Business Health Care Group

September 10, 2020

United Healthcare®

Opening Remarks…

Continuation of our May 28th Delivering Value Series presentation.

- Social Conditions impact your health plan results
  - BHCG Emergency Room Disparity by Income and Ethnicity

- Leadership role in Wisconsin for Medicare and Community & State Populations
  - Housing First Plus model – 40%+ cost reduction for high cost Medicaid members

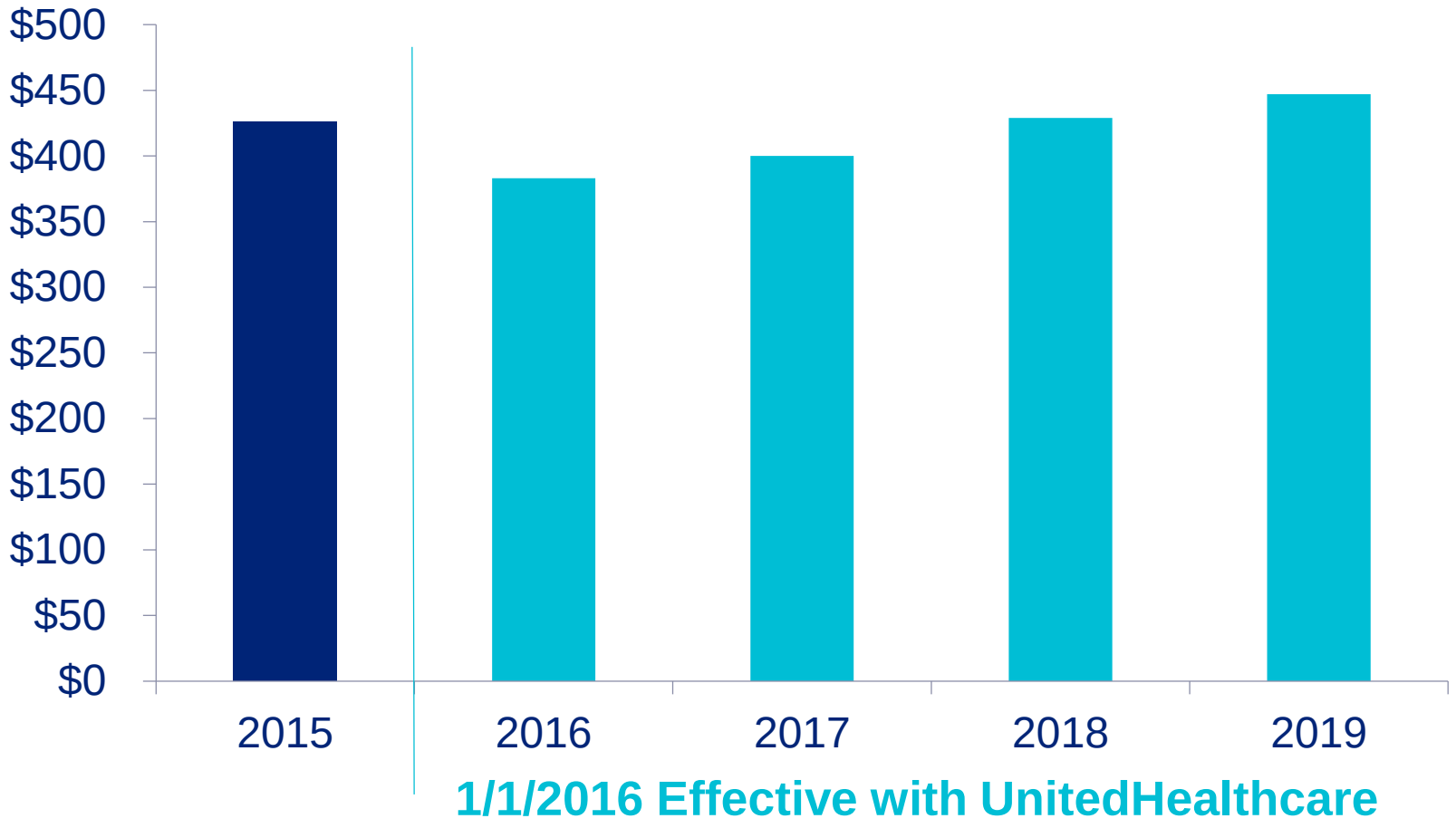
- COVID pandemic highlights the need for a health equity focus

Business Health Care Group Key Results

David D. Smith
Asst. Vice President, Customer Analysis & Solutions
UnitedHealth Care

BHCG Historical Results 2015-2019

1.2% Average Allowed PMPM trend since 2015

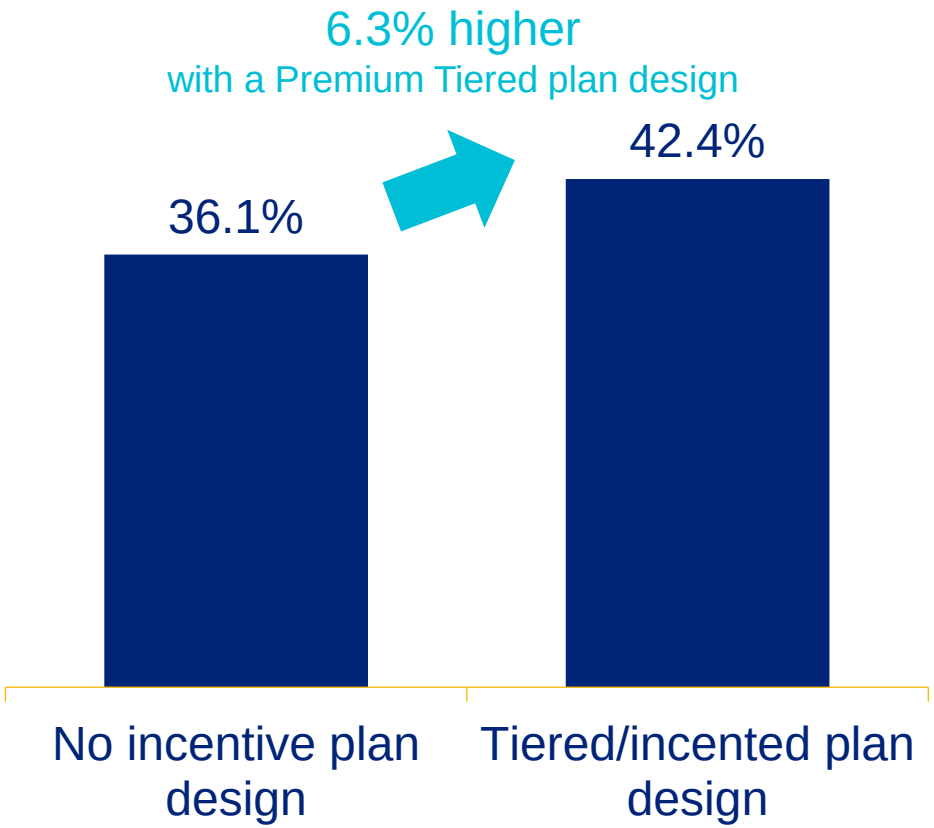


Notes:
Source: Third-party validation of Total ASO Group PMPMs. Core ASO Group trends calculated by Humana. Includes medical costs only, not pharmacy costs
*2015 estimated. Pulled from BHCG website.

Premium Utilization 2019

Plan Design Matters:

Employers with a plan design that supports greater use of Premium Physicians have higher utilization



Medically Homeless Campaign Results

Background: Last fall, employers could opt in to a BHCG campaign (mail and e-mail) to support Primary Care Physicians & Premium providers

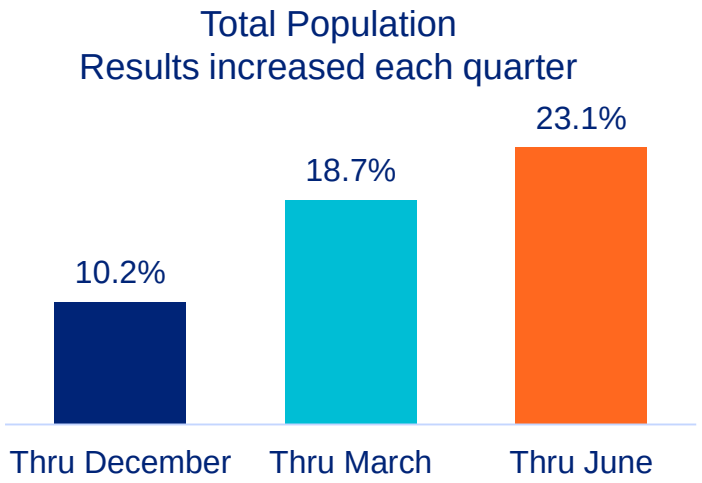
Targeted members: Adults continuously enrolled for 2 years that had either zero PCP visits or only 1 PCP visit, that was not wellness related (i.e. illness or injury)

Timing: Communications went out in Q4 2019. Results measured through June 2020.

Excludes members that happened to see a PCP between the data pull and the mailing.

Of those that received a mailing, how many saw a Primacy Care Physician by the end of June 2020

Total Population (n=4,394)	23%
Age 40+ (n=2,687)	23%
Under 40 (n=1,707)	23%
Members with Zero PCP visits (n=3,175)	21%
Members with 1 PCP visit (n=1,219)	29%
Hispanic (n=273)	30%
African American (n=215)	24%



Common member response to a wellness specific campaign is 10% - 15%

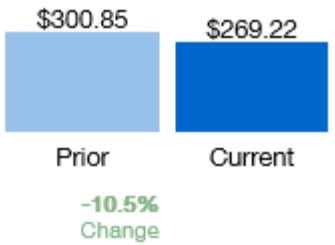
Results: January – June, paid through July

Paid PMPM decreased 10.5%, driven by lower utilization

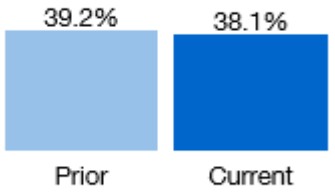
Summary of Changes

	Members	Paid PMPM	Allowed PMPM	Network Discount %	Days per 1000	ER Visits per 1000
Prior	139,768	$300.85	$408.58	53.5%	185.4	156.4
Current	143,565	$269.22	$361.22	54.0%	179.4	136.1
Change	2.7%	-10.5%	-11.6%	0.5 pts	-3.2%	-13.0%

Paid PMPM



Premium Tier 1 Utilization



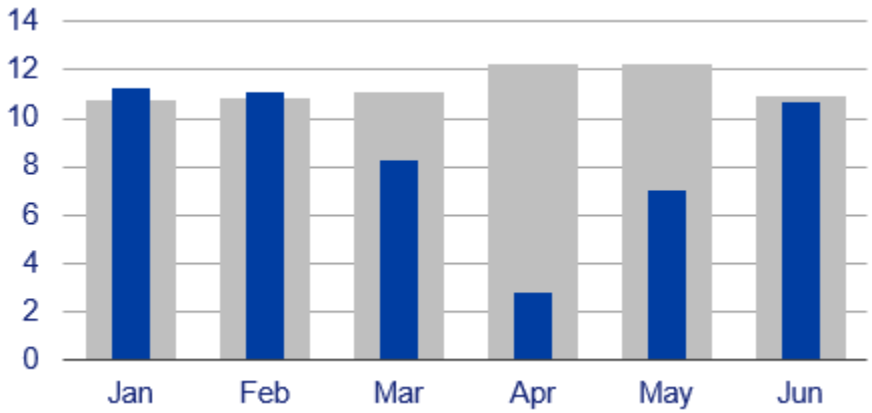
- Similar results in Eastern Wisconsin
  - Paid PMPM is down 13.8%
  - Emergency use is down 12% to 118.5 visits per 1,000
- Premium use decrease affected by lower utilization (ex. PCP visits, wellness, surgeries)

Prior: 1/2019 – 6/2019, paid through 7/2019
Current: 1/2020 – 6/2020, paid through 7/2020

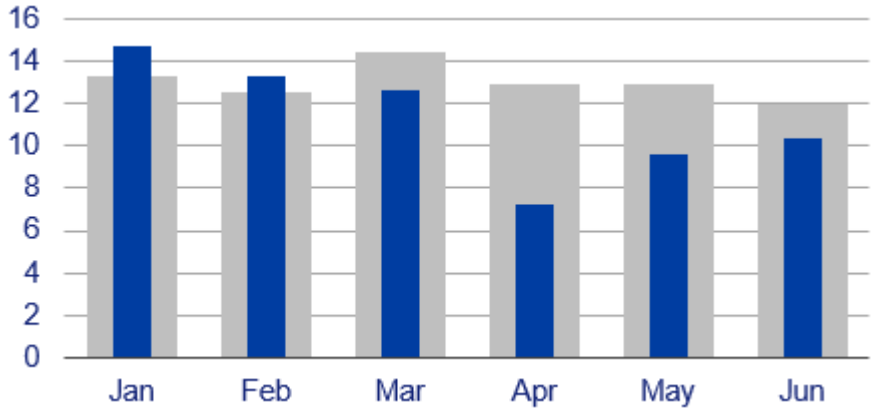
Key Utilization Metrics (per 1,000)

2019 2020

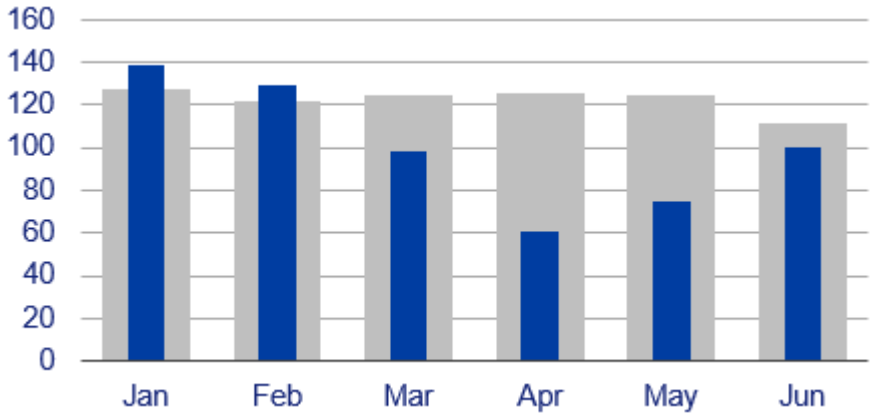
Outpatient Surgeries decreased 25%



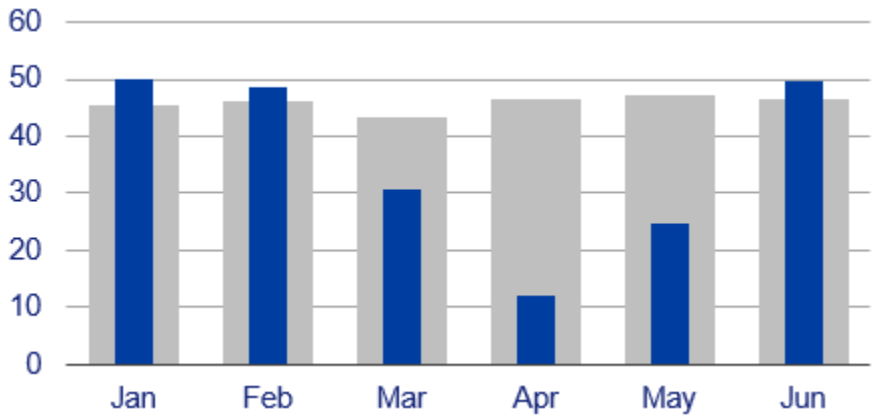
Emergency Room use decreased 13%



Primary Care Visits decreased 18%



Wellness Visits decreased 21%

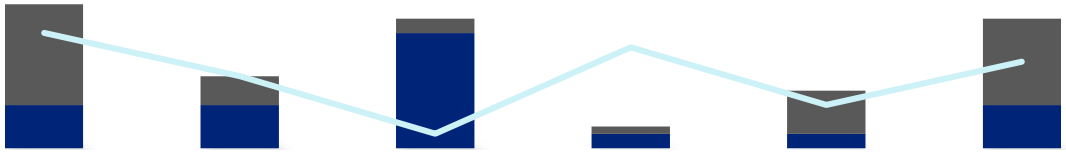


Prior: 1/2019 – 6/2019, paid through 7/2019
Current: 1/2020 – 6/2020, paid through 7/2020

Community Health Factor Influencers

Anna Martinez
Customer Analysis & Solutions
UnitedHealth Care

Perspective



Discover Health Insights That Drive Change for your Community

The goal of health care is health, not treatment

Understand variations across member communities

Identify unique needs of populations

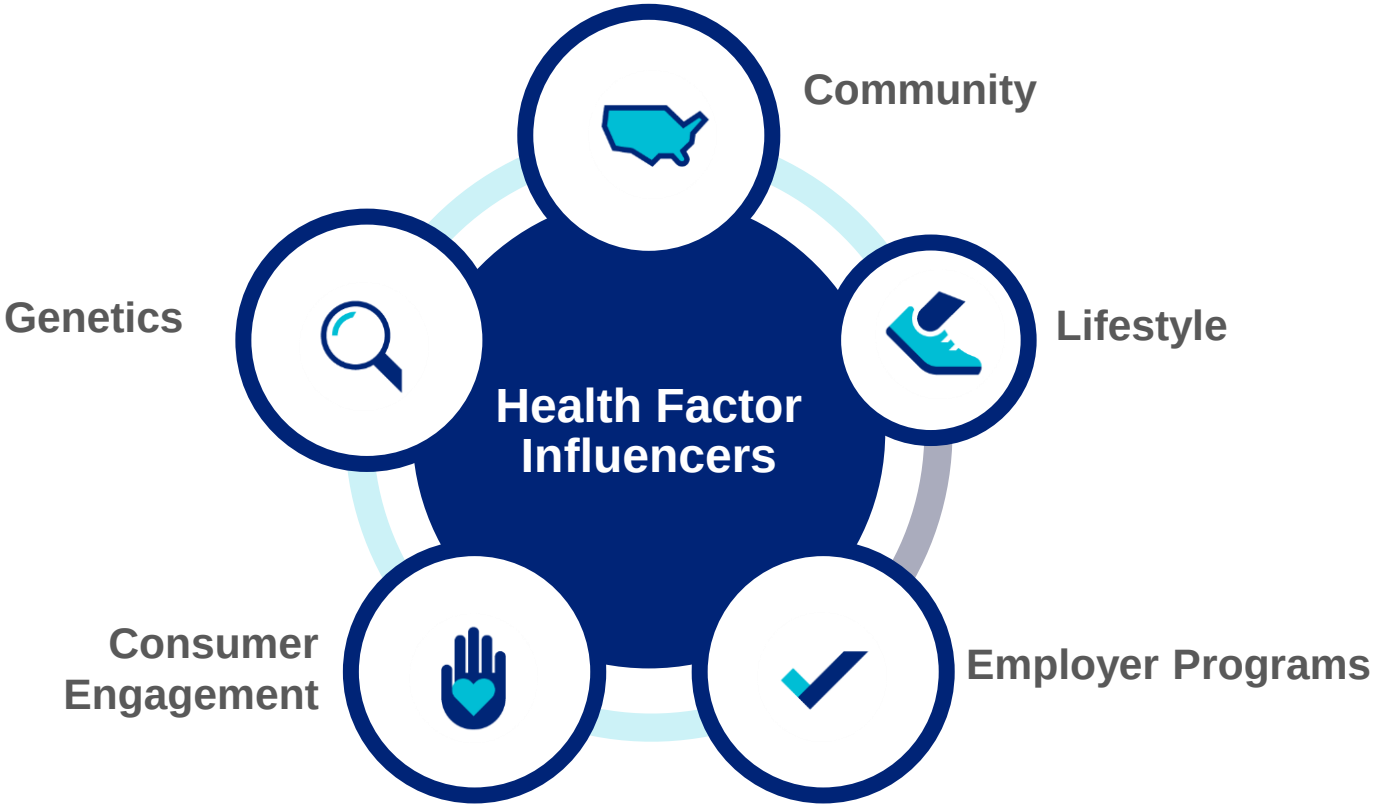
Implement interventions

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

-World Health Organization

Health Factor Influencers

Research finds strong links among
our health, social network & broader community

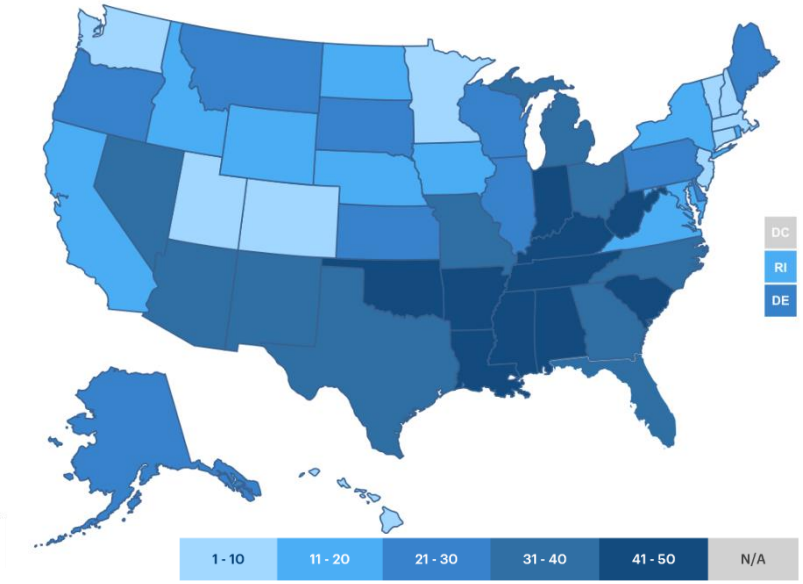


America's Health Rankings®

United Health Foundation

https://www.americashealthrankings.org/

For **30 years**, America's Health Rankings **analyzed a comprehensive set of measures to provide a holistic view of the health of the people** in the nation & at the state level



Overall State Rankings

#1 Vermont
#2 Massachusetts
#3 Hawaii
#4 Connecticut
#5 Utah

#46 Oklahoma
#47 Alabama
#48 Arkansas
#49 Louisiana
#50 Mississippi

Source: America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

America's Health Rankings®

United Health Foundation

Highlights

#23 Wisconsin is ranked in the 1st half of all states at Rank #23 of 50 states

Texas & Tennessee have high obesity & diabetes prevalence (Ranked #38 - #45)

Wisconsin, Texas & Tennessee

Wisconsin has overall good results and fare better than Texas & Tennessee

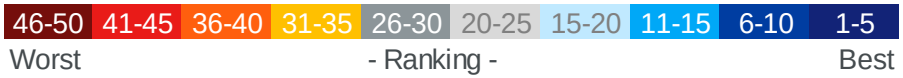
- Lower Obesity Rates (WI Rank #28)
- Low Diabetes Prevalence (WI Rank #4)

50th Wisconsin has the highest Excessive Drinking out of all states (Rank #50)

- WI State's Highest Priority: Alcohol

Rank Based On:

Weighted sum of the number of standard deviations each core measure is from the national average



Definitions:

- **Excessive Drinking*:** Percentage of adults who reported either
  - **Binge drinking**: having at least 4 [women] or at least 5 [men] drinks on one occasion in the past 30 days
  - **Chronic drinking**: having at least 8 drinks [women] or 15 or more [men] drinks per week.
- **Obesity*:** Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight.
- **Diabetes*:** Percentage of adults who reported being told by a health professional that they have diabetes (excluding prediabetes and gestational diabetes).

Source: America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation, AmericasHealthRankings.org, Accessed 2020
*Source: Behavioral Risk Factor Surveillance System, 2018

Top 3 BHCG Member States

America's Health Rankings

1

Wisconsin

Rank: 23

2

Texas

Rank: 34

3

Tennessee

Rank: 44

Strengths:
- Low uninsured
- Low air pollution
- Low diabetes prevalence

Challenges:
- High excessive drinking
- Low per capita public health funding
- Low immunization coverage for children

Strengths:
- High graduation for high school
- Low smoking prevalence
- Low drug death rate

Challenges:
- High uninsured
- Low rate of mental health providers
- High diabetes prevalence

Strengths:
- High graduation for high school
- Low excessive drinking
- High Tdap adolescent immunization

Challenges:
- High smoking prevalence
- High violent crime rate
- High prevalence of frequent physical distress

46-50 | 41-45 | 36-40 | 31-35 | 26-30 | 20-25 | 15-20 | 11-15 | 6-10 | 1-5

Worst - Ranking - Best

Clinical Highlights

America's Health Rankings

*BHCG & BoB Prevalence is for 2019 paid through Feb

Changes shown are for past 2 years

Obesity

30.9% of U.S. adults

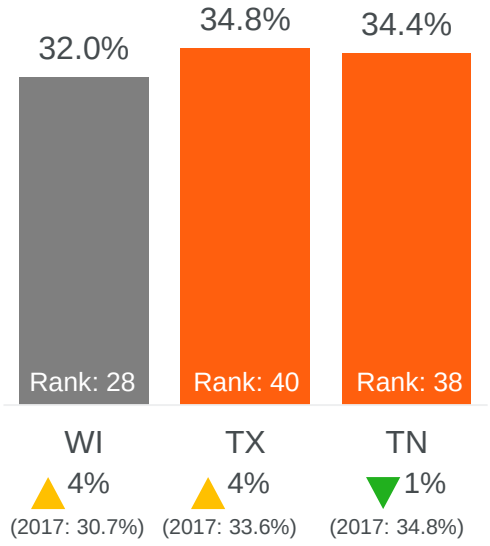
▲ 3%

(2017: 29.9%)

Obesity Prevalence*

BHCG: 6.0% (BoB: 8.6%)

Based on primary condition, this isn't a true representation of the prevalence



Diabetes

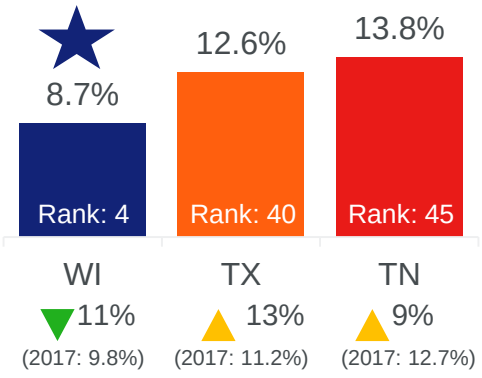
10.9% of U.S. adults

▲ 4%

(2017: 10.5%)

Diabetes Prevalence*

BHCG: 7.6% (BoB:8.2%)



Excessive Drinking

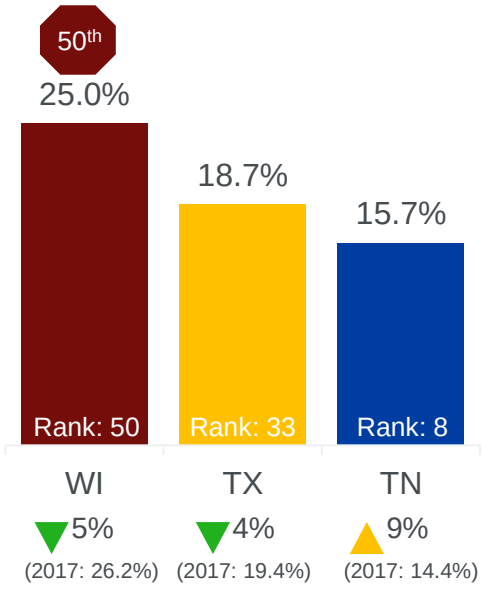
18.2% of U.S. adults

▼ 2%

(2017: 18.5%)

Alcohol Use Disorders Prevalence*

BHCG: 0.4% (BoB: 0.3%)



46-50 | 41-45 | 36-40 | 31-35 | 26-30 | 20-25 | 15-20 | 11-15 | 6-10 | 1-5

Worst - Ranking - Best

Community Health Data

Understand variations across member communities

Identify unique needs of populations

Implement interventions

1 Social Determinants

Community's Resources & Attitudes

Measures include:
- Addictive behavior
- Community engagement
- Health literacy
- Individual engagement
- Healthy communities
- Insurance levels
- Obesity prevalence

2 Health System Attributes

Affordable & quality health care requires a health system prepared to supply it

Measures include the providers of care, how they are organized, and how they are paid:
- Care Access
- Integration

3 Community Health Outcomes

Was care appropriate & necessary?

Measures include
- Life expectancy
- Well-being

Definitions in Appendix

Community Health Data

Wisconsin

- Better results than Tennessee & Texas
  Nearly all measures are 50th percentile or above
- Social Determinants: 70th percentile or above
  Community Health Outcomes: 70th percentile or above
- Health System Attributes: Vary largely driven by rural communities & independently owned practices
- Addictive Behavior: 10% for all Wisconsin
  Markets driven by excessive alcohol use

10th

Excessive Alcohol Use: The percent of residents age 18 or older who report excessive drinking. Excessive drinking is defined as having 5 (4 for women) or more servings of alcohol on one or more occasions during the past 30 days or drinking an average of 2 or more (1 or more for women) drinks per day.

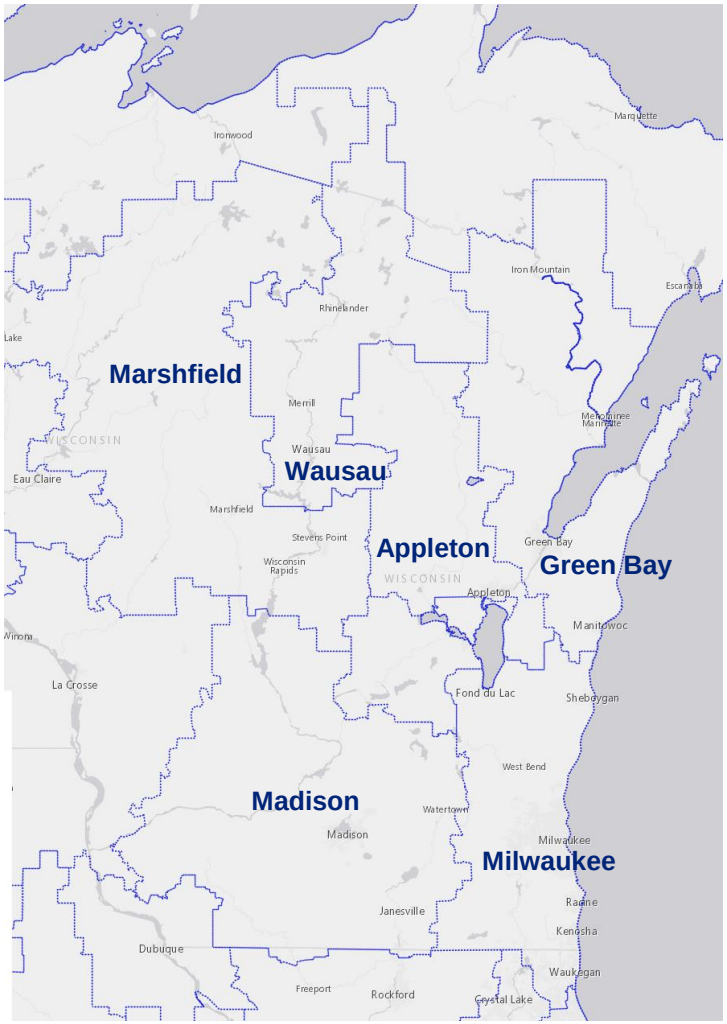
Rank Based On: Weighted sum of the number of standard deviations each measure is from the mean

10th	20th	30th	40th	50th	60th	70th	80th	90th	100th

Worst - Percentile - Best

Member Communities

- Defined by hospital referral region



Wisconsin's Community Health

Data Measures

	Milwaukee	Green Bay	Madison	Appleton	Marshfield	Wausau
Total Average	66	64	77	71	63	72
Social Determinants	**80**	**80**	**100**	**100**	**70**	**80**
Addictive Behavior	10	10	10	10	10	10
Community Engagement	80	50	100	100	60	60
Healthy Communities	80	90	100	100	80	90
Insurance	80	80	90	90	70	80
Obesity	60	60	80	70	60	40
Health System Attributes	**60**	**60**	**80**	**30**	**50**	**90**
Care Access	70	40	80	30	80	70
Integration	50	50	10	40	40	100
Community Health Outcomes	**70**	**90**	**90**	**100**	**80**	**80**
Life Expectancy	70	80	90	90	80	80
Well-Being	80	80	90	90	80	80

10th 20th 30th 40th 50th 60th 70th 80th 90th 100th

Worst - Percentile - Best

Call to Action

Highlights

Wisconsin

Rank #23 by America's Health Rankings

Better results than Tennessee & Texas

Excessive alcohol use

Nearly all community health measures are 50th percentile or above

- Social Determinants: 70th percentile or above
- Community Health Outcomes: 70th percentile or above
- Health System Attributes: Vary largely driven by rural communities & independently owned practices

Call to Action

Virtual Care Education

- Improve access & quality of care, specifically in rural communities
- On Demand Care
- Behavioral Health
- Mental Health

Virtual Cognitive Behavioral Therapy (CBT) & Coaching aka AbleTo

- Employees receive proactive outreach to engage in both coaching and personalized therapy via phone or video twice a week for up to 8 weeks.
- Remove Barriers
  - Virtual Care
  - AbleTo waives employee cost share unless HDHP

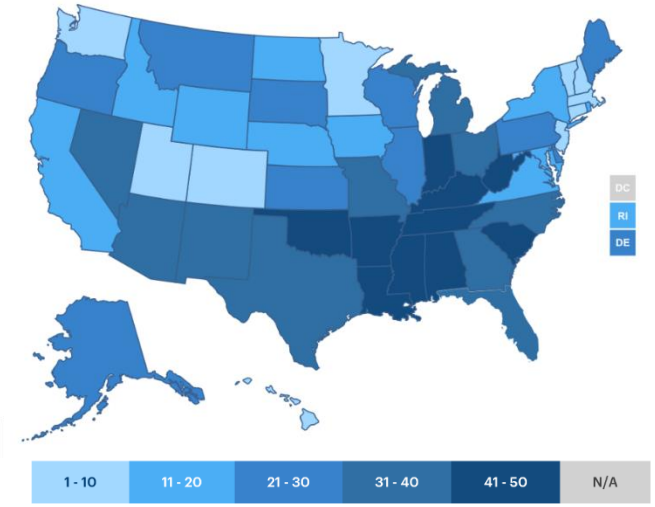
The goal of health care is health, not treatment

Appendix

Glossary: America's Health Rankings®

America's Health Rankings

https://www.americashealthrankings.org/

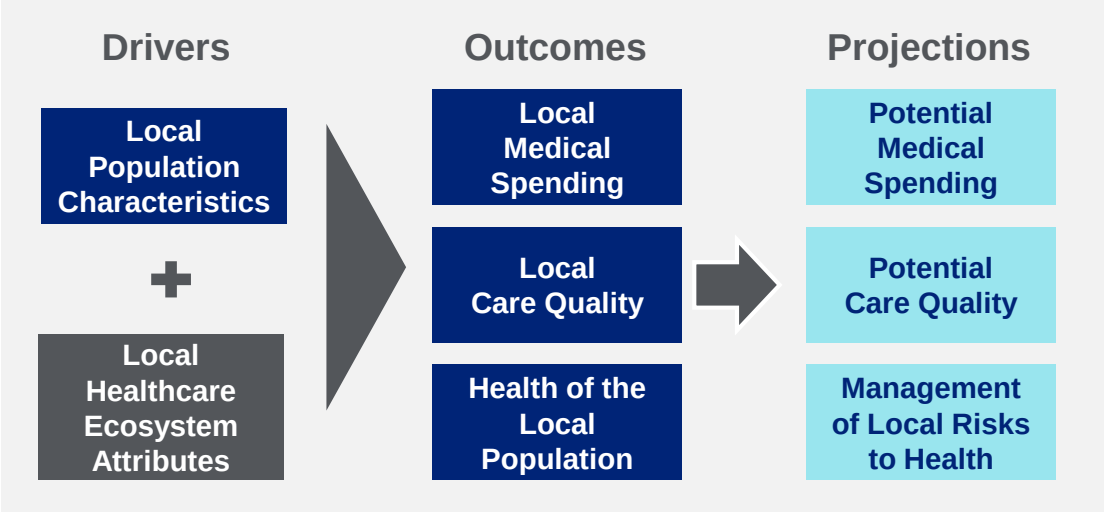


- **Rank Based On:** Weighted sum of the number of standard deviations each core measure is from the national average
- **Excessive Drinking***
  - Percentage of adults who reported either binge drinking (having four or more [women] or five or more [men] drinks on one occasion in the past 30 days) or chronic drinking (having eight or more [women] or 15 or more [men] drinks per week).
- **Obesity***
  - Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight.
- **Diabetes***
  - Percentage of adults who reported being told by a health professional that they have diabetes (excluding prediabetes and gestational diabetes).

Source: America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation, AmericasHealthRankings.org, Accessed 2020
*Source: Behavioral Risk Factor Surveillance System, 2018

Glossary: Community Health Details

- Optum CommunityHealth is a curated data set that tracks **40** health metrics in more than **300** communities nationwide.
- OCH helps employers zero in on local variations in cost and care – allowing the organization to adjust programs for local employees' needs.



Glossary: Community Health

Social Determinants (1 of 2)

Social Determinants: Health is influenced by many factors outside of the health system. Communities' resources (economic performance, education, institutions) and attitudes (engagement in health, acceptance of smoking, sedentariness) can have a large impact on individual health.

- **Obesity:** Obesity increases individual health risks but has many community causes and solutions both within and outside of the health system. The obesity category has two metrics: percent obese and percent sedentary.
  - **Percent Obese:** The percent of adults with a Body Mass Index (BMI) greater than or equal to 30.
  - **Physical Inactivity:** The percent of adults who report no leisure time physical activity.
- **Addictive Behavior:** Addiction increases the health risks of individuals and can strain communities health care systems where behavioral health resources are limited. The addictive behavior category includes cigarette smoking and excessive alcohol use.
  - **Excessive Alcohol Use:** The percent of residents age 18 or older who report excessive drinking. Excessive drinking is defined as having 5 (4 for women) or more servings of alcohol on one or more occasions during the past 30 days or drinking an average of 2 or more (1 or more for women) drinks per day.
  - **Smoking:** The percent of residents age 18 or older who report smoking cigarettes every day or some days.
- **Insurance:** Access and use of health insurance is an important indicator of whether people can and will seek care when needed. The insurance category includes the metrics percent of commercially insured not utilizing healthcare and percent insured under 65.
  - **% Insured under 65:** The percent of residents under age 65 with health insurance. Includes commercially insured, Medicaid, and Medicare.
- **Community Engagement:** Communities may support residents' health and well-being with resources outside of the health system. The community engagement category includes the number of non-for-profit employees per 100,000 residents. The presence of non-profit organizations may provide necessary social support.
  - **Not-for-Profit Presence:** The number of people employed in the non-profit sector (at 501(c)(3) organizations) per 100,000 residents. Indicates the number of services available to the at-risk in a community.

Glossary: Community Health

Social Determinants (2 of 2)

Social Determinants (continued):

Healthy Communities: Factors outside of the health system have a significant impact on our health. The economic performance, educational attainment, and the environment can support or hinder health. The healthy communities category includes: % college graduates; % high school graduates; % in poverty; % of children in poverty; % of income for rent; % of Medicare beneficiaries eligible for Medicaid; % receiving SNAP; change in real household income from 2000 to 2011; income inequality; median household income; and unemployment rate.

Change in Income: The percent change in the median household income of the community from 2000 to 2011, adjusted for inflation.

Child Poverty: The percent of children, persons aged 0 to 17, living below the poverty line.

College Graduates: The percent of persons age 25 or older with 4 or more years of college education, an estimate of the percent of residents with a bachelor's degree or higher.

High School Graduates: The percent of persons age 25 or older with a high school diploma.

Household Income: The median or fiftieth percentile of household income in the community. Household income is the sum of the income of the residents of a single housing unit regardless of relationship.

Housing Affordability: The percent of income the median household would have to spend to rent a two-bedroom residence. Indicates the cost of living in a community and the amount of income a family may have available to pay for other needs like healthcare.

Income Inequality: The distribution of income in addition to income levels has been shown to contribute to health outcomes. Income inequality is measured using the Gini coefficient of income.

Medicare-Medicaid Eligibility: Medicaid eligibility of Medicare beneficiaries provides information on the financial health of seniors. Communities may have a high percent of beneficiaries eligible for Medicaid because of low incomes, high healthcare costs, or generous Medicaid benefits. A member had to be eligible for Medicaid for at least one month in the year to be considered eligible for Medicaid. This measure represents Medicare fee-for-service (FFS) beneficiaries over 65 who have both Part A and Part B coverage.

Poverty: The percent of persons living below the poverty line.

SNAP Recipients: The percent of residents receiving Supplemental Nutrition Assistance Program (SNAP) benefits.

Unemployment Rate: The percent of the civilian labor force that is unemployed. The labor force consists of all employed and unemployed persons age 16 or older who are not serving in the military or institutionalized. A person is considered unemployed if they do not have a job but are currently seeking employment.

Glossary: Community Health

Health System Attributes

Health System Attributes: The Health System includes the providers of care, how they are organized, and how they are paid. Affordable and quality care requires a health system prepared to supply it.

- **Care Access:** The supply of providers and facilities is essential in determining if members can receive the care they need when they need it.
  - **Hospital Bed Supply:** Non-federal hospital beds per 100,000 residents.
  - **Non-Phys Prov Supply:** Advanced practice nurse practitioners (APRN's) and physician assistants (PA's) per 100,000 residents. Only includes APRN's with National provider identifier (NPI).
  - **PCP Supply:** Primary care physicians currently involved in patient care per 100,000 residents. Only includes Medical Doctors (MDs). Excludes hospital residents, MDs older than 75, and MDs employed by the federal government.
  - **Spec & Dental Supply:** Medical, surgical, and other specialist physicians and dentists currently involved in patient care per 100,000 residents. Only includes Medical Doctors (MDs) and Doctors of Dental Surgery (DDSs). Excludes hospital residents, MDs and dentists older than 75, and MDs and dentists employed by the federal government.
- **Integration:** The health system is made up of many parts - hospital systems, hospitals, and physician practices are some of the largest components. The integration of the system depends on how these parts relate to one another. A highly integrated system would have large physician practices owned by hospitals that are part of a hospital system. Patient care may be better coordinated in an integrated system.
  - **Closed Phys Hosp Org:** The percent of hospitals with closed physician-hospital organizations (CPHO), weighted by hospital beds. CPHOs are partnerships of hospitals and physicians where membership is closed to some physicians. PHOs are used for contracting purposes with managed care plans.
  - **Hospitals in Networks:** The percent of hospitals in networks, weighted by hospital beds. A network is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together to coordinate and deliver a broad spectrum of services to their community.
  - **Hospitals in Systems:** The percent of hospitals in systems, weighted by hospital beds. A system may be either a multihospital or a diversified single hospital system. A multihospital system is two or more hospitals owned, leased, sponsored, or contract managed by a central organization. Single, freestanding hospitals may be categorized as a system by bringing into membership three or more, and at least 25 percent, of their owned or leased non-hospital pre-acute or post-acute health care organizations.
  - **Open Physician Hospital Org:** The percent of hospitals with open physician-hospital organizations (OPHO), weighted by hospital beds. OPHOs are partnerships of hospitals and physicians where membership is open to all physicians. PHOs are used for contracting purposes with managed care plans.

Glossary: Community Health

Community Health Outcomes

Community Health Outcomes: The goal of health care is health, not treatment. Health can be measured by life expectancy, disease prevalence, and how people feel. But the path to health can be measured by looking at the treatments people receive to see if care was appropriate and necessary.

- **Life Expectancy:** Captures objective measures of health – life span
  - Premature Death: Years of productive life lost measures premature death, specifically among persons dying before age 75.
- **Well-Being:** The subjective aspects of emotional and physical health — Do people feel healthy? Do people face barriers to feeling healthy?
  - **Disability:** The percent of residents age 18 or older who report being disabled. Disability includes: hearing difficulty, deaf or serious difficulty hearing; vision difficulty, blind or serious difficulty seeing with glasses; cognitive difficulty, difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem; ambulatory difficulty, serious difficulty walking or climbing stairs; self-care difficulty, difficulty bathing or dressing; independent living difficulty, difficulty running errands alone because of a physical, mental, or emotional problem.
  - **Emotional Support:** The percent of residents age 18 or older who report receiving the social and emotional support they need.
  - **Low Birth Weight:** The percent of live births with a birth weight of less than 2,500 grams (5lbs, 8oz).
  - **Poor Mental Health Days:** The average number of mentally unhealthy days per month reported by residents age 18 or older.
  - **Poor Physical Health Days:** The average number of physically unhealthy days per month reported by residents age 18 or older.
  - **Self-Report Poor/Fair Health:** The percent of residents age 18 or older who report fair or poor health. This metric is age-adjusted.