

What is Cal MediConnect?

The Cal MediConnect program aims to coordinate medical, behavioral health, long-term institutional and home- and community-based services through a single health plan for beneficiaries dually eligible for both Medicare and Medi-Cal. The program is being implemented in seven counties: Orange, Santa Clara, San Mateo, San Diego, Riverside, San Bernardino and Los Angeles. Cal MediConnect health plans are required to complete a Health Risk Assessment (HRA) for each enrollee with a few exceptions. For more information on the Cal MediConnect program, please see <http://www.calduals.org/>.

What is a Health Risk Assessment?

An HRA is a survey tool that assesses an enrollee's current health risk and identifies further assessment needs such as behavioral health, substance use, chronic conditions, disabilities, functional impairments, assistance in key activities of daily living, dementia, cognitive and mental status, and the capacity to make informed decisions. The HRA is used as a basis to develop the enrollee's individual care plan. More information about HRAs can be found in Duals Plan Letter 13-002 at the link below:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/DPL2013/DPL13-002.pdf>.

Who completes the Health Risk Assessment?

Cal MediConnect plan staff complete the HRA with each member.

How can the Health Risk Assessment be completed?

The HRA can be completed in the setting preferred by the beneficiary – in person, over the telephone, or by mail.

When does the Health Risk Assessment need to be completed?

The HRA should be completed within 45 days of enrollment for high-risk members¹ and 90 days for those not identified as high-risk or who reside in a nursing facility.

What are barriers that plans face for completing the Health Risk Assessment?

Cal MediConnect plans have reported difficulties conducting HRAs because addresses and phone numbers are not updated by members, which results in the contact data that the plans receive from DHCS being outdated and incorrect.

What are plans doing to increase completion rates?

Cal MediConnect plans are reaching out to organizations, such as pharmacies, county In-Home Supportive Services (IHSS) offices, medical groups and Independent Practice Associations (IPA), to obtain more current contact data. Some plans are using an innovative community navigator model to locate and engage with beneficiaries.

What should be considered when analyzing the data?

1. Cal MediConnect plans may not have up to date contact data resulting in an inability to reach the member.
2. Members are not required to participate in the HRA process and may refuse.

When considering the percent of HRAs completed by a Cal MediConnect plan or on an aggregate level, "Unable to Locate" and "Unwilling" members should be deleted from the total.

Who do I contact if I have any questions about the data?

Please submit your questions to cmc.mltss@dhcs.ca.gov.

¹ Defined as "at increased risk of having adverse health outcomes, or worsening of their health and functional status, or whose health conditions require careful monitoring and coordination of multiple medical, LTSS, or behavioral health services" (Duals Plan Letter 13-002)