



# Health Assessment



## Overview

UnitedHealthcare can better understand a member's unique health needs by obtaining a Health Assessment (HA) from the member. The HA is a tool that quickly identifies members at high risk for inpatient hospitalizations and those who may benefit from clinical programs. For coordination of care and Star Ratings, UnitedHealthcare should obtain a HA from members enrolling in a MA/MAPD, especially those in Chronic or Dual Special Needs Plans (SNP).

You can support UnitedHealthcare by completing a HA along with an enrollment. The HA must be submitted within three calendar days of the application signature date. Based on the responses, information could be shared with the member's care team. Answering these questions will have no effect on the member's plan membership.

The HA includes Social Determinants of Health questions. Social Determinants of Health are conditions in the places where people live, learn, work, and play that affect health risks and outcomes\*. Answering these questions may help us assist members with referrals to resources such as food, transportation to medical appointments or behavioral health assistance.

## In-Home Health Assessment Appointments

### Rx Disposal Health Assessment Form

When completing a HA in the member's home, a written copy of the Safe Drug Disposal Handout form found on the Sales Materials Portal must be provided to the member along with a verbal summary of the information on the form. The form is available in electronic or print format on the Sales Materials Portal (Jarvis > Sales Tools > Sales Material > Sales Material Portal > Order Materials > Doc Type > Safe Drug Disposal Handout). Download or print the form and use the [Drug Enforcement Agency \(DEA\) website](#) to identify two safe disposal locations near the member.

**Note:** This process is only required when the agent is physically with the member at the member's home when the HA is being completed.

\*<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

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You must enter a minimum of two locations including the location, street address, and city on the disposal form.

You have three options to provide the safe drug disposal information to the member:

1. Print the Safe Drug Disposal form, write two disposal locations on the form, and provide it to the member at the time of the HA along with your verbal summary of the information on the disposal form; or
2. Fill out the safe drug disposal form electronically and email the safe drug disposal form to the member after providing your verbal summary of the information on the disposal form; or
3. Fill out the safe drug disposal form electronically, print the form (if a printer is available), and provide the disposal form to the member at the time of the HA along with your verbal summary of the information on the disposal form.

**How to safely throw out unused prescription medications**

Keeping old medications around your home can be unsafe as they can be taken accidentally or misused. That's why you should get rid of unused or expired medicine as soon as possible.

**Here are 4 tips for disposing of unused medicines**

- 1 Ask your local pharmacy**  
Contact your local pharmacy to see if they have a medication take-back program. You may be able to drop them off in person or send them in a special package provided by the pharmacy.
- 2 Use a community drug take-back program**  
If you have unused controlled substances, such as opioids, a community take-back site is the preferred way to dispose of them. Some sites will also accept them by mail in special packaging.  
Drug take-back sites near you:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

United Healthcare

For other take-back locations near you, visit [app.dh.adherion.usahc.com/pub/dsresearch/spring/main/season-201](https://app.dh.adherion.usahc.com/pub/dsresearch/spring/main/season-201)

You will attest to providing the information and the disposal form to the member when you start the HA.

**Health Assessment**

**HA ATTESTATION (FOR AGENT USE ONLY)**

- 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 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.
- If a Health Assessment is completed in a member's home, information regarding the safe disposal of prescription drugs must be provided by the Sales Agent. A written copy of the Safe Drug Disposal Form found on the Jarvis Sales Materials Portal is provided to the member along with a verbal summary of the information on the form. At least 2 drug take back sites in the community where the member lives must be included with the form.

I Agree or I Understand the above information regarding Health Assessments. \*





# Health Assessment

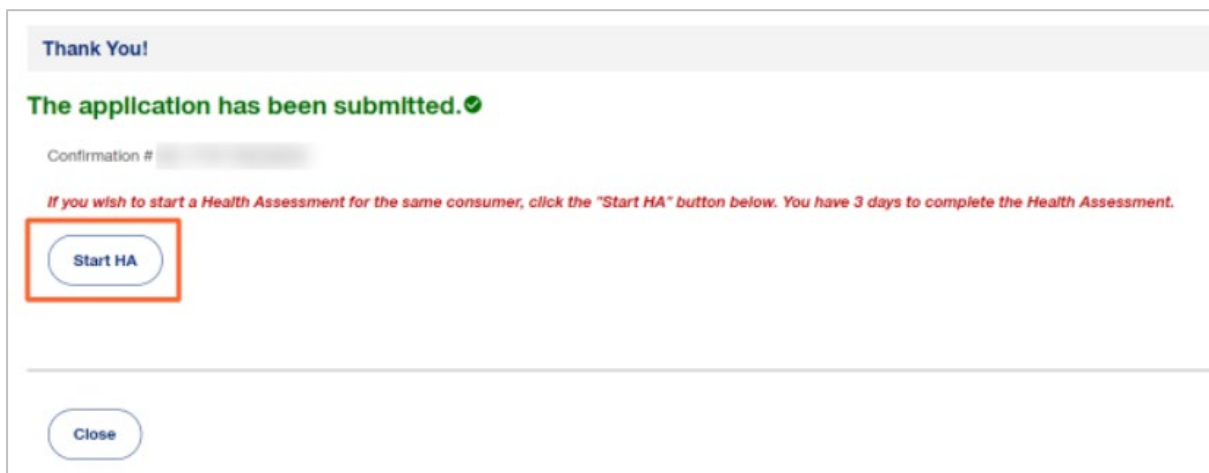


## Completing the Health Assessment in JarvisEnroll

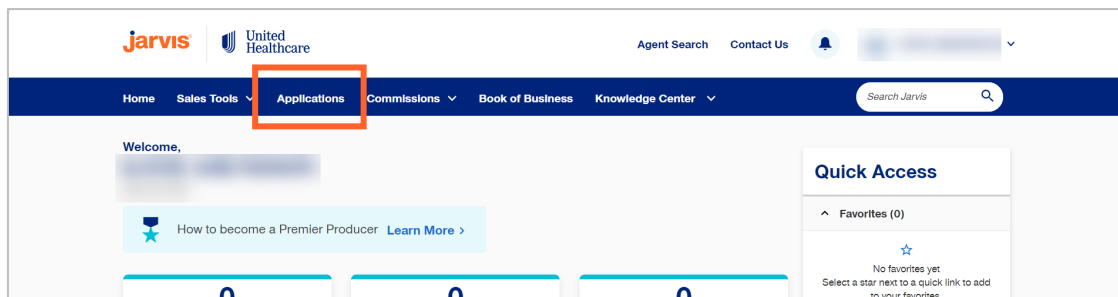
Once you have completed the member's enrollment application in JarvisEnroll, follow the instructions below to complete the HA.

### Starting the Health Assessment

On the confirmation screen, click **Start HA** to begin the HA.



If you did not start the HA from the confirmation screen (e.g., you used Remote Signature to complete the enrollment), return to the JarvisEnroll dashboard and click **Applications** on the blue bar on the homepage of the dashboard.





# Health Assessment



On the Applications Screen, scroll down to find the member, click **See Details** next to the member's name.

Amundson, Katie	01/01/1940	*****AA11	PDP	NY	06/05/2024	07/01/2024	Remote Signature: Failed	Actions
SaveTest, SaveTest	01/01/1940	*****AA11			05/14/2024		Incomplete	Actions
test, test	01/01/1940	*****AA11	PDP	NY	05/07/2024	06/01/2024	Remote Signature: Failed	Actions
RemoteResendEmailorg,01/01/1940 RemoteResendEmailorg	01/01/1940	*****AA11	PDP	NY	04/30/2024	05/01/2024	Remote Signature: In-Progress	Actions
JONES, ALVIN	01/01/1954	*****MK72	MA	FL	06/26/2024	07/01/2024	IN-PROGRESS	<a href="#">See Details</a>
SMITH, TOM	01/01/1954	*****MK72	MA	FL	06/21/2024	08/01/2024	PENDED UNABLE TO ASSIGN ELECTION PERIOD	<a href="#">See Details</a>
SMITH, TOM	01/01/1954	*****MK72	MA	FL	06/20/2024	07/01/2024	PENDED INDIVIDUAL DISCREPANCY WITH APPLICATION	<a href="#">See Details</a>
BROWN, BOBBIE	01/01/1954	*****MK72	MA	FL	06/05/2024	07/01/2024	IN-PROGRESS	<a href="#">See Details</a>
SMITH, TOM	01/01/1954	*****MK72	MA	FL	05/28/2024	06/01/2024	PENDED INDIVIDUAL DISCREPANCY WITH APPLICATION	<a href="#">See Details</a>

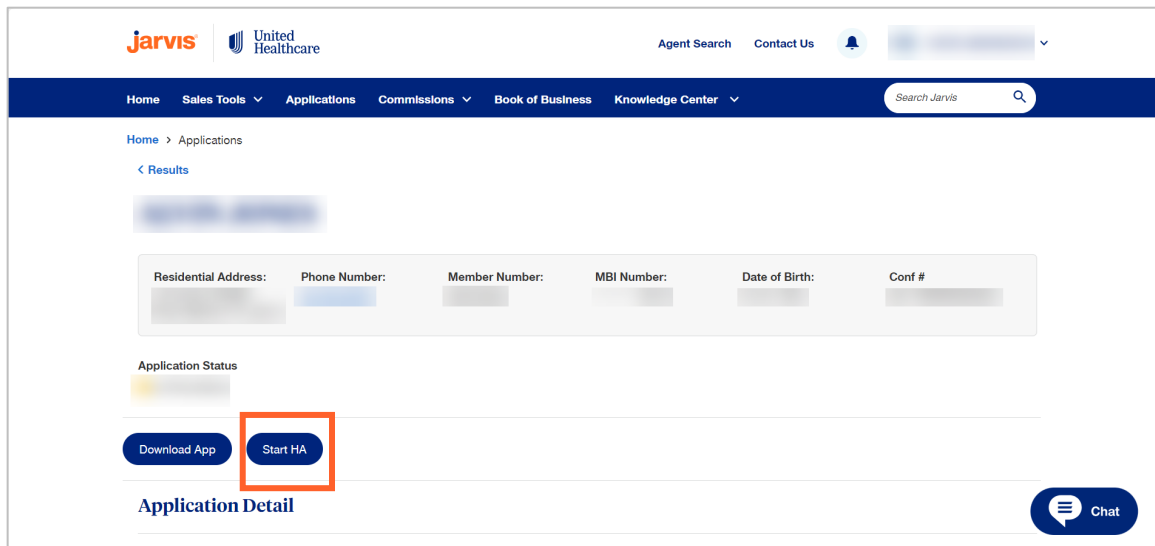




# Health Assessment



On the **Details** screen, click **Start HA**. If the **Start HA** button is not present/active, you are not permitted to complete a HA. The Start HA button may not be present/active based on the plan in which the consumer is enrolling or because more than three calendar days have passed since the consumer signed the enrollment application.



This will open the HA. To continue, you must read the statements and click **I Agree** for the attestation. Do not read these statements to the member.





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## Navigating the Health Assessment

All the member's information is pre-populated from the JarvisEnroll application. If you did not include the member's home phone number on the JarvisEnroll application, you will be required to provide it here.

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### Enrollee Information

Today's Date  
22/05/2024

First Name	Last Name	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Home phone number: *	Medicare number (MBI)
<input type="text"/>	<input type="text"/>	<input type="text"/>





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## Capturing Responses

As the member answers the assessment, select the appropriate response from the dropdown menu.

Current Health Conditions	
<b>Are you getting medical treatment for any of the following health conditions?</b>	
Asthma/COPD	Select...
Cancer	Select...
Diabetes (sugar diabetes) or too much sugar in your blood	Select...
End stage renal disease (kidney failure)	Select...
Heart attack or heart problems	Select...
Heart failure or enlarged heart	Select...
High blood pressure	Select...
Mental health condition (anxiety, depression, schizophrenia, bipolar disorder)	Select...
Obesity	Select...
Stroke	Select...
Other	Select...
<b>Social Needs</b>	
<b>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?</b>	Select...





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Some questions will require the member to give a rating. Select the appropriate response.

<b>Do you provide care to someone else who needs help?</b>	Select... <span>▼</span>
<b>In the past year, have you fallen, felt unsteady or worried about falling?</b>	Select... <span>▼</span>
<b>How would you describe your physical pain over the last year?</b>	Select... <span>▲</span>
<b>Memory and Mood</b>	No pain (0)
Over the last year, have you had daily problems with your thinking or memory?	Mild pain (1-3)
Over the last two weeks, how often have you been bothered by little interest or pleasure in doing things?	Moderate pain (4-6)
Over the last two weeks, how often have you been feeling down, depressed or hopeless?	Severe pain (7-10)
	Select... <span>▼</span>

Some questions only appear on the screen when necessary.

<b>Help At Home</b>	
<b>Do you need help with any of the following daily activities?</b>	
Bathing	Yes <span>×</span> <span>▼</span>
Eating	Select... <span>▼</span>
Getting Dressed	Select... <span>▼</span>
Grooming	Select... <span>▼</span>
Managing Finances	Select... <span>▼</span>
Mobility (moving around)	Select... <span>▼</span>
Setting up and taking medications	Select... <span>▼</span>
Transfers (moving from bed to chair)	Select... <span>▼</span>
Using the restroom	Select... <span>▼</span>
<b>Based on your response to the previous question, do you have the help you need with daily activities?</b>	I get all the help I need <span>×</span> <span>▼</span>
<b>Who helps with your daily activities?</b>	
Spouse or partner	Select... <span>▼</span>
Guardian	Select... <span>▼</span>







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## Conditional Questions

Answers on the HA give UnitedHealthcare a more complete picture of the member's needs and may help us to assist our members with additional assistance/resources or behavioral health referrals.

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?	Select...
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.	Select...
What is your living situation today?	Select...
In the past year, have you been unable to get any of the following when you really needed them? Choose all that apply.	
Clothing	Select...
Employment	Select...
Internet	Select...
Medicine or health care	Select...
Phone	Select...
Social or community engagement (examples: visiting or talking on the phone with friends and family, going to church or club meetings)	Select...
Utilities (electric, gas or water)	Select...
Are you confident using a computer, tablet or phone for health care visits or finding information?	Select...

## Changing Responses

You may go back to change an answer at any time before the assessment has been submitted.

## Completing the Assessment

Once you have completed the assessment, click **Submit HA**.

<a href="#">Discard</a>	<a href="#">Submit HA</a>
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# Health Assessment



## Thank You

The Health Assessment has been submitted. ✓

Confirmation # H-AE17883106202024

Close

## Spanish Language Option

It is important to note that there is an option to complete an application using the Spanish language within JarvisEnroll. This will also apply the selection to the Health Assessment.

If you have any questions about using JarvisEnroll, see the JarvisEnroll User Guide (Jarvis > Knowledge Center > Learning Lab > Content Library > JarvisEnroll > Additional References).

If you have specific Health Assessment program questions, contact your UnitedHealthcare sales leader.

If you have other questions, please contact the PHD at 888-381-8581, [phd@uhc.com](mailto:phd@uhc.com)

