



# HouseCalls

## Frequently asked questions

### HouseCalls visit



#### What is HouseCalls?

HouseCalls offers yearly in-home health and wellness assessments to eligible members of Medicare Advantage plans, at no cost to the member.

#### What does a HouseCalls visit include?

A HouseCalls licensed advanced practice clinician (APC) visits your patient in their home for up to 60 minutes to conduct a health assessment. Throughout the visit, the APC:

- Reviews the patient's health history
- Conducts a physical examination, including health screenings/tests as appropriate
- Completes a medication reconciliation
- Identifies health risks and care opportunities
- Provides tailored education and referrals

#### What does a HouseCalls APC use to diagnose patients?

The APC completes the in-home assessment with a proprietary electronic medical record, called eHouseCalls, on a handheld tablet. Throughout the visit, the APC navigates through the assessment with the tablet, completing all relevant sections to identify and close care opportunities.

#### How does the HouseCalls APC obtain patient data?

The HouseCalls APC uses a tablet that is pre-populated with patient-specific information (claims, prescriptions, labs, etc.) to allow the APC to review and understand the patient's needs before starting the visit. This data informs the APC of the patient's medical history, previous and current medications, and previous tests or screenings.

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## What types of tests or screenings occur during a HouseCalls visit?

The APC conducts health screenings and tests as appropriate, including:

- Diabetes blood sugar testing
- Peripheral artery disease screening
- Immunochemical fecal occult blood test (iFOBT)<sup>1</sup>

## How does HouseCalls impact social determinants of health (SDOH)?

HouseCalls can help identify SDOH such as home safety, transportation, nutrition, social support and financial instability. By being in the patient's home, APCs can better identify and document SDOH and generate the proper referrals to address these potential barriers to care.

## Care provider/APC collaboration



### Who are the APCs and what are their qualifications?

HouseCalls utilizes **3,800+ APCs** who performed over **2.7M visits in 2023**. Their qualifications and experience include:

- MSN, DNP or other education deemed appropriate by the Credentialing Committee
- Board certification in specialty by AANP, ANCC or other certification deemed appropriate by the Credentialing Committee
- Unrestricted advanced practice license to practice in the state where patient care and services are performed
- Certification by a national certifying organization in 1 of the following specialties:
  - Adult nurse practitioner (NP)
  - Clinical nurse specialist
  - Family NP
  - Gerontology NP
  - Board-certified physician or physician assistant

Over half of APCs have 4+ years' tenure/experience

### How will I receive information about my patient's in-home assessment?

When a patient under your care starts working with HouseCalls, we mail you an initial outreach letter, which provides an overview of the HouseCalls program and its benefits. We mail a post-assessment letter to your office after the in-home visit, which includes findings/patient diagnoses, medications, recommendations and vital signs. If lab work was completed during the visit, the results will be sent to you separately.

### How will I communicate with the HouseCalls APCs?

If the APC feels the patient may be at risk for complications, they will contact you during the visit and refer the patient to the emergency room if necessary. Once the visit is complete, HouseCalls will send you the post-assessment letter so you can follow up with the patient on any actions needed.

### How long will it take for the post-visit report to arrive by mail?

The post-visit report will arrive to your office on average 4 weeks after the HouseCalls visit.

### What is the Ask Your PCP form and how should I utilize it?

During the visit, the APC completes an Ask Your PCP form with the patient. The form includes suggested topics for the patient to discuss with you and lists any tests performed during the visit. The HouseCalls APC will encourage your patient to bring the form to their next office visit.

<sup>1</sup> The iFOBT test is provided by APC for the member to mail in to receive results.

# HouseCalls benefits for care providers



## How does the HouseCalls program differ from the care I provide to my patient?

While patients may visit you for annual wellness visits, an in-home visit from a HouseCalls APC provides an additional touchpoint to help ensure patients receive the care they need. HouseCalls may help you deliver better care by identifying a patient's potential care opportunities and management of day-to-day life. HouseCalls in-home assessments are intended to supplement — not replace — the care you provide to your patients.

## Why should I participate in a program like HouseCalls?

HouseCalls visits help provide a more complete and accurate picture of a patient's health care needs by identifying potential care opportunities that might not be apparent during an office visit. By addressing open care opportunities, HouseCalls helps reduce patients' health risks and decrease overall health care spending. Reinforcing the patient's relationship with you is a vital component of the program.

## What are the benefits of HouseCalls for my patients and me as a care provider?



### Patient benefits include:

- Up to 60 minutes with the APC
- Identification of potential barriers to care
- Referrals to care managers, social workers or pharmacists
- Identification of topics to discuss with the PCP at the next office visit
- Sense of empowerment can be achieved from understanding and managing their health conditions
- Improved health and well-being can be attained through care coordination and planning
- Improved satisfaction with their health care can be attained



### Care provider benefits include:

- In-home health touchpoint that reinforces the care provider/patient relationship
- Identification of topics to discuss during the next office visit and an increase in office visits
- Screenings, tests and labs performed in the home or through referral
- Medication review, which can result in increased patient medication adherence
- Comprehensive diagnosis documentation and coding, which can lead to more complete risk adjustment scores and increased closure of care opportunities

## What are the overall outcomes of the HouseCalls program?

HouseCalls has proven to deliver positive outcomes. Results include:



**87%** Star gap closure rate<sup>1,2</sup>



**99%** member satisfaction rate<sup>3</sup>



**89%** repeat visit acceptance rate<sup>1</sup>



**90%** annual retention of APCs<sup>1</sup>



**74** Net Promoter Score<sup>®3</sup>



Over **3M** Star gaps closed in 2023<sup>1</sup>

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<sup>1</sup> 2023 Optum HouseCalls program data.

<sup>2</sup> Within applicable measures.

<sup>3</sup> 2023 HouseCalls member survey data.



## What Star gaps are closed through HouseCalls?

HouseCalls can improve performance on key Star measures, including:

Measures closed at the time of the visit:	Measures indirectly influenced at the time of the visit:
Care for Older Adults: Functional Status Assessment <sup>1</sup>	Medication Adherence RAS Antagonist for Hypertension
Care for Older Adults: Medication Review <sup>1</sup>	Medication Adherence for Cholesterol Statin
Care for Older Adults: Pain Assessment <sup>1</sup>	Medication Adherence for Diabetes
Transitions of Care: Medication Reconciliation Post-Discharge <sup>1</sup>	Statin Use in Persons with Diabetes
Controlling High Blood Pressure <sup>1</sup>	Annual Flu Vaccine
Glycemic Status Assessment for Patients with Diabetes (A1c Test) <sup>1,2</sup>	Improving or Maintaining Mental Health
Colorectal Cancer Screening (iFOBT Kit) <sup>1,2</sup>	Monitoring Physical Health
Breast Cancer Screening (BCS-E) (mammogram) <sup>2</sup>	Improving or Maintaining Physical Health
Statin Therapy for Patients with Cardiovascular Disease <sup>3</sup>	Improving Bladder Control
Follow-Up After Emergency Department Visit – People With Multiple High-Risk Chronic Conditions <sup>1</sup>	Reducing the Risk of Falling
Transitions of Care: Patient Engagement After Discharge <sup>1</sup>	Plan All-cause Readmissions
	CAHPS

### How does HouseCalls impact risk adjustment?

The comprehensive diagnosis documentation and coding in HouseCalls can lead to:

- More accurate documentation of a member’s health status
- Improved performance on key star measures



To learn more about HouseCalls, please call **888-591-1511** or visit [UHCprovider.com/housecalls](https://UHCprovider.com/housecalls).

<sup>1</sup> Conducted via lab test/screening for members with open gaps in care

<sup>2</sup> Patient self-reported data will close gap per HEDIS® specifications

<sup>3</sup> Documentation of medication during visit