DEPARTMENT:	Case Management
SUBJECT:	HRA Completion Process
PRODUCT LINE:	SSI and DSNP
POLICY NUMBER:	HM119
ORIGINAL POLICY EFFECTIVE DATE:	1/1/2024
LAST REVISED DATE:	N/A
LAST REVIEWED DATE:	1/2/2026

SCOPE:
HRA completion is an important first step in the case management process to identify member's needs. Identification of needs helps focus interventions to help improve member's health and leads to improved health outcomes and reduced health care costs.

POLICY:
This policy outlines the process for tracking and analysis of HRA completion rates to ensure efficiency, accuracy, and reporting capabilities related to HRA completion. A dedicated and formal process will improve our PDSA cycle for increasing HRA completion rates, collecting and analyzing data, and reporting data which in turn will ensure compliance with DHS and CMS requirements for HRA completion rates and reporting.

PROCEDURE:

Initial HRA Completion

1. New members are identified on the monthly enrollment file which is sent from DHS.
2. The enrollment file is sent to the Health Management Team Leader who opens a case on each member and assigns each member to the New Enrollees queue in the electronic care management platform.
3. The Care Management Coordinators, who are dedicated to completing HRAs, review and work this queue daily to compete HRA assessments.

Annual HRA (Reassessment) Completion

1. Once members have completed an initial HRA, they are placed in a CM Reassessment Queue in the electronic care management platform for reassessment within 12 months from the date of the initial HRA. This queue is used to track all subsequent HRAs that will need to be completed.
2. Care Management Coordinators review the queue daily and start contacting members who are coming due in the next 2 months. Process for contacting members is outlined in the Complex Case Management Policy and Procedure.

Unable to reach members are moved into a Pending Assessment queue once the timeline for HRA completion is missed. Staff continue to do outreach from this queue.

HRA Process Analysis

1. The enrollment file is used to determine the denominator for initial HRA completion rate which is the number of initial HRAs due for the month.
2. The number of initial HRAs completed is pulled from a report out of the electronic care management platform and a HRA completion rate is calculated. This rate is tracked in an excel spreadsheet.
3. The number of annual HRAs (Reassessments) due for the month is pulled from a report out of the electronic care management platform.

4. The number of completed annual HRAs (Reassessments) for the month are pulled from a report out of the electronic care management platform. An annual HRA (Reassessment) completion rate is calculated. This rate is tracked in an excel spreadsheet.
5. HRA completion rates are reviewed monthly by the Manager of Case Management and Wellness and the CMO and the HRA processes are reviewed, barriers are discussed, and solutions are implemented based on the analysis.
6. HRA completion rates are also presented to the management team monthly.

APPROVED: _____ DATE: 1/2/2026

Formal policies and procedures require department manager review, approval and signature. Executive and/or administrative policies and procedures require Market Leader review, approval and signature.

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
1/2/2025	Michele Bauer, MD, CMO	Reviewed. No changes.
1/2/2026	Michele Bauer, MD, CMO	Reviewed. No changes.