UnitedHealthcare® HouseCalls
Together, we can help your patients achieve better health outcomes.
UnitedHealthcare® HouseCalls

As a care provider, the HouseCalls team recognizes the importance of your relationship with UnitedHealthcare Medicare Advantage plan members. You’re their front line if a health concern arises, they have questions about their treatment – or when they simply want to know how they’re doing at their regular checkups.

We created HouseCalls with this bond top-of-mind. From the start, we’ve wanted to be your eyes and ears in your patients’ home environment, to help identify care opportunities that might not show up during an office visit. And then, to work together to make sure they see you so their needs are addressed.

This brochure includes more information about what HouseCalls is, how an in-home visit works and what value it can bring to everyone including our plan members. Some of the most notable results we’ve seen from participants over the years are a:

- Two to six percent increase in member visits to their primary care provider (PCP)
- Overall 98 percent member satisfaction rate with their HouseCalls visit
- Decrease in hospital admissions by 14 percent

Please read on to learn more. Once you see what HouseCalls can do, we hope you’ll encourage your patients who are UnitedHealthcare Medicare Advantage plan members to participate.¹ Let’s agree to collaborate and help make a positive impact on health outcomes!

¹ The HouseCalls program is available to UnitedHealthcare plan members who live in a HouseCalls service area and are enrolled in a participating health plan. The HouseCalls program may not be available for all members. Please call the number on the back of the member’s ID card for more information.
HouseCalls Overview

The UnitedHealthcare® HouseCalls program offers yearly in-home visits to eligible Medicare Advantage plan members at no cost to them.¹ The visits are completed by advanced practice clinicians, who are nurse practitioners, physician assistants or medical doctors, to help members follow your treatment plan and identify potential care opportunities. HouseCalls assessments last between 45 and 60 minutes, and are intended to supplement – not replace – the care members receive from you.

Once a visit is complete, we send a post-assessment letter to you and share a checklist with participants so they can bring it to their next appointment at your office.

Program Benefits

HouseCalls can help improve quality of care.

- We addressed 1.8 million care opportunities in 2016.²
- At a New York Medical Group, we saw a 17 percent increase in Healthcare Effectiveness Data and information Set (HEDIS®) care opportunities addressed when plan members had both a HouseCalls visit and their annual care visit. For full results, see the “Case Study” section on the next page.
- Our clinicians encourage plan members to take their medication as you prescribed to help impact adherence.

In-home visits lower member emergency room (ER) visits, and increase PCP office visits. HouseCalls has seen a:

- 14 percent decrease in member hospital admissions³
- 90 percent decrease in the risk for long-term care stays³
- Six percent reduction in ER visits³
- Two to six percent increase in PCP office visits³

The program plays a key role in prevention:

- One in 26 HouseCalls visits addresses an urgent issue.²
- Our clinicians connect members with community resources such as transportation services to help them get to appointments.
- In-home visits can give members better access to screenings, immunizations and disease counseling.
- By observing members in their homes, we can help you detect potentially undiagnosed health conditions.

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2 HouseCalls Membership Data, 2016 HouseCalls member survey data

3 Independent study conducted by the RAND Corporation, published in Health Affairs 2015.
### Case Study

Our analysis of a New York Medical Group showed a strong improvement in the number of preventive care opportunities addressed when plan members had both their annual care visit with their PCP and a HouseCalls visit.

### HEDIS Preventive Measure Close Rate: Annual Care Visit (ACV) With HouseCalls (HC) Engagement

UnitedHealthcare Medicare Advantage plan members associated with a New York Medical Group

<table>
<thead>
<tr>
<th>HEDIS Measure</th>
<th>ACV Only (n=159)</th>
<th>HC &amp; ACV (n=100)</th>
<th>Measure Close Rate Increase ACV Only vs. HC and ACV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult BMI Assessment</td>
<td>69%</td>
<td>100%</td>
<td>31%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>65%</td>
<td>89%</td>
<td>24%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>52%</td>
<td>79%</td>
<td>27%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care – Eye Exam</td>
<td>52%</td>
<td>65%</td>
<td>13%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care – HbA1c Control</td>
<td>24%</td>
<td>35%</td>
<td>11%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care – Medical Attention for Nephropathy</td>
<td>71%</td>
<td>82%</td>
<td>11%</td>
</tr>
</tbody>
</table>

| Result Averages                           | 63%              | 80%              | 17%                                               |

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4 This analysis is representative of the 2014 ACV and HouseCalls activity for members associated with a New York Medical Group. ACV and HEDIS measure close rates are based on claims data. This data reflects adjudicated claims processed through Dec. 30, 2014, and pre-adjudicated claims received through Feb. 2, 2015.
How HouseCalls Works

Each HouseCalls visit is personalized to an individual’s health needs. In general, clinicians follow the process outlined below for their 45- to 60-minute visit with a UnitedHealthcare Medicare Advantage plan member.

Assess Current Health Status.
The clinician can screen for cognitive function, depression and chronic pain to let you know how the plan member is doing outside of your office.

Review Previous Health History and Lifestyle Habits.
The clinician reviews the plan member’s vaccinations and other health details. They’ll also conduct a lifestyle assessment, which includes a discussion about dietary habits and potential in-home risks.

Check for Urgent Issues.
If a clinician feels the plan member may be at risk for complications, they’ll contact you during the visit. Urgent issues we may call you about include, but are not limited to, uncontrolled hypertension, new or uncontrolled diabetes, wounds, or other injuries requiring immediate care. They can also refer members to the ER, if necessary.

Complete Preventive Screenings and Tests.
If a plan member hasn’t come to your office for their overdue preventive care, the clinician can complete these screenings depending on a participant’s risk factors:

- Urinalysis
- Hemoglobin A1c
- Immunochemical fecal occult blood test (iFOBT) kit
- Peripheral artery disease (PAD) screening, where available

Send Post-Assessment Summary.
We’ll send you and the plan member a post-assessment letter and summary so you can do follow-up, as needed.

Provide Participants With Next Steps.
At the end of a visit, the clinician gives the plan member a checklist with suggested topics to discuss with you at their next visit.
We’re on the Same Team.

When it comes to their health, your opinion matters the most to your patients. If your patients who are UnitedHealthcare Medicare Advantage plan members ask you about HouseCalls, please encourage them to participate. The more touchpoints and contact we have together, the bigger difference we can help make to our plan members’ health.

To learn more about UnitedHealthcare® HouseCalls, please call 1-888-591-1511.
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