

HEALTH ASSESSMENTS IN MEDICARE ADVANTAGE 2024

WHAT IS A HEALTH ASSESSMENT?

Health assessments, also commonly known as health risk assessments, 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 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 health assessment 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

Health assessments 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

Health assessments are provided through two key modalities:

- **Survey-based health assessments** 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 health assessments** 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.

As an integral part of Medicare Advantage's care coordination model, in-home health assessments are an important opportunity for health plans to deliver clinical care and holistically address beneficiary needs. 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. In-home health assessments 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

ASSESSMENT UTILIZED?

For a health assessment 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 Health assessments, particularly in-home health assessments, help improve the beneficiary care journey through the following activities that take place by administering:

- 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



BMA'S PERSPECTIVE

As an integral element of Medicare Advantage's care coordination model, health assessments are a valuable clinical and data collection tool to deliver personalized, patient-centered care. Ensuring health assessments are high-quality is important, and BMA therefore supports efforts to meet this goal, including codifying best practices and expanding health equity focused questions to all health assessments.

[READ BMA'S POLICY SOLUTIONS TO STRENGTHEN HEALTH ASSESSMENTS HERE.](#)

THE PURPOSE AND VALUE OF HEALTH ASSESSMENTS

Health assessments 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 a health assessment, 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 [here](#).