

UnitedHealthcare Community & State

Fast Facts

> \$850B

Projected U.S. Medicaid spending in 2025

~45%

U.S. Medicaid spend not currently in managed care

>10%

UnitedHealthcare Community & State revenue CAGR from 2016 to 2021

>100

Specific state programs served by UnitedHealthcare

>1.2M

People served by UnitedHealthcare in Dual Special Needs Plans

>3.5K

UnitedHealthcare care coordinators serving those in need at the local market level

UnitedHealthcare Community & State is dedicated to providing diversified health care benefit products and services that provide care for the economically disadvantaged, the medically underserved, and those without the benefit of employer-funded health care coverage. We are a mission-driven business that connects people and communities to high-quality care.

Our business participates in Medicaid programs in 31 states and the District of Columbia, serving more than 7.5 million people by facilitating care in all market segments with offerings specifically designed to serve each of them. The primary categories of eligibility and participation by UnitedHealthcare are:

- **Temporary Assistance to Needy Families (TANF).** Primarily provided to women, children and families with a high prevalence of chronic illnesses. Currently serving more than 4 million people across 25 states.
- **Children's Health Insurance Program (CHIP).** Provided to children not covered by commercial insurance and in families with incomes too high to qualify for Medicaid. Currently serving nearly 225,000 children across 23 states.
- **Aged, Blind and Disabled (ABD).** Medical assistance programs for individuals who are age 65 or older, blind or disabled. Currently serving more than 375,000 people in 22 states.
- **Long-Term Services and Supports (LTSS).** Medicaid programs for the long-term care population, including home and community-based services to support living outside a nursing facility. Currently serving more than 270,000 people across 10 states.
- **Medicaid Expansion.** Participating in Medicaid expansion under the Affordable Care Act (ACA). Currently serving nearly 1.3 million people across 17 states.
- **Medicare and Medicaid Plans (MMP).** Provided for individuals who are enrolled in both Medicaid and Medicare. Currently serving more than 32,000 people in two states.
- **Dual Special Needs Plans (DSNP).** Services for individuals who often have multiple chronic conditions and limited incomes and are eligible for Medicare and Medicaid. Currently serving more than 1.2 million people in 37 states and the District of Columbia.
- **Individuals with Intellectual/Developmental Disabilities (I/DD).** Provided to individuals with limitations in intellectual functioning and adaptive behavior to cover many everyday social and practical skills. Currently serving 31,000 people across five states.
- **Administrative Services Only.** Currently serving more 180,000 people in one state.

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Market characteristics and growth opportunities

UnitedHealthcare Community & State serves more than 7.5 million people who are eligible for Medicaid and DSNP across 31 states and the District of Columbia. Annual spending on Medicaid and related state health programs is projected to exceed \$850 billion in 2025. Today, nearly 80% of the people served by Medicaid are in managed care programs, while approximately 55% of total Medicaid spend is currently in managed care, which offers strong growth potential in delivering better care and outcomes to those served by Medicaid.

Growth opportunities include an active Medicaid request for proposal (RFP) pipeline of procurements and new business — including the move of higher-acuity populations into managed care. This year, we have had a strong win rate on core Medicaid RFPs including in Hawaii, Minnesota, Nevada, Ohio, Oklahoma and Tennessee, with a healthy pipeline of active RFPs either in the submission or finalization phase. We continue to evaluate each program with the goal that our participation will result in delivering appropriate, high-quality care to the individuals we serve.

We also continue to see strong growth in our DSNP product offering. This product remains a significant opportunity with about 3.7 million of the 12.2 million people eligible for DSNP programs enrolled. We expect continued growth in our DSNP product as programs convert to managed care and baby boomers age into Medicare. With a nationwide footprint in both Medicaid and DSNP products, and strong operational capabilities, we can integrate care for dually eligible members — as states increasingly expect.

Improving care for those with complex conditions

Individuals with complex conditions, like many people in DSNPs, benefit from our customized, high-touch consumer service models. This includes clinical programs that support the whole person by taking an integrated approach to care management based upon a comprehensive view of a person's needs, ensuring any medical, behavioral, pharmacy, social and environmental support needs are addressed.

Optum helps UnitedHealthcare provide distinctive programs for the people we serve. For example, the HouseCalls program provides in-home clinical care to support people in managing their health, and also helps ensure they get other critical services such as behavioral health and social support. Capabilities such as Optum's post-acute services add meaningful value in facilitating care coordination through artificial intelligence (AI)-enabled decision support tools that inform optimal post-acute site of care and provider selection and help support patients transitioning home from the acute care setting.

Other condition-specific programs provide home-based support for people with chronic conditions or those with serious illness and palliative care needs. These direct care delivery models improve outcomes through holistic, patient-centered care plans and by identifying and closing gaps in care through advanced analytics and personalized support.

Addressing social determinants of health

Research shows social conditions like education, employment, income, family and social support and community safety can drive as much as 80% of health. We also know 65% of health care spending is driven by 10% of the population — patients who are high users of the health care system and who often have multiple chronic conditions, take many different medications and have unmet social needs. Therefore, it is vital we take an integrated, comprehensive view of each individual's needs — linking clinical and social support is central to our care model.

We have developed a variety of services that help address social determinants of health, such as providing healthy meals, transportation to doctor visits and even affordable housing. Because approximately one-third of members face social barriers that impact their health, we have implemented a series of programs that help identify and screen for social needs, refer them to appropriate social support resources and confirm the members actively received the services.

We recently launched UnitedHealthcare Catalyst, which is a data-driven, community-based model that convenes local governments and community-based organizations across sectors to positively impact health by focusing on the needs of public housing residents and other members of the community. It blends clinical data with input from community organizations and members to identify health challenges, then leverages a collaborative community approach to address them with specific interventions, actions and measured outcomes.

The impact of redeterminations

In 2020 and 2021, we have seen Medicaid enrollment increase as states have temporarily suspended redetermination efforts, allowing people to maintain coverage during the pandemic. We fully support expanded coverage through Medicaid and are working closely with our state partners to ensure people have continued coverage and are prepared to move into individual and family or other plan offerings when redetermination occurs. Looking ahead, as the public health emergency comes to an end at some point in the future, we would expect some membership declines as states resume redetermination efforts. The timing and duration of this impact will likely vary by state and it may take some time to fully work through that process.