

May 21, 2015

Ms. Carrie Lindgren
Hoover Building, 1st Floor
1305 East Walnut Street
Des Moines, Iowa 50309-0114

Re: Iowa High Quality Healthcare Initiative RFP# MED-16-009

Dear Ms. Lindgren:

UnitedHealthcare Plan of the River Valley, Inc. (d.b.a. UnitedHealthcare Community Plan of Iowa, hereinafter referred to as UnitedHealthcare) is pleased to submit a response to Iowa's High Quality Healthcare Initiative. We are eager to be part of this significant step forward by the Department of Human Services (Agency) and to serve Iowa's Medicaid, Health and Wellness, and CHIP beneficiaries. Iowa's High Quality Healthcare Initiative is among the most comprehensive approaches to managing publicly funded health care implemented in the nation. The opportunity to improve the outcomes of treatment dollars invested in multiple programs across the broadest possible array of services and supports is unparalleled. The Initiative will invigorate, streamline and enhance Iowa's entire health care delivery system.

Implementing and operationalizing the Initiative requires a strong and effective public-private partnership in which everyone shares the same vision and level of commitment to working collaboratively to improve the accessibility, quality, appropriateness and effectiveness of services provided to the Initiative's members—and the overall health of Iowa's citizens.

UnitedHealthcare has the vision and the commitment—as well as the experience and the resources necessary to ensure the success of Iowa's High Quality Healthcare Initiative. The proposal we are submitting demonstrates not only the scope of our qualifications, but also the depth of our commitment to become Iowa's most responsive and reliable partner, driving innovations in the delivery of health care benefits and services that provide value to the Agency and to the State as a whole.

Our Background in Iowa and Nationally

Our history illustrates our experience and commitment to public sector services. For more than 33 years, UnitedHealthcare has realized its mission of *helping people live healthier lives* by working with public programs across the country and designing effective Medicaid and CHIP

solutions. We currently serve more than 5.1 million Medicaid, CHIP and dual-eligible members in 23 states. Here in Iowa we have been a committed partner in the *hawk-i* program for 15 years.

The Iowa High Quality Healthcare Initiative unites the Agency's Medicaid, Health and Wellness, and CHIP beneficiaries as well as participants in substance abuse disorder treatment programs funded by the Iowa Department of Health under a common management structure. While the separate programs retain many of their unique characteristics and requirements, the opportunity to blend the clinical and administrative infrastructures offers an entirely new opportunity to coordinate and integrate service delivery while developing administrative efficiencies and cost savings. Our background in Iowa, as well as our national public sector experience, makes UnitedHealthcare uniquely qualified to support members and providers as well as the Agency and its stakeholders through the transition to a more transparent and accountable system of services and supports.

Based on the guidance included in Request for Proposal (RFP) #MED-16-009, our response covers requirements outlined in the Scope of Work (SOW) and also to the targeted questions included in Attachment 5. Our objective is to convey the depth and quality of our experience, provide a comprehensive understanding of our demonstrated capabilities in response to all areas specified in the RFP, and to make it clear that we are poised to serve as a trusted partner.

The UnitedHealthcare Framework for Person-Centered Care and Population Health Management

An important concept in integrated health care is person-centeredness—for UnitedHealthcare, person-centered care is at the heart of a positive change that we foster in how our services are organized and delivered. Our person-centered care approach represents an approach we take to organizing health care services, working with the member/family/caregiver, an array of providers and community resources (including accountable care organizations [ACOs], health homes, and Integrated Health Home [IHH] delivery systems), and supporting proactive health promotion, treatment and recovery-oriented best practices that are grounded in respect for each member's cultural diversity, personal beliefs and health preferences.

Our critical role is to ensure that the comprehensive needs of individuals – physical health, behavioral health (BH) and long-term services and supports (LTSS) —are addressed in a timely, high-quality and highly-integrated manner that produces positive health outcomes. In doing this, we must take into account that individuals receiving Medicaid are diverse in their needs and the health care approaches that work best to address them. Therefore, our person-centered care approach also supports effective population health management—building integrated care coordination approaches tailored for specific populations we serve. We systematically collect and analyze data about members and their health risks; plan and deliver care in ways that distinguish between levels and types of care coordination required to improve health outcomes; and continuously monitor and course-correct as necessary to ensure progress and cost-effectiveness. The following highlights and examples illustrate the more detailed information provided in the full response to the RFP and SOW and how we will employ our person-centered care to support the High Quality Healthcare Initiative.

Beyond the Traditional - Serving Individuals and Populations with Complex Needs

Many of those we currently serve represent the highly complex populations to be served by the High Quality Healthcare Initiative. Experience serving similar individuals has shown that we must meet members' physical health and BH needs as well as align covered benefits to support functional and social supports to improve health outcomes. We have moved significantly beyond the delivery of traditional health benefits by identifying and coordinating services and supports that fall outside of a prescribed benefit design.

Integrating physical and behavioral health care

UnitedHealthcare has been an early and longtime supporter of integrated physical and BH care. This includes, for example, demonstrated effectiveness in organizing peer supports, substance use supports, transition services and crisis supports. As part of our person-centered care, these resources are fully integrated with local BH specialists serving as members of interdisciplinary care teams. Our person-centered care systems support BH professionals in a lead role as an individual member's case manager. This expertise enables us to fully understand and align our efforts with the Iowa health home initiative, including IHHs.

Local knowledge and staff

To achieve this holistic alignment of benefits and services, we orient our service delivery around the care coordination staff located in members' communities bringing the local knowledge of patterns of care, and ways to foster individuals' ability to live in the most integrated setting possible. In addition to the local expertise of our own UnitedHealthcare case managers, we leverage the care coordination efforts of our affiliated accountable care, health home and IHH provider practices.

Beyond the Medical Model - Accountable, Multi-disciplinary Teams

Team-based care is a well-recognized best practice in health care that we are putting into play as part of our provider network and approach to working with providers. A team-based approach brings distinct benefits to members and fosters overall quality and cost-effectiveness. Interdisciplinary care teams bring together physical and BH clinicians and other licensed and non-licensed professionals (home and community-based service [HCBS] providers) that are aligned to an individual's unique needs and circumstances. Each member in need of more intensive care coordination is assigned to a primary care "home" and a single point of contact—the member's care/case manager—while care is assessed, planned, coordinated and monitored by leveraging the skills and expertise of a multi-disciplinary care team.

New team roles for community health workers

Engaging and interacting with our members in their own communities strengthens care coordination, and leads to reductions in avoidable hospitalizations, ER use, and other inappropriate acute and urgent services, while improving overall quality. We deploy community

health workers, some of whom will be certified peer support specialists, to leverage their community roots and relationships to find and engage with our Medicaid and CHIP members who are in the greatest need for support and care coordination.

Fostering Innovative Partnerships and Solutions

We know that members with complex conditions are often limited in their ability to live independently by the absence of affordable and appropriate housing to support their needs. We have national pilots underway to develop supportive housing options and are exploring how best to replicate this effort to partner with housing providers throughout Iowa.

We also know that many of our members want to work and that employment is a fundamental component to independence and the ability to live in the most integrated setting possible. To support Iowans with intellectual and developmental disabilities (I/DD) who want to work, we are eager to replicate our experience with Project Search. We launched Project Search in 2014 in our Texas health plan, providing I/DD students the experience of working in every department of our health plan. In Iowa, we will identify employment opportunities that can be integrated into holistic support of our members' individual goals.

We also plan to introduce an innovative physician-driven model of care, TeamMD, focused on nursing home level of care members in Polk County. Unique to this model are PCPs and care teams who specialize exclusively in addressing the integrated needs of the frail elderly population, serving these individuals where they live. Through home-based, integrated care, people participating in this model achieve better outcomes and defer/delay institutionalization.

Leading Edge Data and Information System Supports

We have invested in a sophisticated information platform and suite of applications that has proven highly effective in supporting the evolving needs of Medicaid programs and effective individual member and population health management. We support providers and members with automated tools to complete and follow-up on screenings and comprehensive assessments and develop plans of care. We recognize the importance of linking the participants of each member's care network to coordinate services. Our care coordination platform, CommunityCare, supports timely information flow, communication pathways and team-based health care decision making.

A fundamental first step before deploying care coordination resources is the use of ***predictive modeling*** tools. We leverage Impact Pro to identify individuals who may be at risk for future health care needs. This tool allows for the efficient allocation of health care resources to focus interventions, identify gaps in care and improve overall quality for the members we serve.

We deploy and make available to our providers and care teams a suite of ***automated, evidence-based risk assessment and stratification tools***. These tools enable us to identify members who have the greatest needs and align appropriate levels of care coordination over time in support of the State's goals to improve system efficiencies. These tools are made available to our care coordination teams through CommunityCare; the platform hosts the comprehensive assessment and care plan for members who are participating in one of our care coordination programs.

Program Integrity

Iowa is familiar with Optum's highly-effective program integrity tools that have demonstrated cost savings and recoveries in Iowa for several years. Outside of Iowa, UnitedHealthcare has seamlessly integrated Optum's tools into our health plans' operations as part of our program integrity efforts. With the shift in the State's approach to program integrity, we plan to internally leverage Optum's fraud, waste and abuse capabilities as part of our Iowa operations, in conjunction with UnitedHealthcare's other proven tools and processes of care.

Provider Engagement and Access to Care

Engaging providers in meaningful ways is core to our mission. Iowa has dedicated significant resources to advance provider engagement through the development of health homes, IHHs, and ACOs. This investment is a fundamental part of our response and approach to serving Iowans under the High Quality Healthcare Initiative. We plan to integrate and continue to expand the current programs in Iowa as components of our provider network strategy, leveraging our experience with delivery system and payment reform demonstrations.

Our *provider incentive models* have been developed with an understanding that not all providers are similarly structured and equally interested in or prepared to accept risk for serving our members. As such, we work closely with our providers to identify models that appropriately incentivize improved outcomes—including improved quality as well as reduced unnecessary or inappropriate care. Our spectrum of incentive models allow providers to mature into increasing degrees of risk. We believe our models will support the advanced initiatives already in place in Iowa and advance value-based purchasing to a minimum of 50 percent in 2018. For providers transitioning to value-based payment approaches who require *practice transformation* support, we partner with them by using our system transformation staff to assist them in becoming familiar and comfortable with understanding how to best use data and to leverage the tools necessary to transition to more progressive payment models.

We also deploy tools such as patient registries for targeted practices to assist them in managing their practice's population. Our *Population Registry* has been deployed in hundreds of practices across the country to provide meaningful data to support improvements in care. Additionally, providers in Iowa will have access to our CommunityCare platform. This cloud-based tool creates seamless access to members' plans of care and allows providers to communicate directly with a care/case manager.

Clinical support for our providers is only part of the solution; maintaining *positive business relationships* with providers and their practices is fundamental to provider satisfaction, network stability and practice transformation. We deploy local provider representatives who support our providers to ensure that providers are comfortable accessing our provider portal and are familiar with our policies. This local support will be particularly important to HCBS providers and other waiver service providers as they become familiar with managed care for the first time in Iowa. Our experience has shown that many non-traditional providers have limited experience in interfacing with managed care and therefore need unique resources to ensure that they do not encounter any unnecessary problems becoming part of the UnitedHealthcare network.

Our dedication to our *providers' satisfaction* ensures ongoing access to services for our members. We know from our experience serving *hawk-i* members and members throughout the

country that access to high-quality providers is essential to ensuring member satisfaction. We have robust systems to monitor access and recruit providers into our network on an ongoing basis. Our extensive existing network of over 11,000 medical and over 1,500 BH providers across our *hawk-i*, Medicare, commercial and TRICARE members affords us a unique ability to leverage our existing relationships to increase access to providers who may not be serving Medicaid today.

Our experience shows that some of the most challenging access issues are for complex individuals such as those in need of LTSS including individuals with I/DD. Finding adequate numbers of *HCBS providers* is essential to individuals living in the least restrictive and most integrated setting. We have extensive national experience in increasing access to HCBS to support the movement of people from institutional and congregate housing to integrated community settings. This experience will be particularly important as the State becomes less reliant upon institutional settings.

Member Engagement and Member Service

To achieve the State's goals for the High Quality Healthcare Initiative, member engagement is key. We will expand several proven programs to support member engagement and foster increased individual capacity for responsible health behaviors and self-care management, especially for individuals with co-occurring chronic conditions. Included in these engagement strategies are Baby Blocks™, Community Rewards™ and UnitedHealthcare Nerf Energy. These *engagement programs* are examples of programs that have been specifically designed to address unique needs of our Medicaid and CHIP members.

Baby Blocks encourages moms to seek appropriate prenatal care by providing rewards. Community Rewards uses smartphone technology to encourage healthy lifestyles and seek appropriate and timely preventive care through incremental rewards. UnitedHealthcare Nerf Energy has been designed to engage children to live healthy lifestyles focused on reducing childhood obesity through getting and staying active.

Ensuring our members have access to appropriate member services is vital to our engagement strategies. We have learned through experience and by soliciting input from our members that traditional member service approaches are inadequate for our Medicaid and CHIP members. In response, we created our *Advocate4Me* service model to enhance our members' experience by putting information and tools at the fingertips of our members and member services advocates (MSAs), allowing for the resolution of members' issues far beyond typical member questions. Advocate4Me encourages our MSAs to not only answer our members' questions, but to be a resource for them to identify and fill gaps in care, find community resources, and link to physical health and BH resources.

In addition to Advocate4Me, our Iowa members will have access to *myuhc.com* and *myhce*. *Myuhc.com* is a secure Web portal where our members obtain information about their coverage and are linked to resources such as *liveandworkwell.com*, an online BH resource. These resources empower our members to understand how to access services as well as how to improve their own quality of care.

Through *myuhc.com*, our Iowa members will have access to *myhce*. *Myhce* is a health care cost estimator tool that puts powerful information at the fingertips of our members. While Medicaid and CHIP members have far less out-of-pocket costs than individuals served in other insurance products, we believe that transparency into the costs of services has the potential to shape individual member engagement in an appropriate way.

Committed to Iowa's Communities

We are a local health plan. Having served *hawk-i* members for 15 years, we understand Iowa. We have over 400 Iowa employees who provided more than 2,700 hours of community service in 2014. We value relationships and compassion and our service in Iowa is reflective of the commitment to these values.

We know Governor Branstad is passionate about making Iowa the healthiest state in the nation. In support of this, we have committed \$87,500 to grants throughout the state. These grants were awarded to over 20 organizations such as Easter Seals, Camp Hertko Hollow, Foodbank of Siouxland, FoodBank of Iowa among others. The grants are focused on critical health and access issues such as food security, shelter and support services, emergency/disaster assistance, diabetes, employment and tenant education, including budget development and homelessness prevention. Through the deployment of these grants, we support improvements for the communities throughout Iowa while *helping individuals live healthier lives*.

In addition to our community grants, we have attended and supported community events/programs throughout Iowa, including: KidzExplore, KidsFest, Healthy Family Fair, 4-H Farm to Fork, African-American Children and Families Conference, and the Iowa Association of Community Providers among others.

Financial Stability

We also appreciate the importance of financial stability for the State and its individual communities. To this end, we will be expanding our Iowa offices and employing more Iowans to support member call and claims functions in the State. This, along with local community health workers, care/case managers, community outreach staff, provider relations staff and key leadership positions will result in UnitedHealthcare employing Iowans to care for Iowans. Our current Iowa footprint brings resources to Iowa today through the employees who already serve Iowans in *hawk-i* as well as 480,000 members in our Iowa Medicare, commercial, TRICARE products. This existing local presence affords our Medicaid and CHIP members and providers continuity if they move between programs as well as local resources to support them.

We are distinctly qualified and passionate about serving Iowa

UnitedHealthcare is uniquely qualified to support Iowa's High Quality Healthcare Initiative. Our current local presence coupled with our commitment to expand in Iowa along with the proven tools, capabilities, and resources ensure our ability to effectively meet the needs of our Iowa Medicaid and CHIP members and the State's goals.

In accordance with the requirements of section 3.2.1 of the RFP, UnitedHealthcare hereby makes the following assurances as part of our proposal:

- UnitedHealthcare will furnish the services required by enrollees as promptly as is appropriate and will ensure that the services provided meet the Iowa Department of Human Services quality standards
- Capitation rates submitted will cover all services required by enrollees and will meet the Medical Loss Ratio requirements as listed in Attachment 1: Scope of Work, Section 2.7
- We acknowledge that liquidated damages, as describe in Exhibit E to Attachment 1: Scope of Work, may be imposed for failure to perform as set forth in this RFP
- We acknowledge that the Contract will be performance based and both incentives and disincentives may apply to our performance as set forth in this RFP

Kathleen Mallatt, in signing this proposal, certifies that she is the person at UnitedHealthcare authorized to respond to the Department about the confidential nature of the information submitted. Ms. Mallatt may be reached by email at kmallatt@uhc.com, by phone at (402) 445-5591 or by mail at 2717 N 118th Street, STE 300, Omaha, NE 68164-9672. Thank you for the opportunity to submit our proposal for the Iowa High Quality Healthcare Initiative.

Sincerely,



Kathleen Mallatt
Chief Executive Officer
UnitedHealthcare Community Plan of Iowa