

60.7 Proposed Solution Content

Response should be based on the RFP requirements and should include the following:

A. Executive Summary

Provide an Executive Summary that summarizes the Vendor's proposed staffing and organizational structure, technical approach, and implementation plan. The Executive Summary must include a statement of understanding and fully document the Vendor's ability, understanding and capability to provide the full scope of work. Address the following, at a minimum:

“Helping people live healthier lives” is not just our mission; our enrollees are at the center of everything we do. We put our enrollees first, through our population health care management model and approach, and also in how we address social determinants of health (SDOH), integrate medical and behavioral health, and approach value-based payments. ***We align this mission with the Department for Medicaid Services’ (DMS) vision to work with all stakeholders in the Kentucky Medicaid system — enrollees, providers, community-based organizations and other health plans — to reach the Triple Aim of better health and better care while successfully lowering costs.***

Technical Approach

UnitedHealthcare Community Plan of Kentucky (UnitedHealthcare) is uniquely positioned to deliver positive change to Medicaid managed care in the Commonwealth. In 2019, Kentucky ranked 43rd in America's Health Rankings, citing obesity, drug-related deaths, cancer, diabetes and mental distress as contributing factors. We know how crucial it is to address these issues and improve health outcomes for Kentuckians. UnitedHealthcare is well prepared to be the catalyst that stabilizes the current Medicaid population and helps new generations of Kentuckians rise above some of the same pitfalls. We will enable this improved health through preventive programs such as Playworks, our partnership with the University of Kentucky which facilitates the training of community health workers to support the local community, and through our commitment to supporting provider engagement with Kentucky Health Information Exchange. We are committed to the future of health care in Kentucky and are excited to help transform Kentucky's health care system.

The breadth of our enterprise capabilities allows us to provide a fully integrated and seamless approach to delivering care to enrollees and supporting providers. Our affiliated vendor-partners — Optum behavioral health services and OptumRx — are part of the UnitedHealth Group family of companies and allow us to provide Kentuckians with a creative and innovative managed care model. We built our Kentucky health plan from the ground up to ensure that we aligned our resources and created a model that is uniquely designed to meet the needs of the Commonwealth. We created our plan only after meeting, engaging, asking and listening to influencers across the Commonwealth. This approach allowed us to understand successful plan design elements to build around, to support and to amplify while recognizing and solving important gaps. Throughout this proposal, you will see examples of a new and better alternative for Kentucky's Medicaid managed care. Provided in Attachment A. Letters of Support, DMS will find letters of support from a variety of the partnerships we have developed; here are a few excerpts:

- ***“We are grateful for UnitedHealthcare team’s commitment to build relationships with local community leaders and find innovative ways to address the social determinants [which] will ultimately improve the health of Kentucky’s children.”*** Terry Brooks, Executive Director, Kentucky Youth Advocates

- *“We are eager for DMS to leverage UnitedHealthcare’s many years of working with states’ Medicaid programs and members to bring a wealth of knowledge, ideas and innovative programs to Kentucky.”* David Bolt, CEO, Kentucky Primary Care Association
- *“UnitedHealthcare is not only a member of our partnership network, but they are also an important part of healthy community collaborations across Appalachia Kentucky.”* Jared Arnett, Executive Director, Shaping Our Appalachian Region
- *“We believe that UnitedHealthcare’s Community Plan espouses the central tenants of the KDN Mission: Make Kentucky the best state for those affected by diabetes.”* Terry Gehrke, Executive Director, Kentucky Diabetes Network
- *“United incorporates a holistic approach to healthcare that is innovative and progressive and focuses on getting individuals back on their feet...”* Marsha Berry, Vice President of Career Services, Goodwill Industries of Kentucky, Inc.

We are not new to Kentucky. UnitedHealthcare has been supporting members in the Commonwealth since 1986. This rich and long-standing presence provides us with a deep understanding of the needs of Kentuckians. We also have deep Medicaid roots. We have 45 years of experience and currently serve more than 5.9 million Medicaid enrollees in 31 states plus the District of Columbia. We will build upon our national experience to help DMS achieve the goals of increased quality and improved health outcomes, as outlined in Attachment C – Draft Medicaid Managed Care Contract and Appendices, Section 20.1 Utilization Management Program. In this proposal, we will present the many ways we align to the Commonwealth’s vision. We are never satisfied with the status quo. We are looking beyond 2020 and we are invested in innovation to make the health care system work better for everyone. You will see the following themes highlighted throughout our proposal:

- Robust **collaboration** with DMS, other state agencies, other contracted MCOs, providers and community stakeholders
- **Simplified** and high-quality services to enrollees and providers through our programs and services to improve health outcomes
- Health and wellness through our whole-person model of care to reduce chronic disease, implement a comprehensive effort to reduce the opioid crisis and improve the health of all Kentuckians — **empowering** enrollees to take control of their health
- **Innovation** in our health and wellness programs, provider network, community partnerships and initiatives to improve enrollee health outcomes



DMS has shown commitment to achieving high-quality care and promoting health to Kentuckians. We understand the Commonwealth’s transformative vision and we have worked side-by-side with DMS and the Cabinet to develop a proposed solution for the Commonwealth’s Medicaid Request for Proposal that will pave a way to a healthier Kentucky for our enrollees and the communities in which they live. We cannot achieve this alone and understand the importance of community partners to realize this transformation. We have (and will continue to) invest time, effort and financial resources to support and augment the work of our community partners. Some examples of these include:

- In support of Oral Cancer Awareness Month, held each April, the University of Kentucky, College of Dentistry provided over 300 oral health screenings during the annual *Hillbilly Days* event in Pikeville. An ongoing \$1 million, 3-year grant from the United Health Foundation made these screenings possible.
- Aligning with Kentucky's CDC 6/18 initiative related to diabetes, we have partnered with the Kentucky Diabetes Network (KDN) and with the University of Kentucky's Kentucky Regional Extension Center (UK KYREC) to engage populations at risk for diabetes. With KDN, we supported the design and distribution of an awareness program to support diabetes prevention through public service announcements in multiple counties; designed/printed and helped distribute 5,000 postcards on diabetes awareness; and funded 50 billboards in targeted areas to drive awareness of pre-diabetes and the Diabetes Prevention Program. With UK KYREC, we built and developed quality improvement capabilities through training and advisory services with a focused implementation strategy around best practices in diabetes and pre-diabetes management for PCPs. The desired outcome is to train PCPs to engage their patients with diabetes to improve their health management, resulting in healthier individuals and improved outcomes.
- Even though the Commonwealth does not have a set target, we support investments in small and diverse businesses (owned by women, veterans, minorities or people with disabilities) wherever we operate. In Kentucky, our enterprise already spends over \$6 million each year with small and diverse businesses and will continue to increase this spend as we build our MCO program to support Kentuckians. Additionally, instead of contracting with only national pharmacy chains, we have contracted with over 450 small, independent pharmacies across the Commonwealth. We recognize the importance of the relationship many Medicaid enrollees have with their local pharmacists, and the importance of supporting economic development.

Implementation Plan

We will apply our experience implementing programs in other states, along with our local Kentucky experience, to make sure our technical approach and implementation plan meet or surpass DMS's intentions. The readiness review is an essential component of our implementation planning process and our ability to assume responsibility for contracted services upon the contract start date of January 1, 2021. Our detailed processes, which we are already executing, will make certain DMS has a complete overview of our implementation and go-live activities. As part of this process, we have studied the RFP requirements, Scope of Work and Contract, and have developed a work plan that includes thorough readiness review preparation. We will seek DMS's feedback to refine the readiness review process as part of continuous quality improvement. As we expand our Kentucky presence into Medicaid, we will build upon the strength of our existing managed care infrastructure and operational capacity to provide a platform for the innovations we promote. During readiness review and beyond, we welcome the opportunity to collaborate with DMS, enrollees, stakeholders, other state agencies, MCOs and community groups to demonstrate our ability to serve as an agent of transformation for Kentucky's Medicaid health care system.

Our dedicated implementation team has already begun coordinating readiness review activities with our local health plan executives, functional leads, and our regional and national leadership teams. Our team has refined implementation and readiness review processes over time to include lessons learned, debriefs and multiple process evaluation activities to move toward steady state and ongoing operational sustainability of each functional area.

Statement of Understanding

UnitedHealthcare believes this proposal fully documents our ability, understanding and capability to provide the full scope of work in the Kentucky MMCO RFP and Attachment C – Draft Medicaid Managed Care Contract. The following sections provide supporting details.

1. The Vendor's statement of understanding of the healthcare environment in the Commonwealth, the Kentucky Medicaid program and vision for this procurement, and needs of Medicaid Enrollees.

The Commonwealth Health Care Environment

We have developed a thorough understanding of the needs of Medicaid enrollees, which serves as the basis of our approach to meeting the needs in Kentucky. This includes understanding multiple socioeconomic factors and the racial and cultural nuances of the population. While the majority of the Commonwealth population is White with some Black and some Latino, we also have experience and are ready to support Asian/Pacific Islander, American Indian/Alaskan Native and multiracial groups. From our experience in the Commonwealth, our work with partners and ongoing research, we recognize that health outcome measures (e.g., premature death, poor/fair health, poor physical health days, and low birth weight) and health behaviors, clinical care, social, socioeconomic factors and the physical environment vary across the Commonwealth's rural and urban populations. We understand that there are health, social and environmental factors affecting the health of Kentuckians, some of the most notable include: tobacco/alcohol/drug use, behavioral health issues, poverty and unemployment, obesity/physical inactivity, heart disease, diabetes, cancer, asthma, high-risk pregnancies and sexually transmitted infections. We recognize the importance of addressing the need to expand access to health care through not only comprehensive networks but also through leveraging innovations such as telemedicine supporting our rural PCPs and providing access to behavioral health providers, specialists and dentists. Beyond our understanding of the Kentucky populations based upon America's Health Rankings and our own market experience, we recognize the need to work with the Commonwealth, providers, community partners and other MCOs to bring full-spectrum solutions to begin improving these chronic conditions. Despite its strong foundation, desire for improved health and wellness outcomes, goals aimed at the reduction of poverty, and bending the curve on access to care, Kentucky's Medicaid program has the opportunity to improve the lives of its members through the right partnerships. Now is the time for innovation and change. We can influence the youth and generations that will shape Kentucky for the next decade now. In looking at the desire to move the needle and bring new solutions and partnerships to Kentucky, we are committed to being that partner with DMS.



COLLABORATE

We are committed to listening to stakeholders in every state we serve — leveraging their awareness and familiarity with the regions to better understand the health care environment and Medicaid enrollees' needs and concerns.

This active listening process is ongoing in Kentucky. We continually work to deepen our knowledge of the state and make sure we are providing the best care possible. We have conducted stakeholder listening sessions to connect with Commonwealth communities to learn about the populations, initiate diverse partnerships, and define and execute culturally competent programs that positively affect the lives of our MCO enrollees, their families and caregivers. Throughout our proposal, we thank many individuals from these stakeholder groups for their assistance in helping us understand how to adapt our program and model of care to serve MCO populations best. A few key stakeholders include:

- ***American Heart Association:*** populations at risk for cardiovascular disease

- **Goodwill Industries of Kentucky:** populations experiencing issues related to workforce re-entry and SDOH
- **Kentucky Youth Advocates:** Kids Count Conversations in Paducah, Covington, Glasgow, Manchester, Louisville, Hartford (Elliott, Lincoln), and an additional two scheduled for Elliott and Boyle counties
- **University of Kentucky:** Barnstable Brown Diabetes Center and the Cooperative Extension System for their support of our diabetes and obesity partnerships

Kentucky Medicaid Program and Vision

We understand the Kentucky Medicaid program delivers a comprehensive health care benefits package through two delivery systems: capitated managed care and fee-for-service. We are committed to the goals of this solicitation to continually enhance the current Medicaid managed care system with a focus on quality and improving health outcomes. We are eager to develop collaborative efforts and initiatives with DMS, contracted MCOs and state agency partners. Our goal is to work in partnership to implement targeted approaches that improve the health of enrollees in a cost-efficient and effective manner.

Needs of Enrollees



Medicaid enrollees need access to high quality, cost-effective health care services and access can be challenging in urban settings such as Lexington and Louisville, and even more so in rural areas of Appalachia or Western Kentucky. In such rural areas, often, there may only be a single provider in town, specialists are difficult to find and healthy food options may not be readily available. From our deep experience, we recognize enrollees engaged in their health care tend to have better outcomes. We will deploy comprehensive solutions aimed at addressing all aspects of health care disparity to encourage and keep our enrollees engaged. The health care services we provide support and promote condition self-management, an increased focus on wellness and preventive health, a solution for alleviating SDOH, care coordination for the management of chronic conditions and complex care management. Enrollees also need streamlined and integrated delivery of covered services for physical, behavioral, pharmacy, substance use disorder/opioid use disorder and dental services. During periods of transition such as enrollment or disenrollment, enrollees need continuity of care for covered services and support for eligibility. We also recognize that enrollees often need help understanding and navigating the health care system and their benefits. To this end, Application Assisters play a vital role in the Medicaid enrollment process. We will partner with the Kentucky Health Benefit Exchange (KHBE) to provide Application Assisters with pre- and post-enrollment necessary supports. As trusted members of the community, Application Assisters uniquely understand the needs of the consumers they serve, especially in providing tailored health literacy resources. This includes sensitivity around supporting individuals, including special program services and providing health and wellness education in a way that supports the individual where they are in their health care continuum.

Additionally, enrollees need support in identifying, accessing and coordinating community-based organizations and resources that can help address their SDOH and health conditions. Our unique partnership with Community Action Kentucky (CAK) will allow care coordinators to connect enrollees, via direct referral linkage, to Community Action Agency case managers to help identify unmet health and social needs. This partnership will help improve the health of enrollees cost-effectively to refer and deliver highly targeted services based upon the enrollee's needs. We have used our experience from 31 states, applied our 33 years of learning in Kentucky and take the advice of our many providers and community partners to tailor our programs to support Kentuckians in all of these areas.

2. An overview of the Vendor's proposed organization to provide coordinated services under the Contract.

Every UnitedHealthcare Medicaid health plan is *situated in the state where we hold the contract* and staffed by a local team dedicated to the needs of the community we serve. We are doing the same in Kentucky. Throughout our tenure, we have skillfully built and honed our administrative policies, procedures and financial infrastructure to effectively and efficiently serve our nearly 6 million members. This experience includes leading complex implementations and executing readiness reviews resulting in established processes that consist of a dedicated implementation team, functional leads, health plan representatives and members of our regional and senior leadership teams. Our broad scope of recent implementation experience includes completing five implementation and change projects, successfully transitioning nearly 800,000 Medicaid program members in the first 10 months of 2019 in states such as Missouri and Virginia. As we build a tailored, comprehensive infrastructure to support the MCO program, our Kentucky-based leadership team will work together with national experts to deliver the broadest, most experienced leadership support. To this end, we have established primary and satellite offices in Lexington and Louisville.

We are led by Louisville, Kentucky based chief executive officer, Amy Johnston Little and our medical director/chief medical officer, Dr. Jeb Teichman; we present a highly qualified and dedicated staff of professionals who understand the Commonwealth, the health care system and the challenges faced by our enrollees. As we continue to build out our staff, we are focused on hiring team members across the Commonwealth to make sure we maintain connections with the communities we serve. We will apply our local market knowledge and the experience of our national leaders, and we will enlist our other UnitedHealth Group affiliates and national teams to help implement best practices in our Commonwealth operations.

Our ***built for Kentucky, in Kentucky*** programs, focus on achieving high-quality outcomes that address health care affordability, and are designed around enrollee-centric innovative delivery. To achieve this, we work alongside internal affiliate subcontractors and nonaffiliated subcontractors with whom we have well-established relationships. The longevity of our subcontractor relationships has allowed us to build strong oversight programs, understand contractual requirements and apply compliance protocols effectively for both medical and nonmedical areas (e.g., behavioral health, claims, fraud, pharmacy, vision).

The functional infrastructure and leadership-staffing model of our local health plan deliver effective oversight and contract compliance, applies continuous quality improvement, and drives affordability and operational efficiency within a collaborative framework that promotes our approach to service quality and responsiveness for the MCO program. The staffing model comprises groups reporting to the medical director/chief medical officer to include utilization management, population health management, behavioral health, dental and pharmacy; and the quality improvement, compliance, operations, finance and information systems teams, all reporting to the chief executive officer and supported by our national teams.

Our staff needs to be where our enrollees are, to live and work in the same communities, to learn the nuances of different geographic cultures and challenges. We will draw upon our breadth of local resources and supporting resources from UnitedHealth Group to serve Kentuckians. We will have minimal ancillary support functions and information systems performed outside of the Commonwealth, with dedicated resources identified for the MCO program. For instance, our call center is in Louisville, close to DMS and other state agencies. To operate our MCO program effectively, we have two primary Kentucky office locations in Louisville and Lexington, and a satellite office in each city. Our principal office is located at 9100 Shelbyville Road, Louisville, KY 40222.

We estimate a staff of approximately 410 FTEs across all operational areas to support our MCO program. UnitedHealth Group's vast national resources and support enhance our local management and staff capabilities in the Commonwealth. We currently have more than 775 employees in the Commonwealth and support from UnitedHealth Group's family of companies — more than 200,600 employees operating in all 50 states. UnitedHealth Group has extensive experience, resources and technology to support a blended model of medical, behavioral and social needs functions care coordination delivered locally and nationally.

Local staff is culturally sensitive, familiar with the health care delivery system, and most importantly, available and accessible in the local community and to DMS to understand and respond to issues and challenges for the MCO program population. Our senior leadership teams bring experience from other state Medicaid programs to the implementation and support of the Commonwealth MCO program.

3. A summary of the Vendor's strategy and approach for administering services for Enrollees.

As mentioned previously, we have framed our strategy and approach around our mission of helping people live healthier lives and making the system work better for everyone. We believe this approach, coupled with our themes of collaboration, simplification, empowerment and innovation throughout our proposal, aligns with Governor Andy Beshear's Health Care Plan, such as expanding health care access and prioritizing mental health conditions.

Our approach for administering enrollee services is based upon comprehensively supporting our enrollees through innovative clinical care programs and support of our provider community. Our care approach incorporates innovative and proven capabilities of a diverse care team designed to address enrollees through a whole-person care model. We focus on the physical, mental, behavioral, social determinant and substance use needs of the people we serve and provide the infrastructure for a user-friendly **enrollee experience** designed to improve health outcomes. Our goal is to maintain established care delivery relationships and provide education tailored to local, regional needs. We support our providers with tools and resources to enable them to improve health outcomes. Our enrollee experience includes a comprehensive assessment process that addresses the enrollee's physical, behavioral and SDOH needs. We empower our enrollees through well-rounded education, supports and engagement materials. The local needs of our enrollees will be supported by our award-winning member service approach — known as **Advocate4Me**. *Advocate4Me* is founded on empowered, in-state advocates who are



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Kentuckians serving Kentuckians. They are responsible for addressing the needs of our enrollees and creating an easy, engaging and inviting experience to support our enrollees through their health care journey. Our member services approach addresses enrollee needs in a culturally appropriate, Commonwealth-specific manner to make certain enrollees are empowered and engaged in their health care experience. The call center will be located in

Louisville, meeting the in-state requirement. This location will enable us to meet with DMS and local Commonwealth agencies, and we will staff the call center with local resources who understand Kentucky and our enrollees. In partnership with Teleworks USA, based in Hazard, we will source and hire our member service advocates across the Commonwealth to support our enrollees and build upon local knowledge and talent. Teleworks USA has been a strong driver of economic development in Eastern Kentucky, creating over 2,100 jobs since 2015 and we aim to further these efforts.

We support enrollee engagement and meet programmatic goals for improving quality and health outcomes in a cost-efficient and effective manner, engaging and empowering enrollees to improve their health, reducing or eliminating health disparities and advancing integrated care.



One such partnership includes **Kentucky Health Resource Association (KHRA)**: We have been working with KHRA and its members to develop mechanisms that promote behavioral/physical health integration. Community mental health centers primarily provide behavioral health services, but their license also permits them to provide physical health services. In addition to supporting the programmatic goal of **advancing integrated care, this initiative can help provide broader access to care for Kentuckians.**

4. A summary of the Vendor's strategy and approach for establishing a comprehensive provider network.

Our network providers are our partners in improving health outcomes for our enrollees. Our approach to provider services is designed to meet the needs and preferences of our Kentucky providers. In our interactions (e.g., face-to-face visits, town halls, Provider Advisory Committee and surveys), we have the opportunity to not only build positive working partnerships but also to understand the challenges they face in working with an MCO. We use these interactions to identify how we can better support them. For example, based upon recent Kentucky provider survey results and DMS-provided information, we know medical record requests (too many), claims (paid accurately and timely), lack of communication (data sharing), lack of physical-behavioral health integration, prior authorization and credentialing (disparate processes, data accuracy and loading time) are top areas of current concern and provider dissatisfaction. We are committed to partner with DMS and other MCOs to address the common pain points and support provider needs.

Kentucky-based provider network director Margaret Enlow will oversee the implementation of the comprehensive network strategy and development of a high quality network. A native of Harlan, Ms. Enlow has worked in Kentucky, supporting providers for over 3 decades and continues to live here. Under Margaret's leadership, our locally based provider advocates will coordinate development initiatives and monitor network activities for compliance with all DMS requirements outlined in Attachment C – Draft Medicaid Managed Care Contract and Appendices, Section 28.0 Provider Network.

Building upon our presence in Kentucky since 1986, we began network development for the Kentucky MCO program in early 2018 by deploying a three-pronged strategy. First, we built upon our contracted Commercial medical, behavioral, dental, ancillary and allied networks to identify and target key care providers and health systems vital to serving Kentucky Medicaid enrollee's health needs, and extended a contract amendment for network participation. Next, we targeted essential Medicaid providers, such as local departments of health, rural health clinics (RHC), federally qualified health centers (FQHC) and community mental health centers (CMHCs) and offered them a contract for network participation. Finally, we reviewed Attachment C – Draft Medicaid Managed Care Contract and the Kentucky Medicaid website to identify any unique provider types serving the MCO population (e.g., critical access hospitals, Office of Children with Special Health Care Needs and prescribed pediatric extended care providers) and offered them a network contract. Using this strategy, our local network team has already contracted, amended, or is in the process of amending existing contracts, or obtained Letters of Intent with 1,961 providers statewide, including physicians, hospitals, behavioral health providers, essential community providers, dental, vision and other ancillary providers. We use Quest Cloud reporting data throughout the network development process to continually review provider adequacy and identify network access gaps where additional network development is required. To support our network contracting strategy and providers, we hosted various Kentucky provider education sessions (in-person and via teleconference) and conducted outreach via telephone and face-to-face visits throughout the Commonwealth, and we will continue these engagements. Demonstrating our commitment to provide outstanding care to those who need it most while **improving quality and health outcomes through enrollee-**

centric, community-focused and cost-effective programs, we will collaborate with the Kentucky Primary Care Association. This partnership includes value-based payment (VBP) models specific to FQHCs and rural health clinics using a centralized VBP management system and case management projects. These case management projects include targeted case management and chronic case management.

Support from KPCA

“Solving the health challenges in Kentucky is paramount and we believe UnitedHealthcare’s commitment to provide outstanding care to those who need it most will help the Commonwealth **achieve its goal of increasing health outcomes and improving quality.**”

- David Bolt, CEO, KPCA

5. A summary of innovations and initiatives the Vendor proposes to implement to achieve improved health outcomes for Enrollees in a cost effective manner. Include a discussion of challenges the Vendor anticipates and how the Vendor will work to address such challenges.



Delivering Improved Health Outcomes through Innovations and Initiatives

While we have many more innovations and initiatives we could list, all of which we will examine for use in Kentucky, we chose the following examples to show the variety and depth of our experience that we bring to the Commonwealth.

They are specifically focused on some of Kentucky’s tougher challenges: tobacco use, medication adherence for those with mental illness, and improving women’s and infants’ health.

Reducing Tobacco Use: In addition to promoting evidence-based practices such as counseling and pharmacotherapy in all of the states we serve, the following examples highlight additional efforts we have taken to reduce tobacco use in other states, and the outcome improvements:

- In Tennessee, leaders from our health plan are Steering Committee members on the Tobacco Free Tennessee Coalition, collaborating with other health plans, universities, hospitals, political activists, policy writers and mental health organizations. Since this program has been in place, we have seen an **increase of over 59% in claims for nicotine replacement and tobacco cessation medications** between 2015 and 2017.
- In Nevada, our UnitedHealthcare Community Plan runs a tobacco cessation program, led by two licensed alcohol and drug counselors. More than 2,100 UnitedHealthcare enrollees attend the group classes annually, and more than 1,200 attended a one-on-one consult. In a survey of enrollees who completed at least 10 sessions, **70% stated that they had quit smoking at the end of the 10 weeks, and 67% of enrollees who completed the program remained tobacco-free 12 months later.**
- In partnership with the Center for Tobacco Research and Intervention at the University of Wisconsin – School of Medicine and Public Health, our UnitedHealthcare Community Plan of Wisconsin recently engaged with local providers to provide training, technical assistance and evidence-based research on treating tobacco dependence. Although this partnership is new, early feedback is promising. In the initial months since the training launched, provider participation and response has exceeded expectations, with providers reporting **the training offered valuable information to help them better care for their patients.**

Promoting Medication Adherence for those Living with Mental Illness: Our Genoa pharmacy teams are collaborating with community mental health centers (CMHC) and behavioral health services organizations (BHSOs) to create in-house Genoa Healthcare

pharmacies. We know that integrating pharmacies have a positive effect on adherence and outcomes through increased levels of communication, coordination between pharmacy and provider, and enrollee convenience. Genoa has delivered a **reduced total cost of care, highlighted by 40% fewer hospitalizations and an 18% reduction in ED visits**. Through these innovations, we have improved quality metrics, achieving a 4+ Star Rating for several Medicare Part C and Part D measures (5 Star Rating in medication therapy management). We engaged enrollees and providers with a 98% satisfaction rate and a 75% action-plan acceptance rate. In addition, we are actively working with Genoa to identify other high-volume practices and providers in Kentucky, where we can increase access to services for targeted populations, including children with depression and individuals with SUD. With Genoa, we currently have 300 Suboxone certified providers and 35 board-certified addictions providers (plus board-eligible addictions providers) in their national telepsychiatry network. Our Genoa pharmacies are located within CMHCs to improve access to and promote medication adherence for enrollees with behavioral health needs.

Improving Womens' and Infants' Health: Like Kentucky, Tennessee has been hit hard by the opioid epidemic, contributing to increasing rates of Neonatal Abstinence Syndrome (NAS) and foster care placement. Working in close partnership with the state and other health plans, our UnitedHealthcare Community Plan of Tennessee has engaged in numerous initiatives focused on women of childbearing age.

- **Data Segmentation:** We use pharmacy and medical claims data and our comprehensive data analytic platforms to prioritize women by the level of risk for appropriate intervention. On average across risk groups, we have been able to engage with approximately 60% of women and connect them to appropriate interventions.
- **Intensive Care Coordination:** Our innovative 180 Health Partners program focuses on finding and engaging opioid-dependent mothers in trusting relationships, immediately filling gaps in care, stabilizing health-related resource needs, and supporting mom and baby postpartum. Since June 2017, **346** UnitedHealthcare Community Plan of Tennessee enrollees have been actively engaged in the program. Of the **181** who have delivered so far, **63% were negative for NAS (defined by infant need for pharmacological intervention); 93% of moms are stabilized in medication-assisted treatment (MAT); 100% are receiving behavioral health services; and 96% of babies were able to go home with their families.** We also found **70%** of moms opted for birth control; **38%** reported a reduction in smoking; and **76%** reported a reduction in alcohol use.
- **High-quality MAT Network:** To verify access to evidence-based treatment, we have started to build an “MAT network of distinction,” that assesses Quest Cloud standards and actual capacity, leveraging both behavioral and medical providers. From 2017 to 2018, our Tennessee MAT network increased by 62% because of these efforts. Using a similar approach in North Carolina, we have already **increased our MAT network by 56%** since the first half of this year.

Addressing Challenges

Every state has unique challenges. Kentucky is no exception. We build solutions for these unique challenges but can use a diverse toolkit from our experience in other states to help us address them. Some of the most notable challenges we see in Kentucky are:

- **Access to health care, especially in rural areas:** We believe this will be our biggest challenge in Kentucky, and it applies to both health and wellness care. We are leveraging our relationships across the Commonwealth and building new partnerships

with federally qualified health centers (FQHC) and rural health clinics (RHC) to make sure they have the resources they need to support their communities. This includes practice transformation support to improve diabetes programs or delivering MAT support in battling opioid use disorder and helping them connect with digital systems to speed access to electronic systems and to make sure they have access to telemedicine solutions. For telemedicine, we have been working closely with Rob Sprang from University of Kentucky to verify we are on track with the Commonwealth's changing telemedicine guidelines to maximize access everywhere allowed. Telemedicine will help greatly improve access in rural areas, especially for specialty follow-up care in physical and behavioral health. We also developed a unique partnership with Community Action Kentucky – the statewide association representing the 23 community action agencies (CAAs) — to build upon their trusted capacity to refer and provide community-based services with our case management approach and technology. Kentucky's CAAs are a lifeline to hundreds of thousands of Kentuckians annually and offer a diverse set of services that fundamentally seek to enable personal responsibility and economic empowerment across multiple domains, including workforce development, transportation, housing, asset building, home energy support, health and well-being, food security and foster care.

- **Need for lower technology solutions:** Many MCOs (including UnitedHealthcare) like to describe and even highlight our high-tech solutions, such as electronic health records, to improve sharing of medical information, cellphone texting and apps to better connect with our enrollees, and digital banking to improve payment

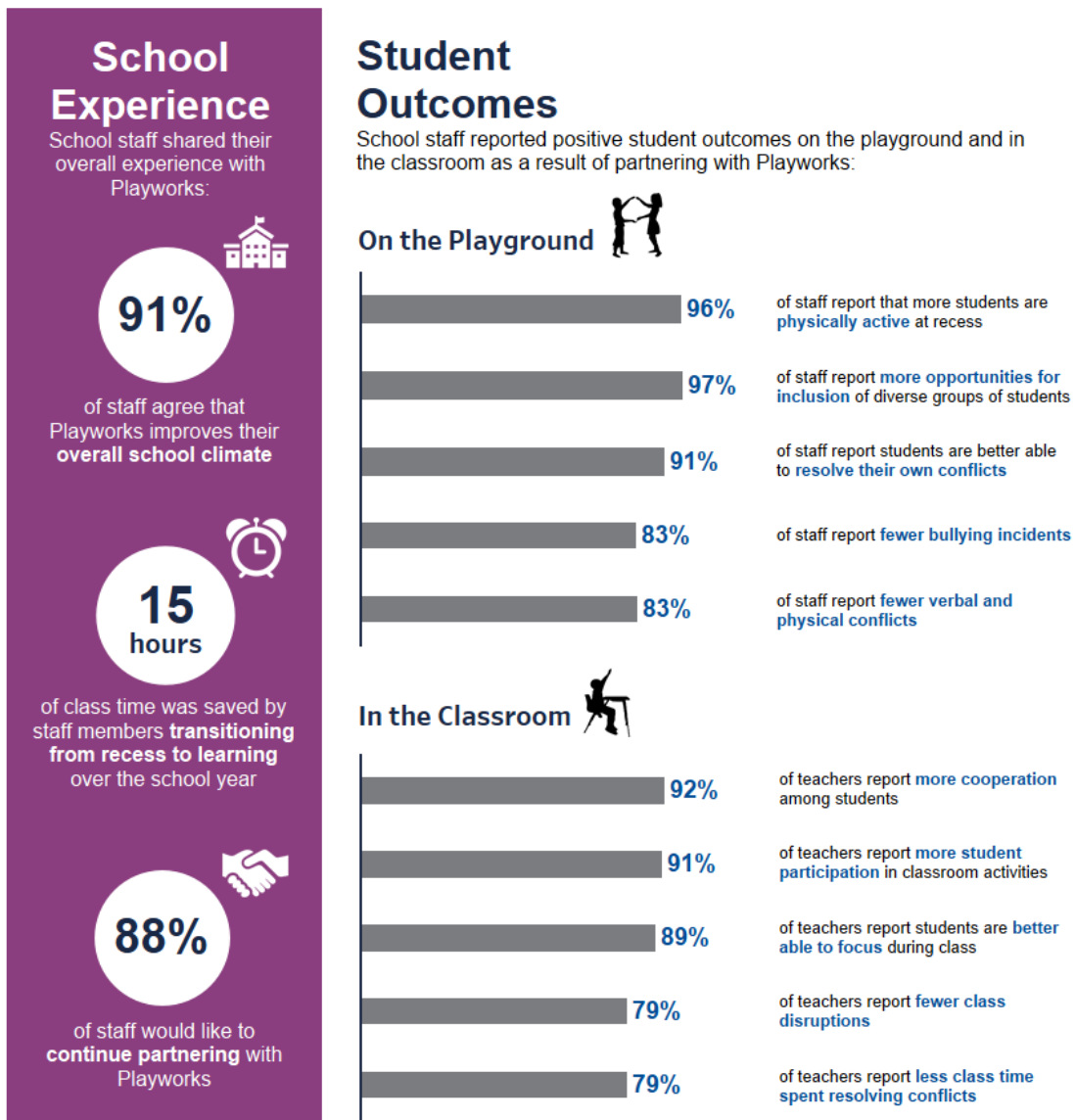


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methodologies for our providers. However, in parts of Kentucky where digital broadband is not yet available, or with rural providers who still prefer paper records, we have and will continue to offer low-tech solutions. Providing printed copies of the *Member Handbook*, sending/receiving facsimiles, or simply calling and even driving to visit our enrollees are all things we have not forgotten how to do. We will continue meeting our providers and enrollees where they are — both in terms of technology and in their physical location.

- **Community Action Kentucky:** To connect and support enrollees across their clinical and social needs and enhance their opportunity for maximum well-being, we have developed a unique partnership with Community Action Kentucky. This partnership combines its capacity to refer or provide community-based services with our case management approach and technology. We will work with local Community Action Agencies to create a direct referral linkage between our care coordinators and their case managers to identify, refer and confirm delivery of highly targeted services based upon the individual's needs to increase their likelihood and capacity to thrive. This innovative solution supports the programmatic goal of **developing collaborative efforts and initiatives to improve the health of enrollees cost-effectively**.
- **Lifestyle habits that contribute to poor health:** Kentucky continues to struggle with chronic health conditions such as obesity, COPD, smoking and diabetes — many of which could be improved with healthier habits. Similar to what we have seen in other states that rank low in America's Health Rankings, these habits are often cultural and will take years to change. That is why we are working with schools on programs such as **Playworks** for elementary school children in Perry County, to educate and inform them of healthier habits and teach them the importance of being active. A new review conducted by RAND Corporation and commissioned by The Wallace Foundation found that Playworks stands out among social and emotional learning programs for evidence of impact. The RAND Corporation review found that the Playworks Coach service is one

of only seven elementary school social and emotional learning interventions to meet the highest criteria for evidence of impact under the Every Student Succeeds Act. Children in **Playworks** schools spent 43% more time in vigorous activity at recess. In October 2019, Playworks hosted onsite training for school staff at Robinson Elementary and R.W. Combs Elementary and will host follow-up consultations for both schools. Playworks also will host training for Eversole Elementary in February 2020. Participant survey results from the October 2019 hazard training found that 100% of participants learned tangible ways to promote inclusion and reduce exclusionary behavior. Through collaboration with Playworks, the Kentucky Department of Education is interested in possibly expanding the program into more schools. We look forward to continued efforts in collaborating to help Kentucky kids live healthier lives. These changes will not happen overnight, and it is important we start now, working in and with the communities, we serve.



Results are from a 2018 survey of principals, teachers and support staff at schools partnering with Playworks

Total Responses = 621

These challenges are just a few examples of areas where we have already developed partnerships and innovations that we will bring to the Commonwealth. In closing, we ask DMS to consider this question — which MCO does the Commonwealth need to help transform Kentucky’s health care system and truly improve Kentuckians’ health for the next decade? We share your passion. Our mission to help people live healthier lives and make the health system work better for everyone is uniquely aligned to improve the health of Kentucky. We look forward to collaborating with DMS to reach the MCO program goals and describe the unique value we bring throughout this proposal.

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