



UnitedHealthcare Community Plan of Nebraska

National Alliance on Mental Illness

Nov.3, 2016

Our United Culture

Our mission is to help people live healthier lives.
Our role is to make health care work for everyone.

Integrity.
Compassion.
Relationships.
Innovation.
Performance.

Honor commitments
Never compromise ethics

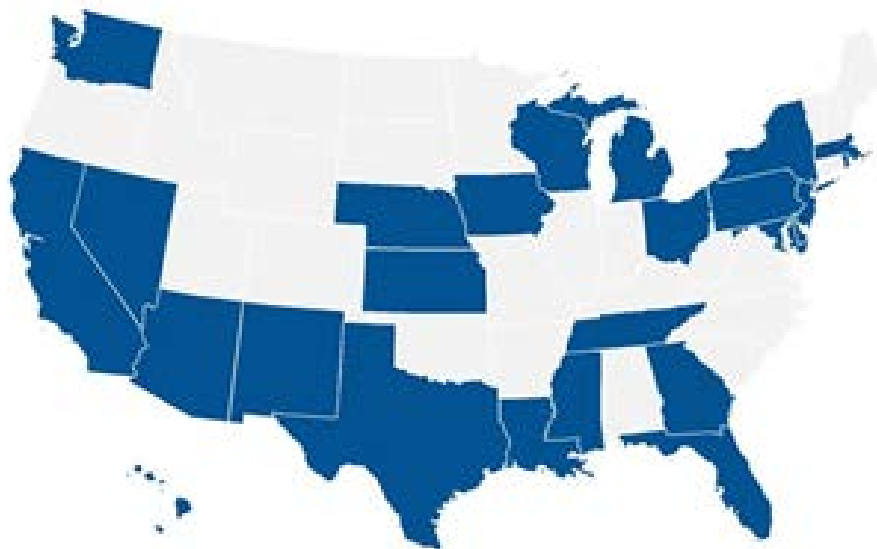
Walk in the shoes of people we serve
and those with whom we work

Build trust through collaboration

Invent the future, learn from the past

Demonstrate excellence
in everything we do

Our Experience and Capabilities



UnitedHealthcare Community Plan partners with multiple states to operate Medicare plans and deliver Medicaid managed care services.

- As a **leading health benefits company**, we serve the economically disadvantaged, medically underserved and those without employer-funded coverage.
- We provide **innovative Medicaid managed care solutions** to help make health care more accessible and affordable.
- We **deliver local market support** for effective care management, strong partnerships, greater efficiency, improved clinical outcomes and adaptability in a changing market.

Nebraska Health Plan Facts

- UnitedHealthcare has offered health benefit plans to members in Nebraska since 1984. Currently we have more than:
 - 428,000 individuals covered in Nebraska
 - 380 employees and 66 contractors serving the Nebraska market
- UnitedHealthcare Community Plan of Nebraska began serving Medicaid clients in 1996 in three counties and added seven counties in 2010.
- UnitedHealthcare Community Plan of Nebraska has been accredited by the National Committee for Quality Assurance (NCQA) since Aug. 2005.

Common Member Health Risk Factors

Disease Prevalence

- High rates of infant mortality, HIV, substance abuse and other issues
- Multiple chronic conditions

Communication Barriers

- Limited education; poor health care literacy
- Spanish and non-English speaking households
- Often lack a working telephone or permanent mailing address

Transient

- Lack of reliable transportation to appointments
- Homeless or living in shelters and other community facilities

Limited Access to Care

- Inconsistent Medicaid eligibility
- Lack of a medical home; reliance on safety net providers

Lack of Personal Support Network

- Reliance on community services and government programs, such as shelters, food banks, WIC or food stamps
- Personal support network varies by age and health status

Inconsistent Patterns of Care Utilization

- Reduced access to care and preventive services
- Emergency rooms substituted for primary care substitute

Optum Behavioral Health Overview

- UnitedHealthcare Community Plan and Optum partner together to:
 - Integrate behavioral and physical health for Heritage Health members in Nebraska
 - Provide coverage for mental health and substance use disorder services
- Optum, a subsidiary of UnitedHealth Group, is the brand name of United Behavioral Health.
- You may see both United Behavioral Health and Optum mentioned in your communications.

Behavioral Health Network Providers

UnitedHealthcare Community Plan may credential these license types:

Individual Practitioners

- MD, DO
- LP, PhD Prov.; LIMHP, LMHP, PLMHP
- LADC, PLADC
- APRN, PA, RN
- BCBA certification

Groups

- Community Mental Health Centers, Federally Qualified and Rural Health Centers
- Centers and provider groups that employ licensed professional staff to offer mental health and/or substance use services

Facilities

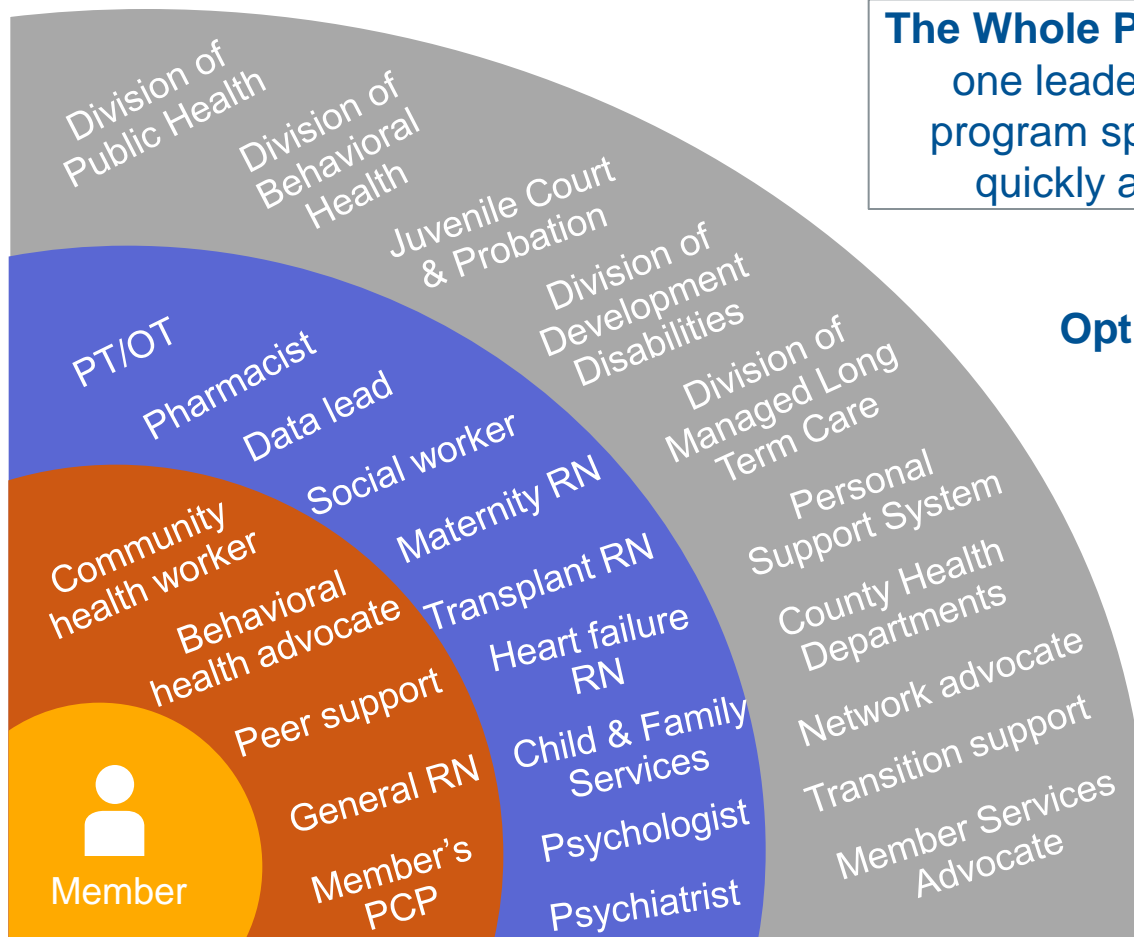
- General hospitals offering mental health and/or substance use services; freestanding mental health centers and substance abuse centers
- Acute inpatient, residential and partial hospitalization programs
- Intensive outpatient centers

Behavioral Health Clinical Model

Six key principles for changing from traditional to integrated care:

1. Moving from a disease-centric model to a member-driven, medical-behavioral-social health model by operating with a collaborative team approach to deliver care using a standardized protocol
2. Treating members in a holistic manner with a member-driven treatment plan; helping members access community supports based on their strengths and preferences
3. Using clinical systems and claims platforms to address member needs across interdisciplinary care teams
4. Improving health outcomes and affordability by addressing multi-morbidities in patients with chronic clinical conditions
5. Improving screening and treatment of mental health and substance use disorder diagnoses
6. Treating members at the point of care where they are most comfortable

Whole Person Care Team



The Whole Person Care team reports to one leader. They are supported by program specialists who can “flex” to quickly address member needs.

Optimal health and well-being

Whole person care focuses on maintaining good health by addressing a member’s interconnected physical, behavioral and social needs.

Care plans also help support the member-care provider relationship.

The Care Navigator Role

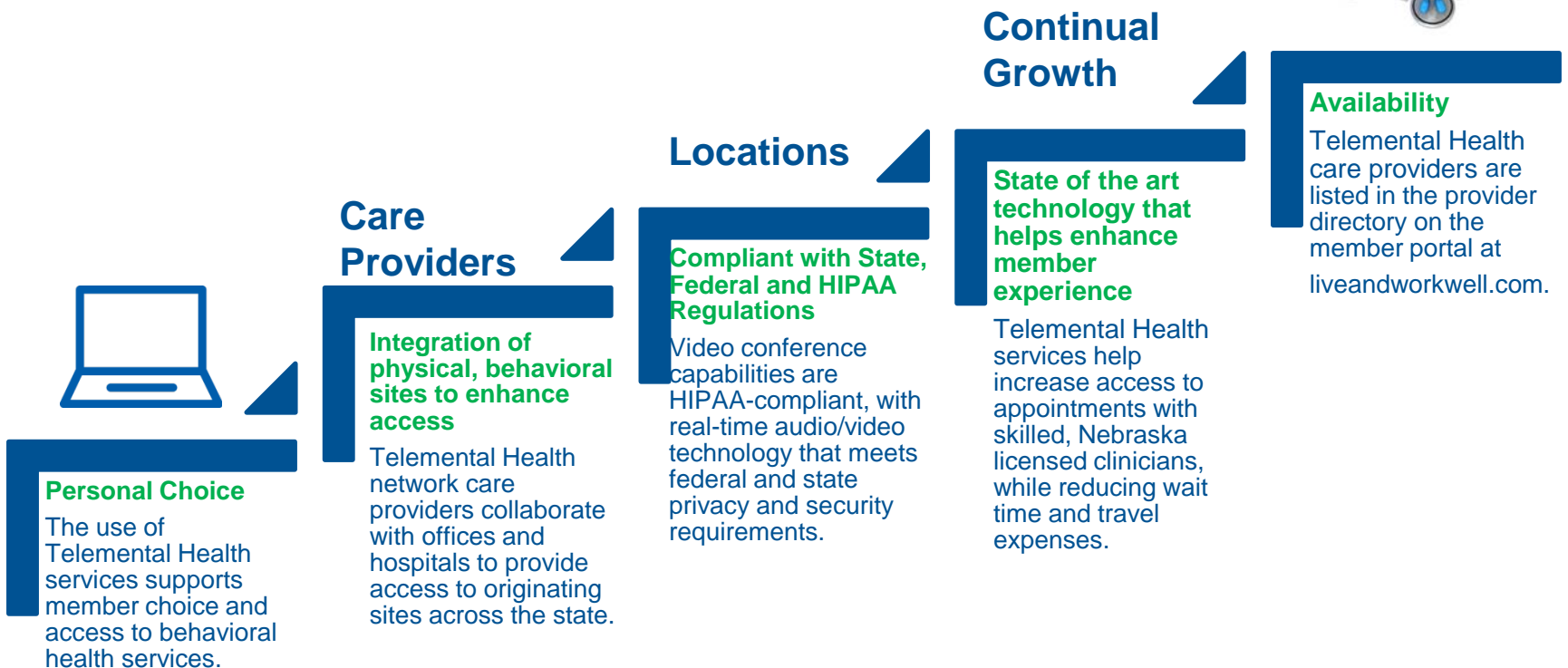
- Care navigators help members with complex behavioral health and comorbid medical conditions access needed services and resources by coordinating:
 - Therapeutic services such as therapy and medication management
 - Community supports such as education, illness support and other services
 - Care between physical and behavioral health providers and clinicians
 - Recovery and Resiliency Services such as peer support, development of a crisis/recovery plan and life planning activities
 - Other services such as legal, shelter and basic needs
 - For members with serious and persistent mental illness:
 - Tailored engagement to support whole person treatment/medication follow-up
 - A communication strategy to connect family members, service providers and community service organizations
 - Individualized communication about care opportunities

The Recovery and Resiliency Team

- Our Recovery and Resiliency team includes certified peer support specialists and a recovery & resiliency manager.
- The team works with individuals and families to develop wellness, whole person care and recovery action plans, including community/social determinants connections.
- The team collaborates with family and peers to develop peer support, a crisis/recovery plan, life planning activities, community connection, treatment options and more. Legal, shelter and basic needs may also be addressed.
- Team members will consult with other physical and mental health providers for better coordination of care.

Telemental Health Capabilities

UnitedHealthcare Community Plan helps manage the delivery of behavioral services through the use of Telemental Health capabilities and technology.



Value-Added Services

UnitedHealthcare offers programs and resources to support your efforts in member care.

- Live and Work Well Website
 - Visit liveandworkwell.com
- Attention Deficit Hyperactivity Disorder Fulfillment Program
- Health and wellness/behavioral health trainings
- Online and mobile behavioral health resources
 - Visit UHCCommunityPlan.com > **For Health Care Professionals** > **Nebraska**

Contacts

	Title	Phone	Email
Kathy Mallatt	Chief Executive Officer	402-445-5591	kmallatt@uhc.com
Michael Horn, M.D.	Chief Medical Officer	402-445-5586	michael_horn@uhc.com
James Elliston	Chief Financial Officer	402-445-5615	jim_elliston@uhc.com
Cassandra Price	Chief Operating Officer	402-445-5631	cassandra_price@uhc.com
Barbara Palmer, RN	Case Management Administrator	402-445-5671	barbara_palmer@uhc.com
Adam Proctor, MC, LPC, LIMHP	Behavioral Health Clinical Manager	402-445-5618	adam_proctor@uhc.com
Roxane Sanders	Behavioral Health Clinical Director	847-585-4710	roxane.sanders@optum.com
Cyndi Margritz, RN	Director, Quality	402-445-5526	cynthia_margritz@uhc.com
Jeremy Sand	Director, Network Strategy	402-445-5587	jeremy_sand@uhc.com
Scott Merrill	Member Services Manager	402-516-2276	scott_merrill@uhc.com
Bernadette Ueda, PharmD	Pharmacist Account Manager	402-445-5306	bernadette.ueda@uhc.com

Contacts (cont.)

	Title	Phone	Email
Roxanne Turner	Compliance Officer	402-445-5318	roxanne.turner@uhc.com
Kim Manning	Director, Marketing and Community Outreach	402-445-5580	kim_b_manning@uhc.com
Heather Johnson	Manager, Health Plan Performance	402-445-5711	heather_a_johnson@uhc.com
Lori L. Caldwell	Grievance System Manager	309-523-2704	lori_l_caldwell@uhc.com
Peg Wasser	Performance & Quality Improvement Coordinator	402-488-2789	peggy.wasser@uhc.com
Timothy Mergens, M.D.	Medical Management Coordinator	952-202-5808	timothy.mergens@uhc.com
Diane Knutson	Claims Administrator	715-858-2350	diane_knutson@uhc.com
Meagan Weese	Provider Claims Educator	402-445-5463	meagan_i_weese@uhc.com
Gerard Dass	Director, Information Management and Systems	402-445-5602	gerard_dass@uhc.com
Josh Rogers	Tribal Liaison	402-445-5662	josh_rogers1@uhc.com
Robert Steffens	Encounter Data Quality Coordinator	952-931-6477	rsteffens@uhc.com

Questions?