

## FACT SHEET: UNITEDHEALTHCARE COMMUNITY PLAN

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### Background:

More than half of all Medicaid beneficiaries nationally receive most or all of their care from risk-based managed care organizations (MCOs) that contract with state Medicaid programs to deliver comprehensive Medicaid services to enrollees. Although not all state Medicaid programs contract with MCOs, a large and growing majority do, and states are also rapidly expanding their use of MCOs to reach larger geographic areas, serve more medically complex beneficiaries, deliver long-term services and supports, and, in states that have expanded Medicaid under the Affordable Care Act (ACA), to serve millions of newly eligible low-income adults.

Total Medicaid MCO spending in the US (FY2014) was \$162B, which comprised 34% of total Medicaid spending.<sup>1</sup>

### UnitedHealthcare Community Plan

1. UnitedHealthcare (UHC,) in association with UnitedHealth Group is the largest health carrier in the U.S. It is a Fortune 500 Company (Number 6.) In 2015, UHC reported \$157.1B in revenue and \$11 in operating income. They serve approximately 70 million people in the U.S.<sup>2</sup>
2. Premium revenues from the Centers for Medicare & Medicaid Services (CMS) represented 26% of UHC total consolidated revenues for the year ended December 31, 2015. Medicaid services made up \$5.3M in UHC's revenues and experienced a 5% increase since 2014.<sup>3</sup>
3. UHC has been a Medicaid MCO in Pennsylvania for 20 years. UHC has multiple Medicaid Expansion and 11 other Medicaid LTSS programs nationally including: AR, FL, HI, LA, MI, MS, NM, NY, OH, IA, TN, TX, WA, and WI.<sup>4</sup>
4. UHC also has a global presence in 125 other countries. UHC's Brazilian-based subsidiary, *Amil*, operates hospitals, specialty care, primary care, and emergency services clinics across Brazil for its plan members. *Amil's* contracted provider network is made up of 2,100 hospitals and 8,000 laboratories.
5. UHC's global presence also includes care coordination overseas, TPA products for health plans, brokerage services, practice management services for care providers, consulting services for improving quality, and global expatriate insurance solutions.<sup>5</sup>
6. UHC is a HealthChoices Physical Health Provider in PA, and as of March 2016, UHC has 10% of the market share in the state (SE – 11%, SW – 14%, and L/C regions – 14%)<sup>6</sup>
7. UHC's PA Medicaid plan experienced a 39.7% market share increase in Q4 of 2015.<sup>7</sup>

<sup>1</sup> <http://kff.org/other/state-indicator/total-medicaid-mco-spending/>

<sup>2</sup> <http://www.unitedhealthgroup.com/~media/UHG/PDF/2015/UNH-Q4-2015-Form-10-K.ashx?la=en>

<sup>3</sup> <http://www.unitedhealthgroup.com/~media/UHG/PDF/2015/UNH-Q4-2015-Form-10-K.ashx?la=en>

<sup>4</sup> <http://kff.org/other/state-indicator/medicaid-enrollment-by-mco/>

<sup>5</sup> <http://www.unitedhealthgroup.com/~media/UHG/PDF/2015/UNH-Q4-2015-Form-10-K.ashx?la=en>

<sup>6</sup> [http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c\\_226598.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_226598.pdf)

<sup>7</sup> <http://www.health.pa.gov/facilities/Laws%20and%20Regulations/Managed-Care/Documents/MCR/4Q15.pdf>

8. NCQA credits UHC with a 3.5 out of 5.0 rating overall for patient satisfaction, treatment, and prevention. Its lowest rated services include follow-up after ADHD diagnosis and Depression medication adherence.<sup>8</sup>
9. UHC has been fined over \$1M for failures to meet set standards by 7 states. In 2012, the Texas UHC plan was fined \$354,600 for failing to meet standards for acute care, behavioral health, and long-term care claims, and member appeals. In 2013, the UHC plan in Florida was fined \$1,315,000 for improperly denying speech therapy services and not meeting HEDIS measures.<sup>9</sup>
10. UHC's complaint index for 2015 was 4.98. The External Quality Review (EQR) report showed compliance in sub-contractual relations. There were a total of 119 complaints in 2015 which are mostly individuals rather than groups.
11. In its 2015 HealthChoices EQR, satisfaction with its adult health plan was 78.64%.<sup>10</sup>
12. UHC's Care model includes identifying high risk members early to delay placement, chronic disease management, connect with local providers to improve access, utilize integrated care model to coordinate medical, behavioral health, and LTSS. UHC utilizes interdisciplinary care teams to coordinate behavioral, medical, functional, and social support needs.<sup>11</sup>
13. UHC's care management platform, [Optum](#), is complete with the [Healthify](#) database for referral and resource management of possible providers and services. Optum uses a predictive analytics function to populate care plans and determine patient risk of service utilization. OptumRx is UHC's pharmaceutical platform to track medication management. UHC also uses telecommunication for patient outreach.
14. UHC uses Rally as its online digital health portal for consumers. It is complete with personal health and condition management programs.<sup>12</sup>
15. UHC has expressed interest in working with AAAs for Nursing Home Transitions, Care Transitions, nutrition services, and other evidence-based programs. UHC also expressed interest in regional services, to meet network adequacy. This is coined as a partnership, not a hybrid model of care management because AAA coordinators will work with UHC service coordinators.
16. UHC is focused on the Western PA market right now with MA, D-SNP, and Medicare Advantage Plans. They expect to see increased participation in Medicare Advantage and their D-SNPs in 11 counties in 2016.
17. UHC sees housing as a barrier for service delivery in SW PA. In addition, transportation is a value-add for UHC.
18. UHC is seeking a pay-for-performance rate reimbursement model in the future to ensure high quality among providers.
19. In meetings with AAAs, UHC staff assured that there is no exclusivity in contracting with UHC, meaning contracted providers may seek business with other MCOs.
20. In meetings with AAAs, UHC staff assured that UHC has a third party billing mechanism which is able to provide a more frequent payment structure and enables providers to have access to participant records.

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<sup>8</sup> <http://healthinsuranceratings.ncqa.org/2015/search/Medicaid/All/unitedhealthcare>

<sup>9</sup> <http://kff.org/other/state-indicator/state-imposed-mco-sanctions/>

<sup>10</sup> [http://www.dhs.pa.gov/cs/groups/webcontent/documents/report/p\\_012537.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/report/p_012537.pdf)

<sup>11</sup> UHC Community Plan Marketing Materials, 2015

<sup>12</sup> <http://www.unitedhealthgroup.com/2015-annual/Performance.aspx>

21. In meetings with AAAs, UHC mentioned providing incentives for healthy behaviors among participants.
22. Jim Cushing, i4a's Executive Director, described UHC's model in Iowa. UHC has in-house service coordination, and does not allow providers access to its IT system. He also mentioned UHC proposing unfavorable rates for service providers.
23. As performance measures for CBOs, UHC values the CBOs impact on HEDIS scores, and other CMS regulated performance measures. So much so, that they may seek pay for performance relationships in the future.