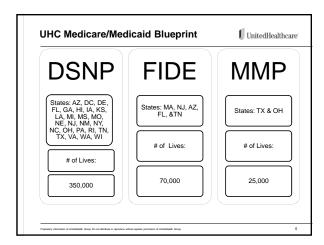
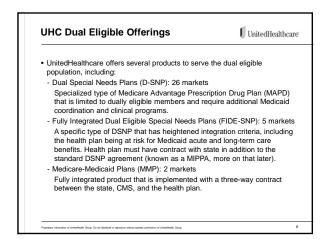


eakers UnitedHealthcare eakers UnitedHealthcare Eanna Simonds, UHC Community Plan — MA Community Plan — MA Compliance Officer UnitedHealthcare Community Plan — MA Compliance Prevention, etection & Corrections This presentation is for informational purposes only and should not be construed as legal advice		
• Anjenette Fenske, MMP Compliance Officer • Deanna Simonds, UHC Community Plan – MA Compliance Officer • Alison Green, Director Compliance Prevention, Detection & Corrections This presentation is for informational purposes only and should not be construed as legal advice		
HCCA Managed Care Conference February 13, 2017 UnitedHealthcare Speakers • Anjenette Fenske, MMP Compliance Officer • Deanna Simonds, UHC Community Plan – MA Compliance Officer • Alison Green, Director Compliance Officer • Alison Green, Director Compliance Prevention, Detection & Corrections This presentation is for informational purposes only and should not be construed as legal advice		
Onjenette Fenske, MMP Compliance Officer Deanna Simonds, UHC Community Plan – MA Compliance Officer Alison Green, Director Compliance Prevention, Detection & Corrections This presentation is for informational purposes only and should not be construed as legal advice UnitedHealthcare* UnitedHealthcare* LUNITEDICARE A RETIREMENT	HCCA Managed Care Conference	
Onjenette Fenske, MMP Compliance Officer Deanna Simonds, UHC Community Plan – MA Compliance Officer Alison Green, Director Compliance Prevention, Detection & Corrections This presentation is for informational purposes only and should not be construed as legal advice UnitedHealthcare* UnitedHealthcare* LUNITEDICARE A RETIREMENT		United Healthcom
Anjenette Fenske, MMP Compliance Officer Deanna Simonds, UHC Community Plan – MA Compliance Officer Alison Green, Director Compliance Prevention, Detection & Corrections This presentation is for informational purposes only and should not be construed as legal advice UnitedHealthcare* UnitedHealthcare* Line Healthcare* MEDICARE & RETIREMENT		• Onleaneaureare
Anjenette Fenske, MMP Compliance Officer Deanna Simonds, UHC Community Plan – MA Compliance Officer Alison Green, Director Compliance Prevention, Detection & Corrections This presentation is for informational purposes only and should not be construed as legal advice UnitedHealthcare* UnitedHealthcare* Line Healthcare* MEDICARE & RETIREMENT		
Anjenette Fenske, MMP Compliance Officer Deanna Simonds, UHC Community Plan – MA Compliance Officer Alison Green, Director Compliance Prevention, Detection & Corrections This presentation is for informational purposes only and should not be construed as legal advice UnitedHealthcare* UnitedHealthcare* Line Healthcare* MEDICARE & RETIREMENT		
Deanna Simonds, UHC Community Plan – MA Compliance Officer Alison Green, Director Compliance Prevention, Detection & Corrections This presentation is for informational purposes only and should not be construed as legal advice UnitedHealthcare* LUnitedHealthcare* MEDICARE & RETIREMENT UnitedHealthcare* MEDICARE & RETIREMENT	-	UnitedHealthcare
Deanna Simonds, UHC Community Plan – MA Compliance Officer Alison Green, Director Compliance Prevention, Detection & Corrections This presentation is for informational purposes only and should not be construed as legal advice	Anjenette Fenske, MMP Compliance Officer	UnitedHealthcare
Alison Green, Director Compliance Prevention, Detection & Corrections This presentation is for informational purposes only and should not be construed as legal advice UnitedHealthcare MEDICAGE & RETIREMENT LONG BETICAGE & RETIREMENT MEDICAGE &	Community Plan – MA	COMMUNITY A STATE
Compliance Prevention, Detection & Corrections This presentation is for informational purposes only and should not be construed as legal advice		all l
construed as legal advice	Compliance Prevention,	
Preprintry Inference of Underhelm Group Core detable or reposition without oppose permission of Underhelm Group.		l purposes only and should not be
	Preprietry information of United Health Group, Do not detribute or reproduce without expess permission of United Health Group, Do not detribute or reproduce without expess permission of United Health Group, Do not detribute or reproduce without expess permission of United Health Group	2
	IIHG & Dual Produ	cts Overview
IIUG & Dual Products Overview	Olio & Duai Floud	cts Overview
UHG & Dual Products Overview		
UHG & Dual Products Overview		ell
		${ m I\hspace{1em}J}$ UnitedHealthcare ${}^{\circ}$









Complex & Diverse: Dual Eligible Populations

UnitedHealthcare

Low Income Elderly

- · More chronic conditions, cognitive, and functional limitations
- Poverty (86% <150% FPL)
- 50% rate health status as "fair" to "poor"
- Transient and underserved
- Outpatient and intermittent in-home services

Under 65 Disabled

- Community or group home settings
- · High rates of:
- o Significant physical disability
- o HIV/AIDS
- o Affective disorders
- High utilization/complex LTSS



Dual Special Needs Plans (DSNPs)

| UnitedHealthcare

- · Entitled to both Medicare and Medicaid
- A specialized Medicare Advantage (MA) plan that <u>exclusively</u> enrolls special needs individuals.
- DSNPs are required to have an executed contract with applicable State Medicaid agencies. These have been coined the "MIPPA Contracts," because this contractual requirement comes from the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Typical Benefits include:

- Medicare: All Medicare Advantage Plan benefits (Parts A, B, and D)
- Medicaid: Varies by state and MIPPA agreement; some states look for a high level of coordination and plans may be at risk for Medicaid dollars, other DSNP plans cover no Medicaid services, and provide only coordination of benefits.

Additional Benefits May Include:

- Medicare beneficiary cost sharing
- Drugs excluded from Part D
- "Wraparound" Medicaid acute care services (vision, dental, hearing, transportation)
- > Other Medicaid services that overlap with Medicare (behavioral health, DME)
- Long-term supports and services (nursing facility, HCBS, home health, personal care assistance)
- Coordination with Social Needs (Senior centers, Meals on Wheels)

Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNP)

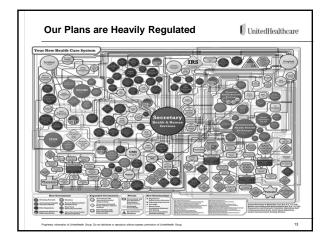
UnitedHealthcare

- A FIDESNP is a type of DSNP that:
 - Enrolls special needs individuals eligible for Medicaid;
 - Provides dually-eligible beneficiaries access to Medicare and Medicaid benefits under a single managed care organization; Has a CMS- approved MIPPA compliant contract with a State Medicaid
 - Agency that includes coverage of specified primary, acute, and long-term care benefits and services, consistent with State policy, under riskbased financing;
 - Coordinates the delivery of covered Medicare and Medicaid health and long-term care services, using aligned care management and specialty care network methods for high-risk beneficiaries; and,
 - Employs policies and procedures approved by CMS and the State to coordinate or integrate enrollment, member materials, communications, grievance and appeals, and quality improvement.
- FIDE-SNPs receive capitation from three sources:
- 1. Medicare in lieu of Parts A and B.
- Medicare Part D, and
- 3. State Medicaid

_	
_	
_	
Τ	
_	
_	



Medicare-Medicaid Plan (MMP)	UnitedHealthcare			
CMS created the Financial Alignment Initiative (FAI) t payment and service delivery model to alleviate the fr improve coordination of services for Medicare-Medica quality of care, and reduce costs for both the State ar government.	agmentation and id Enrollees, enhance			
This demonstration product is referred to as a Medica "MMP."	re-Medicaid Plan, or			
 An MMP provides dually-eligible beneficiaries access Medicaid benefits under a single managed care orgathree-way contract arranged directly with CMS and the agency, rather than the MIPPA agreements seen in a 	nization, through a e state Medicaid			
Programsy information of Unimedistatin Group, Control deribate or regroduce without express permission of Unimedistatin Group.	10			
		_		
Fully Integrated Product Benefit Desig	n UnitedHealthcare			
Fully-Integrated Medicare (Federal) and Medicaid (St.	ate) benefit package	1		
Holistic, comprehensive, and inclusive focus				
Care coordination of services in/across all settings				
Plan is at full risk for Federal and State services				
 All members have Medicaid and meet other eligibility age, disability, and/or financial 	requirements such as			
Successful public private sector partnership.				
11 Proprietely information of United Health Cosup, Co not distribute or reproduce without express permission of United Health Cosup.	11	<u></u>		
		7		
Regulators and Requirem	ents for			
Dual Products				
	${\color{red}\mathbb{J}} \text{ UnitedHealthcare}$			



Medicare and Medicaid Regulatory Requirements

UnitedHealthcare

- CMS Regulations/Manuals Medicare/Dual Eligible Programs
- Medicaid Managed Care Manual
- Medicare Managed Care Manual / Medicare Prescription Drug Benefit Manual
- State Laws and Regulations
- State Contracts
- Administrative Procedure Act Governs CMS's implementation, interpretation, and enforcement of the Social Security Act and other laws

Proprietary information of United-leath Group. Do not distribute or reproduce without express permission of United-leath Group

14

MIPPA

UnitedHealthcare

CMS requires, at a minimum, the following elements be included in the MIPPA contracts:

- MA Organization's responsibilities, including financial obligations, to provide or arrange for Medicaid benefits
- Medicaid eligibility category for enrollment into SNP
- Medicaid benefits to be covered (provided or arranged) through the SNP
- Cost-sharing protections covered under the SNP
- Identification and sharing of information on Medicaid provider participation
- Verification process with the State of an enrollee's Medicaid eligibility
- Service area covered by the SNP
- Contract period

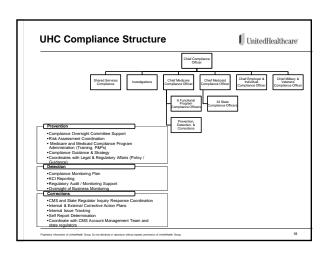
Proprietary information of United-Health Group. Do not distribute or reproduce without express permission of United-Health Group.

15



Product	Laws and Regulations	Contract Requirements
Integrated Plans (MMP and FIDE)	Federal Medicare requirements and State Medicaid requirements may both apply. If one is silent and the other has requirements, follow the requirements. If both have requirements, and they are not in conflict, both will apply. If both have requirements, and they are not the same, then the requirements that are most stringent to the plan and/or most beneficial to the member will apply.	MMP-3-way contract with State & CMS CMS FIDE: MIPPA + State Contract
Non-integrated, standard DSNPs	Federal Medicare requirements apply, unless the benefit or service is actually rooted in Medicaid. Then it will follow Medicaid guidelines.	DSNP: MIPPA (in most cases this contract does not create any integration, but states and DSNPs can contract to integrate some or Medicaid benefits)

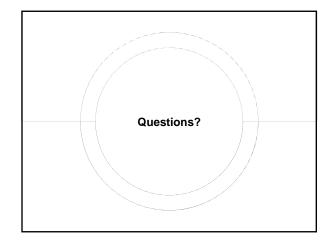






Products UnitedHealthcare • MIPPA contract requirements
Considerations • How do we collaborate? • How do we ensure communication on tasks such as risk assessment, remediation, materials strategy, and disclosures? • How do we remain consistent and transparent across multiple regulators and potentially CMS regions? Future State of Coordinated Compliance Role Prevent
How do we collaborate? How do we ensure communication on tasks such as risk assessment, remediation, materials strategy, and disclosures? How do we remain consistent and transparent across multiple regulators and potentially CMS regions? Future State of Coordinated Compliance Role Prevent
How do we ensure communication on tasks such as risk assessment, remediation, materials strategy, and disclosures? Fluture State of Coordinated Compliance Role Prevent - Prevent - Products - Common Compliance Role - Common Compliance - Com
remediation, materials strategy, and disclosures? + Now do we remain consistent and transparent across multiple regulators and potentially CMS regions? Future State of Coordinated Compliance Role Provest
Now do we remain consistent and transparent across multiple regulators and potentially CMS regions? Future State of Coordinated Compliance Role Prevent
and potentially CMS regions? Future State of Coordinated Compliance Role Provent
Prevent -Posted passessment -Posted program -P
Correct -Rule spacesament -Rule spacesam
Space Address assessment
**PiPPA
Common Compliance Issues for Dual Products MIPPA contract requirements Milerary swellows well as the second state of the sec
Common Compliance Issues for Dual Products MIPPA contract requirements Medicare vs Medicaid: Benefit coverage Networks Marketing Materials Clinical Model of Care and state specific contractual requirements and regulation Grievance & appeals
Common Compliance Issues for Dual Products • MIPPA contract requirements • Medicare vs Medicaid: • Benefit coverage • Networks • Marketing Materials • Clinical Model of Care and state specific contractual requirements and regulation • Grievance & appeals
Products • MIPPA contract requirements • Medicare vs Medicaid: • Benefit coverage • Networks • Marketing Materials • Clinical Model of Care and state specific contractual requirements and regulation • Grievance & appeals
MIPPA contract requirements Medicare vs Medicaid: Benefit coverage Networks Marketing Materials Clinical Model of Care and state specific contractual requirements and regulation Grievance & appeals
Medicare vs Medicaid: Benefit coverage Networks Marketing Materials Clinical Model of Care and state specific contractual requirements and regulation Grievance & appeals
 Medicare vs Medicaid: Benefit coverage Networks Marketing Materials Clinical Model of Care and state specific contractual requirements and regulation Grievance & appeals
 Networks Marketing Materials Clinical Model of Care and state specific contractual requirements and regulation Grievance & appeals
 Marketing Materials Clinical Model of Care and state specific contractual requirements and regulation Grievance & appeals
 Clinical Model of Care and state specific contractual requirements and regulation Grievance & appeals
regulation • Grievance & appeals ———————————————————————————————————
Grievance & appeals
- medicald Englishity
Rule of Thumb: Unless integrated or contracted, Medicare rules
apply
<u>ириу</u>
Populary intension of Dishahash Drug. Do no dischaur regular without oppus persion of Dishahash Drug. 20

Penalty Communications, Disclosures, and Escalation Established a process and checkist that includes those accountable for both the Medicare and Medicald lines of business to ensure are communicated. Compliance Roles Compliance Roles Compliance Monitoring Provided the risk assessment framework created for MMP to the FIDE products, and build out the Key Compliance Indicators. Created a functional point-person grid the provides contacts by state as well as by functional area. Created a functional point-person grid the provides contacts by state as well as by functional area to explain differences and resources for the dual eligible and indigentations. Met with the benefit operations liaisons to determine where reporting is pulled from, and if it is aligned for the dual eligible products, and any areas that we could have better line of sight into.	Identified Challenges	UnitedHealthcare
Compliance Roles Provided the risk assessment framework created for MMP to the FIDE products, and build out the Key Compliance Indicators.		for both the Medicare and Medicaid lines of business to ensure urgent risks, potential disclosures, and regulatory non-compliances
Compliance Monitoring FIDE products, and build out the Key Compliance Indicators.	Compliance Roles	Created documented process for establishing the Medicare and Medicaid roles on any given issue.
Business Roles state as well as by functional area. Created a dual product prime to provide to functional areas to explain differences and resources for the dual eligible and integranded products. Societation. Filed with the benefit operations liaisons to determine where reporting	Compliance Monitoring	
is nulled from and if it is aliened for the dual clinible products and	Business Roles	state as well as by functional area. Created a dual product primer to provide to functional areas to explain differences and resources for the dual eligible and
	Business Monitoring	is pulled from, and if it is aligned for the dual eligible products, and



Anjenette Fenske MMP Compliance Officer, UnitedHealthcare Community & State anjenette.fenske@uhc.com
Deanna Simonds MA Compliance Officer, UHC Community Plan, UnitedHealthcare Community & State deanna.simonds@uhc.com
Alison Green Director Prevention, Detection & Corrections, UnitedHealthcare Medicare & Retirement a.green@uhc.com