



A Summary of UMR's Capabilities

San Joaquin Valley Insurance Authority (SJVIA) serves a vital role in providing access to quality health care services at affordable costs to covered employees and their families. The sustained success and longevity of this essential benefit calls for a dedicated claims and network services partner with a proven track record and innovative solutions for the years ahead.

UMR, the third-party administrator (TPA) line of business for UnitedHealthcare, provides benefit plan administration for more than 3,500 customers and their 5.7 million members. We offer the resources of a highly diversified health and well-being company with a focused mission to help people live healthier lives and to make the health system work better for everyone. Our TPA expertise and flexibility enables us to manage your plan your way, as we work closely with you to provide consultative strategies and advanced technology for meeting your evolving needs. We are confident that our experience makes us ideally suited for administering self-funded medical and prescription drug benefits for SJVIA.

As a TPA, UMR's strength lies in our ability to be flexible. This includes our established partnerships with public sector entities across the country. We start by taking a consultative approach to each new relationship and meet the customer where they are. Our commitment to providing personalized, attentive service begins during implementation. During your transition to UMR, we will take the time to fully understand SJVIA. This includes getting to know SJVIA's culture, member demographics,

This summary highlights all of the programs we included in our administrative cost proposal response and outline how they will benefit SJVIA. If awarded your business, building this partnership together using these programs and services will create an easier to use, rewarding and results oriented program than your members have experienced! Creating a healthier program—together!

Personalized Member Advocacy

Our Plan Advisor advocacy service offers a simple, personalized experience for connecting families to the care they need and helping them make the most of the resources available to them in managing their health.

Your plan advisor team will follow a consumer-oriented, relationship-based approach. Your members will be connected to their personal plan advisor each time they call. This connection assures your members that the person on the other end of the line understands them, their personal health and call history.

Plan advisors use extensive data to anticipate members' needs. They promote the benefits of selecting a primary care provider, encourage pursuit of improved health and wellness, help connect callers to any applicable clinical programs and provide proactive steering to in-network providers.

Advanced Data Analytics

UMR has included within our proposal fees, Optum Benefits Analytic Manager an online decision support system for analytical reporting powered by Optum. Your SAE, Karla, will assist you with access to the reporting application to analyze the health care cost drivers, utilization, quality and performance trends, and overall health measures of your member population. You can also use the suite of analytical report templates to create custom reports, conduct analysis and compare your plan's performance and demographic trends against a comprehensive set of industry norms.



Your account management team, in partnership with a designated plan analyst, will play a consultative role in helping you monitor your plan's performance. They work with a team of analytics specialists to analyze your plan data and prepare reports to help you identify emerging trends and potential areas for improvement.

Improving Clinical Outcomes

UMR's fully-integrated Clinical Advocacy Relationships to Empower (CARE) solutions work to ensure members receive clinically appropriate care, resulting in improved outcomes and lower costs for customers and their plan members. We provide our CARE programs internally. As your single source for CARE services and integration, our CARE program offers these efficiencies:

- Decreases fragmentation of CARE services
- Decreases incidence of members getting lost in the health care system
- Allows early identification of members eligible for services
- Helps connect the member with an appropriate health care professional in another care management program

Our Utilization Management service monitors hospital admissions and other designated medical services, from prior authorization through discharge, to ensure they do not deviate from the expected treatment plan. Through our Complex Condition CARE program (case management), we aim to reduce the variability of complex and catastrophic cases by supporting patients and their caregivers throughout the course of treatment and representing the medical plan in coordinating care among different providers.

Population Health Management

UMR's Wellness CARE program uses integrated and configurable components to identify and engage individuals at-risk for future disease based on their current health status and lifestyle factors. These may include:

- Clinical health risk assessments (CHRAs)
- Biometric health screenings
- One-on-one health coaching
- Online tools and challenges
- Health education resources
- Incentive/reward administration

Obesity is a challenge for Californians. We also offer access to Real Appeal, an interactive weight loss solution powered by Optum's digital platform Rally Health, and UnitedHealthcare's Motion program. Real Appeal incorporates online coaching and videos with evidence-based weight loss strategies to drive small behavior changes that help participants manage their weight and lower their risk for diabetes and heart disease. Motion, meanwhile, provides incentives to plan participants for tracking their movement. Members sync their wearable device to the Motion mobile app and earn rewards when they meet their daily FIT (Frequency, Intensity, Tenacity) goals.



Real Appeal is a proprietary, year-long intensive lifestyle intervention program that focuses on helping participants lose weight and maintain weight loss with the ultimate goal of preventing or mitigating obesity-related issues such as pre-diabetes, diabetes and cardiovascular disease. The program is delivered live over the Internet and combines entertaining and educational videos, live virtual coaching and online group participation. Real Appeal is customized to meet the preferences of each participant to maximize outcomes and results. The program supports an organization's desire to target obesity-related conditions.

Participants receive access to all of the tools they need to succeed in the program. These tools may include a success kit, an integrative app, popular nutrition and exercise tracking software, a blender (after the eighth session), a printed nutrition guide, printed books and DVDs that parallel the video content, and a fitness guide.

Key components of the program include:

- Twenty-six weekly, then six monthly, group coaching and discussion sessions live over the Internet
- On demand one-on-one coaching, live over the Internet
- Tools to help support success based on individualized needs: nutrition guides, meal plans, recipes, shopping lists and tips for dining out
- Video workouts and fitness guides
- Entertaining and educational videos featuring popular celebrities and experts
- Online support tools, including interactive website and digital applications
- Online or mobile tracking tools to monitor nutrition and activity

From participation in Real Appeal, participants will have developed an ongoing path towards a healthy lifestyle, weight loss and medical expense savings through disease prevention or mitigation. With strong marketing and promotion, engagement rates may exceed 20 percent, and ROI can average 2.0:1.

With Diabetes and Heart Disease being two prevalent conditions with members of the SJVIA, UMR offers the following programs to manage cost and support quality and compliance for diabetics:

- Protocol Driven Health, Inc. (PDHI), includes diabetes and pre-diabetes modules that provide an opportunity for self-paced learning.
- Obesity quality improvement.
 - Focusing on reducing obesity improves A1C test results and reduces risk factors for further complications.
 - By improving eating habits to lose weight, improved eating habits help to maintain stable diabetes.
- Incentives tied to diabetes coaching, including eliminating copayments for diabetes medication and supplies.



- Working one on one with a CARE coach regarding proper blood sugar testing.
- Regular discussions on weight management, making small dietary changes, and incorporating exercise to reduce and maintain blood sugar.
- Increased knowledge of the newest guidelines by the American Diabetes Association regarding recommendations and appropriate testing.
- **Additional:**
 - Keeping on Track with Your Diabetes, a summary of self-care and medical management required for effective blood sugar control.
 - Reminders to diabetic members to update eye exams, maintain regular appointments with doctors and/or their endocrinologist team, foot exams, dental exams, etc.
 - Assisting members in understanding their multiple medications and how they work, watching for potential side effects.
 - Supporting members to understand hypoglycemia (low blood sugar) and how to treat it effectively.
 - Foot care guidelines/support.
 - Goals for diabetes and comorbid conditions, such as cholesterol and hypertension.
 - Supporting the member with carbohydrate counting basics.
- Referral to Real Appeal for customers who have purchased this benefit:
 - Real Appeal focuses on helping participants lose weight and maintain weight loss, with the goal of preventing or mitigating obesity-related issues such as pre-diabetes, diabetes and cardiovascular disease. This is an excellent opportunity for focused nutritional counseling.

UMR retains an extensive set of diagnosis and procedure code data for processed claims. These codes support the creation of prevalence reporting. Multiple diagnoses are captured for each encounter, so we can report on the incidence of comorbidities.

UMR's Ongoing Condition CARE nurses identify comorbidities the patient- nurse assessment. The focus is to discern the member's main concern whether it is the trigger diagnosis or not. If the member's concern is family, housing, food or comorbidities, the nurse and member work together to close gaps in care and to expand their self-management skills. During the coaching sessions, the CARE nurse, if the member identifies or if the nurse assesses a comorbidity, the nurse adds those conditions to the nursing care plan. A referral is sent to Complex Condition CARE should an acute condition or complex medical need be identified. Depending on the severity of the chronic condition, in relation to the comorbid condition, the more acute health risk receives primary treatment precedence in Complex Condition CARE. UMR CARE RN's address social determinants of health routinely in all CARE programs.

UMR's Complex Condition CARE approach is to provide a seamless, holistic experience for the member with one point of contact and one plan of care to address co-morbidities that could be complicating treatment.



The member will have one CARE nurse manager to assist in their episode of care. We have specialized behavioral health substance use disorder (BHSUD) nurses. Because our CARE nurses are dual trained in both medical and BHSUD, they can provide for the member's comorbidities whether they are medical or other BHSUD diagnoses. We also manage catastrophic behavioral health and substance use disorder cases within our care management program.

An example of the importance of medical and BHSUD integration is a member who presents with cirrhosis of the liver with alcoholic hallucinations and detox. In an instance of a carve-out behavioral health solution, the member would have two case managers providing a very disjointed and confusing member experience. If UMR provides both, one case manager would be working with this patient to support his/her recovery.

By focusing on holistic member support and evidence-based interventions, we can deploy a multi-faceted approach to meet the needs of your membership throughout their continuum of care.

SJVIA noted frustrations with prior case management and Disease Management experiences.

UMR's Complex Condition CARE program targets complicated cases to achieve better medical outcomes for members and greater cost savings for employers. Our criteria and systems are specifically designed to identify catastrophic and complex illnesses, transplants and trauma cases. Once high-risk cases are identified, UMR matches the level and method of CARE services to the intensity of the case in the most cost-efficient manner possible. Due to all of the CARE programs operating on one system, we are able to refer members into Complex Condition CARE as soon as they are identified, allowing our RN's to quickly begin outreach. Key to our success is the CARE nurse manager's ability to identify available Centers of Excellence, coordinate and negotiate alternative treatments and related costs. Remote patient monitoring is available through the CARE app, powered by Vivify Health.

Your UMR CARE Consultant is available to review CARE reports and facilitate high dollar/complex case review at the cadence you prefer. They will include a Director in our Complex CARE Team to provide a clinical overview of cases. Notifications of new cases identified for management are available weekly and case updates are reported monthly with an overview of the case, diagnosis, prognosis and expected cost for that episode of care. Savings are reported on a quarterly basis.

Complex Condition CARE is a multi-faceted program that is comprised of the following roles:

- **Employer:** Offers a health benefit plan that supports Complex Condition CARE and promotes it to employees
- **Member:** Actively participates and complies with physician's plan of care
- **Physician:** Manages the member's care according to best practices and collaborates with UMR's CARE nurse manager
- **Complex Condition CARE Staff:** Applies resources to maximize the member's health status, while reinforcing the physician-patient relationship



UMR CARE programs added the following enhancements in 2021

- The CARE app, powered by Vivify Health, effective January 1, 2022. It is for every member and provides remote patient monitoring to help them learn self-management techniques. CARE nurses can view individual health metrics and connect with members via chat or streaming video. With this addition, the goal of reaching the total population succeeds regardless of risk.
- Ongoing Condition CARE shifts its focus to closing gaps in care and enhancing the member's self-management and self-advocacy skills. This member-focused program addresses the member's main concern whether it is family, transportation, lodging or comorbidities. Once the concern has been addressed, the member and nurse work together to effectively manage the condition. We have added 15 new conditions to our core program, expanding our reach to high-risk members in a variety of diagnostic groups.
- New Emerging CARE program focuses on at-risk members who are showing exacerbating behaviors, procedures or health condition which could result in progression to a more complex illness. Members are armed with education, innovative digital tools and resources setting the foundation for improved long-term empowerment. Key areas of focus include, but are not limited to, specialty medication support, ER visits of four or more, behavioral health and substance use disorder (BHSUD) support and preadmission counseling for elective surgeries. This program is a true total population health program.
- Advocacy for members and their families to ensure their health needs are well supported
- Expansive and thoughtful stratification to identify individuals with a wide variety of clinical circumstances
- Promotion of clinically appropriate treatment and cost-effective care
- Support of patients and caregivers during behavioral health/substance use disorder stays, inpatient discharge and with claims denial or appeals questions
- Work with providers to best manage care on behalf of patients
- Education and empowerment of members to care for themselves

Integrated Medical with UMR and Optum RX

Our integrated proposal responds to many key market imperatives to deliver superior and expert implementation; provide specialty pharmacy expertise that manages trend while focusing on the member; have technologically-advanced pharmacy management processes; support safe and effective clinical and utilization management rules and programs; focus on responsive account management and quality customer service; coordinate with our UMR disease and case management partners; and offer SJVIA other critical areas to support day-to-day patient care and intelligent medical management.



Together with our sister company UMR, OptumRx offers a full spectrum of pharmacy management services including specialty pharmacy and medical spend care. The following advantages highlight some of the features our combined companies can offer:

- Single health management solution
- Clinical synchronization
- Coordinated implementation and plan management
- Specialty pharmacy Integration

These innovations and strengths are outlined below.

The Value of a Single Health Management Solution

The strength of an integrated model lies in the complete alignment of programming that eliminates the silos and fragmentation inherent in multiple-vendor models, and synchronized data and analytics that enable deep, 360-degree insights into clinical opportunities that are actionable regardless of where the member is in the health management environment.

There are many advantages to creating a fully integrated health management program by selecting OptumRx, including:

Consistent member engagement and advocacy services across your entire population for all programs, eliminating complexity and guesswork and increasing satisfaction and engagement

Simplified billing and administration

Clinical Synchronization – The connection of pharmacy and care management systems through shared clinical protocols and aligned staffing, all of which allows for deeper clinical insights and better member outcomes and savings. We have provided more information on clinical synchronization below.

Clinical Synchronization

At Optum and UMR, we have eliminated the barriers between a health plan's medical, clinical and pharmacy benefit solutions so that historically separated data, systems, staff and processes can be connected and aligned in ways that deliver value to both members and employers. This synchronization helps to improve medication adherence, identify possible drug interactions and maximize cost-saving opportunities. The connection enables us to engage members faster through a single clinical system and a care team with access to a 360 degree view of total health for each member, to speed critical decision-making.

Key components of our clinical synchronization approach are:

Pharmacist Interventions. Pharmacists are integral members of our clinical teams of personal nurses and medical directors, providing multifaceted care management interventions that are closely coordinated, highly efficient, and result in better, more holistic member care management.

Better data. The population data that is accessible in the clinical care platform is higher quality and more immediately accessible, including medical conditions, risk scores, medication history, current medications, and even insights into medication pricing and the availability of lower cost alternative medications—all of which can be viewed without having to consult an external vendor's portal.



Innovative analytics. Better data, along with close collaboration of pharmacy and clinical resources, make possible innovations in medication-focused population risk scoring and gap-in-care analysis, including a proprietary model for predicting medication compliance issues, as well as a scoring model for a member's medication adherence.

Value-driven referrals. Referrals make the most of every member engagement. A member calling into the mail service pharmacy may learn of an available condition management program. A member who is working with a nurse may learn which medications are available by mail, with support options including our staff reaching out the member's physician to obtain the prescription in mail service quantity (90 days).

Effective Implementation and Ongoing Plan Management

SJVIA has our commitment to an immediate and efficient implementation: The underlying infrastructure that supports your plans, eligibility, banking, reporting, billing and other administrative provisions will be managed by UMR. Accordingly, your pharmacy implementation will focus on any pharmacy specific changes to these provisions, such as plan design, eligibility structure variances, pharmacy product adoptions, or open enrollment needs. One of our major goals throughout the implementation process is to minimize disruption for members while providing them with all of the information necessary to understand and maximize their new benefits.

From the initial implementation checklists, milestones and meetings to ongoing maintenance and support, we focus on quality and efficiency. You can expect a "no shades" view of the work we are performing on your behalf, including detailed documentation of client intent. Moreover, we maintain that focus on quality and efficiency even after the pharmacy implementation is complete.

Specialty Pharmacy

Specialty pharmacy trend is one of the greatest threats to health care sustainability across the nation. OptumRx responds to this risk by offering a cost-effective integrated specialty program. Its scale, flexibility and leverage to navigate the financial challenges associated with complex and high-cost therapies, while helping members stay adherent with their chronic conditions helps make us a leader in specialty drug management.

Our service model offers care management, medication distribution, program referrals, utilization and disease management programs, outcomes analysis and reporting and member education to provide comprehensive care. This includes a specialty pharmacy live video consultation program, offering members personal contact with clinical pharmacists with face-to-face interaction that promotes adherence and provides member engagement, hands-on counseling services, and assistance to master medication administration. These virtual consultations improve member confidence and satisfaction, and facilitate better management of high-cost specialty medication.

Additionally, our specialty pharmacy program takes advantage of the expertise that UnitedHealth Group's family of health care companies has to offer. Members in need of additional support—clinically or otherwise—are referred to our case or disease management nurses who coordinate additional care and support, as necessary. These services provide the high-touch support required for chronic and complex conditions. As an example, our hepatitis C and multiple sclerosis clinical management programs include screening for depression and, if necessary, referrals to the appropriate health care service. Similarly, referrals to our oncology disease management program are provided for members receiving oral oncolytics.



Eliminating any RX disruption: UMR and OptumRx are very cognizant of SJVIA's concerns about member disruption and medication adherence. Accordingly, we are offering an additional service of Continuation of Therapy / grandfathering for excluded medications.

Continuation of Therapy is an exception process when a member receives an exception to a benefit coverage limit or other plan restriction. It is applied when a customer transitions from one PBM provider to another or when a benefit change occurs during the plan year. These exceptions can help minimize member disruption and support safety and continuity of care and may apply for a specific time period.

OptumRx is offering SJVIA Continuation of Therapy. We will work with SJVIA to develop appropriate Continuation of Therapy policies and offer recommendations that have a positive impact on member care and satisfaction.

Additionally, during implementation of SJVIA's plan, we analyze the recent, incumbent, pharmacy claims data to determine potential disruption due to formulary transition. We are able to load historical prior authorizations for formulary drugs with utilization management programs; however, such claims are excluded from rebate guarantees.

Our technical platform fully supports programming of Continuation of Therapy policies within our claims system at the plan and member level. This enables us to implement exceptions in real time, which avoids member disruption at the point of service and reduces the need for pharmacist or Help Desk intervention.

We do not apply charges for programming our system to accommodate these exceptions. However, when these exceptions are implemented, any savings estimates may need to be adjusted.

UMR's ability to work with other PBM's: We currently interface with 30 national and regional PBMs in serving customers and their plan members. This includes process and system integration for sharing claims and eligibility data and single sign-on (SSO) connectivity with umr.com.

OptumRx's ability to work with other TPA's: OptumRx is willing to work with most National TPA's in the market, should UMR not be selected as the Medical TPA.

UMR's Network solutions, Disruption and Repricing

UMR offers access to the broad reach, deep discounts and innovation of the UnitedHealth Select and Select Plus Network, which continues to transform the health care system to achieve higher quality, and cost-effective care delivery. This is our solution for the SJVIA's EPO and PPO plan designs.

The UnitedHealthcare Select/Select Plus network offers a wide selection of quality health care providers, including 350 hospitals and more than 109,000 health care professionals throughout California. Our national network is automatically available for any members needing access outside of California.

Specific to the network discount analysis and repricing tools we are able to identify, from the information provided in the RFP to the level of detail associated with the amount of \$1,240,054 in Unable to Process amount.

These providers are not contracted with UHC or are competitor products and we do not include them in medical disruption (ie: within these records, Coram is example which is a pharmacy benefit and is always exclude it from our medical disruptions.)

UnitedHealthcare®



Cost Exhibits

UMR is offering a \$100,000 Wellness Credit to be used at SJVIA discretion.

UMR is offering \$50,000 Implementation and a \$50,000 Communications credit also to be used at SJVIA discretion.

UMR has updated the Cost Proposal Tab as instructed.

Performance Guarantees

UMR has updated the Performance Guarantee Tab as instructed.