

Humana At Home

Closing the Gap

If asked, most people would say they want to age in their homes. Yet, sometimes living with multiple chronic conditions can make aging in place more challenging without extra assistance – help that often doesn't involve more medications, more treatment, more doctors and specialists.

That's where Humana At Home comes in. Humana At Home care managers evaluate the needs of individuals to determine the kinds of interventions that would make a difference – that would help each person stay healthier, out of the hospital, and living safely and comfortably in their own home.



Humana member Ernestine Marshall and her Humana At Home Care Manager John Webb

Personal calls and in-home visits help the Humana At Home team connect with these members and their caregivers to learn about their challenges and offer them solutions.

Reduced Hospital Stays

Humana At Home's holistic approach has resulted in reduced hospital admissions and 30-day readmissions for members served.

"We're trying to take care of the whole person and, by doing that, we're helping keep people out of the hospital," said Craig Drablos, Chief of Operations of Humana At Home. "We're seeing that the hospital readmission rate when we do this drops about 30 percent for these people."



"By addressing the scope of needs of people living with chronic health conditions, including help with daily activities, we are making a profound impact on their quality of life and enabling them to remain independent at home," said Eric C. Rackow, MD, who leads the Humana At Home organization.

In addition, Medicare Advantage members participating in Humana At Home's holistic care management program are living longer than non-participants, according to a peer-reviewed, retrospective cohort study released in October 2014.

The study monitored differences in survival rates between two groups of Medicare Advantage members: those who participated in Humana At Home's telephonic care program and those who did not. The study was conducted over a two-year period with participants averaging 71 years of age.

This study found individuals with the highest risk for disease progression benefited the most from Humana At Home. Data show these high-risk participants had a 15.9 percent greater survival rate than non-participants.

Nationwide Network

- 3,000+ telephonic Care Managers nationwide
- 11,000+ field Care Managers nationwide
- 300+ nurse practitioners who provide home visits
- 60+ homecare clinical offices in 15 states
- 3,000 employed homecare aides in clinical offices
- 2,000 homecare companies nationwide in a homecare network
- National directory of vetted community resources for elder care and caregiving
- Online Points of Caregiving portal for family caregivers
- Web-based electronic health records (Rosalind®, CGX, hCAT)

A Known Leader

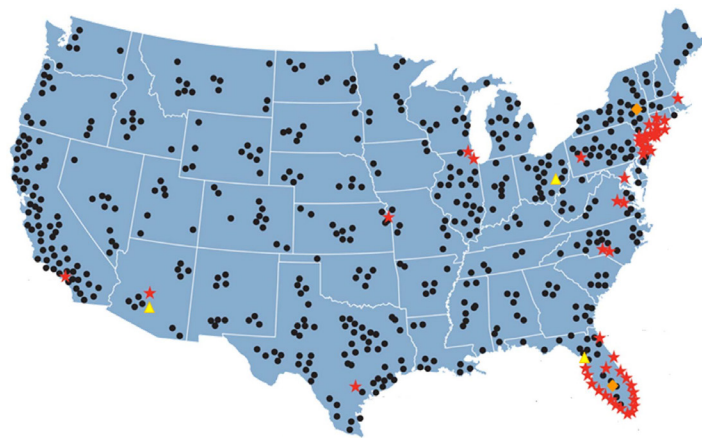
Humana At Home got its start in 2004 when Humana and Pfizer Health Solutions teamed up for a pilot project for Medicare known as Green Ribbon Health.

Humana developed a better model of care for the 25 percent of the Medicare population who were generating 80 percent of the program's costs.

In July 2012, Humana acquired SeniorBridge, a care management and homecare organization founded in 2000, and merged the operations with Humana Cares to form Humana At Home, two years later. Humana At Home serves Humana members at no additional cost, as well as private pay nonmembers.

Today Humana At Home supports close to a million individuals who have chronic conditions, struggle with daily activities and are frequently hospitalized, as well as their family members and caregivers.

Humana At Home provides an evidence-based approach that substantially improves health outcomes of members who need the most support. By providing support, education and advocacy to help members manage their health in their own homes, we improve member wellness, outcomes and overall experience while reducing the total cost of care.



- ★ Homecare office with both care management and caregiving
- Nationwide services provided by Telephonic & Field Care Management Network
- ▲ Telephonic Care Management Center
- ◆ Nurse Practitioner/Physician home visit services

Key Services

Humana At Home Chronic Care Program (HCCP) –
“Ongoing Care Management”
Humana At Home Transitions
Humana At Home Stay Healthy
Humana At Home SeniorBridge Home Care and Care Management (Fee for service)
Humana At Home Certified Home Health (skilled care in the home)
Humana At Home In-Home Clinical Services (NP/MD)
Humana At Home Special Needs Plans (SNPs)
Humana At Home Medicare Medicaid (Dual-Eligible Demonstration) Plan
Humana At Home Long Term Support Services (LTSS)
Humana At Home Specialty Conditions
Humana At Home Technology Innovations
Humana At Home Advanced Care Planning
Humana At Home CRCM

Care Above and Beyond

People who receive Humana At Home services get their own personal care manager who calls or visits them at regular intervals.

Care managers are experts at helping people with medical, financial and psychosocial matters, and have access to well-vetted local and resources.

They do everything from helping people learn how to inject insulin, get their power turned back on, fill out complicated paperwork, to:

- Coordinating meal-delivery and transportation programs
- Checking that medications are being taken correctly
- Explaining doctors' advice
- Sending family updates so everyone stays informed
- Providing home-based technology that tracks blood pressure, weight changes, and more – even motion around the house – for important peace of mind
- Recommending ways to improve comfort and care