

Health Risk Assessments in Medicare Advantage

Fact Sheet JUNE 2022

Key Facts

- HRAs are a part of Medicare Advantage's care coordination model.
- HRAs allow Medicare Advantage plans to collect information on beneficiaries' health statuses and other related factors to address gaps in care and social risk factors.
- There are two primary ways to administer HRAs: during a comprehensive in-home clinical visit, or via a survey administered by a qualified health professional.

BMA's Perspective

As an integral element of Medicare Advantage's care coordination model, HRAs are a valuable clinical and data collection tool to deliver personalized, patient-centered care. BMA supports allowing HRAs to be used for risk adjustment purposes and recommends that CMS build upon the value of in-home HRAs by establishing guidelines and best practices.

What is a Health Risk Assessment?

Health risk assessments (HRAs) are an established component of the Medicare program. The Centers for Medicare & Medicaid Services (CMS) covers an initial health assessment for beneficiaries in Fee-For-Service (FFS) Medicare and in Medicare Advantage within 90 days of the effective date of Medicare enrollment. This can be accomplished through a FFS Medicare initial preventive visit (i.e. "Welcome to Medicare" visit), an Annual Wellness Visit, or in Medicare Advantage, a health risk assessment.¹

Per CMS guidance, Medicare Advantage plans must make a best effort to conduct a health assessment annually to ensure coordinated and continuous patient care.² Within Medicare Advantage, CMS requires health plans that offer a Special Needs Plan (SNP) to conduct a comprehensive HRA at time of enrollment and annually thereafter, and new regulations will standardize some of the information collected, including questions on beneficiary social risk factors.³

HRAs are an objective evaluation tool that identify gaps in care and collect critical beneficiary information that inform a beneficiary's care plan to improve health. Information includes:

- Health status,
- Demographics,
- Health risk factors, including physical, psychosocial, and behavioral risks,
- Social determinants of health, and
- Functions of daily living.⁴

As an integral part of Medicare Advantage's unique care coordination model, these evaluations are primarily used for preventative care and to assess the overall health of beneficiaries, document diagnoses, and identify gaps in care and unmet needs based on the information collected.

HRAs are provided through two key modalities:

- Survey-based HRAs identify critical beneficiary information on a variety of health status and social risk factors and inform care plans and next best clinical actions.
- In-home HRAs are comprehensive clinical care models where a qualified health professional provides a clinical primary care visit, identifies and addresses gaps in care, and work to eliminate social needs and risk factors.

In-home HRAs are an important opportunity for health plans to deliver clinical care for beneficiaries and holistically address health care needs. In-home HRAs provide a comprehensive primary care visit, complete a medication review, address acute and chronic conditions, develop a care coordination plan, and connect beneficiaries to clinicians, programs, and resources as follow-up to help them with their care journey. In-home HRAs provide a unique opportunity to gain additional insight into the overall environment that impacts an individual's health. For example, some social needs may only be identified while in the home, leading to a more holistic understanding of the beneficiary and their needs.

How Is Information from a Health Risk Assessment Utilized?

For an HRA to be used for risk adjustment, or plan payment, purposes, it must be conducted in-person by a qualified health professional, which includes doctors, nurse-practitioners, physician assistants, and clinical nurse specialists under CMS guidance and regulation.⁵ HRAs, particularly in-home HRAs, help improve the beneficiary care journey through the following activities that take place by administering an HRA:

- Care coordination and management,
- Medication management and remediation,
- Identification of high-risk individuals and those with chronic conditions,
- Address risk factors in the home such as nutrition, safety, and isolation,
- Enrollment in disease management or case management programs,
- Schedule appointments with appropriate providers and coordinate other follow-up care,
- Make referrals to appropriate community resources for health and social services,
- Share information with the beneficiary's providers, and
- Development of personalized comprehensive care plans

The Purpose and Value of Health Risk Assessments

HRAs are essential to identify health status and needs to ensure beneficiaries are getting the right care at the right time to holistically improve their health and wellbeing. Through the comprehensive information collected in an HRA, beneficiaries receive personalized, patient-centered care. As a result, care is better managed by identifying critical gaps in care, providing appropriate clinical treatment, and better understanding the overall patient population to deliver more personalized and targeted care to all beneficiaries in the community.

1. 42 CFR § 410.15.

2. 42 CFR § 422.112(b)(4)(i).

3. 42 CFR § 422.101(f)(1)(i); Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs, 87 Fed. Reg. 27,704 (May 9, 2022).

4. 42 CFR § 410.15(a) ("Health risk assessment").

5. 42 CFR § 410.15(a) ("Health professional"); Centers for Medicare & Medicaid Services. Medicare Managed Care Manual, Chapter 7-40. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c07.pdf>