IEHP DualChoice

Delegated IPA Care Management Review Tool
Medicare

IPA:			
Reviewer:			
Service Year:		Service Month:	
Review Year:		Review Month:	

Overall Score:

	File Review: #1	Comments:	File Review: #2	Comments:	File Review: #3	Comments:	File Review: #4	Comments:	File Review: #5	Comments:	File Review: #6	Comments:	File Review: #7	Comments:	File Review: #8	Comments:	File Review: #9	Comments:	File Review: #10	Comments:	File Review: #11	Comments:	File Review: #12	Comments:	File Review: #13	Comments:	File Review: #14	Comments:	File Review: #15	Comments:
Member Full Name																														
Member ID#																														
File Type																														
IEHP Dual Choice Enrollment Date																														
IPA Eligibility Date																														
Date HRA was Posted on Provider Portal																														
Date IPA Retrieved HRA on Provider Portal																														
Date HRA was Reviewed by IPA																														
Member's Current Stratification Level																														
Date Case Open																														
Date Case was Last Updated																														
Date Case Closed																														
Reason for Closure																														
Documentation of review of the HRA																														
If no HRA is available for review, an assessment is completed with Member in effort to complete/update an ICP																														
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Care Plan developed with Member, and/or authorized representatives within 90 days of initial enrollment																														
ICP updated based on Member's needs and/or condition																														
Referrals were coordinated for Members identified for potential Palliative Care Program enrollment																														
Care plan developed if a Member is unable to be contacted and/or declined to participate in the care management program or ICP process																														
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Individual Score	Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable		Case not Applicable	
File Summary																														

Element	Regulatory Criteria & Policy	Methodology	Scope	Benchmark	Look-back Period	Data Source	Frequency
Documentation of review of the HRA	*IEHP Provider Policy and Procedure Manual - MA_12A2*	Review of case notes to show evidence of case manager review of completed HRA with Member Each identified risk in the HRA is addressed within the clinical documentation system including Member's Threshold Language preference and needs. Must demonstrate that HRA was retrieved from either the Provider Portal or SFTP. For example, automatically loaded or manually retrieved.	Dual Choice members with an initial or a reassessment HRA completed within the past 90 calendar days as identified on the Care Management Logs submitted by the IPA and/or other data sources generated by IEHP.	≥ 90%	13 Months	Care management clinical documentation	Monthly
If no HRA is available for review, an assessment is completed with Member in effort to complete/update an ICP	*IEHP Provider Policy and Procedure Manual - MA_12A2*	**For newly enrolled/eligible Members:** (1) The IPA must continue to outreach to the Member for ICP completion within ninety (90) calendar days of the Member's enrollment date. **For annual reassements:** (1) The IPA must utilize the completed reassessment HRA to update the ICP **If the Member agrees to an assessment by the IPA, the assessment should include, but not be limited to the following:** (1) Medi-Cal services the member currently accesses. (2) Any Long-Term Services and Supports (LTSS) needs the member may have or potentially need, utilizing the LTSS questions provided DHCS or similar questions. (3) Populations that may need additional screening or services specific to that population, including dementia and Alzheimer's disease. (4) If a member identifies a caregiver, assessment of caregiver support needs should be included as part of the assessment process. Assessments must directly inform the development of member's Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT). IPA must document review of Provider Portal and/or SFTP to review HRA availability to determine that there was none available. Each identified risk in the assessment is addressed within the clinical documentation system with plans to mitigate within care management plans.	Dual Choice members without a competed HRA within the lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member is re-stratified for enrollment into the appropriate level of CM program	*IEHP Provider Policy and Procedure Manual - MA_12A2*	Based on their completed HRA, and additional information provided by the Member/Caregiver, data, or Providers, the Member is re-stratified as High, Rising, or Low Risk The IPA must have a process in place to stratify the Members without an HRA by using data that is available to them. If no additional data is available to the IPA, then the IPA should use the stratification level that was assigned to the Member on the daily HRA data transmission on the Provider portal, and/or other IEHP risk stratification designation. If a Member is re-stratified to a lower risk level by the IPA then supporting documentation is required	Dual Choice members within the lookback period.	≥ 90%	13Months	Care management clinical documentation	Monthly
Care Plan developed with Member, and/or authorized representatives within 90 days of initial enrollment	*IEHP Provider Policy and Procedure Manual - MA_12A3 D-SNP Policy Guide Oct 2022 Updates*	Review of case notes to identify opportunity to utilize HRA, clinical information, other available assessments and/or utilization and pharmacy data in development of ICP. If data available, reviewer to ensure there is documentation to support within ICP or there is a documented plan to discuss/address at a future date. Care Plan developed with Member and/or authorized representatives are included in the ICP process per Members preference and approval. In the event there is an IEHP-developed ICP, the IPA is expected to retrieve and review the posted ICP on the secure IEHP Provider Portal to complete and/or update with the Member, and/or authorized representative, making every attempt to complete the ICP within ninety (90) calendar days of enrollment date Successful Member outreach attempt must align with the date of ICP development or documentation must support discrepancies in dates. Has self-management goals according to Member preference. Care Plan must include the name and contact information of Member's current assigned care manager, PCP, any specialists and county workers, complete and current list of medications, measurable objectives and timetables to meet needs, barriers, timeframes for reassessment and updates to care plan, care coordination needs and consultation with the Member, PCP, and other members of the ICT, as appropriate. The ICP must identify any carved-out services the member needs and how the IPA will facilitate access and document referrals (including at least three (3) outreach attempts), including but not limited to referrals and connections to: Community Based Organizations such as those serving members with disabilities (e.g. independent living centers) and those serving members with dementia (e.g. Alzheimer's organizations) County mental health and substance use disorder services Housing and homelessness providers Community Supports (formerly ILOS) providers in the aligned MCP network 1915(c) waiver programs, MSSP LTSS programs, IHSS and Community-Based Adult Services (CBAS), and including Dental Care Services	Newly enrolled Dual Choice members with an initial care plan developed or required within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
ICP updated based on Member's needs and/or condition	*IEHP Provider Policy and Procedure Manual - MA_12A3*	Review of clinical documentation that demonstrates the ICP is updated at least annually, and in the following instances, at minimum: A change in the Member's health condition, including but not limited to a change in the level of care; A new problem has been identified with the Member; A goal has changed priority, has been met or is no longer applicable; and ICP is closed or completed	Dual Choice members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Referrals were coordinated for Members identified for potential Palliative Care Program enrollment	*IEHP Provider Policy and Procedure Manual - MA_12A3*	Evidence of the following documentation: Review of clinical documentation to ensure that Members are appropriately referred for potential Palliative Care Program enrollment.	Dual Choice members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Care plan developed if a Member is unable to be contacted and/or declined to participate in the care management program or ICP process	*IEHP Provider Policy and Procedure Manual - MA_12A3*	If the Member is not successfully contacted, ICPs can be developed without a completed HRA, utilizing data such as utilization and pharmacy data, and/or any other available assessments. The ICP must identify any carved-out services the member needs and how the IPA will facilitate access and document referrals (including at least three (3) outreach attempts), including but not limited to referrals and connections to: Community Based Organizations such as those serving members with disabilities (e.g. independent living centers) and those serving members with dementia (e.g. Alzheimer's organizations) County mental health and substance use disorder services Housing and homelessness providers Community Supports (formerly ILOS) providers in the aligned MCP network 1915(c) waiver programs, including MSSP LTSS programs, including IHSS and Community-Based Adult Services (CBAS) Medi-Cal transportation to access Medicare and Medi-Cal services	Unable to Contact Dual Choice members with a care plan developed, required or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member and/or authorized representative must be offered the opportunity for face-to-face encounters.	*IEHP Provider Policy and Procedure Manual - MA_12A3*	Members receiving Enhanced Care Management, Member must be provided, on at least an annual basis, beginning within the first 12 months of enrollment, as feasible and with the enrollee's consent, face-to-face encounters for the delivery of health care or care management and/or care coordination services. The interaction must be between the Member and a representative of the Members ICT, specifically the case management and coordination staff, and/or Members providers. A face-to-face encounter must be either in-person or through a visual, real-time, interactive telehealth encounter. When in-person communication is unavailable or does not meet the needs of the Member, to provide culturally appropriate and accessible communication in accordance with Member choice.	Dual Choice members recieiveing ECM like services within the lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member and/or their authorized representative must have the opportunity to review and sign the care plan and any amendments	*IEHP Provider Policy and Procedure Manual - MA_12A3*	Review of clinical documentation demonstrates the Member and/or representative was allowed to review and sign the ICP, ensure that ICP was provided in Member preferred preference and/or alternative formats, including Member's Threshold Language preference.	Dual Choice members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member has an Interdisciplinary Care Team based on Member's needs and preferences	IEHP Provider Policy and Procedure Manual - MA_12A4 D-SNP Policy Guide October 2022	ICT participants are documented within the Medical Management system. At a minimum, the Care Team will consist of the Member and/or Caregiver, Care Manager, and Primary Care Provider, providers of any Medi-Cal services the member is receiving, including LTSS and Community Supports. The ICT must include the member's caregiver and a trained dementia care specialist to the extent possible and as consistent with the member's preferences, as applicable.	Dual Choice within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
ICT case conference completed, per Member need.	IEHP Provider Policy and Procedure Manual - MA_12A4	Should a need for a formal interdisciplinary case conference be identified, the Member/Caregiver are invited and encouraged to participate. Informally, the Member/Caregiver are informed of ICT participant recommendation during follow-up calls and/or in writing if requested. The ICT reviews Member health care outcomes to determine if adjustments to the ICP should be made to support health care needs. The Care Manager communicates with the appropriate ICT participants when the expected outcomes are not achieved, allowing the ICT participants to recommend changes or adjustments	Dual Choice within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
ICT case conference documentation includes the dates, participants, notes and actions discussed during the ICT including any Member discussions	*IEHP Provider Policy and Procedure Manual - MA_12A4*	Review of notes to ensure documentation of ICT meeting has the discussion of the meeting and attendees. Notes should include follow-up and action items should be addressed until need is met. If the Member does not demonstrate the need for an ICT, there is documentation to support. Documentation must also reflect Member's request to exclude any ICT Members.	Dual Choice members with ICT conducted within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
If the Member does not demonstrate the need for an ICT case conference, there is documentation to support	IEHP Provider Policy and Procedure Manual - MA_12A4	Review of notes to ensure documentation is noted when there is no identified need for ICT meeting.	Dual Choice members with a care plan developed or updated within lookback period.	≥ 90%	13 Months	Care management clinical documentation	Monthly
Documentation of 3 attempts (different dates and times) for Member outreach prior to determining Member(s) is unable to reach	Core 3.2 Requirement *IEHP Provider Policy and Procedure Manual - MA_12A3*	Review of case notes to identify 3 outreach attempts were made to the Member/Member representative prior to determining Member is unable to reach. All contact attempts of the same type on the same day are considered one attempt.	Dual Choice members with an initial or a reassessment HRA completed within the past 90 calendar days as identified on the Care Management Logs submitted by the IPA and/or other data sources.	≥ 90%	13 Months	Care management clinical documentation	Monthly
TOC ELEMENTS ONLY							
Upon admission notification, appropriate outreach attempts were completed to notify Member of the care transition process	IEHP Provider Policy and Procedure Manual - MA_12A5	Documentation of evidence that supports IPAs communication with the Member and/or Member caregiver about the care transition process within 1-2 business days, not to exceed three (3) business days post notification of hospital or skilled nursing facility admission	Dual Choice member with an admission/care transition during the lookback period	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member was notified of the care transition process and provided with the care management central point of contact information	IEHP Provider Policy and Procedure Manual - MA_12A5	Documentation of evidence that supports IPAs communication with the Member and/or Member's caregiver about changes to the Member's health status and plan of care, and to provide the Member or caregiver with a central point of contact within 1-2 business days, not to exceed three (3) business days of notification of a hospital or skilled nursing facility admission;	Dual Choice member with an admission/care transition during the lookback period	≥ 90%	13 Months	Care management clinical documentation	Monthly
Appropriate outreach attempts were made to contact Member or Caregiver within 3 business days post discharge.	IEHP Provider Policy and Procedure Manual - MA_12A5	Review of case notes to identify upon discharge notification, Member or Cargiver was contacted within three (3) business days post discharge. If needs were identified, they were addressed and captured in the documentation system. This includes closing the loop (lookback) to ensure all needs were met or a plan is in place to address. IPA is required to follow up with the Member at least thirty (30) days post-transition and upon Member's agreed cadence of contact.	Dual Choice member with an discharge/care transition during the lookback period	≥ 90%	13 Months	Care management clinical documentation	Monthly
Member's identified care coordination needs addressed	IEHP Provider Policy and Procedure Manual - MA_12A5	Review of case notes and assessment to ensure change of condition reassessment was completed post discharge. All needs identified in assessment are addressed and captured within documentation system. Assess Member's need for all environmental adaptations, equipment, and/or technology (i.e., walker with seat, shower chair, or ramp for wheelchair) needed for a successful care setting transition or any other adaptive equipment or technology necessary for a successful transition back to their usual setting; d. Discuss options available to the Member such as sub-acute, skilled nursing or acute rehabilitation, after discharge from acute setting, when skilled level of care cannot be provided in Member's usual setting and assist with scheduling appointments or needed educational activities; and e. Notify the Members' PCP to inform of the admission and discharge.	Dual Choice member with an discharge/care transition during the lookback period	≥ 90%	13 Months	Care management clinical documentation	Monthly
Coordinated with appropriate team discipline for medication reconciliation to be completed within 30 days of discharge	IEHP Provider Policy and Procedure Manual - MA_12A5	Medication reconciliation documented within the medical management system demonatrating the IPAs will collaborate with IEHP's Pharmaceutical Services department to assist with medication reconciliation and medication management, and ensure that the medication list is included on the plan of care Clinical Pharmacists: Complex/high-risk post-discharge Pharmacy technicians: Non-complex post discharge	Dual Choice member with an discharge/care transition during the lookback period	≥ 90%	13 Months	Care management clinical documentation	Monthly