

Implementation Council Oct 12, 2021

Tufts Health Unify

Last Updated – June 27, 2019

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

Tufts Health Unify approaches UM by ensuring there are close connections between Cityblock Health (delegated for Unify care management) and the Tufts Health UM team to ensure decisions are rooted in holistic understanding of member needs.



- 1. LTSS needs are identified through comprehensive assessment, MDS, and the care planning process
- 2. THPP UM can request additional information if gaps in information are found through an RFMI (request for more information) process
- 3. THPP UM shares daily reporting with Cityblock that provides detail on authorizations
- 4. Member follow-up includes overview on how to file appeal and grievances and care manager advocacy to support member filing an appeal or grievance (as needed).



Of the 1913 PCA requests received by THPP since 2018*:

- ~99% were Approved
 - 97% were approved without modification
 - 3% were approved with modification
 - All modifications are downgrades and considered "partial approvals"
- <1% were denied</p>

Distribution of PCA UM Decisions



Approved Without Modification Approved With Modification Denied

Year	Approved Without Modification N (%)	Approved With Modification N (%)	Denied N (%)	Total
2021 YTD*	315 (84%)	55 (15%)	4 (1%)	374
2020	788 (100%)	1 (0%)	0 (0%)	789
2019	414 (99%)	1 (0%)	3 (1%)	418
2018	332 (100%)	0 (0%)	0 (0%)	332
Grand Total	1849 (97%)	57 (3%)	7 (0%)	1913

Volume of PCA Requests by Final Decision and Year



The vast majority of PCA requests are for C3A members.

- C1: 3%
- C2: 3%
 - C2A: 3%
 - C2B: <1%
- C3: 94%
 - C3A: 90%
 - C3B: 4%

- F1: <1%

Volume of PCA Requests by Year and Rating Category





PCA Requests by Rating Category* and Year

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

82% of decreases were modifications of <40%

- All PCA Approvals with modifications¹ since 2018 have been reductions.
- For 82% of PCA modifications, the decrease was less than 40%



Magnitude of Service Level Modifications with Decreases

¹Examples 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

PCM Agency Modification Rates

- PCA Modifications constitute ~3% of all decisions
- PCM agencies range in modification rates.
- No PCM has had more than 10% of PCA decisions as modifications



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