

Audio-Only Telehealth Essential for Risk Adjustment in Medicare Advantage

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Key Facts:

- Risk adjustment is a basic tenet of Medicare Advantage, with data on the health status of each beneficiary required to be collected and reported each year.
- Low utilization of health services due to COVID-19 stay-at-home orders and medical office closures has limited in-person risk assessments in 2020.
- Clinical services have transitioned to video and audio-only telehealth visits, with diagnoses obtained in audio-only visits excluded from use for risk adjustment.
- Many Medicare beneficiaries do not have access or capacity to use video technology and prefer audio-only.
- Concern about lack of 2020 data for accurate risk adjustment will have negative impacts for Medicare Advantage beneficiaries going forward unless action is taken.

BMA's Recommendations:

BMA recommends that CMS accept diagnoses obtained during audio-only telehealth visits to count towards a beneficiary's risk score in a way that is workable for health plans, providers, and beneficiaries. This action is necessary during the current COVID-19 pandemic and should be permitted during future national emergencies to ensure the accuracy of risk adjustment data essential to affordable, high-quality for Medicare Advantage beneficiaries.

Overview on Risk Adjustment

Risk adjustment is an essential mechanism in Medicare Advantage to account for the health status of each beneficiary annually. Prospective payment to health plans and providers is adjusted accordingly to ensure resources are available to care for beneficiaries. Accurate diagnoses obtained by clinicians via in-person visits and now by telehealth, are a critical component of the risk adjustment process. It ensures beneficiaries' health status is fully captured and beneficiaries receive the appropriate care management and related services.

Need for Audio-Only Telehealth

Due to the COVID-19 pandemic, clinical services transitioned from in-person visits to telehealth or were delayed. Low utilization of visits makes it difficult to obtain both ongoing and new diagnoses on all beneficiaries. In addition, many beneficiaries faced obstacles that hinder their ability to access telehealth. 24 million Americans do not have access to the necessary broadband. 68.6% of people in rural areas have access to mobile and fixed broadband compared to 97.9% in urban areas.¹

Beneficiaries also have financial constraints, or functional or cognitive impairments that prevent them from using the necessary devices and internet services. Others simply prefer to use a telephone to communicate with their health care providers. A recent survey of more than 1,000 Medicare Advantage beneficiaries found that, only 24 percent of beneficiaries have accessed telehealth during the COVID-19 pandemic. Nearly one-third of Medicare Advantage beneficiaries say they are uncomfortable using telehealth.²

Guardrails for Audio-Only Telehealth Visits Used for Risk Adjustment

Federal regulators have stated that, even during the current pandemic, audio-only should not be used for risk adjustment without additional guardrails to ensure program integrity. While research shows that guardrails over and beyond those already in place for video telehealth visits may be unnecessary, the following guardrails are workable for the purposes of using diagnoses for risk adjustment obtained during audio-only telehealth health visits. The data obtained in audio-only telehealth visits should be allowed with the following conditions:

1. Diagnoses for all established patients, defined as patients for whom the clinician or provider group has seen the patient within the last 3 years, or is an existing member of the Medicare Advantage Organization.
2. Diagnoses obtained by a licensed clinician allowed today to conduct in-home health risk assessments.
3. Diagnoses obtained when the beneficiary has indicated the preference for an audio-only telehealth.
4. New diagnoses will require a documented lab test, or other diagnostic test, or prescription medication.
5. Limit the use of audio-only for risk adjustment purposes to public health emergencies or natural disasters.

1- <https://www.fcc.gov/reports-research/reports/broadband-progress-reports/2018-broadband-deployment-report>

2- <https://www.bettermedicarealliance.org/newsroom/press-releases/poll-seniors-give-telehealth-high-marks-medicare-advantage-satisfaction>