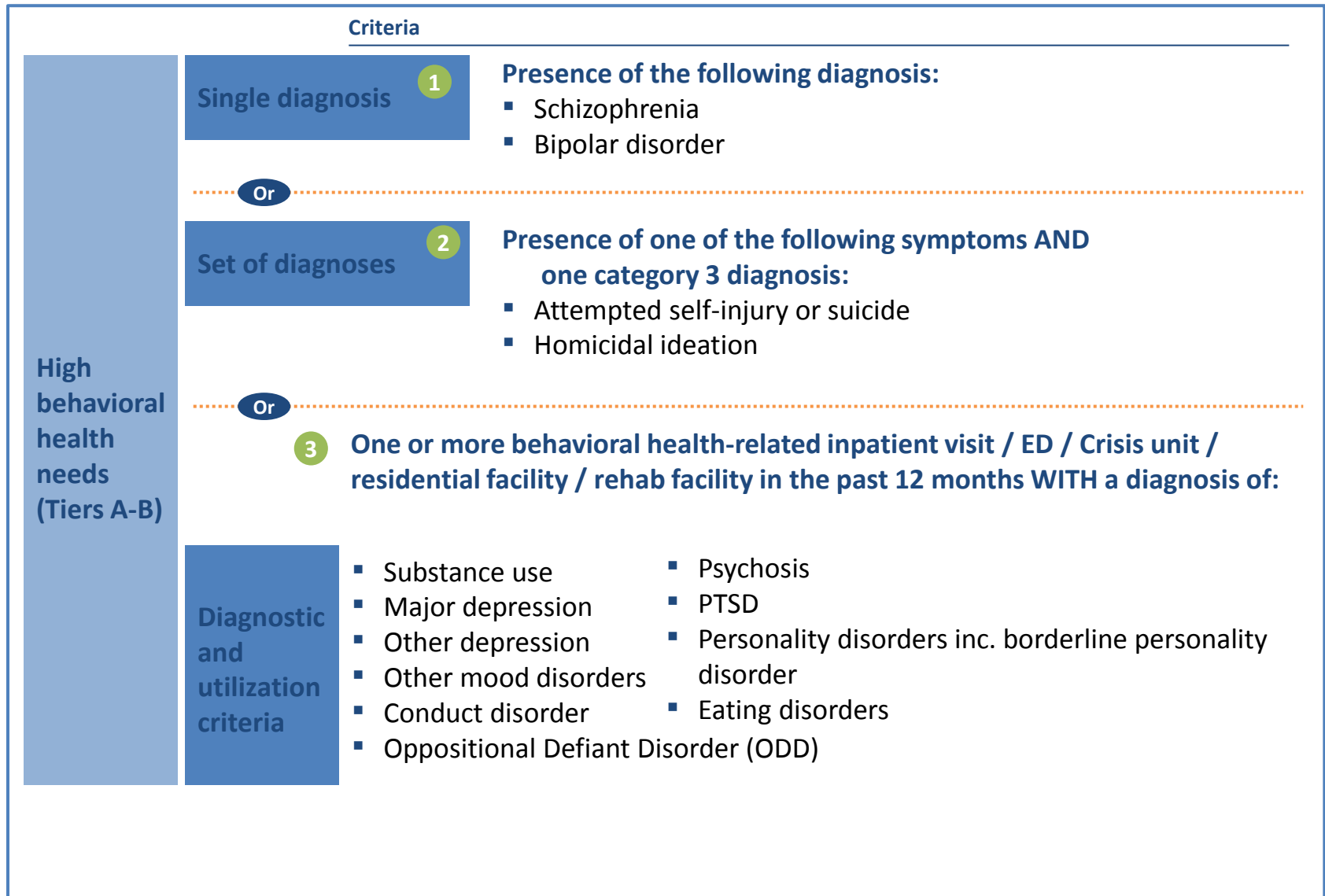


Low Behavioral Health Needs

High Behavioral Health Needs

Behavioral health needs in order of increasing severity

High behavioral health need members are identified based on diagnosis and utilization

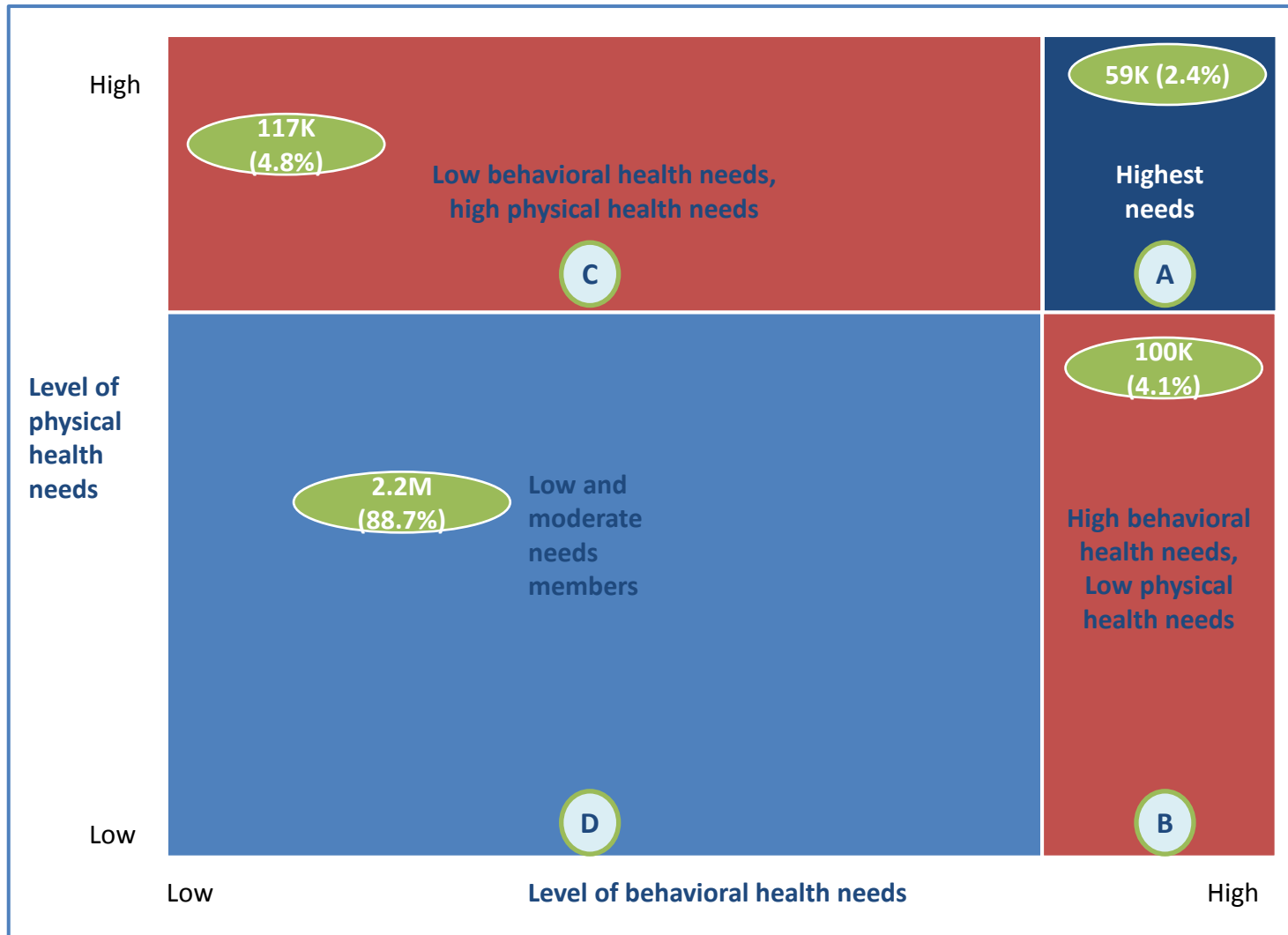


NOTE: Diagnoses are based on all diagnosis fields 1-18

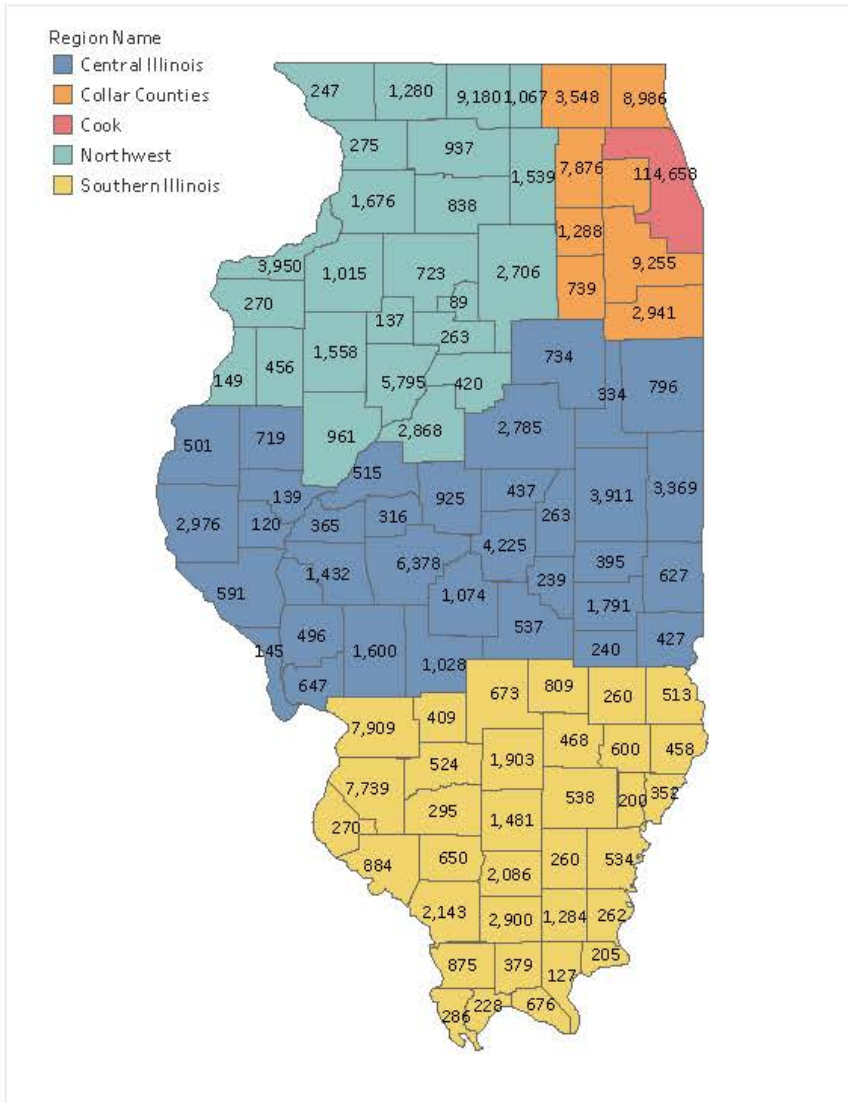
Bringing it all together: tier criteria

- Tier eligibility criteria are based on **behavioral and physical health needs**
- Those members that have high behavioral health needs, as **indicated by the presence of a relevant diagnosis** – or diagnosis and history of specific forms of behavioral health utilization – are placed into the high behavioral health needs tiers (A and B):
 - **Members entering tier A have both high behavioral health needs and high physical health needs**, the latter indicated by their CRG group
 - **Members entering tier B have high behavioral health needs and lower physical health needs**, the latter indicated by their CRG group
- For members without diagnoses indicating high behavioral health needs, **their physical health needs alone are used to assign them to a tier**, as indicated by their CRG group:
 - **Members with the highest physical health needs are placed in tier C**
 - **Members with lower physical health needs are placed in tier D**

For reference: IHH tiers



IHH Summary



IHH Clients by Region



Tier Assignment Timing

- HFS will do tiering quarterly
- Those clients without claims data will default to tier D
- A triggering event may lead to tiering outside of the quarterly schedule

Integrated Health Home Assignment Process

**ALL Tier A, B and C clients will be enrolled
in a Integrated Health Home (IHH) effective January 1, 2019**

- Enrollment for both fee-for-service clients and managed care clients
- Clients can opt out of a IHH
- **MCOs will reach out to their current membership and clients who select their MCO during open enrollment for a January 1st effective date attributed to Tier A, B, or C.**
- **MCOs will explain the benefits of an IHH and encourage their members to select an IHH.**
- **MCOs will report to HFS the IHH the clients choose.**
- **Members who do not select an IHH will be assigned to one.**
- **Client Enrollment Broker will handle this assignment.**

Assignment Timeline – September

Mid-September	<p>IHH begin to enroll in IMPACT.</p> <p>IMPACT will contain detail on the IHH and the required professionals associated with it. The HFS Provider Extract File will include the new IHH provider type (77) and the tiers each IHH will accept.</p>
End of - September	<p>HFS will send a proprietary file to the Client Enrollment Broker (CEB) and each MCO with their A, B and C enrollees and with which tier they are attributed.</p>

Assignment Timeline - October

Mid-October

Mailing begins for HealthChoice Illinois clients with a January 1, 2019 anniversary date.

Open enrollment letters to Tiers A, B and C clients will contain additional language regarding IHH. The letter will explain IHH are coming.

Assignment Timeline – November & December

November and December	Open enrollment period proceeds as usual with the client enrollment broker.
November and December	MCOs outreach to their Tier A, B and C enrollees to assist them in selecting an IHH. MCOs must report the IHH choice to HFS.
Mid-December	<p>CEB will assign a IHH to all Tier A, B and C clients who have not made a voluntary choice of IHH through their MCO.</p> <p>CEB will develop an algorithm that assigns an IHH based on claims history or geography (if no claims exist).</p>