



United Healthcare Health Risk Assessment Program Overview

February 14, 2024

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UHC HRA Program Overview

1. Participation Eligibility:

- New Pharmacies and new users within existing participating pharmacies can enroll using the CPESN Program Enrollment System Gateway.

[https://cpesn-2.jotform.com/213464755763060.](https://cpesn-2.jotform.com/213464755763060)

2. Program Duration:

- Extended addendum to extend the HRA Program through 2024 was finalized 2/1/2024.
- Goal: Increase \$\$ to pharmacy (FFS & VBC based on % HRA completion) + add network support \$.

3. Key Measures of Success:

- Pharmacies receive compensation for # of HRAs completed @ \$25 per HRA using the UHC DSNP HRA 14 question survey.



Instructions for Submitting UHC HRA's

1. Open the 'Welcome to the Health Assessment' UHC HRA Portal
<https://member.uhc.com/medicare/health-assessment/agent#/>
2. Enter MBI/Member ID and Member DOB from your Patient Eligibility List. If MBI returns an error, try the **MBI / SUBSCRIBER ID**.
3. Do not enter leading spaces before the **MEMBER ID**, **SUBSCRIBER ID** or **MEMBER DATE OF BIRTH** FIELDS. The record will not be found if leading spaces are detected.

United Healthcare

Welcome to the Health Assessment

This short assessment will help you get the most out of your health plan and can help you reach your wellness goals. Medicare requires us to update your health history every year. Answering these questions will have no effect on your plan membership coverage.

MBI / Member ID [Help me find my Member ID](#)

MBI is Alphanumeric value / Member ID 7-11 digit number

Member date of birth

mm/dd/yyyy

[Next >](#)

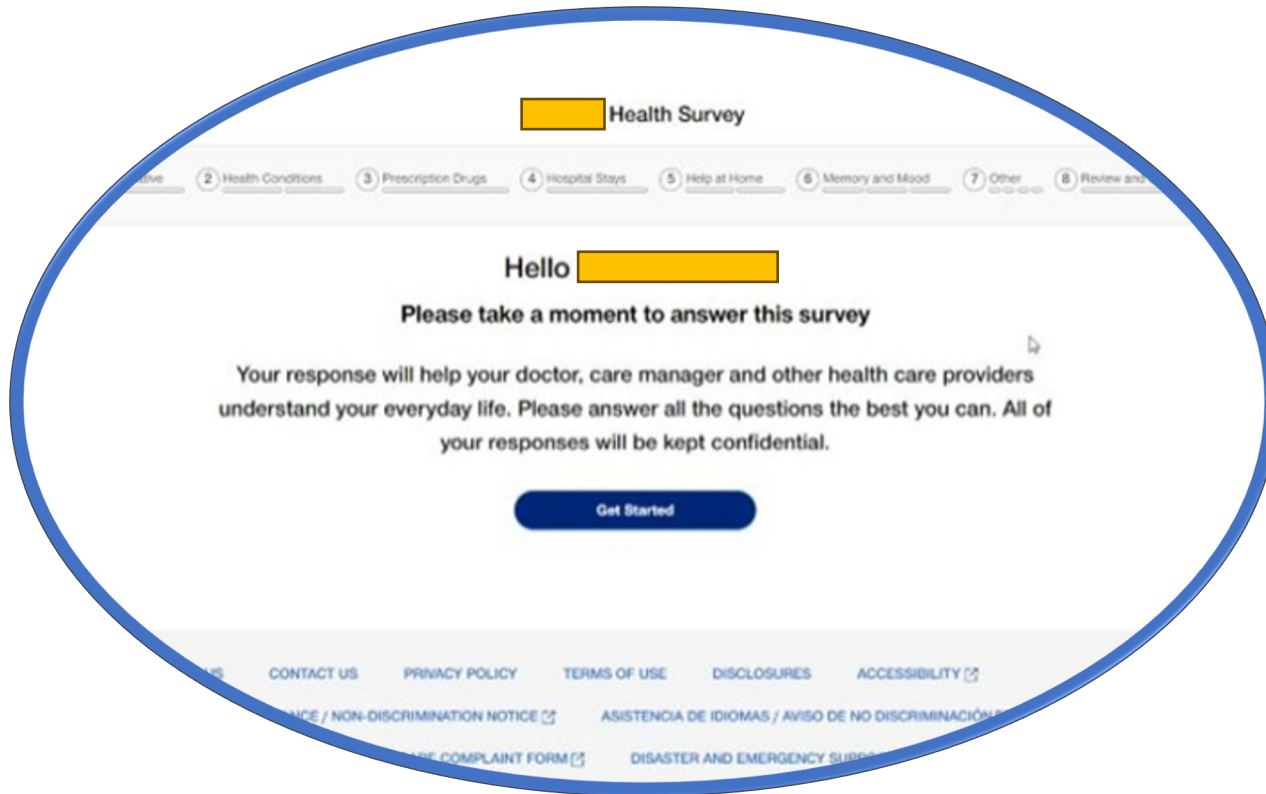
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[醫療協助 / 不歧視通知](#) [MEDICARE COMPLAINT FORM](#) [DISASTER AND EMERGENCY SUPPORT](#)

Instructions for Submitting UHC HRA's

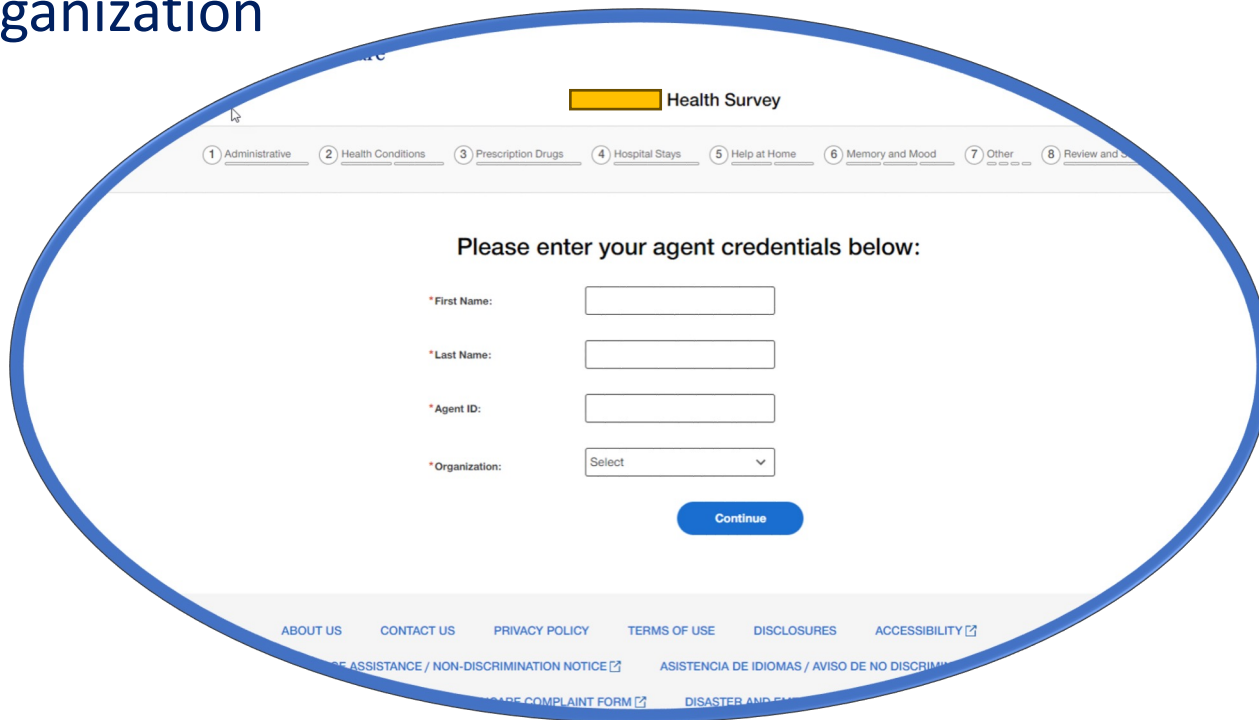
1. Click “Get Started” to begin the survey.



Instructions for Submitting UHC HRA's

1. Enter your Agent Credentials.

- First Name and Last Name
- Agent ID or Unique Identifier
- Organization



The screenshot displays the 'Health Survey' form with a progress bar at the top indicating eight steps: 1 Administrative, 2 Health Conditions, 3 Prescription Drugs, 4 Hospital Stays, 5 Help at Home, 6 Memory and Mood, 7 Other, and 8 Review and Submit. The current step is 'Health Conditions'. The form prompts the user to 'Please enter your agent credentials below:' and includes four input fields: 'First Name', 'Last Name', 'Agent ID', and 'Organization' (a dropdown menu). A blue 'Continue' button is positioned below the 'Organization' field. The footer contains links for 'ABOUT US', 'CONTACT US', 'PRIVACY POLICY', 'TERMS OF USE', 'DISCLOSURES', 'ACCESSIBILITY', 'REQUEST FOR ASSISTANCE / NON-DISCRIMINATION NOTICE', 'ASISTENCIA DE IDIOMAS / AVISO DE NO DISCRIMINACIÓN', 'GRIEVANCE COMPLAINT FORM', and 'DISASTER AND EMERGENCY'.

Attestation and Training

1. **Agent attests** that they understand the process, criteria, and requirements for HRA completion.
2. **Agent attests** that they have completed the required Special Needs Plan (SNP) Model of Care (MOC) Training.
3. If agent has not completed the SNP MOC Training within the calendar year, **they can complete the training prior to completing the HRA with a member.**

Health Assessment Attestation

- A Health Assessment is a short survey that helps the health plan assess a member's health needs.
- Health Assessments are conducted within 90 days of enrollment, and annually within 365 days of the previous completed health assessment. Additional health assessments may be completed with a change in health status.
- Health Assessments are used to assess each member for the needs related to medical conditions, psychosocial status, functional status, cognitive ability and mental health.
- Information collected from the Health Assessment is used to develop an Individualized Care Plan (ICP) which is shared with the member's providers.
- Completion of the Special Needs Model of Care Training (SNP MOC) is required to complete the Health Assessment. (see link on page if training hasn't been completed).

☒ I Agree or I Understand the above information regarding Health Assessments.

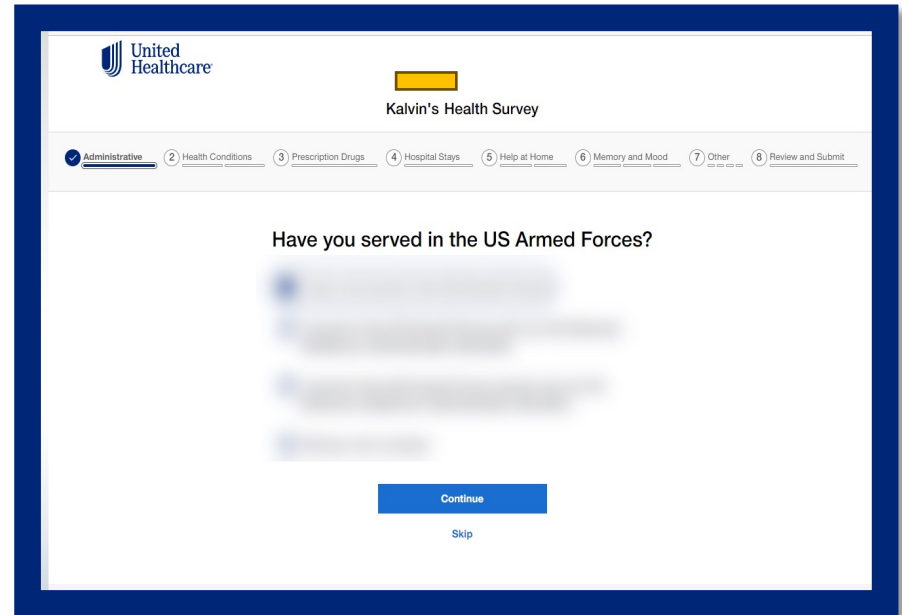
Continue

Special Needs Plan Model of Care Provider Training >

Moving through the Survey

1. The member's name will appear at the top of the survey.
2. As you move through the survey, the category of the question will be highlighted.
3. Select "Skip" if the member declines to answer the question.
4. Select "Continue" to move to the next question.

NOTE: Some members are eligible for an initial + annual HRA. This is indicated in a column on the eligibility file **"Has 1/Needs 2"**. The HRA may be completed in the same month, but not the same day.



UHC HRA – RSA 2024 Questionnaire

RSA 2024



Have you served in the U.S. Armed Forces?

- I have not served in the U.S. Armed Forces
- I served in the U.S. Armed Forces and use VA (Veteran's Affairs) benefits
- I served in the U.S. Armed Forces and do not use VA benefits
- I choose not to answer

Current Health Conditions

Are you getting medical treatment for any of the following health conditions? Choose all that apply.

- Asthma/COPD
- Cancer
- Diabetes (sugar diabetes) or too much sugar in your blood
- End stage renal disease (kidney failure)
- Heart attack or heart problems
- Heart failure or enlarged heart
- High blood pressure
- Mental health condition (anxiety, depression, schizophrenia, bipolar disorder)
- Obesity
- Stroke
- Other
- None

Social Needs

In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

- Yes
- No

For help finding community resources in your area, call 211.

Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? Choose all that apply.

- Yes, it has kept me from medical appointments or from getting my medications
- Yes, it has kept me from non-medical meetings, appointments, work or from getting things that I need
- No
- I choose not to answer this question

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What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station or in a park.

In the past year, have you been unable to get any of the following when you really needed them? Choose all that apply.

- Clothing
- Employment
- Internet
- Medicine or health care
- Phone
- Social or community engagement (examples: visiting or talking on the phone with friends and family, going to church or club meetings)
- Utilities (electric, gas, and water)
- None

Are you confident using a computer, tablet or phone for health care visits or finding information?

- Yes
- No
- I don't use a computer, tablet or phone

Prescription Medications

How many different prescription and over-the-counter medications do you take each day?

- 0
- 1 to 7
- 8 or more

Hospital Stays

In the past year, how many times have you stayed overnight as a patient in the hospital?

- 0
- 1 time
- 2-3 times
- 4 or more times

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UHC HRA – RSA 2024 Questionnaire



Help at Home

Do you need help with any of the following daily activities? Choose all that apply.

- Bathing
- Eating
- Getting dressed
- Grooming
- Managing finances
- Mobility (moving around)
- Setting up and taking medications
- Transfers (moving from bed to chair)
- Using the restroom
- I do not need help

Based on your response to the previous question, do you have the help you need with daily activities?

- I get all the help I need
- I need more help

Who helps with your daily activities? Choose all that apply.

- Spouse or partner
- Guardian
- Family
- Friend
- Paid caregiver
- Other
- I do not need help

Do you provide care to someone else who needs help?

- Yes
- No

In the past year, have you fallen, felt unsteady or worried about falling?

- Yes
- No

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How would you describe your physical pain over the last year?

- No pain (0)
- Mild pain (1–3)
- Moderate pain (4–6)
- Severe pain (7–10)

Memory and Mood

Over the last year, have you had daily problems with your thinking or memory?

- Yes
- No

Over the last two weeks, how often have you been bothered by little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

Over the last two weeks, how often have you been feeling down, depressed or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

Other

Do you have personal, spiritual or cultural preferences that may affect your health care choices (examples: diet preferences, gender of your health care provider or medical treatment)?

- Yes
- No

Has alcohol or drug use made it difficult for you to work, keep relationships or meet goals?

- Yes
- No

For help quitting alcohol or drugs, call 1-855-780-5955.

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HRA Completions, Invoicing and Payment Process

1. CPESN receives a monthly report from UHC of the previous month's HRA completions.
2. Managing Network Facilitators will send participating pharmacies a list of HRA completions for review.
3. Pharmacies have 3 business days to reconcile the previous months completions and report any discrepancies.
4. CPESN uses the completion report to invoice UHC.
5. Invoices are submitted to UHC approximately 7 business days before the end of the month.
6. UHC has 30 days to pay CPESN after invoice is received.
7. Once CPESN receives funds from UHC, funds are dispersed to pharmacies (usually < 2 weeks).

Payment Email Notification

1. Payment voucher email notifications are sent to the primary contact indicated in the pharmacy's financial banking information profile.

CPESN USA, LLC
110 Donmoor Ct
Garner NC 27529
United States
invoices@communitycarenc.org

Paid To



Remittance Note

Payment will be credited to your bank account after 2 - 3 banking days.

AMOUNT

\$150.00

Payor	Payor Reference Number	Payment Date
CPESN	00000826/132	11/21/2023

Invoice Number	Description	Amount Due	Payment Amount
Bill # [REDACTED]-UHC NC HRA H5253 2023-08	UHC NC HRA H5253 2023-08	\$150.00	\$150.00
			Amount \$150.00

For inquiries, email invoices@communitycarenc.org



Best Practices for Completing HRA's

- Print the RSA 2024 - Final 4.13.2023 pdf with the survey of the HRA and deploy several places within your workflow.
- Complete HRA's during sync / adherence packaging calls.
- Use your software documentation system to trigger you and put notes in the patient profile.
- Prioritize patients with due dates approaching first.
- Realtime submissions are important and strongly recommended.
- Always use the most recent list sent by your Managing Network Facilitator. Disregard any previous month's list.

Reporting Issues when completing UHC HRA's

1. If you have issues submitting an HRA for a member, use the JotForm link below.

<https://forms.cpesn.com/233455554652056>

- This secure form is designed to streamline the reporting of UHC HRA Digital Platform HRA submission issues to the UHC HRA Support Team.

2. Responses are securely transmitted to UHC 2x's per week

- Issues are addressed by UHC HRA Support Team in batches. They will respond to your issue in order for you to complete the HRA before the last day of the month.



QUESTIONS?