



**Commissioners Meeting** — May 13, 2019

## Collin County Account Team

<b>Scott Flannery,</b> Healthplan CEO	<b>Curt Hursh,</b> VP Account Management	<b>JJ White,</b> VP Network Management	<b>Heiko Steiner,</b> VP OptumRx
<b>Katy Kandal,</b> Strategic Account Executive	<b>Brandon Wilkinson,</b> OptumRx Regional Account Executive	<b>Mike Lynn,</b> Field Account Manager	<b>Corrie Cabral,</b> Director Onsite Health Strategies

## Collin County Trend Analysis

**16.9%**

Medical PMPM  
Trend

**-14%**

Pharmacy  
PMPM Trend

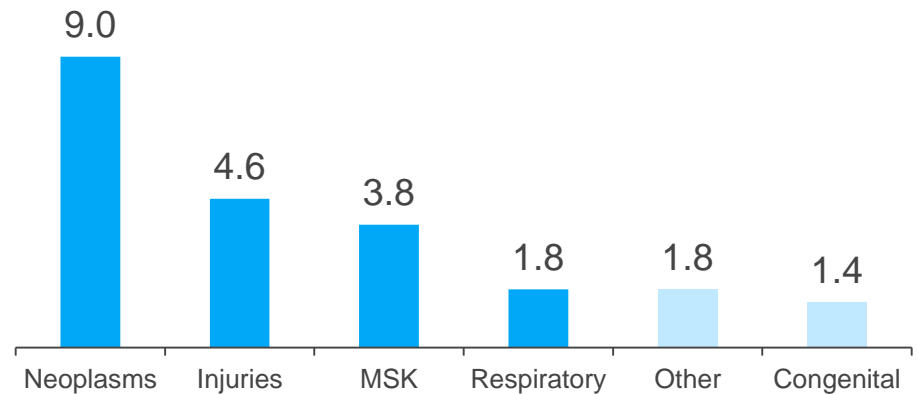
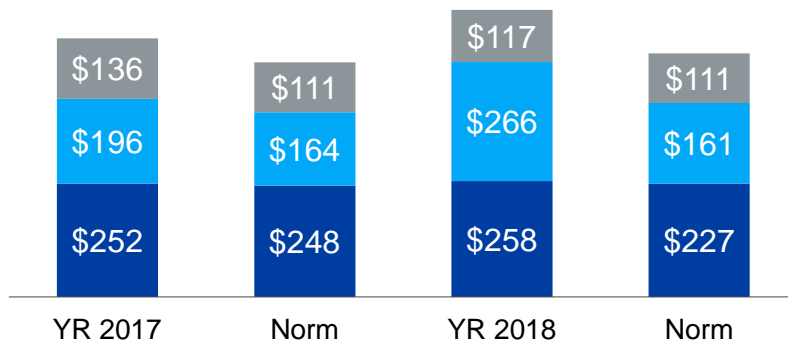
**9.7%**

Total PMPM  
Trend

### Paid PMPM

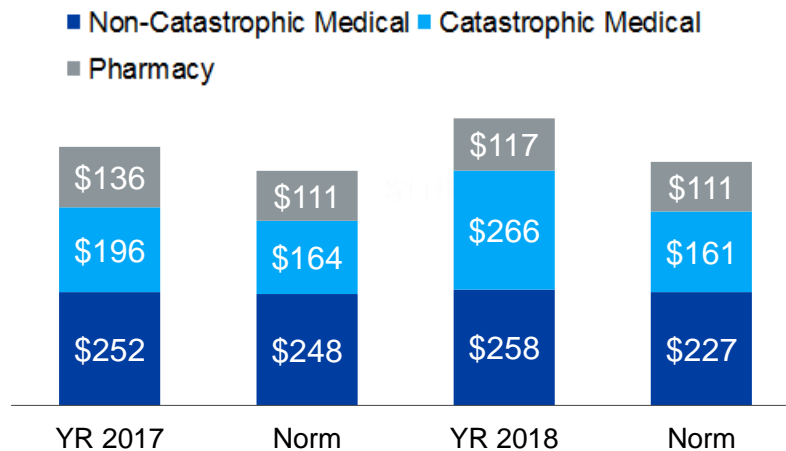
### Clinical Trend Point Drivers

■ Non-Catastrophic Medical ■ Catastrophic Medical  
■ Pharmacy



## Collin County Trend Drivers

### Paid PMPM



### Trend Highlights:

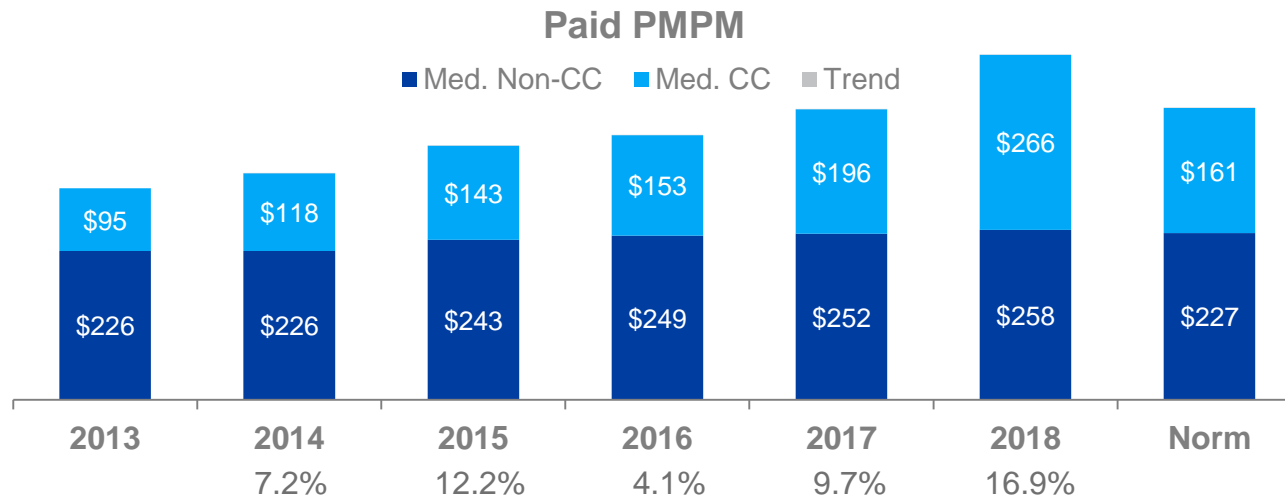
- Catastrophic cases increased 31% and the average cost of the catastrophic cases up 3.5% and 17% greater than the norm
- There were 0.4% more ER visits and urgent care visits increased 2%
- Hospital admissions increased 7.8%
- Cancer and Medical/Surgical complications contributed to trend

### 2018 Plan Year

16.9% Medical claim trend;  
1.9% Non-Catastrophic claim trend;  
35.8% Catastrophic claim trend

## Collin County Multi-Year Trend Analysis

**5-Year Annualized Trend 8.7%; Non-Catastrophic Trend 2.6%**



### Initiatives Adoption Timeline



- Continued - Incentive for wellness visits and cancer screenings ; Promotion of Rally; Onsite Nurse Liaison engagement; New NOBLX

- Milestones - Added Virtual Visits; Implemented Value Pharmacy Network

- Milestones - Increased OOP maximums; Changed Rx to a coins. with max copay; Added PHS w/ DM eff. 6/1/18; Added Cancer Support Program & Brivora for Specialty Meds eff. 1/1/19

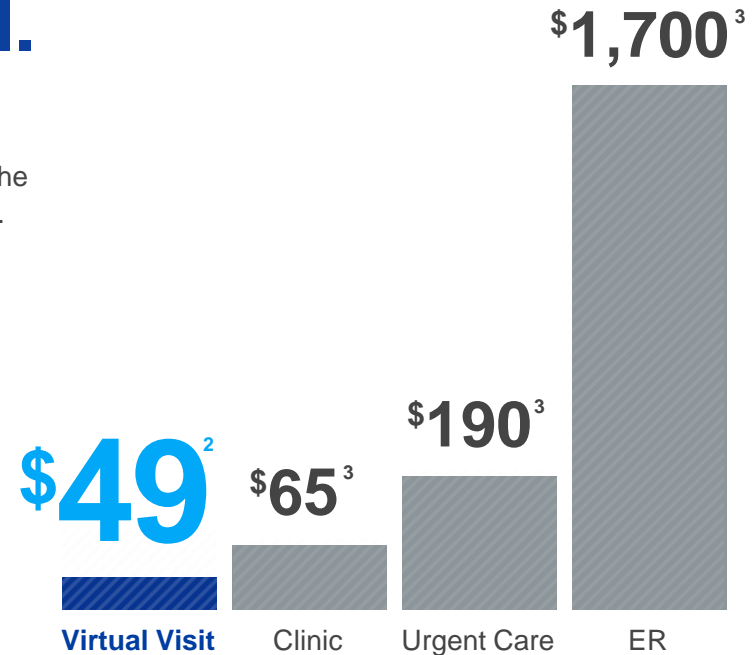
## Virtual Visits Eff. 1/1/16

# The visits are virtual. The results are real.

Help employees stay healthy and productive by offering the quick and convenient way to access health care services.

### Employees can connect with a doctor anytime, anywhere.

- **Use their computer or mobile device** for non-emergency care, even prescriptions.<sup>1</sup>
- **Spend less time waiting for care** and less time away from work.
- **Automatically apply costs** to their deductibles, copays or coinsurance.



### Virtual Visits are designed to lower costs and improve productivity.<sup>4</sup>



**10–15 Minutes**  
Average time for a virtual visit

**\$0** Administrative cost to offer  
virtual visits to your employees

<sup>1</sup>Prescription services may not be available in all states. <sup>2</sup>Claim rates are negotiated with each virtual visit provider group and will vary. <sup>3</sup>Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. The information and estimates provided are for general information and illustrative purpose only. <sup>4</sup>Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

# Personal Health Support 2.0 (PHS with DM) Eff. 6/1/18

Today	Health Ownership	Better Experience	Better Health	Better Cost Control	Working Together	Resources
<div> <div> <p>Better Health</p> <ul style="list-style-type: none"> <li>▼ Clinical/Rx Integration <ul style="list-style-type: none"> <li>PHS 2.0</li> <li>eSync</li> <li>Advocate4Me Nurse</li> <li>One Hospital One Nurse</li> <li>Behavioral Health Solutions</li> <li>NurseLine</li> <li>Disease Management</li> <li>Healthy Pregnancy</li> <li>Clinical Programs - KA</li> </ul> </li> <li>► Quality and Cost Transparency</li> <li>► Wellness Rewards</li> </ul> </div> <div> <h2>Help improve the health of your employees and drive down benefits costs.</h2> <p><b>Personal Health Support 2.0 offers proactive care management solutions through:</b></p> <ul style="list-style-type: none"> <li>• Early identification, often providing opportunities to slow chronic diseases and their costs.</li> <li>• Support teams that are familiar with the employer's culture and benefits strategy, maximizing their investment.</li> <li>• Clinical programs that integrate with quality and efficient network initiatives to help manage medical costs.</li> </ul> <div> <div>  <p><b>HealthNotes</b></p> <p>Mailed and online alerts notify employees and their physicians of evidence-based medicine gaps and preventive care reminders.</p> </div> <div>  <p><b>HealthNote Reminders</b></p> <p>Employees receive mailings that help educate them about avoiding certain health events.</p> </div> <div>  <p><b>myuhc.com®</b></p> <p>Health programs, tools and information that help motivate healthier actions can be found under the "Health and Wellness" tab.</p> </div> </div> </div> </div>						

**100%** of the members in an employee population where gaps in care have been identified receive outreach.

**50+** conditions addressed.



### HealthNotes

Mailed and online alerts notify employees and their physicians of evidence-based medicine gaps and preventive care reminders.



### HealthNote Reminders

Employees receive mailings that help educate them about avoiding certain health events.



### myuhc.com®

Health programs, tools and information that help motivate healthier actions can be found under the "Health and Wellness" tab.



## Cancer Support Program Eff. 1/1/19

# Why the Cancer Support Program works.



### Employees

Get access to **highly rated** physicians and providers.

Get access to a personal care nurse who creates a relationship with them to help **understand their needs** and that of their family.

Get information to help **make informed health care decisions** and help adhere to treatment plan.

Are monitored for adherence to help **increase effectiveness and reduce costs**.



### Employers

**Help control** increase in medical expenses.

**Identify cancer patients early** to help impact treatment decisions.

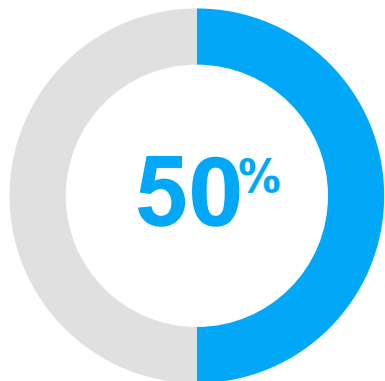
**Help reduce absenteeism** so employees can continue to work and remain productive.



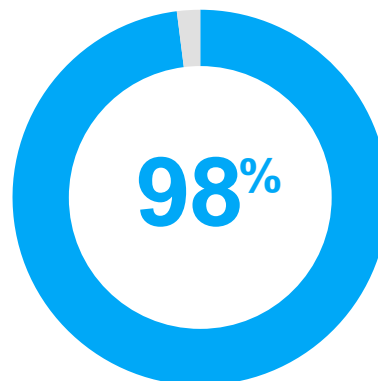
## Cancer Resource Services Embedded

# Cancer care focused on better outcomes and lower costs.

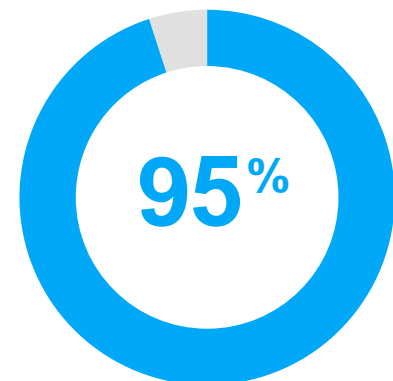
The Cancer Resource Services Program focuses on rare and complex cancers where practice variability and costs are high. The program is designed to deliver better outcomes at a reduced cost through a national network of Cancer Centers of Excellence (COE).



COE savings off billed rate.<sup>1</sup>



Satisfied with COE.<sup>2</sup>



Likely to use the program again if needed.<sup>2</sup>

### Cancer Centers of Excellence are designed to provide these benefits:

- Accurate diagnoses and appropriate therapy.
- Fewer complications.
- Planned and coordinated care.
- Higher survival rates, shorter stays and decreased costs.
- Expanded treatment options.

<sup>1</sup>Book-of-business survey results, average from Q1 2015 to Q3 2016.

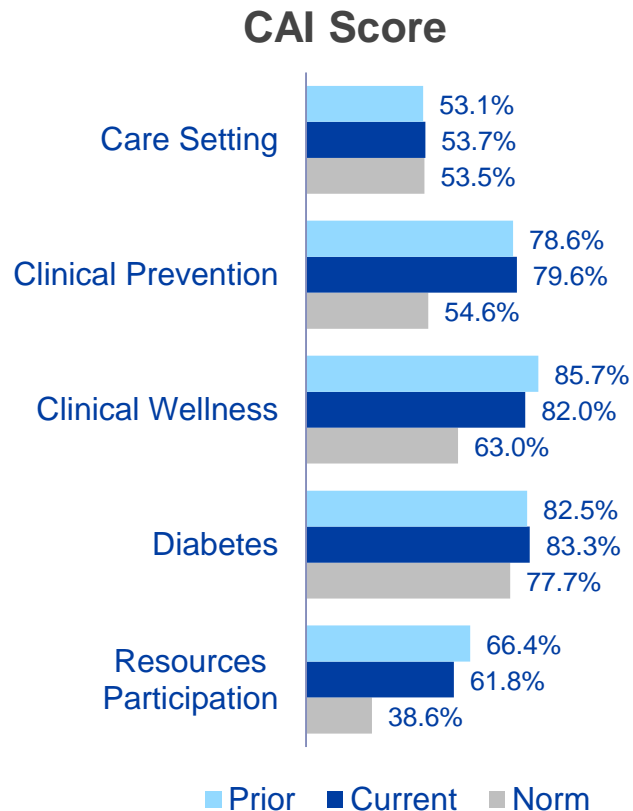
<sup>2</sup>Full year 2016 Cancer Resource Services Consumer Satisfaction Survey – from Consumer Experience team and Market Research.

Results shown are not a guarantee of future performance.

## Consumer Activation Index

Consumer Activation Index identifies key decision-making opportunities.

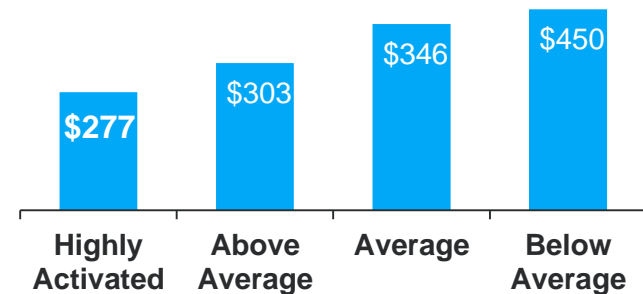
Value of improving CAI score 1 pt equals 0.25% medical savings



**13k**  
Consumer  
Decisions

**71.9%**



**0.3 pts**  
below prior



*Below Average: 4+ decisions and activation between 20% and 50% | Average: 4+ decisions and activation between 50% and 65% | Above Average: 4+ decisions and activation between 65% and 80% | Highly Activated: 4+ decisions and activation >80%*

## Network Strategy

### A range of choices that provides value.

<b>National Networks</b>  	<b>Broad Access</b>	Over 930,000 care professionals.	Largest single proprietary health plan network.
	<b>Tiered Plans</b>	2% to 8% savings.	Incentives to use Tier 1 physicians who will deliver the best benefit value.
	<b>Centers of Excellence</b>	10% to 20% in episode savings.	Incentives to use COEs for specialized and chronic care.
<b>Local Networks</b>  	<b>Primary Care-Centered and High Performance Focused</b>	3% to 8% savings.	Combines primary care-centered and high-value networks.
	<b>High Performance Focused</b>	2% to 5% savings.	Choices within defined high-value networks driven by local markets.
<b>National and Local Networks</b>	<b>NexusACO Tiered and Primary Care-Centered</b>	Up to 15% projected savings.	Employees choose a primary care physician and are incentivized to use ACO providers.

Plan designs that provide incentives or reduced deductibles/cost sharing for seeking care from identified health and service providers are referred to as High Value Networks. Customer level potential savings of High Value Networks will be a function of plan design, geographic mix, service mix, the proportion of total spend currently associated with non-Tier 1 providers and the extent to which that current spend is redirected to Tier 1 providers. Savings estimates relate to UnitedHealthcare's book-of-business results. All figures and estimated savings represent historical performance and are not a guarantee of future savings. Meaningful benefit design differentials needed to achieve the upper bound of savings. Quality and cost efficiency based on national standards and local benchmarks. (As of May 2017.)

COE episode of care payment with clinical support for both pre- and post-event (transplant, kidney, maternity, orthopedics, cancer). Average discounts for Optum clients when they access Optum COE programs. Data assessed May 2017.

# Pharmacy Strategy



## OptumRx

65M pharmacy consumers served

\$85B total spend in pharmacy

1.3B scripts processed

\*OptumRx book-of-business, 2018

## Creating Value by Going Beyond Pharmacy into a Whole-person Health Care Approach

UnitedHealthcare Pharmacy is evolving the pharmacy model to one that adds more value to the overall health system — looking at the big picture and taking a lowest-net-cost approach to align with clients' goals.

- Empowering physicians with price and cost transparency at the point of prescribing.
- Connecting clinical care across health benefits, systems and care teams to guide the right action through real-time predictive insights and expertise.
- Simplifying the experience by engaging consumers with proactive outreach, offering access to specialists and personalized tools to support and manage overall health.
- Managing total cost of care through aggressive strategies to promote appropriate drug use and reduce waste across both the pharmacy and medical benefit while guiding consumers to appropriate medications and better overall health decisions.



Pharmacy Programs active which have delivered \$1.743M in annual savings:

- Exclude at Launch
- Quantity Duration
- Specialty Pharmacy (Brivoa)
- Value Network
- Compound Rx Network
- Step Therapy
- Quantity Limits
- Advantage PDL
- Strategic Exclusions

## Empowering Consumers for Better Health

Beginning the pharmacy plan



**Proactive onboarding** support helps minimize prescription disruptions to help consumers make a smooth transition to their new benefits.

Gathering information



Detailed prescription drug list communications and tools give consumers the coverage and cost information they need to make **informed prescription decisions**.

Consulting trusted medical advisors



**Pharmacy transparency** at the point of prescribing helps physicians understand requirements so they and their patients can make smart, cost-effective and time-saving prescriptions decisions – together.

Using pharmacy benefits



Consumers have **around-the-clock access to tools and services** that make it easy and convenient to order refills, renew prescriptions, research medications and look for lower-cost alternatives.

Navigating complex conditions



Our comprehensive **360-degree view of each consumer's health** – from medical and pharmacy to labs and behavioral – helps identify opportunities for more personalized care that improves health outcomes.

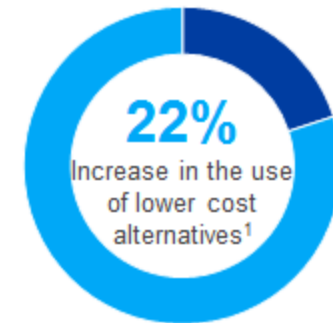
# PreCheck MyScript: Improve Affordability, Adherence, and Experience

## PreCheck MyScript empowers physicians at the point of prescription

Making it easier for a physician to access patient's information



- ✓ **Price transparency.**
- ✓ **Lower cost.**
- ✓ **Timely prescriptions.**
- ✓ **Better adherence.**



1. May-Mid-Oct. 2017, UnitedHealthcare data

# Pharmacy - A Next Generation Model for Confronting the Opioid Epidemic

## Opioid PMPM Spend

Year	2017	2018	Norm
Spend	\$1.38	\$0.74	\$1.03

Spend vs. 2017 is: **-46.4%**

Spend vs. norm is: **-28.2%**

**PREVENT**  
misuse and  
addiction

Prevention  
and education

Minimizing  
early exposure

UnitedHealthcare  
**Opioids  
Strategy**

Reducing  
inappropriate supply

Supporting  
chronic populations  
and recovery

Treating at-risk  
and high-risk  
populations

**TREAT**  
those who  
are addicted

**SUPPORT**  
long-term  
recovery

**Results:** Significant improvement  
in the utilization of opioids

↓ **-2%**

Total Opioid Utilizers

↓ **-12%**

Total Opioid Prescriptions

↓ **-26%**

Average daily Morphine Equivalent Dose  
(MED) for long-acting opioids



## Onsite Health Strategy

### Collin County Nurse Advocate

Motivating Health Ownership

Identify  
members who  
are hospitalized

Hospital visits to  
members with  
high risk  
diagnoses

Support &  
educate  
member/family  
on health  
condition &  
treatment plan

Plan  
interventions  
based on  
opportunities  
identified

Provide  
coaching and  
support for  
individuals and  
groups

Provide referrals  
to clinical and  
community  
programs

## Nurse Advocate Role Description

- Registered Nurse to serve as an advocate for current, former and at risk individuals and their families at risk for becoming catastrophic claimants
- Credentials/Privileges at high volume hospitals in the DFW area to allow for onsite visits and access to medical records (where hospitals will allow access)
- UHC to provide accurate and current hospital admission reporting to allow for timely inpatient visits for appropriate patients
- Goal is to make a home visit within 3 days of discharge to:
  - Review discharge instructions
  - Review medication compliance (all medications are in the home and reviewed)
  - Ensure a follow up MD visit is scheduled
- Conditions appropriate for **inpatient** management include:
  - Heart/Vascular Disease (Acute MI, CHF, CABG, CVA)
  - Cancer
  - Diabetes with complications, kidney failure, amputation
  - Major Trauma (accidents, brain, spinal cord injuries)
  - Asthma
  - Pulmonary Heart Disease and COPD
  - Major complications (sepsis, surgical complications)
  - Other Chronic Disease states agreed upon by employer and UHC

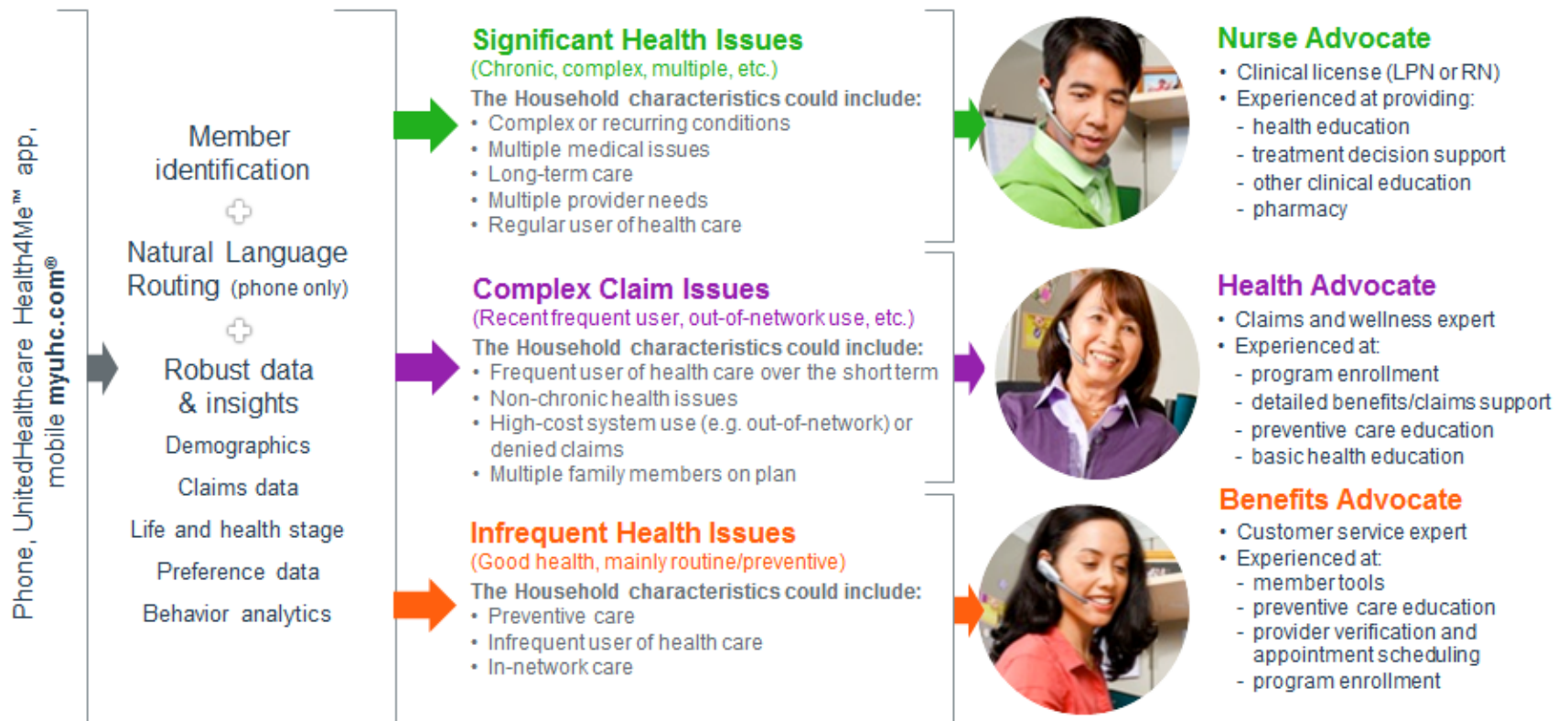
## Advocate4Me: A Uniquely Personalized Experience

Our goal is to deliver an enhanced experience, customized to their needs through Intelligent Routing, a part of our exclusive Predictive Personalization

We take our understanding of their family's situation and history...

And connect them to the Advocate suited to support them.

### CREATING A RELATIONSHIP BETWEEN FAMILIES\* AND ADVOCATES



\*Family or household refers to employees and their covered family members. Family-based discussions subject to appropriate authorization.

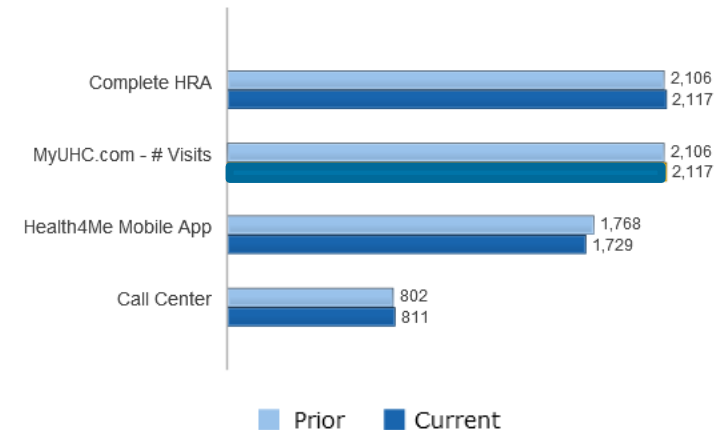
# Collin County 2018 Resource Participation and Advocate4Me Calls

## Advocate4Me: 257 Engagement Opportunities

Referral Type	# Referrals
Treatment Decision Support	135
Case Management	83
Disease Management	10
Complex Maternity	10
Telemedicine	7
Spine and Joint	5
Benefit Cost Estimate	2
Complex Cancer	1
Wellness	1

## by Activation Measure

Resources Participation



Call Type	Benefits Advocate	Health Advocate	Nurse Advocate
Count of Total Calls (Client)	1,423	244	52
% of Total Calls (Client)	82.78 %	14.19 %	3.03 %

## Collin County Member Survey Quotes

**1/30/19** – “There's nothing you could've done better. She did a great job. She was quick figured out the issue and let me know. So on this particular call there's nothing they could've done better. Thank you for the great service.”

**10/1/18** – “I don't think there was any other thing you could address. Jasmine did a great job and addressed the issue that I was calling about. And it didn't take her very long to do it. So I appreciate the efficiency and the service I received. Thank you.”

**9/11/18** – “Beverly was fantastic she actually went above and beyond the call of duty to find out this college kids in network benefits and what provider he could go see so thank you very much Beverly.”

**8/17/18** – “The agent that helped me did everything perfectly and answered all my questions exactly the way I needed to. For this case there couldn't have been anything better.”

**6/6/18** – “This customer service agent is exceptional. I cannot say how grateful I am that she was thorough and kind and just all overall you know extremely patient. I greatly appreciate her support. Is there any way she can be acknowledge or recognized I would please ask you to do so. Thank you.”

**3/28/18** – “I just called in and spoke to Alex. He was very professional and helpful and it definitely makes life easier when you're trying to get information and she was awesome. So thank you.”