POLICY SOLUTIONS TO STRENGTHEN IN-HOME HEALTH ASSESSMENTS IN MEDICARE ADVANTAGE 2024

As technological advances increasingly enable clinical care in the home, in-home health assessments, also commonly known as in-home health risk assessments, have become an established and integral component of the Medicare Advantage program. These assessments offer health plans a practical solution to identify and meet the medical and non-medical needs of beneficiaries in their own homes and communities, and to better address and improve their health outcomes. With in-home health assessments, skilled clinicians can holistically and comprehensively assess beneficiaries in their own environment, and when necessary and possible, connect them to community resources, services, and providers for ongoing care and care coordination. Ultimately, these visits can be used to advance payment accuracy in Medicare Advantage, ensuring higher-risk beneficiaries receive the resources they need for their health care.

There is wide recognition that in-home health assessments are an invaluable tool to fully understand beneficiary health status and support care coordination. For example, the Centers for Medicare & Medicaid Services (CMS) requires that Special Needs Plans (SNPs) conduct a health assessment for beneficiaries as part of the SNP model of care. However, there are opportunities to further strengthen health assessments as clinical tools.

BETTER MEDICARE ALLIANCE HAS LONG SUPPORTED CODIFYING BEST PRACTICES REQUIREMENTS FOR IN-HOME HEALTH ASSESSMENTS, BECAUSE WE RECOGNIZE THE ESSENTIAL ROLE HEALTH ASSESSMENTS PLAY IN ASSESSING BENEFICIARY NEEDS AND ADDRESSING URGENT AND DEVELOPING CONCERNS.

CMS implemented mechanisms to increase oversight of health assessments through the CY 2022 Medicare Advantage and Part D Final Rule, which requires that SNPs include questions in health assessments that address social drivers of health, beginning in CY 2024.[1] CMS should take additional steps to ensure in-home health assessments are available as a tool for health plans to assess the overall social, emotional, and physical health of beneficiaries, document diagnoses, and identify gaps in care.

To strengthen the value of in-home health assessments, policymakers should expand and codify in-home health assessment best practices. In the CY 2016 Final Call Letter, CMS provided and encouraged health plans to implement best practices for conducting an in-home health assessment[1] and issued further guidance in 2016, including implementing procedures to make a "best effort" that health plans conduct health assessments annually.[2] Best practices include:

1. All components of the annual wellness visit, including a health assessment such as the model developed by the Centers for Disease Control and Prevention (CDC)[3]
2. Medication review and reconciliation
3. Scheduling appointments with appropriate providers and making referrals and/or connections for the beneficiary to appropriate community resources
4. Conducting an environmental scan of the beneficiary's home for safety risks, and need for adaptive equipment
5. A process to verify that needed follow-up care is provide
6. A process to verify that information obtained during the assessment is provided to the appropriate health plan provider(s)
7. Provision to the beneficiary of a summary of the information, including diagnoses, medications, scheduled follow-up appointments, plan for care coordination, and contact information for appropriate community resources
8. Enrollment of assessed beneficiaries into the health plan's disease management/case management programs, as appropriate

To ensure transparency and accountability for in-home health assessment best practices, CMS should mandate annual reporting from health plans that could include the following metrics:

- The organization's in-home health assessments are compliant with CMS guidelines, including the specified components of the health assessment (e.g., contain questions on housing, transportation, and food)
- Key metrics, including the number of:
  - In-home health assessments conducted
  - Medication reviews conducted
  - Appointments scheduled as a result of an in-home health assessments
  - In-home health assessment reports delivered to beneficiary's primary care provider (PCP) or conducted by the beneficiary's PCP
  - Beneficiaries receiving an in-home health assessment that are enrolled in disease or case management programs

Health plans should be required to incorporate questions related to health equity into all health assessments. In 2024, SNPs are required to include specific questions related to health equity, focusing specifically on food, housing, and transportation needs of beneficiaries on their health assessments. Questions related to beneficiary social needs and other drivers of health should be required for all health assessments and not exclusive to SNPs. The information collected could be leveraged by providers, health plans, and community partners to address the whole health of beneficiaries, for example, through accessing and utilizing supplemental benefits and identifying z-codes, which are used for non-medical factors that may influence health status.

READ BMA'S FACT SHEET HERE FOR MORE INFORMATION ON HEALTH ASSESSMENTS.

1. Centers for Medicare & Medicaid Services, Contract Year 2022 Policy and Technical Changes.
2. Centers for Medicare & Medicaid Services, Announcement of Calendar Year (CY) 2016 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. Available here.
3. Centers for Medicare & Medicaid Services, Medicare Managed Care Manual, Chapter 4-110.6. Available here.
4. Centers for Disease Control and Prevention, A Framework for Patient-Centered Health Risk Assessments, 2015. Available here.