



Risk Stratification

What is Risk Stratification?

Risk stratification is the “process in which patients are divided into groups based on factors like their health history, their health problems and the complexity of care they will require.” The data used in risk stratification includes lifestyle data and social drivers of health (SDoH) data. It is assumed that 20% of the members will account for 80% of the healthcare spending in the United States.

Risk stratification is statistically estimating the probability a person’s diseases will cause mortality or high cost burden to the healthcare system. Risk stratification combines subjective and objective data to assign a level of risk to members.

Why is Risk Stratification Important?

Risk stratification enables providers to identify the right level of care and or services for the member. Typically, the higher the risk the more complex needs the member has, which means more intensive services or care management. Risk stratification allows providers to direct care and improve overall health outcomes. It diverts care from the “one size fits all model” that is clinically ineffective and prohibitively expensive.

Risk stratification allows providers to analyze their patient panels and facilitates more comprehensive and extensive population health management. It allows providers to customize care and interventions based on the risks and costs of the member to the healthcare continuum. Risk stratification can lend itself to customizing care models at each level of risk and allows for appropriate matches to resources.

Systemically using risk stratification allows for the management of member decisions for treatment, access, and other resources.

Risk stratification allows agencies to focus on the sickest patients and monitor their cost and utilization more closely. It enables agencies to:

- Identify members for longitudinal care management.
- Better manage agency scheduling by understanding that appointments with higher risk members requires more time.
- Prioritize treatment and resources.
- Provide team understanding of the member’s risk level.

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What is the Difference Between Risk Stratification and Acuity Tiering?

According to the Tailored Care Management data strategy document:

The Department is developing a standard methodology to assign Behavioral Health I/DD Tailored Plan members to an “acuity tier” (e.g., low, medium, high), enabling a consistent Tailored Care Management payment approach that aligns the member need with a payment level. The Behavioral Health I/DD Tailored Plan will be required to use acuity tiering to guide the intensity of a member’s care management, according to minimum contact requirements. The Department anticipates that the acuity tiering will be the primary method that Behavioral Health I/DD Tailored Plans, CMAs and AMH+ practices use to segment and manage their populations, particularly during the initial years of Tailored Care Management.

Behavioral Health I/DD Tailored Plans may choose to conduct risk scoring and stratification for their members beyond the acuity tiering information they receive, taking a broader range of inputs into account for the purpose of supporting care management assignment, assessing the success of care management interventions, and making program adjustments to drive health improvement. Risk scoring and stratification would help to identify where additional supports, investments and condition-specific monitoring may be beneficial and to hold providers accountable for being responsive to members’ care needs. To the extent that Behavioral Health I/DD Tailored Plans establish risk stratification methodologies beyond acuity tiering, they will be required to share risk stratification results and methodologies with AMH+ practices and CMAs to which they have members assigned. + AMH+ practices and CMAs may similarly choose to conduct risk scoring and stratification for their members beyond the acuity tiering or plan risk stratification information they receive. By the third year after Behavioral Health I/DD Tailored Plan launch, AMH+ practices and CMAs will be required to establish their own risk stratification methodologies, incorporating the unique – and critical – clinical and unmet health-related resource data to which they have access to generate actionable risk scores.

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How Do I Risk Stratify?

Simplify the process.

Include the following:

- Physical health.
- Mental/behavioral health.
- Absence or presence of family and social supports.
- Presence or absence of unmet health needs.

In compiling the risk stratification data, be sure to also include subjective data from the care team.

After scoring, incorporate your findings into team discussions and planning sessions for members. Risk stratification is an ongoing process for members. It is important to consider the member's risk when you allocate resources for the member.

NCDHHS encourages using the following data when doing risk stratification:

Acuity tier results	Member's zip code
Claims/encounter history	Member's race and ethnicity
Claims analysis results	Administrative data to identify risk for: <ul style="list-style-type: none">• Overutilization of physical & behavioral health services• Adverse events• High cost of care
Pharmacy data	
Risk factor assessment, incl. tobacco use assessment	
Immunizations	
Lab results	Results of level-of-care determination and screening tools (e.g., LOCUS, CALOCUS, ASAM, SIS)
ADT feed data	
Provider referral data	Results of care management screenings or care management comprehensive assessments
Member or caretaker self-referral information	
Referrals from social services	Identified unmet health resources needs

References:

- North Carolina's Behavioral Health I/DD Tailored Plan RFA. Section V.B.3.ii.(x) Ongoing Care Management. Nov. 13, 2020. <https://medicaid.ncdhhs.gov/media/8017/download>
- North Carolina's "Tailored Care Management Provider Manual". December 2, 2020. Available here: <https://files.nc.gov/ncdma/Tailored-Care-Management-Provider-Manual20201202.pdf>
- North Carolina's Behavioral Health I/DD Tailored Plan RFA. Section V.B.3.ii.(xv). Data System Requirements, Data Sharing, and Risk Stratification. Nov. 13, 2020. <https://medicaid.ncdhhs.gov/media/8017/download>