UnitedHealthcare Bundled Payments Bundled Payment Summit

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Optum



Agenda and Speakers



Agenda

- Summarize barriers to bundled payment adoption and UnitedHealthcare's approach to minimizing them
- Introduce United Healthcare's Care Bundles Program
- Describe the current bundled payment experience at Cleveland Clinic, a provider that engages in bundled payments in multiple markets
- Outline UnitedHealthcare's Bundled Payment Services for providers, including data analytics, care navigation technology, and care navigation support resources

Speaker

Jeff Meyerhofer President - UnitedHealthcare Bundled Payment Solutions

Jordan Reigel Vice President, Medicare Payment Strategy

Monica Deadwiler Senior Director for Payment Innovation, Cleveland Clinic

David Mauzey General Manager, Optum Bundle Pay Manager

What Is The State Of Healthcare?









Expensive

- Rising labor costs
- Rising prescription drug costs
- Treatment advances
- High obesity rates

Fragmented

- Health Records
- Data
- Care Coordination
- Who talks to whom?

Transparency

- Understanding of costs
- Provider-to-provider data gaps
- My health data

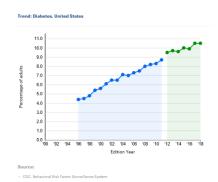
What Are The Drivers?



Demographic

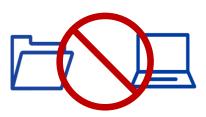


Chronic Diseases



~9% Diabetic
Doubled in last 20 years

Data Liquidity



Social Determinants

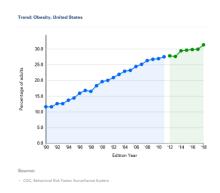


https://www.americashealthrankings.org/

Political Instability



Wellness



>31% Obese Doubled in last 20 years

Incremental Adjustments



Vertical Integration



Proven Partners - New Markets



New Participants



Direct to Consumer Partnerships











How We Operate



UNITEDHEALTH GROUP





Serving 141M individuals worldwide



Supported by a staff of 300,000 people



Workforce includes >85,000 clinical professionals

HELPING PEOPLE LIVE HEALTHIER LIVES AND HELPING MAKE THE HEALTH SYSTEM WORK BETTER FOR EVERYONE

Enterprise Value-Based Experience





\$72B value-based arrangements in place



More than 15M UHC members access care from physicians in value-based arrangements



Over 1,000 ACO's in use with its network of care providers











Over 110,000 physicians and 1,100 hospitals participate in UnitedHealthcares' value-based care programs

UnitedHealthcare Care Bundles Program



What Is the UnitedHealthcare Care Bundles Program?

The program is a retrospective shared-risk model with three components.

- Retrospective bundles for UnitedHealthcare Medicare patients (Medicare Advantage Bundled Payment Program)
- Retrospective bundles for CMS Traditional Medicare patients (Bundled Payment for Care Improvement Advanced, BPCI-A)



3 Bundled Payment Solutions (BPS)

Provides one management solution for both patient populations

Provides end-to-end episode of care management services and technology to help the provider achieve program success.

Enterprise Bundled Payment Footprint



UnitedHealth Group has national experience in managing a variety of bundled payment models across 80+ episodes of care

KEY: Current Bundled Payment Presence

Medicare BPCI-A

•Top-five convener across 23 markets

Supported BPCI Classic

Commercial

- •Contracts across 29 States
- •Employer bundles with 3M+ members

Medicaid

- Contracts across five states
- TennCare

Medicare Advantage

National Medicare Advantage program launching 1/1/2020

Aligned w/BPCI-A

Bundle Model Overview



BPCI-A and UnitedHealthcare Medicare Advantage bundles operate off the same principles



Key Model Characteristics

Target Price

Both models establish target price through historical performance based on claims related to episode of care

Target prices are specific to historical performance by provider group and are adjusted for patient risk

Included Service Categories

Service categories included in the bundle are the same across both models including: (physician, inpatient and outpatient facility, readmissions, LTCH, IRF, SNF, HHA, clinical lab, DME, Part B drugs, hospice)

Quality Metrics

Quality metrics are used in both models. For BPCI-Advanced, a composite quality score is applied and applied to shared savings/risk. For Medicare Advantage, meeting quality metrics is a gateway to shared savings/risk and a composite quality score is applied.

Risk Arrangements

Both models are up and downside risk arrangements capped at 20% of the volume weighted sum of the target price across all episodes

Both Models Supported by UnitedHealthcare's Bundled Payment Solutions

Why partner with UnitedHealthcare?



The **UnitedHealthcare Care Bundles Program** provides you the opportunity to participate in **either** or **both** the **CMS BPCI-A Medicare FFS** and **UnitedHealthcare Medicare Advantage** offerings.

An opportunity to work together to improve health outcomes, share in cost savings and gain access to a suite of services that can help you in your day-to-day operations.

Physician-Centered Model



State-of-the-Art Data Analytics



Business Administration





Long-Term Value Proposition



Effective Patient Navigation



Physician/Patient Applications



Internal Cost Savings



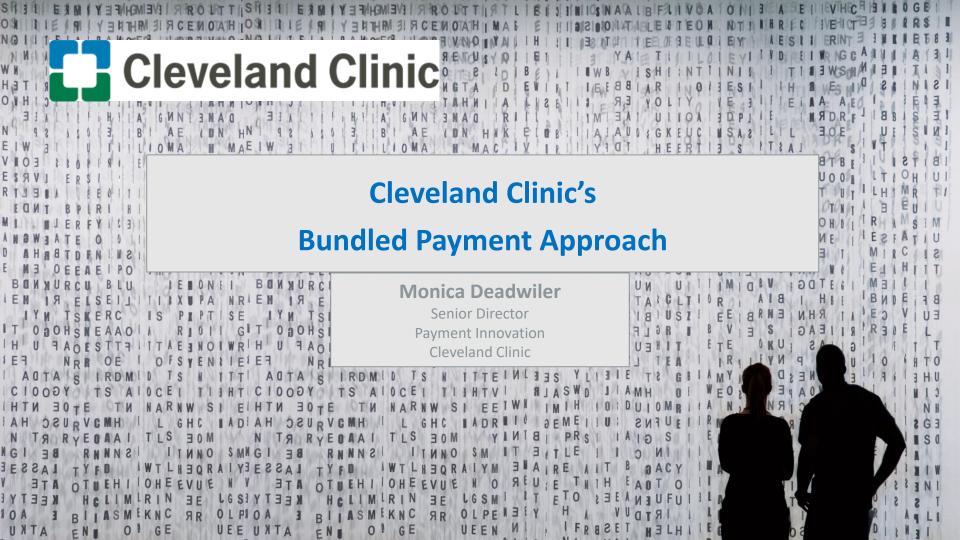


Performance Reports/Dashboards

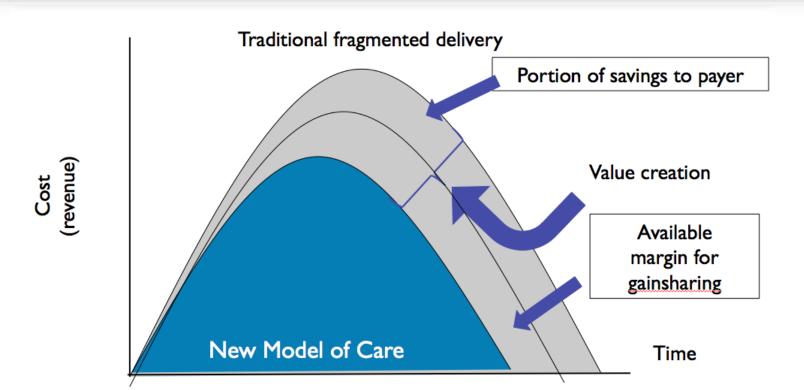


Mobile Patient Tracking

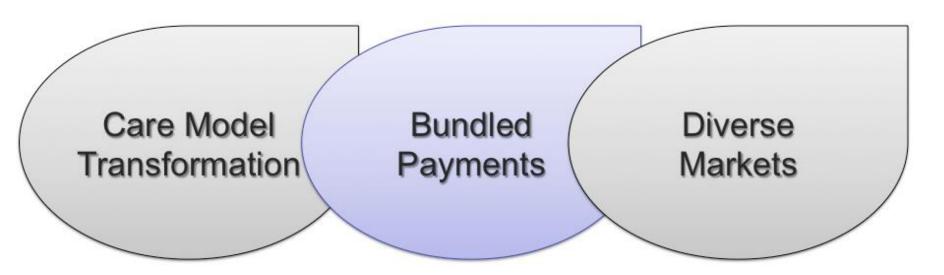




The Business Case: Value is Created by Better Episode Management through Care Redesign



Linking Care Model Value Creation to Market Via Bundled Payments



- Care Path
- Longitudinal Care
- Research
- EMR Enablement

- Definitions
- Affiliate Networks
- Bundle Infrastructure

- Health Plans
- Employers
- Other ACOs
- International

Episode-Based Complete Care Philosophy Care Redesign Comes First

Our Promise to Patients: We will deliver all the care needed to get you through entire episode of care



Patient Commitment: You must be engaged in every step of the process, bring resources, get educated and work with us to modify your risk

Care Model Redesign Includes: Quality Alliance Clinically Integrated Network



Cleveland Clinic's Total Joint Care Redesign Implementations



- Euclid Hospital October 2013
- Lutheran, Hillcrest, Fairview, Medina,
 Marymount, South Pointe April 2015
- Lakewood, Akron General July 2015
- Cleveland Clinic Florida October 2015

Achieved by standardized care model transformation methodology, performance management tools and caregiver education

Cleveland Clinic's Orthopaedic Episode-Based Complete Care

Operative Patient Patient Selection **Optimization** Intervention Severity of Diabetes Engaged symptoms Smokers patient and Failure at other ■ BMI >40 support system Short Acting attempts to treat Anemia Objective blocks during Staph evidence of colonization surgery disease Anticoagulation history

Post Operative Hospital Stay

- Defined criteria for safe return home
- Physiological function
- Pain Managed
- Safe Home Environment

Post Hospital

- Rehabilitation of a THA/TKA can be effectively at home or as OP
- No inherent advantage to being IP
- Educated and motivated patient is key

- Long Term Maintenance
- Follow up after surgery
- Own their rehabilitation and recovery
- Continued management of identified presurgical optimizations

Our Episode Value Scorecard

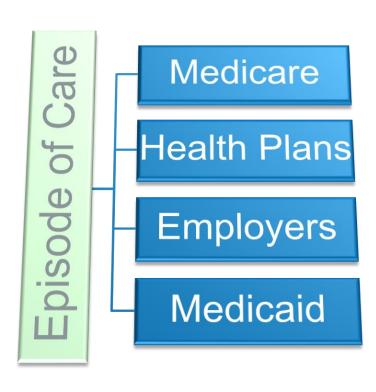
	Clinical Outcomes	<u>Patient Safety</u>
Process measures	Physical Therapy day of surgery Decrease in pain medications needed Compliance with Care Path	Core measures Patient optimization prior to surgery
Outcomes measures	PRO, Koos/Hoos Return to work/sports Range of motion PT test, Pain free	Pt safety indicators, SSI, Readmissions, Re-operations, Post Operative falls, Post Op Nausea/vomiting Transfusion
Process measures	Patient Experience Patient and family education Engaged and activated patients Family/Support person involvement Quality shared decision making Appt. when wanted Feel prepared for discharge Joint Class	Efficiency Resource utilization Cost of care Utilization Review: avoiding unnecessary tests, Reduced LOS, Discharge disposition
Outcomes measures	HCAHPs Return/second surgery	Total cost of care Contributions to cost (acute, post acute venue, complications, readmissions)

Results: Care Redesign Leads to Value Creation

- Total savings = \$523k across 271 patients/Clinical Episodes
- CMS gained \$160k through a 3% episode discount
- Cleveland Clinic gained \$363k through reduced expenditures
- Please note: Data represents Q4 2013 Q3 2014

The care redesign also improved performance of other value based programs such as MSSP and commercial value based programs

Care redesign enables us to offer products to many markets...



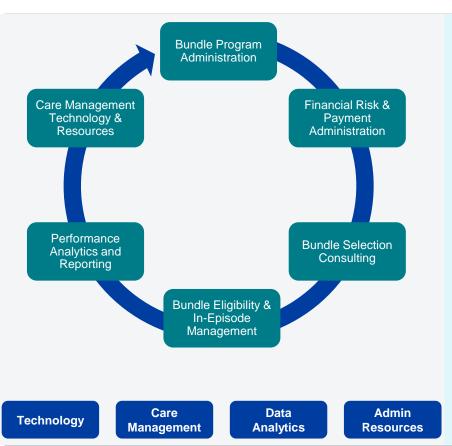
Summary

- Bundled payment are demonstrating value
- Achieving scale and scope drives business complexity
- Partnership with Bundled Payment Solutions has helped Cleveland Clinic manage this complexity

Bundled Payment Solutions Technology and Analytics

UHC Bundled Payment Solutions (BPS)





A Full Suite of Services

Bundled Payment Program Administration

Manages contractual requirements to remain eligible and compliant

Bundled Payment Risk Administration

Supports financial risk management and enablement services for bundled payment contracts

Bundle Selection Consulting

Provides access to superior data assets, tools, and resources to enable intelligent bundle selection

Bundle Eligibility and In-Episode Management

Uses clinical data to identify cases likely for episodes and then manages across care coordination platform

Performance Analytics and Reporting

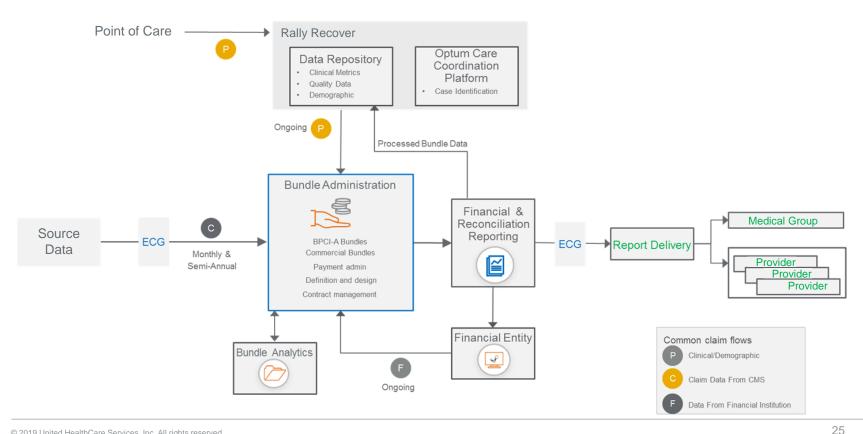
Provides solutions that enable the alignment of reimbursement policies from fee-for-service to value-based methodologies and support organizations to move from volume to value

Care Management Technology and Resources

Enables a care management strategy including post-acute network design supported by both technology and resources as desired

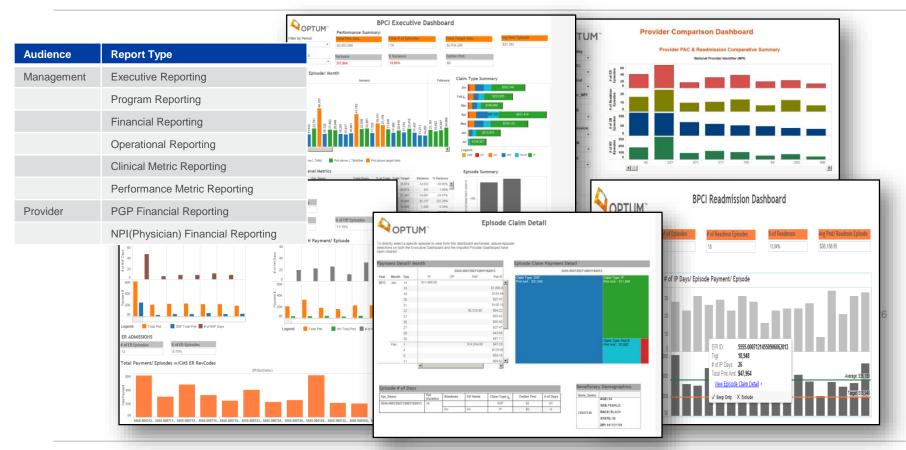
Bundled Payment Data Flow





Program Performance Reporting





Advanced Analytics





Physician / Patient Engagement Platform







- Care provider and patient-facing experience
- Helps optimize pre- and post-operative care
- Streamlines communication between care providers/ care teams and their patients
- Mobile-first technology with a modern user experience
- High patient engagement /satisfaction
- Increases discharge to home rates
- Optimizes post-acute home services to reduce patient burden
- · Reduces readmissions
- Reduces outpatient services through use of digital physical therapy
- Developed by a team of physicians that understand the work flow needs
- Cloud-based compliant technology

