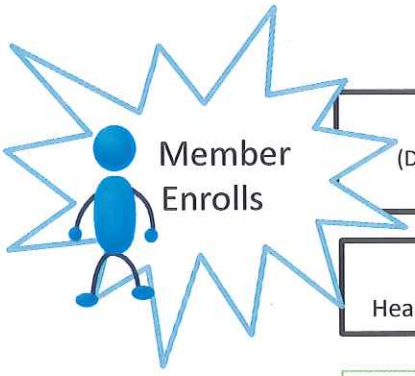
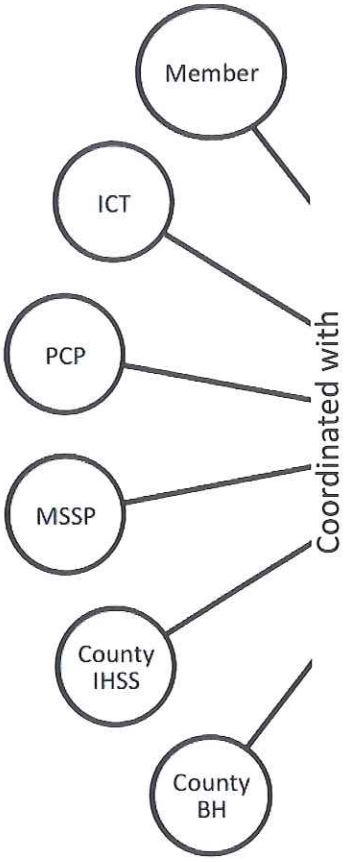


DHCS sends data to health plans
(Data includes: Medicare Parts A, B, and D, and Medi-Cal IHSS, MSSP, SNF, and Behavioral Health Pharmacy data)

Beneficiary Risk Stratification
Health plans use pre-approved algorithms to stratify members into 3 groups

Lower-risk	Higher-risk (chronic/acute health needs, HCBS consumers, and Serious Mental Illness)	Skilled Nursing Facility Residents



Initial Assessment Process

Health plans assess a member's current health risk using a pre-approved Health Risk Assessment tool via phone, mail, internet, or in person (45 days for higher risk, 90 days for others). Other assessments may also occur concurrently or subsequently as needed, such as the IHA, or IHSS or behavioral health. Purpose is a full history and physical examination to assess cognitive, psychosocial, LTSS, and functional needs within 90 days. Plans may further adjust stratification based on results of assessment process.

Care Plan Development

Using results from Initial Assessment Process and any existing care plans, each member has a care plan within 90 days that addresses individual needs:

1. Medical care
2. LTSS
3. Community Based Organization services
4. Behavioral Health

Developed by health plan care coordinator, PCP and member/AR; plus IHSS social worker, MSSP case manager, behavioral health specialist, nursing facility and other providers, and family, as applicable. Care plan shared with member, PCP, providers, county agencies, and others as applicable.

Ongoing Care Coordination

Members receive varying levels of care coordination and management, ranging from information sharing to an interdisciplinary care team, as determined by their care plan and needs. Members will move along the continuum of care management intensity, as their needs and situations change. They will be reassessed as needed or after 12 months.

Low intensity ⟷ High intensity