

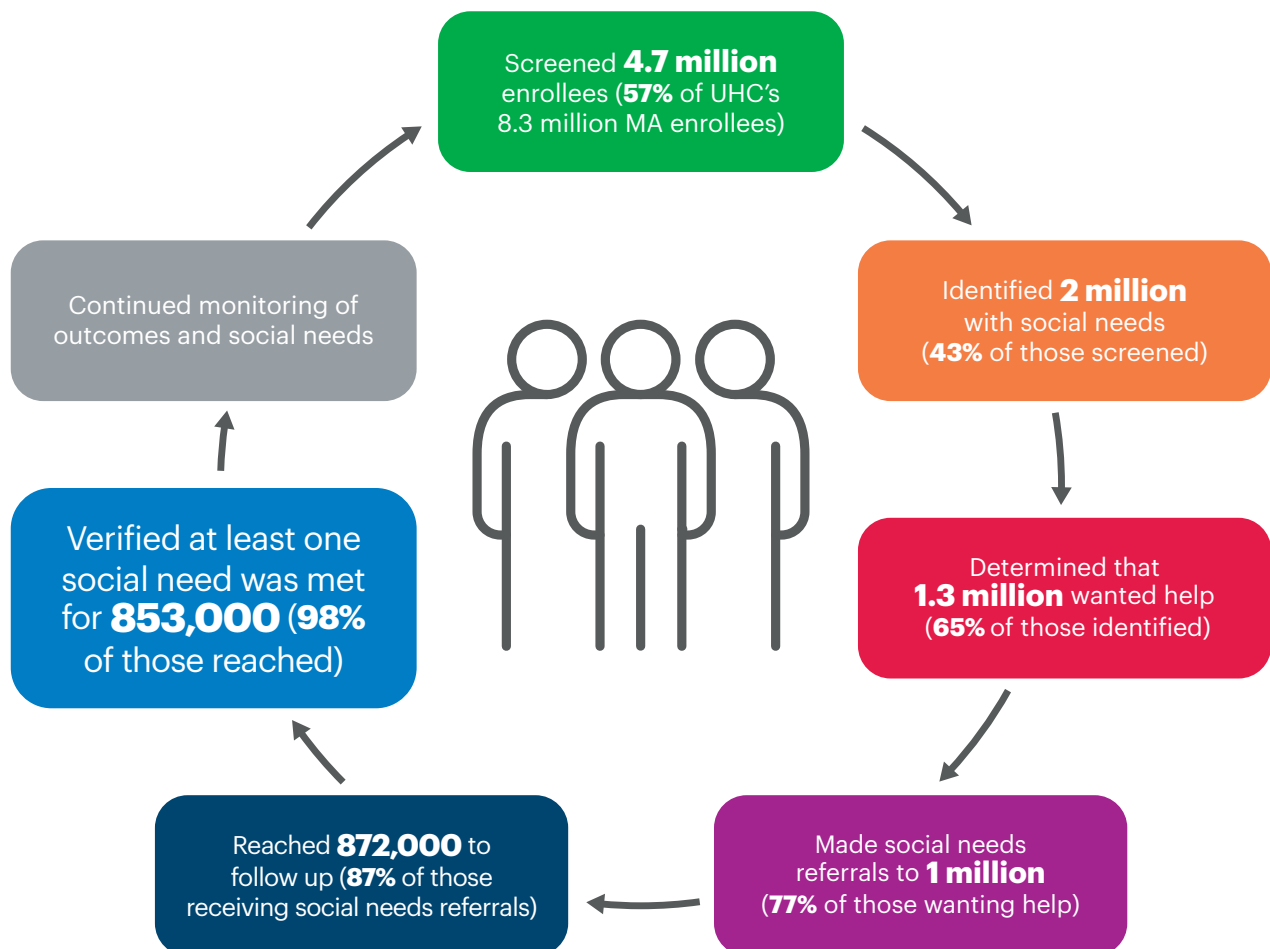
# Medicare Advantage is Addressing Social Determinants of Health at Scale to Improve Health Outcomes and Advance Health Equity

Social determinants of health are the non-medical factors—such as financial health, nutrition, housing, and transportation—that impact individuals’ health outcomes. Unmet social needs can exacerbate health conditions, prevent people from accessing needed health care in a timely fashion, and increase reliance on more costly hospital and emergency services.

Helping Medicare beneficiaries address social needs by connecting them to government and community-based programs that provide services like financial supports, meal delivery, housing assistance, and ride sharing can improve health outcomes, enrollees’ quality of life, and support effective use of the health care system. Health plans and providers, community-based social service organizations, and government agencies each have a role to play in addressing social determinants of health.

Medicare Advantage (MA), which covers about half of all Medicare beneficiaries,<sup>1</sup> is well-positioned to play a leadership role. Unlike Medicare fee-for-service, the integrated MA model can wrap a wholistic medical and social support model around Medicare enrollees. UnitedHealthcare (UHC) is deploying its capabilities in patient engagement, data analytics, care coordination, health-related social needs, and community relationships to identify and address social determinants of health for millions of MA enrollees each year.

## In 2022, UnitedHealthcare Medicare Advantage plans:<sup>2</sup>



## Screened 4.7 million enrollees, including almost 416,000 veterans, in 2022<sup>3</sup>

UHC screened MA enrollees in 50 states and the District of Columbia using a dynamic approach that reaches individuals (often more than once during the year) through a combination of health risk assessments, phone calls, in-person visits, and analysis of surveys, claims, and administrative data. In 2022, these screenings included:

- 2.7 million survey-based health risk assessments
- 2.1 million phone calls
- 2 million Optum HouseCalls in-home clinical visits

### Screenings in selected states

**619,000**

in Texas



**447,000**

in Florida



**257,000**

in North Carolina



**251,000**

in New York



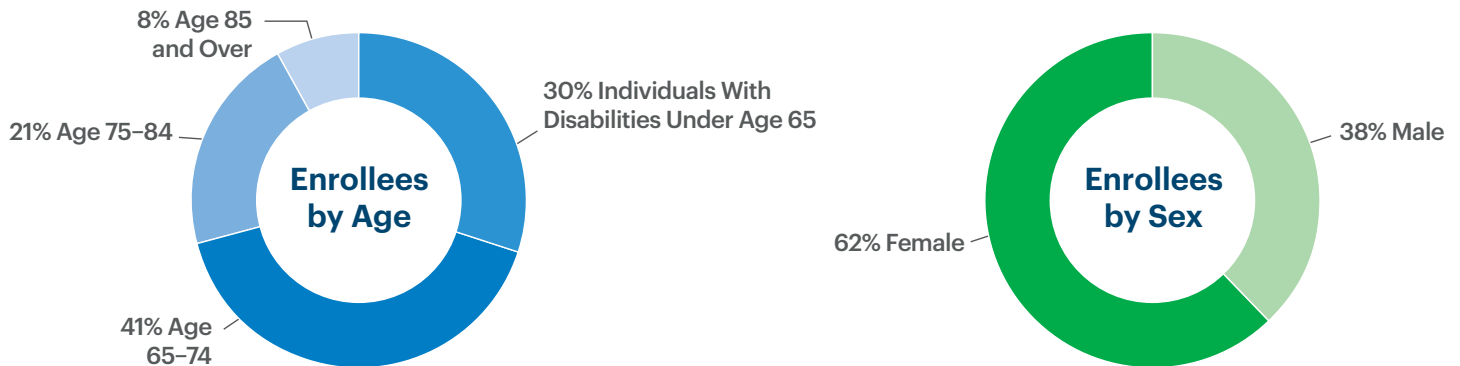
**210,000**

in Georgia

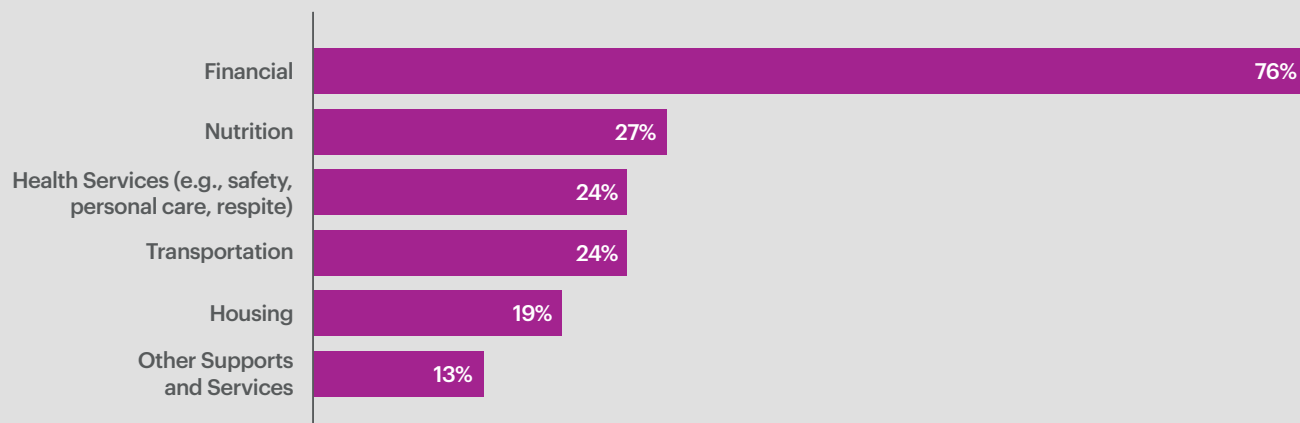


**2.9 million** in the remaining 45 states and District of Columbia

## Identified 2 million MA enrollees with social needs in 2022<sup>4</sup>



## Social needs among 1.3 million enrollees who wanted help in 2022<sup>5</sup>



## Made referrals for 1 million enrollees

UHC conducted individualized outreach honoring enrollees' preferences by making calls to those open to being contacted.<sup>6</sup>



## Closed the loop with 872,000 enrollees

UHC reached out to enrollees by phone to determine whether referrals were effective and whether enrollees' social needs were met.

- UHC's outreach verified that at least one social need was met for 853,000 enrollees, 98% of those with a completed referral.<sup>8</sup> If enrollees' needs were unmet, UHC re-directed enrollees to appropriate supports and continued engagement.
- UHC sought to determine whether enrollees with referrals to MSP and LIS programs received confirmation of enrollment from the Centers for Medicare & Medicaid Services. UHC's advocacy on behalf of eligible low-income enrollees whose applications were initially denied helped recuperate up to \$2,000 per enrollee in out-of-pocket spending on covered services.
- To drive continuous improvement, UHC evaluated the impact and performance of organizations to which enrollees are referred, targeted referrals to organizations with proven success records, collected feedback from enrollees, and shared information about successful strategies with care teams responsible for delivering UHC's person-centered care model for MA enrollees.

As part of UHC's ongoing efforts to **improve the health outcomes and quality of life of enrollees**, UHC confirmed that in 2022...



**853,000 MA enrollees** were connected to services and supports that addressed a social need.

The estimated value of these services and supports represents an **average per enrollee savings<sup>9</sup>** of:



**\$1,489** for social services

**\$2,179** for MSP

**\$5,100** for LIS

# Medicare Advantage is Addressing Social Determinants of Health at Scale to Improve Health Outcomes and Advance Health Equity: Citations

## Citations

- <sup>1</sup> Kaiser Family Foundation, “Medicare Advantage 2023 Spotlight: First Look,” November 2022.  
<https://www.kff.org/medicare/issue-brief/medicare-advantage-2023-spotlight-first-look/>
- <sup>2</sup> UnitedHealthcare (UHC) 2023 analysis of 2022 social determinants of health data for Medicare Advantage enrollees. The UHC data repository includes a combination of survey, claims, and administrative data. In this analysis, Medicare Advantage plans include Special Needs Plans.
- <sup>3</sup> UHC 2023 analysis of 2022 social determinants of health data for Medicare Advantage enrollees. UHC uses multiple approaches to reach a single enrollee.
- <sup>4</sup> UHC 2023 analysis of 2022 social determinants of health data for Medicare Advantage enrollees.
- <sup>5</sup> UHC 2023 analysis of 2022 social determinants of health data for Medicare Advantage enrollees.
- <sup>6</sup> UHC 2023 analysis of 2022 social determinants of health data for Medicare Advantage enrollees.
- <sup>7</sup> UHC 2023 analysis of 2022 social determinants of health data for Medicare Advantage enrollees.
- <sup>8</sup> UHC 2023 analysis of 2022 social determinants of health data for Medicare Advantage enrollees.
- <sup>9</sup> Calculations are based on UHC’s conservative estimates of the fair market value of goods and services that would have otherwise been expended by enrollees had they paid out-of-pocket.