Implementation Council
Oct 12, 2021

Commonwealth Care Alliance

One Care Rating Categories| Definitions

Data is shown by rating category in this presentation. See rating category definitions below for reference:

F1 – Facility-based Care. Individuals identified as having a long-term facility stay of more than 90 days

C3 – Community Tier 3 – High Community Need. Individuals who have a daily skilled need; two or more Activities of Daily Living (ADL) limitations AND three days of skilled nursing need; and individuals with 4 or more ADL limitations
- In CY2014, C3 split into two subsets:
  C3B: for C3 individuals with certain diagnoses (e.g., quadriplegia, ALS, Muscular Dystrophy and Respirator dependence) leading to costs considerably above the average for current C3
  C3A: for remaining C3 individuals

C2 – Community Tier 2 – Community High Behavioral Health. Individuals who have a chronic and ongoing Behavioral Health diagnosis that indicates a high level of service need
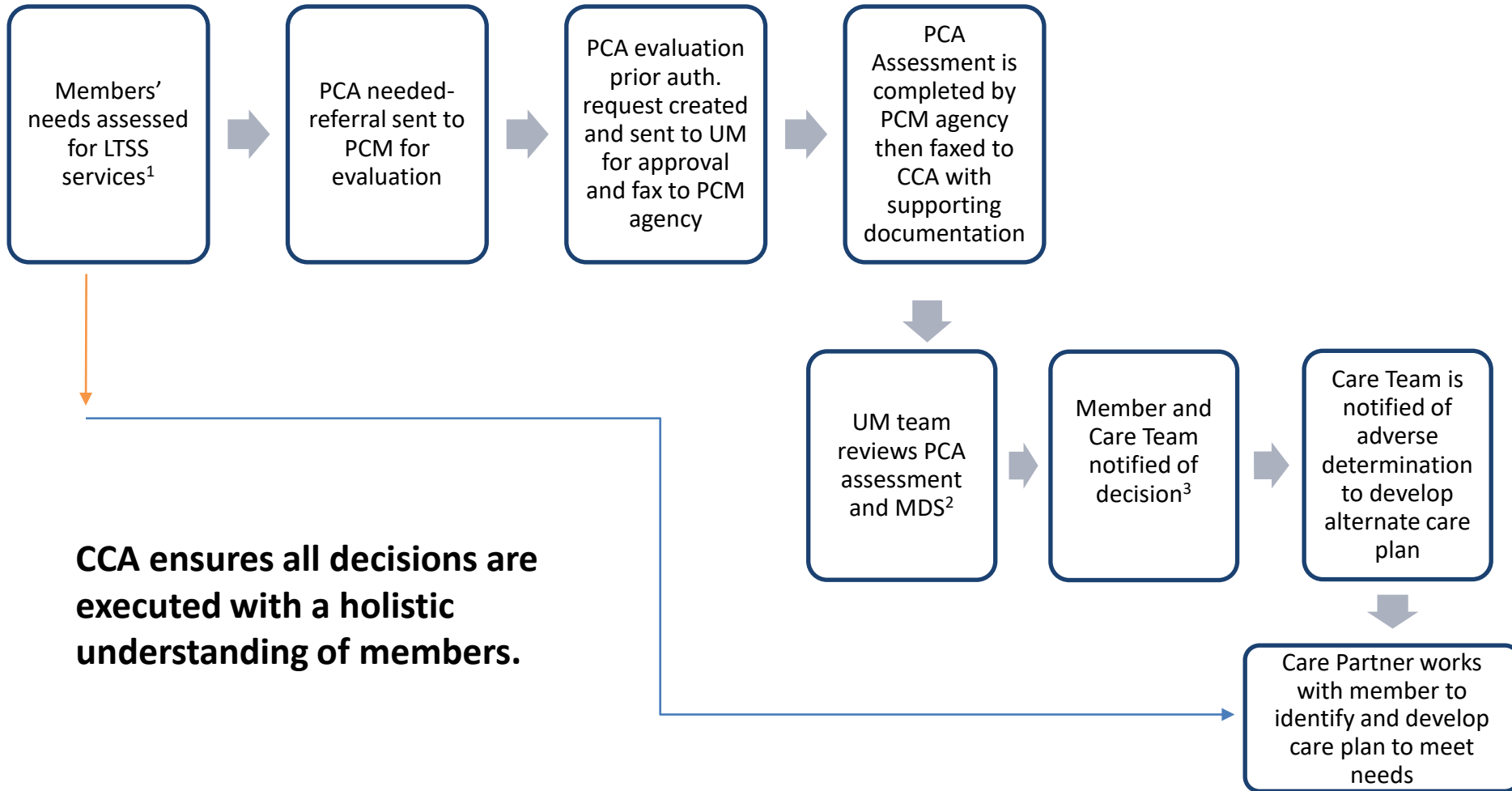 - In CY2014, C2 split into two subsets
    C2B: for C2 individuals with co-occurring diagnoses of substance abuse and serious mental illness
    C2A: for remaining C2 individuals

C1 – Community Tier 1 Community Other. Individuals in the community who do not meet F1, C2 or C3 criteria

UM Process Slide

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┌─────────────┐     ┌─────────────┐     ┌─────────────┐     ┌─────────────┐
│ Members'    │     │ PCA needed- │     │ PCA         │     │ PCA         │
│ needs       │ ──▶ │ referral    │ ──▶ │ evaluation  │ ──▶ │ Assessment  │
│ assessed    │     │ sent to PCM │     │ prior auth. │     │ is          │
│ for LTSS    │     │ for         │     │ request     │     │ completed   │
│ services[1] │     │ evaluation  │     │ created and │     │ by PCM      │
│             │     │             │     │ sent to UM  │     │ agency then │
│             │     │             │     │ for         │     │ faxed to    │
│             │     │             │     │ approval    │     │ CCA with    │
│             │     │             │     │ and fax to  │     │ supporting  │
│             │     │             │     │ PCM agency  │     │ documentat. │
└─────────────┘     └─────────────┘     └─────────────┘     └─────────────┘
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CCA ensures all decisions are executed with a holistic understanding of members.

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┌─────────────┐     ┌─────────────┐     ┌─────────────┐
│ UM team     │     │ Member and  │     │ Care Team   │
│ reviews PCA │ ──▶ │ Care Team   │ ──▶ │ is notified │
│ assessment  │     │ notified of │     │ of adverse  │
│ and MDS[2]  │     │ decision[3] │     │ determinat. │
│             │     │             │     │ to develop  │
│             │     │             │     │ alternate   │
│             │     │             │     │ care plan   │
└─────────────┘     └─────────────┘     └─────────────┘

                                        ┌─────────────┐
                                        │ Care        │
                                        │ Partner     │
                                        │ works with  │
                                        │ member to   │
                                        │ identify    │
                                        │ and develop │
                                        │ care plan   │
                                        │ to meet     │
                                        │ needs       │
                                        └─────────────┘
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[1]Commonwealth Care Alliance members' PCA needs are identified through the onboarding process, all initial and reassessments, LTSC and Care partner touches
[2]CCA will request additional information from the member's Care Team or PCM agency through RFI process as needed
[3]All Home and Community Based Services (HCBS) are flagged in authorization and pulled to the member's Care Plan in their Electronic Medical Record

3

96% of all ICO PCA PA decisions are Approved

Of the 17,869 ICO PCA requests received by CCA since 2018*:

- 93% were Approved
  - 93% were approved without modification

  - 3.6% were approved with modifications

  - All modifications are downgrades and considered "partial approvals"
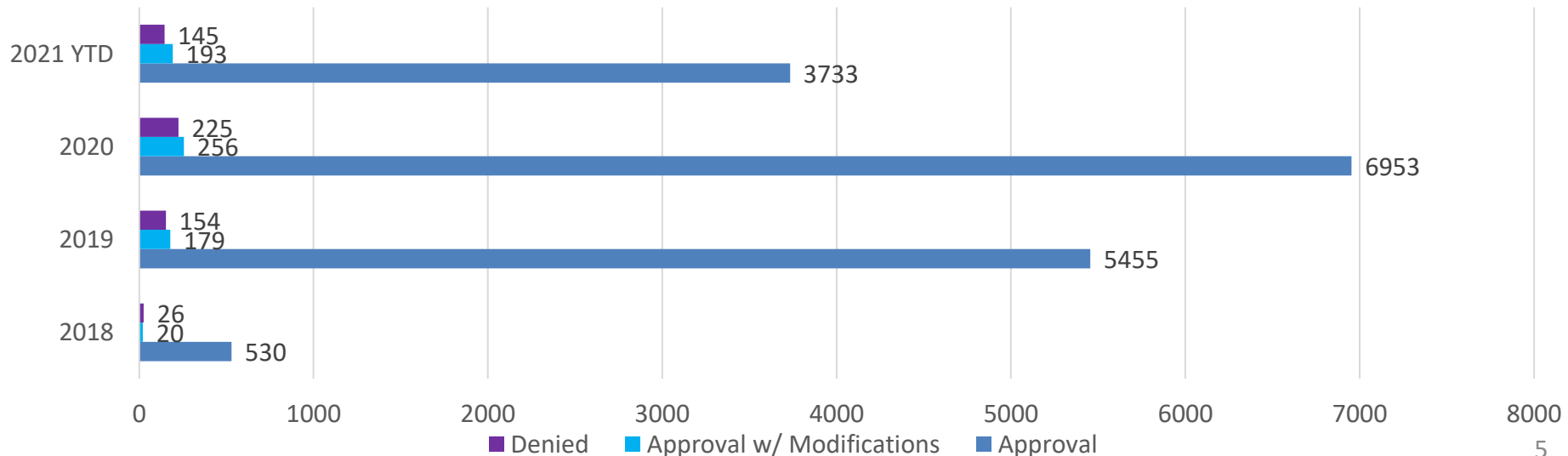
  - 3% were denied

*Data reflects Oct 2018 –July 2021

Approved with modification 3.6%

Denied 3%

Approved without modification 93%

■ Approved without modification ■ Approved with modification ■ Denied
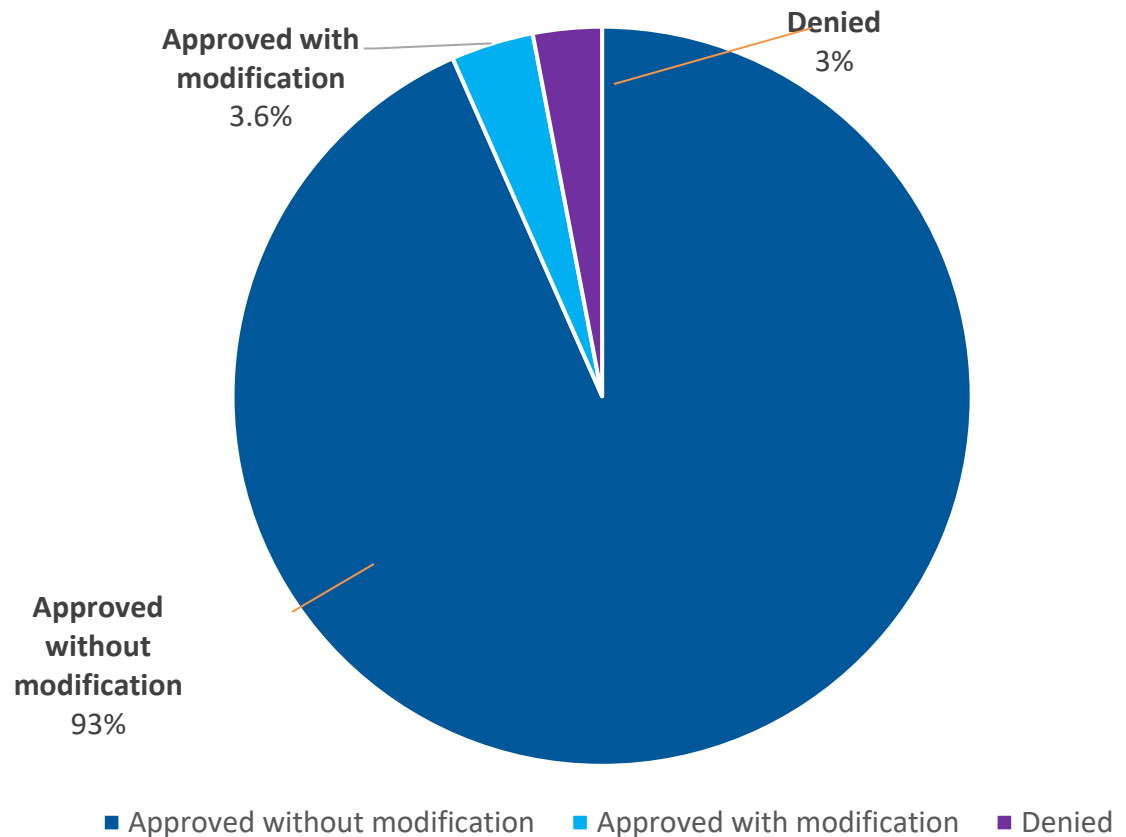
96% of all ICO PCA PA decisions are Approved

Year	Approved Without Modification N (%)	Approved With Modification N (%)	Denied N (%)	Total Requests
2018	530 (92%)	20 (3%)	26 (4.5%)	576
2019	5,455 (94%)	179 (3%)	154(2.6%)	5,788
2020	6,953 (93%)	256 (3%)	225 (3%)	7,434
2021 YTD	3,733 (91%)	193 (4%)	145 (3.5%)	4,071
Grand Total	**16, 671(93%)**	**648 (3.6%)**	**550 (3%)**	**17,869**

Volume of PCA Requests by Final Decision and Year

2021 YTD: Denied 145, Approval w/ Modifications 193, Approval 3733
2020: Denied 225, Approval w/ Modifications 256, Approval 6953
2019: Denied 154, Approval w/ Modifications 179, Approval 5455
2018: Denied 26, Approval w/ Modifications 20, Approval 530

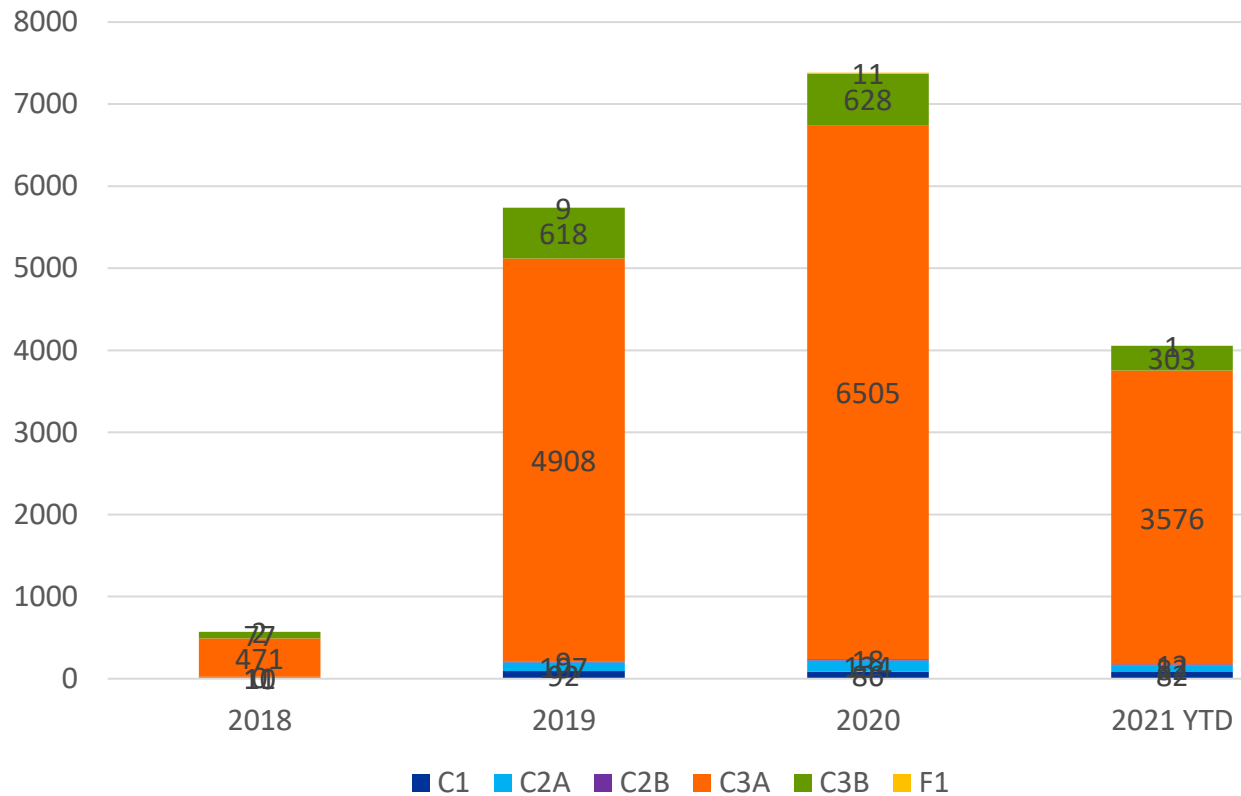Legend: ■ Denied ■ Approval w/ Modifications ■ Approval

*Data reflects Oct 2018 –July 2021

ICO PCA Decisions- Rating Category

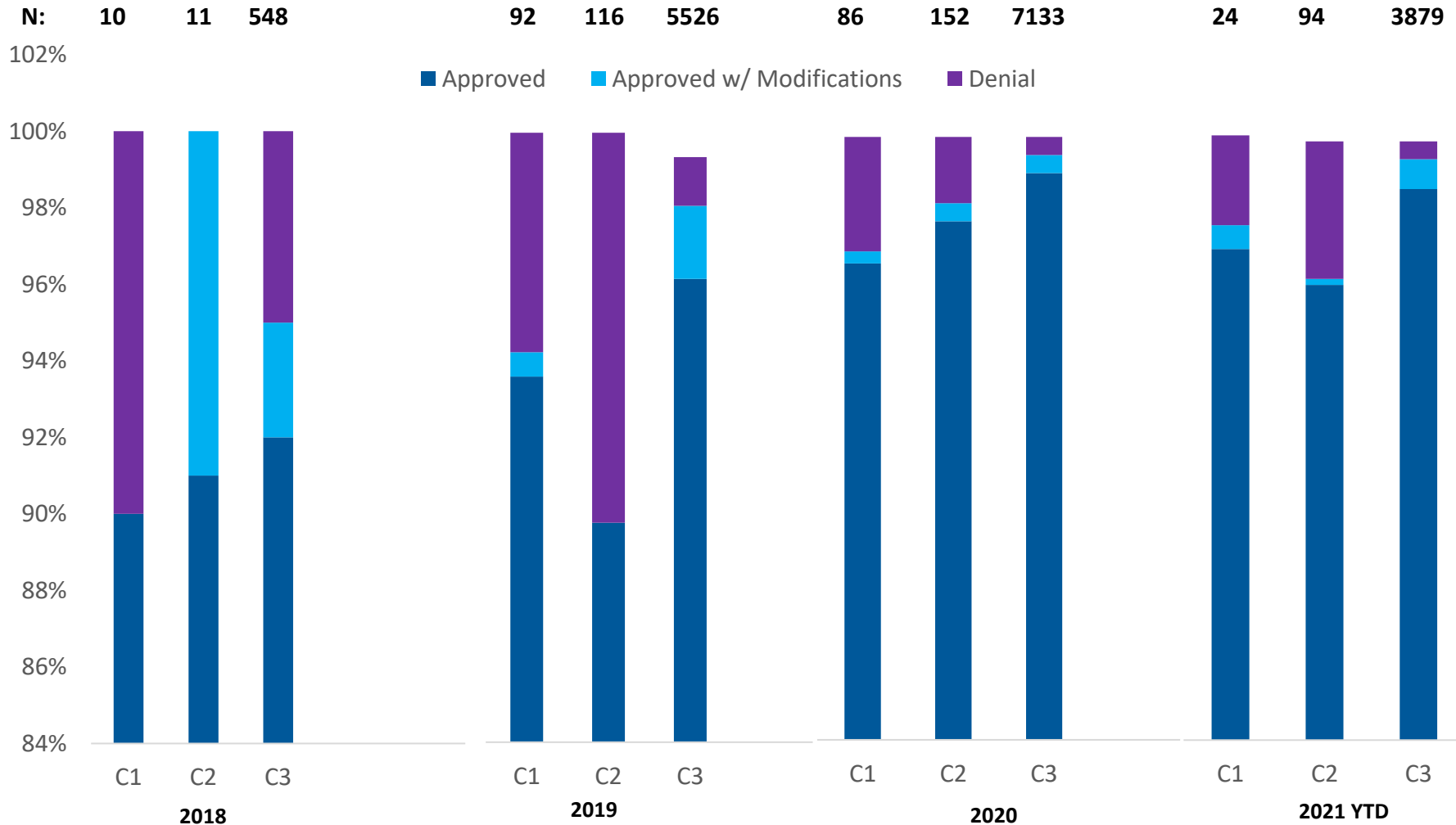The overwhelming majority of ICO PCA requests are for C3A members.

-C1: 1%

-C2: 2%

    – C2A: 2%

    – C2B: <1%

-C3: 96%

    – **C3A: 87%**

    – C3B: 9%

-F1: <1%

Volume of PCA Requests by Year and Rating Category

Legend: C1, C2A, C2B, C3A, C3B, F1

Values shown in chart:
- 2018: 10, 471, 27
- 2019: 52, 157, 4908, 618, 9
- 2020: 80, 151, 6505, 628, 11
- 2021 YTD: 82, 43, 3576, 303, 1

*Data reflects Oct 2018 –July 2021

PCA Decisions- Rating Category*

N: 10   11   548   92   116   5526   86   152   7133   24   94   3879

Legend: ■ Approved ■ Approved w/ Modifications ■ Denial

2018   2019   2020   2021 YTD

*F1 members excluded due to low volume (<1%).

PCA Modification Rates

- All PCA Approvals with modifications[1] since 2018 have been reductions.
- Majority of reductions are less than 10% from original request.

Magnitude of Service Level Modifications with Decreases

Legend: ■ 2019 ■ 2020 ■ 2021 YTD

Data labels (by bin):
- 0-10%: 24.38% (2019), 50.41% (2020), 71.13% (2021 YTD)
- 10-20%: 20.47% (2019), 12.50% (2020), 8.16% (2021 YTD)
- 20-30%: 11.41% (2019), 8.97% (2020), 5.65% (2021 YTD)
- 30-40%: 8.59% (2019), 6.93% (2020), 4.71% (2021 YTD)
- 40-50%: 8.13% (2019), 6.93% (2020), 2.93% (2021 YTD)
- >50%: 27.03% (2019), 14.27% (2020), 7.43% (2021 YTD)
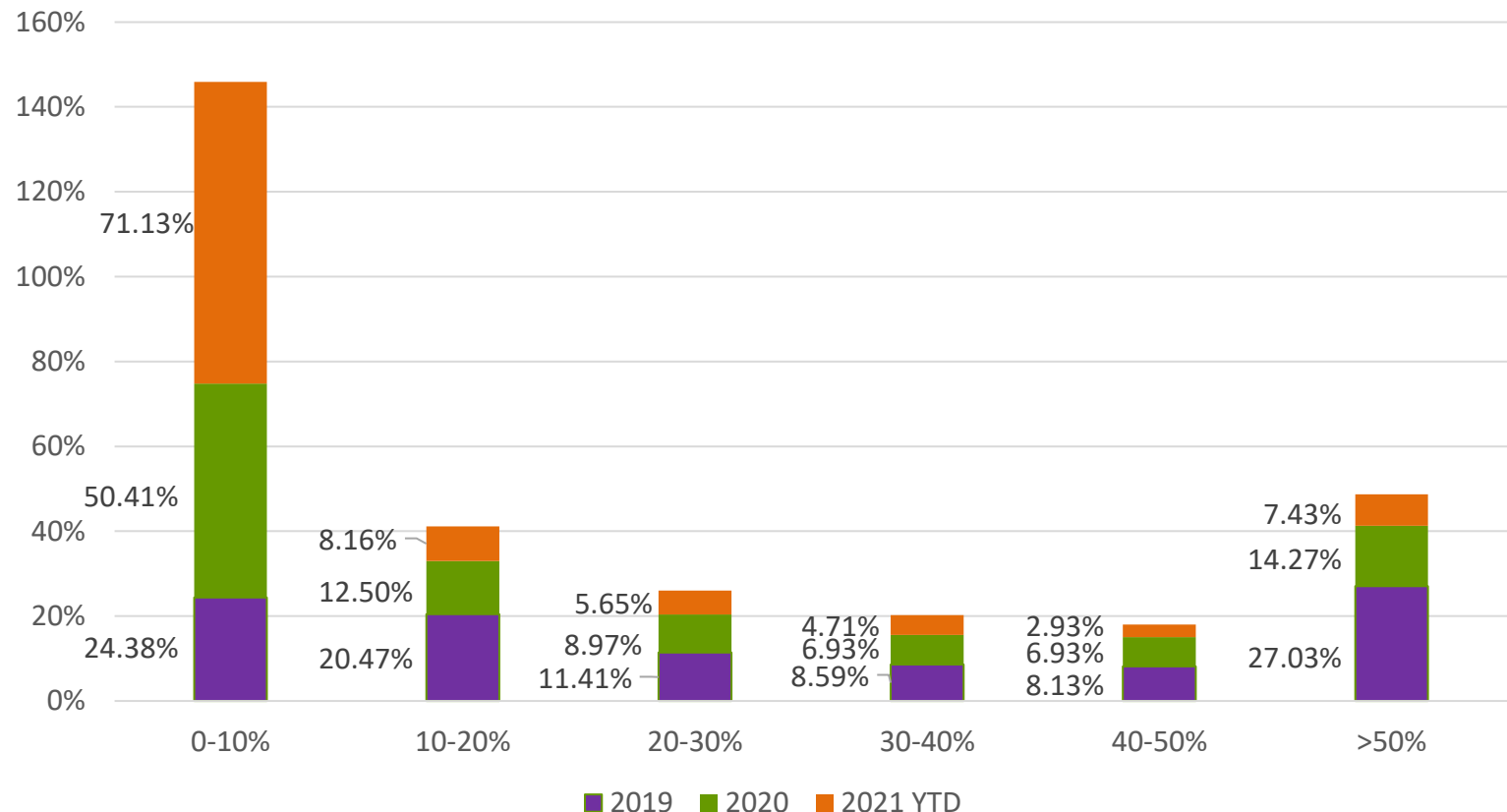
[1]Examples of Common Reasons for PCA Modifications include: 1) Comprehensive assessment not yet completed or overdue 2) Current services already address member needs, 3) Time Requested exceeds allocated time based on member's level of functioning and internal standards.
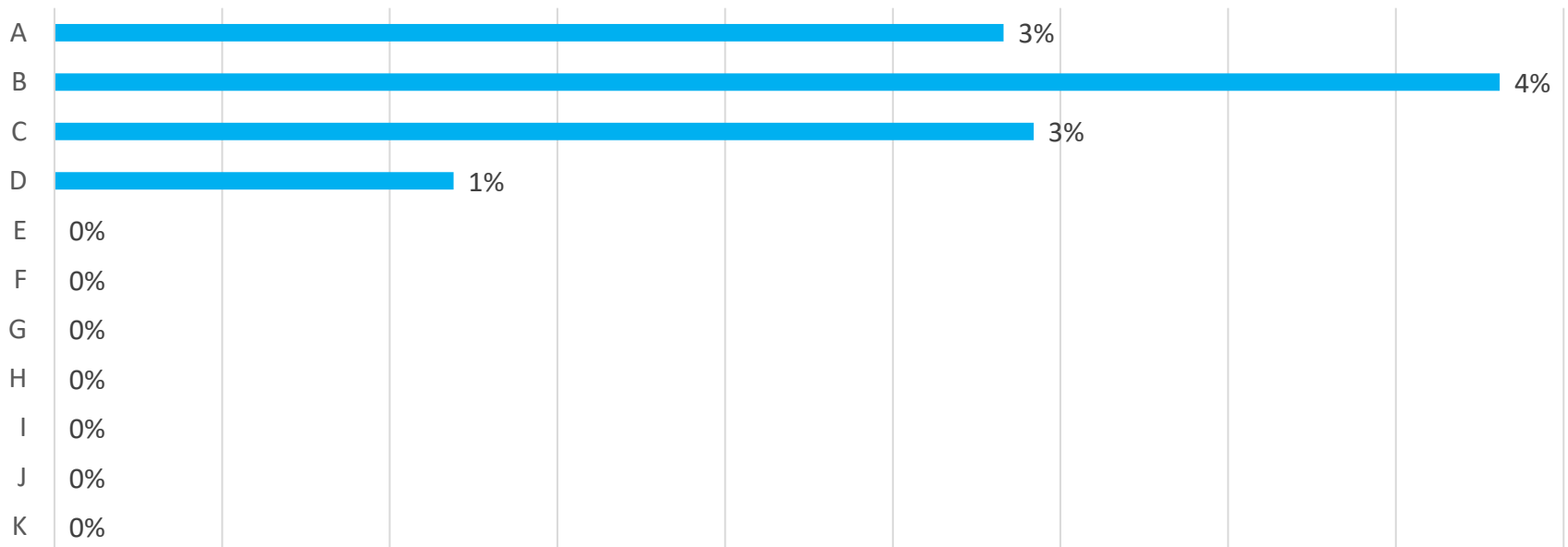*Data reflects Oct 2018 –July 2021.

PCM Agency Modification Rates

- PCM Modifications constitute ~3% of all UM decisions

- PCM agencies range in modification rates.

- No PCM has had more than 5% of PCA decisions as modifications.

Approvals with Modifications as a % of All Decisions by PCM*

A	3%
B	4%
C	3%
D	1%
E	0%
F	0%
G	0%
H	0%
I	0%
J	0%
K	0%

The letter K represents all other 47 PCMs where data was statistically insignificant.
Data reflects Oct 2018 –July 2021