



PROPOSED RULE MAKING

CR-102 (August 2017) (Implements RCW 34.05.320)

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FILED

DATE: October 19, 2017

TIME: 9:06 AM

WSR 17-22-009

Agency: Health Care Authority

Original Notice

Supplemental Notice to WSR _____

Continuance of WSR _____

Preproposal Statement of Inquiry was filed as WSR 17-16-036 ; or

Expedited Rule Making--Proposed notice was filed as WSR _____; or

Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

Proposal is exempt under RCW _____.

Title of rule and other identifying information: (describe subject)

Amends:

182-557-0100 Health home program - Definitions

182-557-0200 Health home program - Eligibility

182-557-0225 Health home services – Methodology for calculating a person’s risk score

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
December 5, 2017	10:00 AM	Health Care Authority Cherry Street Plaza Pear Room 107 626 8 th Ave, Olympia WA 98504	Metered public parking is available street side around building. A map is available at: www.hca.wa.gov/documents/directions_to_csp.pdf or directions can be obtained by calling: (360) 725-1000

Date of intended adoption: Not sooner than December 6, 2017 (Note: This is **NOT** the **effective** date)

Submit written comments to:

Name: HCA Rules Coordinator

Address: PO Box 42716, Olympia WA 98504-2716

Email: arc@hca.wa.gov

Fax: (360) 586-9727

Other:

By (date) December 5, 2017 5:00 PM

Assistance for persons with disabilities:

Contact Amber Lougheed

Phone: (360) 725-1349

Fax: (360) 586-9727

TTY: (800) 848-5429 or 711

Email: amber.lougheed@hca.wa.gov

Other:

By (date) December 1, 2017

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

The agency is revising these sections to fix outdated hyperlinks and to define the criteria by which a person is ineligible to receive health home services.

Reasons supporting proposal: See purpose

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Statute being implemented: RCW 41.05.021, 41.05.160

Is rule necessary because of a:

Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, CITATION:

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: N/A

Name of proponent: (person or organization) Health Care Authority

<input type="checkbox"/> Private
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting:	Vance Taylor	PO Box 42716, Olympia WA 98504-2716	360-725-1344
Implementation:	Jason Bergman	PO Box 42716, Olympia WA 98504-2716	360-725-1318
Enforcement:	Jason Bergman	PO Box 42716, Olympia WA 98504-2716	360-725-1318

Is a school district fiscal impact statement required under RCW 28A.305.135? Yes No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

Is a cost-benefit analysis required under RCW 34.05.328?

Yes: A preliminary cost-benefit analysis may be obtained by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.

Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s):

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(3). Check all that apply:

- RCW 34.05.310 (4)(b) (Internal government operations)
- RCW 34.05.310 (4)(c) (Incorporation by reference)
- RCW 34.05.310 (4)(d) (Correct or clarify language)
- RCW 34.05.310 (4)(e) (Dictated by statute)
- RCW 34.05.310 (4)(f) (Set or adjust fees)
- RCW 34.05.310 (4)(g) ((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(4) .

Explanation of exemptions, if necessary: This rule does not affect small businesses. The businesses affected by these rule changes are Home Health Lead Agencies which are managed care organizations. The managed care organizations do not meet the definition of a small business.


COMPLETE THIS SECTION ONLY IF NO EXEMPTION APPLIES

If the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

- No Briefly summarize the agency's analysis showing how costs were calculated.
- Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses, and a small business economic impact statement is required. Insert statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

- Name:
- Address:
- Phone:
- Fax:
- TTY:
- Email:
- Other:

Date: October 19, 2017	Signature: 
Name: Wendy Barcus	
Title: HCA Rules Coordinator	

WAC 182-557-0100 Health home program—Definitions. The following terms and definitions and those found in chapter 182-500 WAC apply to this chapter:

Action - For the purposes of this chapter, means one or more of the following:

(a) The denial of eligibility for health home services.

(b) The denial or limited authorization by the qualified health home of a requested health home service, including a type or level of health home service.

(c) The reduction, suspension, or termination by the qualified health home of a previously authorized health home service.

(d) The failure of a qualified health home to provide authorized health home services or provide health home services as quickly as the participant's condition requires.

Agency - See WAC 182-500-0010.

Chronic condition - Means mental health conditions, substance use disorders, asthma, diabetes, heart disease, cancer, cerebrovascular disease, coronary artery disease, dementia or Alzheimer's disease, intellectual disability, HIV/AIDS, renal failure, chronic respiratory conditions, neurological disease, gastrointestinal, hematological, and musculoskeletal conditions.

Client - For the purposes of this chapter, means a person who is eligible to receive health home services under this chapter.

Clinical eligibility tool - Means an electronic spreadsheet that determines a client's risk score using the client's age, gender, diagnoses, and medications.

Coverage area - Means a geographical area composed of one or more counties within Washington state. The map of the coverage areas and the list of the qualified health homes is (~~available on the agency's web site at: http://www.hca.wa.gov/medicaid/health_homes/Pages/index.aspx~~) located at <https://www.hca.wa.gov/billers-providers/programs-and-services/health-homes>.

Fee-for-service (FFS) - See WAC 182-500-0035.

Full dual eligible - For the purpose of this chapter, means a fee-for-service client who receives qualified medicare beneficiary coverage or specified low-income medicare beneficiary coverage and categorically needy health care coverage.

Grievance - Means an expression of a participant's dissatisfaction about any matter other than an action. Possible subjects for grievances include the quality of health home services provided when an employee of a qualified health home provider is rude to the participant or shares confidential information about the participant without their permission.

Health action plan - Means a plan that lists the participant's goals to improve and self-manage their health conditions and steps needed to reach those goals.

Health home care coordinator - Means staff employed by or subcontracted by the qualified health home to provide one or more of the six defined health home care coordination benefits listed in WAC 182-557-0050.

Health home services - Means services described in WAC 182-557-0050 (2)(a) through (f).

Medicaid - See WAC 182-500-0070.

Participant - Means a client who has agreed to receive health home services under the requirements of this chapter.

Qualified health home - Means an organization that contracts with the agency to provide health home services to participants in one or more coverage areas and meets the requirements in WAC 182-557-0050(4).

Risk score - Means a measure of the expected costs of the health care a client is likely to incur in the next twelve months that the agency calculates using an algorithm developed by the department of social and health services (DSHS) or the clinical eligibility tool.

AMENDATORY SECTION (Amending WSR 15-17-065, filed 8/14/15, effective 9/14/15)

WAC 182-557-0200 Health home program—Eligibility. (1) To be eligible for the health home program, a client must:

(a) Be a recipient of categorically needy health care coverage through:

- (i) Fee-for-service, including full dual eligible clients; or
- (ii) An agency-contracted managed care organization.

(b) Have one or more chronic conditions as defined in WAC 182-557-0100; and

(c) Have a risk score of 1.5 or greater measured either with algorithms developed by the department of social and health services or the agency's clinical eligibility tool located (~~on the agency's web site at http://www.hca.wa.gov/Pages/health_homes.aspx; and~~

~~(d) Agree to participate in a health home program))~~ at https://www.hca.wa.gov/assets/billers-and-providers/Clinical_Eligibility_Tool.xls.

(2) A person is ineligible to receive health home services when:

(a) The person has third-party coverage that provides comparable health care services(~~-~~

~~(3) Using information provided by the department of social and health services (DSHS), the agency identifies clients who are eligible for health home services.~~

~~(4))~~; or

(b) The person has a risk score of less than 1.0 for six consecutive months and has not received health home services.

(3) When the agency determines a client is eligible for health home services, the agency enrolls the client with a qualified health home in the coverage area where the client lives.

(a) The client may decline health home services or change to a different qualified health home or a different health home care coordinator.

(b) If the client (~~(accepts enrollment))~~ chooses to participate in the health home program, a health home care coordinator will:

(i) Work with the participant to develop a health action plan that describes the participant's health goals and includes a plan for reaching those goals; and

(ii) Provide health home services at a level appropriate to the participant's needs.

~~((+5))~~ (4) A participant who does not agree with a decision regarding health home services, including a decision regarding the cli-

ent's eligibility to receive health home services, has the right to an administrative hearing as described in chapter 182-526 WAC.

AMENDATORY SECTION (Amending WSR 15-17-065, filed 8/14/15, effective 9/14/15)

WAC 182-557-0225 Health home services—Methodology for calculating a person's risk score. The agency uses eight steps to calculate a person's risk score.

(1) **Step 1. Collect paid claims and health plan encounter data.** The agency obtains a set of paid fee-for-service claims and managed care encounters for a client.

(a) For clients age seventeen and younger, the agency uses all paid claims and encounters within the last twenty-four months.

(b) For clients age eighteen and older, the agency uses all paid claims and encounters within the last fifteen months.

(i) The claims and encounters include the international classification of diseases (ICD) diagnosis codes and national drug codes (NDC) submitted by health care providers. These are used in steps 2 and 3 to create a set of risk categories.

(ii) The agency uses two algorithms developed by the University of San Diego:

(A) Chronic illness and disability payment system (CDPS) which assigns ICD diagnosis codes to CDPS risk categories (see Table ((6)) 3 in ((Steps to Calculate a Medical Expenditure Risk Score located at http://www.hca.wa.gov/medicaid/health_homes/Documents/calculate_medical_expenditure_risk.pdf)) subsection (5)(b) of this section); and

(B) Medical Rx (MRx) which assigns NDCs to MRx risk categories (see Table ((7)) 2 in ((Steps to Calculate a Medical Expenditure Risk Score located at http://www.hca.wa.gov/medicaid/health_homes/Documents/calculate_medical_expenditure_risk.pdf)) subsection (3)(b) of this section).

(2) **Step 2. Group ICD diagnosis codes into chronic illness and disability payment system risk categories.**

(a) To group ICD diagnosis codes into the CDPS risk categories (see Table 1 in (b) of this subsection), the agency uses an ICD diagnosis code to CDPS risk categories crosswalk in subsection (1)(b)(ii)(A) of this section. Each of the ICD diagnosis codes listed is assigned to one risk category. If an ICD diagnosis code is not listed in the crosswalk it does not map to a risk category that is used in the calculation of the risk score.

(b) **Table 1. Titles of Chronic Illness and Disability Payment System Risk Categories**

CARVH	Cardiovascular, very high
CARM	Cardiovascular, medium
CARL	Cardiovascular, low
CAREL	Cardiovascular, extra low
PSYH	Psychiatric, high
PSYM	Psychiatric, medium
PSYML	Psychiatric, medium low
PSYL	Psychiatric, low

SKCM	Skeletal, medium
SKCL	Skeletal, low
SKCVL	Skeletal, very low
CNSH	Central Nervous System, high
CNSM	Central Nervous System, medium
CNSL	Central Nervous System, low
PULVH	Pulmonary, very high
PULH	Pulmonary, high
PULM	Pulmonary, medium
PULL	Pulmonary, low
GIH	Gastro, high
GIM	Gastro, medium
GIL	Gastro, low
DIA1H	Diabetes, type 1 high
DIA1M	Diabetes, type 1 medium
DIA2M	Diabetes, type 2 medium
DIA2L	Diabetes, type 2 low
SKNH	Skin, high
SKNL	Skin, low
SKNVL	Skin, very low
RENEH	Renal, extra high
RENVH	Renal, very high
RENM	Renal, medium
RENL	Renal, low
SUBL	Substance abuse, low
SUBVL	Substance abuse, very low
CANVH	Cancer, very high
CANH	Cancer, high
CANM	Cancer, medium
CANL	Cancer, low
DDM	Developmental Disability, medium
DDL	Developmental Disability, low
GENEL	Genital, extra low
METH	Metabolic, high
METM	Metabolic, medium
METVL	Metabolic, very low
PRGCMP	Pregnancy, complete
PRGINC	Pregnancy, incomplete
EYEL	Eye, low
EYEVL	Eye, very low
CERL	Cerebrovascular, low
AIDSH	AIDS, high
INFH	Infectious, high
HIVM	HIV, medium
INFM	Infectious, medium
INFL	Infectious, low
HEMEH	Hematological, extra high
HEMVH	Hematological, very high

HEMM	Hematological, medium
HEML	Hematological, low

(3) Step 3. Group national drug codes (NDCs) into MRx risk categories.

(a) To group the NDC codes into MRx risk categories (see Table 2 in (b) of this subsection), the agency uses a NDC code to MRx risk categories crosswalk in subsection (1)(b)(ii)(B) of this section.

(b) Table 2. Titles of Medicaid Rx Risk Categories

MRx1	Alcoholism
MRx2	((Alzheimers)) <u>Alzheimer's</u>
MRx3	Anti-coagulants
MRx4	Asthma/COPD
MRx5	Attention Deficit
MRx6	Burns
MRx7	Cardiac
MRx8	Cystic Fibrosis
MRx9	Depression/Anxiety
MRx10	Diabetes
MRx11	EENT
MRx12	ESRD/Renal
MRx13	Folate Deficiency
MRx14	CMV Retinitis
MRx15	Gastric Acid Disorder
MRx16	Glaucoma
MRx17	Gout
MRx18	Growth Hormone
MRx19	Hemophilia/von Willebrands
MRx20	Hepatitis
MRx21	Herpes
MRx22	HIV
MRx23	Hyperlipidemia
MRx24	Infections, high
MRx25	Infections, medium
MRx26	Infections, low
MRx27	Inflammatory/Autoimmune
MRx28	Insomnia
MRx29	Iron Deficiency
MRx30	Irrigating Solution
MRx31	Liver Disease
MRx32	Malignancies
MRx33	Multiple Sclerosis/Paralysis
MRx34	Nausea
MRx35	Neurogenic Bladder
MRx36	Osteoporosis/Pagets
MRx37	Pain
MRx38	Parkinsons/Tremor
MRx39	Prenatal Care
MRx40	Psychotic Illness/Bipolar
MRx41	Replacement Solution

MRx42	Seizure Disorders
MRx43	Thyroid Disorder
MRx44	Transplant
MRx45	Tuberculosis

(4) **Step 4. Remove duplicate risk categories.** After mapping all diagnosis and drug codes to the risk categories, the agency eliminates duplicates of each client's risk categories so that there is only one occurrence of any risk category for each client.

(5) **Step 5. Select the highest CDPS risk category within a disease group.**

(a) The agency organizes CPDS risk categories into risk category groups of different intensity levels. The high risk category in each group is used in the calculation of the risk score. The lower level risk categories are eliminated from further calculations.

(b) **Table 3. Chronic Disease Payment System Risk Category Groups**

Group Description	Risk Categories (Ordered Highest to Lowest Intensity)
AIDS/HIV and Infection	AIDSH, INFH, HIVM, INFM, INFL
Cancer	CANVH, CANH, CANM, CANL
Cardiovascular	CARVH, CARM, CARL, CAREL
Central Nervous System	CNSH, CNSM, CNSL
Diabetes	DIA1H, DIA1M, DIA2M, DIA2L
Developmental Disability	DDM, DDL
Eye	EYEL, EYEVL
Gastrointestinal	GIH, GIM, GIL
Hematological	HEMEH, HEMVH, HEMM, HEML
Metabolic	METH, METM, METVL
Pregnancy	PRGCMP, PRGINC
Psychiatric	PSYH, PSYM, PSYML, PSYL
Substance Abuse	SUBL, SUBVL
Pulmonary	PULVH, PULH, PULM, PULL
Renal	RENEH, RENVH, RENM, RENL
Skeletal	SKCM, SKCL, SKCVL
Skin	SKNH, SKNL, SKNVL

(6) **Step 6. Determine age/gender category.**

(a) For each client, the agency selects the appropriate age/gender category. The eleven categories are listed in Table 4 in (b) of this subsection. The categories for ages below five and above sixty-five are gender neutral.

(b) **Table 4. Age/Gender Categories**

Age	Gender
Age <1	
Age 1 to 4	

Age	Gender
Age 5 to 14	Male
Age 5 to 14	Female
Age 15 to 24	Male
Age 15 to 24	Female
Age 25 to 44	Male
Age 25 to 44	Female
Age 45 to 64	Male
Age 45 to 64	Female
Age 65+	

(7) **Step 7. Apply risk weights.**

(a) The agency assigns each risk category and age/gender category a weight. The weight comes from either the model for clients who are age seventeen and younger or from the model for clients age eighteen and older.

(b) In each model there are three types of weights.

(i) Age/gender - Weights that correspond to the age/gender category of a client.

(ii) CDPS - Weights that correspond to fifty-eight of the CDPS risk categories.

(iii) MRx - Weights that correspond to forty-five of the MRx risk categories.

(c) **Table 5. Risk Score Weights**

Category Type	Category	Description	Weights for Children (age <18)	Weights for Adults (age 18+)
Age/Gender	Age <1	Clients of age less than 1	0.40671	0.00000
	Age 1 to 4	Clients age 1 to 4	0.40671	0.00000
	Age 5 to 14, Male	Male clients age 5 to 14	0.28867	0.00000
	Age 5 to 14, Female	Female clients age 5 to 14	0.29441	0.00000
	Age 15 to 24, Male	Male clients age 15 to 24	0.22630	-0.01629
	Age 15 to 24, Female	Female clients age 15 to 24	0.26930	0.03640
	Age 25 to 44, Male	Male clients age 25 to 44	0.00000	0.04374
	Age 25 to 44, Female	Female clients age 25 to 44	0.00000	0.06923
	Age 45 to 64, Male	Male clients age 45 to 64	0.00000	0.13321
	Age 45 to 64, Female	Female clients age 45 to 64	0.00000	0.06841
	Age 65+	Clients age 65 and older	0.00000	-0.05623
CDPS	CARVH	Cardiovascular, very high	0.53941	2.86702
	CARM	Cardiovascular, medium	0.23927	0.73492
	CARL	Cardiovascular, low	0.18510	0.24620
	CAREL	Cardiovascular, extra low	0.06589	0.06225
	PSYH	Psychiatric, high	0.47759	0.27085
	PSYM	Psychiatric, medium	0.31301	0.00000
	PSYML	Psychiatric, medium low	0.16307	0.00000
	PSYL	Psychiatric, low	0.10344	0.00000
	SKCM	Skeletal, medium	0.23477	0.42212
	SKCL	Skeletal, low	0.10630	0.15467
	SKCVL	Skeletal, very low	0.07873	0.06773
	CNSH	Central Nervous System, high	0.30440	0.78090
	CNSM	Central Nervous System, medium	0.34386	0.40886

Category Type	Category	Description	Weights for Children (age <18)	Weights for Adults (age 18+)
	CNSL	Central Nervous System, low	0.16334	0.18261
	PULVH	Pulmonary, very high	1.28955	4.01723
	PULH	Pulmonary, high	0.67772	0.39309
	PULM	Pulmonary, medium	0.39768	0.31774
	PULL	Pulmonary, low	0.14708	0.13017
	GIH	Gastro, high	0.78046	1.34924
	GIM	Gastro, medium	0.29755	0.24372
	GIL	Gastro, low	0.14579	0.05104
	DIA1H	Diabetes, type 1 high	0.31680	1.04302
	DIA1M	Diabetes, type 1 medium	0.31680	0.23620
	DIA2M	Diabetes, type 2 medium	0.16101	0.17581
	DIA2L	Diabetes, type 2 low	0.16101	0.09635
	SKNH	Skin, high	0.49898	0.37981
	SKNL	Skin, low	0.25185	0.45155
	SKNVL	Skin, very low	0.07523	0.02119
	RENEH	Renal, extra high	2.43609	3.41999
	RENVH	Renal, very high	0.93888	0.69251
	RENM	Renal, medium	0.33261	0.92846
	RENL	Renal, low	0.17492	0.17220
	SUBL	Substance Abuse, low	0.27104	0.16104
	SUBVL	Substance Abuse, very low	0.04493	0.08784
	CANVH	Cancer, very high	1.31064	2.80074
	CANH	Cancer, high	0.57909	0.97173
	CANM	Cancer, medium	0.29642	0.38022
	CANL	Cancer, low	0.15058	0.22625
	DDM	Developmental Disability, medium	0.31414	0.27818
	DDL	Developmental Disability, low	0.11095	0.05913
	GENEL	Genital, extra low	0.02242	0.01121
	METH	Metabolic, high	0.51575	0.47226
	METM	Metabolic, medium	0.33856	0.11310
	METVL	Metabolic, very low	0.14658	0.18678
	PRGCMP	Pregnancy, complete	0.00000	0.00000
	PRGINC	Pregnancy, incomplete	0.17563	0.51636
	EYEL	Eye, low	0.11538	0.13271
	EYEVL	Eye, very low	0.04094	0.00000
	CERL	Cerebrovascular, low	0.10623	0.00000
	AIDSH	AIDS, high	0.91357	0.47361
	INFH	Infectious, high	0.91357	0.79689
	HIVM	HIV, medium	0.60245	0.07937
	INFM	Infectious, medium	0.41047	0.79689
	INFL	Infectious, low	0.15311	0.05617
	HEMEH	Hematological, extra high	2.80021	12.71981
	HEMVH	Hematological, very high	0.97895	3.08836
	HEMM	Hematological, medium	0.46032	0.63211
	HEML	Hematological, low	0.17762	0.25601
MRx	MRx1	Alcoholism	0.11051	0.01924

Category Type	Category	Description	Weights for Children (age <18)	Weights for Adults (age 18+)
	MRx2	((Alzheimers)) <u>Alzheimer's</u>	0.00000	0.08112
	MRx3	Anti-coagulants	0.31281	0.13523
	MRx4	Asthma/COPD	0.09825	0.05751
	MRx5	Attention Deficit	0.00000	0.00779
	MRx6	Burns	0.13977	0.00000
	MRx7	Cardiac	0.09177	0.06425
	MRx8	Cystic Fibrosis	0.48222	0.37265
	MRx9	Depression/Anxiety	0.07013	0.09436
	MRx10	Diabetes	0.16852	0.17046
	MRx11	EENT	0.00000	0.00072
	MRx12	ESRD/Renal	1.32358	1.20707
	MRx13	Folate Deficiency	0.17618	0.11899
	MRx14	CMV Retinitis	0.41138	0.00000
	MRx15	Gastric Acid Disorder	0.11001	0.15470
	MRx16	Glaucoma	0.03738	0.12971
	MRx17	Gout	0.00000	0.00000
	MRx18	Growth Hormone	0.97620	1.59521
	MRx19	Hemophilia/von Willebrands	11.68858	89.14461
	MRx20	Hepatitis	0.16213	0.00000
	MRx21	Herpes	0.04497	0.01725
	MRx22	HIV	0.69702	1.01178
	MRx23	Hyperlipidemia	0.00000	0.03791
	MRx24	Infections, high	1.23096	1.51663
	MRx25	Infections, medium	0.07841	0.06192
	MRx26	Infections, low	0.00000	0.00918
	MRx27	Inflammatory/Autoimmune	0.09058	0.20046
	MRx28	Insomnia	0.08510	0.06437
	MRx29	Iron Deficiency	0.12948	0.15054
	MRx30	Irrigating Solution	0.64194	0.16387
	MRx31	Liver Disease	0.34084	0.22681
	MRx32	Malignancies	0.36730	0.44200
	MRx33	Multiple Sclerosis/Paralysis	0.03542	0.04353
	MRx34	Nausea	0.16101	0.17120
	MRx35	Neurogenic Bladder	0.13864	0.07675
	MRx36	Osteoporosis/Pagets	0.00000	0.00000
	MRx37	Pain	0.04154	0.04151
	MRx38	Parkinsons/Tremor	0.17179	0.06257
	MRx39	Prenatal Care	0.00000	0.13192
	MRx40	Psychotic Illness/Bipolar	0.24399	0.20274
	MRx41	Replacement Solution	0.47152	1.49405
	MRx42	Seizure Disorders	0.23418	0.19837
	MRx43	Thyroid Disorder	0.04267	0.06326
	MRx44	Transplant	0.34858	0.05810
	MRx45	Tuberculosis	0.22778	0.00000

(8) Step 8. Sum risk weights to obtain the risk score.

After obtaining the weights that correspond to a client's age/gender category and set of risk categories, the agency takes a sum of the values of all of the weights. This sum is the risk score for a client.