# **COMMUNITY & STATE OVERVIEW**



# Where does Community & State fit?

# **UNITEDHEALTH GROUP®**











## We are . . .

## **Mission**

Helping people live healthier lives and helping make the health system work better for everyone.

## **Vision**

Be the most trusted name in healthcare.



### Consumers

Deliver simplicity and earn trust.



#### **Community Care System**

Be a catalyst for person-centered, community-based health transformation.



#### **State Partners**

Be the recognized leader in delivering person-centered, community-based health transformation.



# **Coordinated Care Demonstration Project**



- In 2016, SB74 mandated multiple specific demonstration projects
- UnitedHealthcare chosen for demo in MatSu and Anchorage
  - Anticipated 4/1 Go-Live Date
  - All Current Medicaid Beneficiaries\* will be enrolled
    - 90 Day choice to dis-enroll
  - Covered Populations
    - TANF
    - CHIP (Denali Kid Care)
    - Expansion
    - ABD
    - LTSS (Non-waiver services)
  - Medical, Dental, Vision, DME, Transportation
  - 3 yr contract, with potential 3 yr extension

# **Focus of the Project**



# Quality

- HEDIS/Non HEDIS Measures
- Performance Improvement
- Incentives
  - Provider
  - Member

## Cost

- Primary Care vs ER
- Whole Person
  - Investments
  - Social Determinants
  - Value Based Contracts

# **UnitedHealthcare: Value in Value-Based Care**



| Traditional Health<br>Care  | Value-Based Care   |
|---|--|
| Fee for Service provider payment – paying for volume, not value                               | Care delivery  Pay for Value and increased risk sharing  |
| Lack of technology and incentives<br>for physicians to proactively<br>coordinate patient care | Care coordination  Physicians empowered by technology, data, and access to UnitedHealthcare programs           |
| Data and analytics are not routinely shared   | Data and information  Analytics provide a full picture of a member's health risks, care and enhance efficiency |
| Costs climb without corresponding health improvements   | New shared focus with care providers to manage health care costs and quality                                   |
| Complicated health care system confuses and frustrates members                                | Member experience  ACO providers provide trusted support in navigating the system                              |

## **UHC's Progress Along the HCP-LAN\* Framework**



Category 4

Population-Based Payment



Category 1
FFS - No Link to Quality & Value

# Category 2 FFS - Link to Quality & Value

- Foundational Payments
   ex: IT, care coordination
- Pay for Reporting
  ex: bonus for reporting data
- Pay-for-Performance ex: pay for quality

# Category 3 APMS Built on FFS Architecture

- Shared Savingsex: upside risk only
- Shared Savings with Downside risk

ex: episode-based; comprehensive; upside & downside risk

- Condition-Specific
   ex: PMPM, pay for specialty
- Comprehansive Payment ex: global budgets; % of premium payments
- Integrated Finance & Delivery
   ex: global budgets; % of
   premium payments in
   integrated systems

## Level of financial risk & provider integration

Category 1
Fee-for-Service



# Category 2 Performance-Based Programs

- Primary Care Incentives
- Performance-Based Contracts
   ex: achieving specific metrics



# Level 3 Bundles & Episodes SLPs

- Condition or Service-Line Programs

ex: managing a specific condition or service line

#### Level 4

#### Accountable Care Programs

- Capitation + PBC
- Shared Risk
- Shared Savings
   ex: managing entire population
   health

\*Health Care Payment Learning Action Network

# **Our United Culture**

## Integrity



## **Innovation**



## Relationships



## **Compassion**



### **Performance**





# At C&S, We Live Our United Culture.





## Our 6.7 Million Members\*

#### 4,550,000\* Members

- TANF | Temporary Assistance for Needy Families

  25 markets
- CHIP | Children's Health Insurance
  Plan
  24 markets
- ABD | Aged, Blind, and Disabled 22 markets
- Childless Adults
  2 markets







#### 1,134,000\* Members

EXPN | Medicaid Expansion 16 markets



#### 844,000\* Members

- LTSS | Long-Term
  Services & Supports
  13 markets
- SNP | Special Needs Plans 28 markets
- FIDESNP | Fully Integrated
  Dual Eligible
  6 markets

MMP | Medicare Medicaid Plan 2 markets



#### 182,000\* Members

Other: Includes
DD/DV, CRS, SMI,
ASO |
Developmentally
Disabled/Ventilator
Dependent,
Children's
Rehabilitative
Services, Severe
Mental Illness,
Administrative
Services Only
7 markets\*\*





<sup>\*</sup> Approximation

<sup>\*\*</sup> This count includes seven unique markets for DD/DV, CRS, SMI, and ASO (Arizona has overlap in DD/DV and SMI, and is counted as one market)

# **C&S** Medicaid Footprint

## Serving 6.7 million people\*\*

Note, while this presentation reflects updates as of Q2 2018, the below map is current as of June,

2018.



<sup>\*</sup>Includes programs serving TANF and/or CHIP populations \*\* Approximation





# Meet Our Members



## KNOW OUR MEMBERS

Insights for Strategic Planning and Business Growth



### Dual Plan 65+ Beverly

She isn't slowing down, and neither are the many demands of her life.



#### Dual Plan Disabled Linda

Her needs are unique, so she's no stranger to the world of health care.



#### Medicaid Expansion Lisa

She is more skeptical of businesses, brands and people these days.



#### TANF Pregnant Vanessa

She is caught in a constant balancing act.

| Estimated Population | 1.7MM                          | 1.1MM   | 57.3MM   | 2.5MM   |
|----------------------|--------------------------------|---|--|---|
| Demographic 🖒        | Women (61%), Men (39%)         | Women (54%), Men (46%)                        | Women (56%), Men (44%)                           | Women   |
| Ethnicity (          | White (89%)                    | White (57%), Black (21%), Hispanic (16%)      | White (60%), Hispanic (18%), Black (16%)         | Hispanic (45%), White (39%) Black (11%)         |
| Average Age          | 72 years old                   | 35-64 years old                               | 45 years old                                     | 26 years old                                    |
| Marital Status 💍     | Married (58%), Wildowed (24%)  | Single (35%), Married (25%)                   | Married (40%), Not Married (34%)                 | Not Married (57%), Married (34%)                |
| Household Structure  | Two Adults Only                | Lives Alone (36%), w/Spouse (32%) No Children | 2 Adults, 1 Child                                | 2 Children                                      |
| Income \$            | <\$15,000                      | <\$15,000                                     | <\$47,500  | <\$30,000                                       |
| Education 📰          | High School (40%)              | High School (50%)                             | High School (39%)                                | High School (38%)                               |
| Employment 3         | Retired (86%), Part-time (88%) | Permanently Disabled (72%)                    | Employed (54%)                                   | Not Employed (66%)                              |
| Type of Insurance    | N/A                            | N/A   | Commercial (22%), Medicald (17%), Medicare (15%) | Medicald (29%), Medicare (14%), Commercial (9%) |
|                      |                                |   |  |   |



## Medicaid



**Americans are on Medicaid\*** 

Medicaid is the largest health insurance program in the nation.

Covers health for more than 1 in 3 children\*\*



<sup>\*</sup> Total monthly medicaid/CHIP enrollment, Feb. 2016 (Kaiser Family Foundation)

<sup>\*\*43%</sup> of Medicaid Population are children (medicaid.gov)