



Congratulations, you've completed Level 1. Now take on the challenge of this intermediate knowledge level to gain insight into the teams and functions supporting Medicare & Retirement and take a deep dive into a variety of business-related topics.

M&R Practitioner – If you already know how the business operates, take the two knowledge assessments now.

Or start here to build or build upon your own foundation. In this level, you'll learn how UnitedHealthcare does business in the

Medicare space. How we attract and provide best in class service to our members and providers. Each Pillar will provide new information, even if you are an expert!

INSTRUCTIONS: As you are reviewing the content and resources for Level 2, use this document to guide you in capturing the key learning points in each area. The document may be printed to handwrite your notes or downloaded to type your notes.

Pillar 1: Design, Market & Sell Products

HOW WE DESIGN PRODUCTS

1. Demographics:

- a. What are the common chronic conditions our members have?

- b. What percentage of members has one or more of these conditions? _____
- c. How many prescriptions does an average member take per month? _____
- d. What qualifies someone to be eligible for Medicare under age 65? _____
- e. What percentage of Medicare eligible consumers are under age 65? _____
- f. List the following:

LIST	
Members with disabilities tend to have:	Conditions: Income:
What are factors that impact members' health outcomes?	

2. Product Design:

a. Why does UHC offer different products?

b. How do we identify consumers' needs and what's important to them?

c. What are the three "drivers" to purchase our products?

d. What are some reasons each county's Medicare Advantage product strategy is different?

e. What is the purpose of War Games?

f. What is the role of each of the following teams in product design?

Department	Role
Health Plan CEOs	
Sales	
Marketing	
Operations	
Network	

Underwriting and Finance	
Product	
Star Ratings and Clinical	

g. Where does M&R's competitive intelligence come from?

3. Product Planning and Bids

a. The M&R product team must submit a _____ to CMS each year for _____.

b. A bid is made up of the _____ , _____ and _____.

c. Describe the process for Medicare Supplement to get approval for pricing changes.

d. Can Medicare Advantage plans change pricing throughout the year? _____

e. Once bids are submitted, what does CMS do?

f. Identify what happens in key months during the Product Planning or Bid Cycle:

Month	Bid Cycle
January	
February	
March	

April	
June	
June - July	
July - August	
September	
October	

PRODUCTS WE OFFER

1. Product Portfolio

- a. UHC offers Medicare Advantage plans to what percent of the Medicare-eligible population? _____
- b. In how many states do we currently offer each product and what is our market share for each?

Product	States Offered:	Market Share:
Medicare Advantage Plan		
Medicare Supplement Plan		
Part D Plan		
Dual SNP		
Group Retiree		

- c. What are the trends and growth potential (i.e. market dynamics) contributing to our M&R growth?

- d. The key factors that influence how consumers choose a Medicare plan are:

e. Which of the following aspect(s) of each plan appeal to consumers?

Aspect	Which apply?			Part D Plan	Group Retiree
	Medicare Advantage	DSNP	Medicare Supplement		
1. Offers additional benefits beyond traditional Medicare					
2. Offers clinical management programs for members with chronic diseases					
3. Typically best value at lowest price point					
4. No provider network restrictions					
5. Low to moderate price point					
6. No geographic restrictions-travels with you					
7. Coverage for hospital and preventive care					
8. Fitness, dental, transportation					
9. Prescription drug coverage					
10. Higher premiums, more flexibility					

How We Go to Market

1. Marketing

a. What are six key aspects of M&R's value proposition?

_____	_____
_____	_____
_____	_____

b. Mark following questions true or false:

Questions	True	False
Telesales and enrollment scripts are considered marketing and must be submitted to CMS		
Marketing and sales teams cannot cold call consumers to generate interest in M&R plans		
Plans/Part D sponsors can offer nominal gifts to beneficiaries for marketing purposes		
Plans/Part D can use door-to-door solicitation and leave information such as a flyer at a residence		

c. UHC educates consumers about Medicare using what ways?

2. Sales & Marketing Metrics

a. What are three key metrics for M&R Sales?

b. What are three key metrics of M&R Marketing?

c. Marketing measures the effectiveness of an advertisement based on?

HOW WE SELL TO EACH CONSUMER

1. Sales

a. What is the common purpose of each member of the sales team?

b. What are two ways agents get leads?

c. What are some of the locations where field sales agents meet consumers?

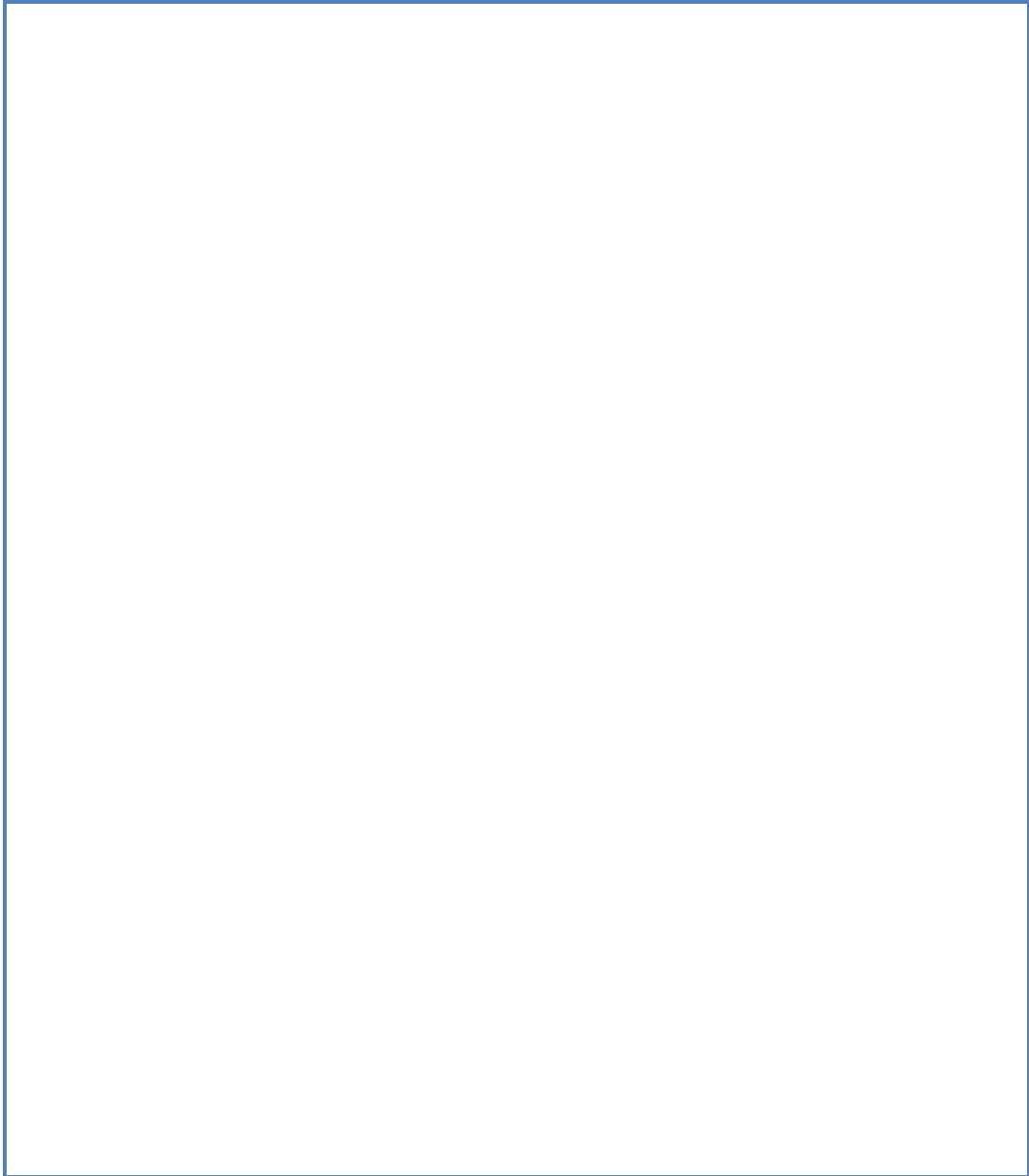
d. List ways consumers can enroll:

e. What are things agents are required to do before and during sales meetings?

f. What are the teams that support sales agents and what are their respective roles?

PILLAR 1 NOTES

Use this section to capture any additional notes you may have for this pillar.



Pillar 2: Create a Meaningful Member Experience

OUR MEMBER EXPERIENCE & FEEDBACK

1. NPS

- a. What does an NPS score help UHC understand?

- b. What are UHC's key drivers of Medicare member satisfaction?

- c. How does UHC measure progress on NPS key drivers?

- d. What are sources of consumer feedback?

2. Member Journey

- a. What are UHC's goals in improving the Member Journey?

- b. Describe each of the five UHC touchpoints in the Medicare consumer journey:

Awareness	
Acquire	
Onboard	
Engage	
Retain	

- c. What are some of the ways we communicate with new members?

Method	Specific type of communication received
Email	
Mail	
Phone	
Online	

- d. Renew by UHC is designed to _____ , _____ and _____ members.

NOT YOUR AVERAGE CUSTOMER SERVICE

1. Service Experience

- a. What are some common member issues and questions?

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b. What is Advocate4Me designed to deliver to members?

c. How does Navigate4Me help members?

d. DiME stands for _____

e. DiME supports which product members? _____

f. How does DiME support members?

g. How does UHC interact with and support our providers?

CLINICAL EXPERIENCE & INNOVATION

1. Clinical Experience/Innovation

a. Who are the major stakeholders in the healthcare landscape?

_____	_____	_____
_____	_____	
_____	_____	

b. What is the Triple Aim?

c. What are the three parts of the Triple Aim?

d. What is the purpose of our clinical programs and services?

e. What are three clinical programs or services a member with one or more chronic conditions may interact with?

f. OptumHealth manages which programs for M&R?

g. OptumCare works with _____

h. UnitedHealthcare Clinical Services _____

i. How are we using clinical innovation to make a fundamental change in which we are providing care to our members? What is an example of this change?

j. The Nerve Center integrates personalized data from what sources?

- k. What does UHC do with the data that is collected through the Nerve Center?

PHARMACY EXPERIENCE

1. Pharmacy Experience

- a. Describe a Pharmacy Benefit Manager (PBM) and some of the services they may provide.

- b. What is another name for a prescription drug list? _____

- c. List important questions members ask related to their pharmacy coverage needs:

- d. Members typically interact more with their _____ than any other health care provider.

- e. What are some value-added services OptumRx provides to members?

PILLAR 2 NOTES

Use this section to capture any additional notes you may have for this pillar.

Take
Assessment 1
for Pillars 1 & 2
now.

Pillar 3: Manage a Health Plan

FUNDAMENTALS OF A HEALTH PLAN

1. State and Federal Health Plan Requirements:

a. What is a health plan?

b. Identify where Medicare Supplement Health Plan requirements come from:

c. Medicare Supplement plans must abide by the different _____ requirements.

d. Identify where Medicare Advantage Health Plan and Part D requirements come from:

e. Describe the key requirements within each health plan:

Benefit Coverage	
Provider Network Adequacy	
Operations	
Compliance	
Financial Reserves	
Quality Programs	
Marketing and Sales	

2. Operational Requirements:

- a. Explain the role each operational department plays in demonstrating the health plan requirements and enhancing the member experience:

Provider contracting and setup	
Member Enrollment	
Billing	
Operational Setup	
Prior Authorization	
Claims Processing	
Appeals	
Payment Integrity	
Customer Service and Navigation	
Issue Resolution and Complaints to Medicare	
Core Technology	

3. Regulatory, compliance, relationship with CMS:

- a. The Centers for Medicare & Medicaid Services (CMS) requires all Sponsors to implement and maintain an effective _____ program for its Medicare Parts C and D plans.
- b. Match the team with the function they provide in day to day compliance efforts:

Word Bank: Compliance Officers - Prevention Team - Detection Team - Corrections Team	
	Implement compliance program and oversight framework with business functional teams.
	Work with functional areas to resolve and remediate any issues. Take corrective action as needed. Also responsible for Compliance Issue Tracking, CMS Inquiry Response Coordination, Internal & External Corrective Action Plans.
	Oversee operational program strategy, issue escalation and executive awareness; track an internal compliance scorecard for each functional business area.
	Detect non-compliance through internal monitoring, audit and monitoring readiness activities.

- c. List the consequences plan sponsors may face from CMS for non-compliance with audit requirements:

_____	_____
_____	_____

- d. How often does CMS complete a comprehensive program audit? _____

- e. How often does CMS complete periodic desk audits? _____

- f. In addition to the compliance requirements for MA and Part D, Congress established what other requirements for Medicare Supplement plans?

- g. Compliance is whose responsibility? _____

4. Metrics and NPS:

- a. UnitedHealth Group monitors the success of a health plan at the _____ level?

- b. List metrics that are used to monitor each health plan or market:

_____	_____	_____
_____	_____	_____

5. Creating a Health Plan:

- a. Medicare Advantage is a national program overseen by the _____
- b. Licensure is obtained from which entity for Medicare Advantage plans? _____
- c. Explain what it means to file Notice of Intent to Apply. Once filed, can it be modified?

6. Running a Health Plan:

- a. What role does a Health Plan leader play?

- b. In mature health plan markets, what are some key focus areas?

- c. Name some of the resources, key roles and teams that support the health plans.

- d. List the components that a Health Plan CEO is measured on.

- e. Explain the value the UHC brings to the market.

FINANCE

1. Medicare Advantage Financial Value Proposition:

a. What does Fee-For-Service mean?

b. How do Medicare Advantage plans manage overall medical costs?

c. Medicare Advantage plans can generally offer the same benefits as Fee-for-service (Original Medicare) at _____ % lower cost.

2. Medicare Supplement Financials:

a. List the key financial drivers of the Medicare Supplement business:

b. How does underwriting impact the Medicare Supplement business?

c. How does UnitedHealthcare benefit from the relationship with AARP?

3. Chronic Conditions of RAF:

a. _____ % of our members lives with one or more chronic condition.

b. Describe Risk adjustment:

c. Each Medicare Advantage member is assigned a _____ which is used to compare the average cost of an Original Medicare member.

d. All payments we receive from CMS are _____

e. What sources are used to calculate the members' RAF score?

f. The score itself is created based on a comparison to

g. A member with a risk score _____ is expected to have higher than average claim costs.

h. A member with a risk score _____ is expected to have lower than average claim costs.

i. Do member RAF scores and diagnoses carry over from the previous year? _____

j. Describe how these businesses support the risk adjustment process:

OptumCare	
OptumInsight	
Medicare & Retirement	

IMPORTANCE OF STAR RATINGS

1. Measures and Impact of Star Ratings:

a. What are Star Ratings used for?

b. Which agency sets the quality standard for clinical Star Ratings measures?

c. How often are Star Ratings calculated? _____

d. What does UnitedHealthcare do with the money received from the STARS Bonus?

e. List the benefits a health plan has when they reach a star rating of 5.

f. What is the main method used by CMS to assess clinical quality of a health plan?

g. Name the four main categories of measures for Star Ratings?

h. Explain how we identify and close gaps in care:

i. What surveys are used by CMS to measure member satisfaction with their health plan?

j. List the key elements of the operational measures within Star Ratings:

2. Provider Tools:

- a. Describe the purpose of the Patient Care Opportunity Report.

- b. Describe UHCCareConnect.

NETWORK STRUCTURE AND PAYMENTS

1. What is a network?

- a. Describe a provider network:

- b. What is a contracted provider called? _____

- c. A provider that hasn't contracted with a health plan is called _____

- d. Why do health insurance companies prefer the use of providers in the network?

- e. Explain network adequacy:

- f. List the network adequacy requirements all qualified health plans network must monitor to remain compliant.

g. What types of networks, other than medical, does UHC provide?

h. Our provider contracts and incentives to providers are designed to

2. Paying Our Providers

a. What are our network arrangements and payment models are designed to do?

b. UHC networks are customized for _____

c. Describe the following provider payment models

Fee-for-service	
Performance-based	MAPCPi focuses on: MCAIP focuses on:
Value-based	

d. Explain the difference between Shared Savings and Shared Risk:

PILLAR 3 NOTES

Use this section to capture any additional notes you may have for this pillar.

Pillar 4: The UHG Advantage

OPTUM PARTNERSHIP

1. Optum Services:

a. Describe the Optum structure.

b. Describe the advantage of having Optum within the UHG umbrella.

c. Describe how these Optum businesses partner with Medicare & Retirement.

Business	Role
OptumRx	
OptumCare	
OptumInsight	
OptumIT	
Optum Population Health	

d. How is OptumRx addressing some of the problems facing healthcare?

- e. Some of the ways in which Optum synchronizes benefits include:

- f. What does OptumRx do in their specialty shop (Specialty Pharmacy) that differentiates them from competitors?

- g. What types of services may be included in a HouseCalls home visit?

- h. What is Optum Care building to add to UHG's capabilities?

Leading _____, value-oriented care delivery system

Meaningfully improve the _____ and _____ of care.

Aligned with the _____

Improving the _____

- i. What does OptumCare hope to do?

- j. Describe the scope and scale of OptumCare.

k. How is OptumCare leading change?

l. Optum Corporate Development (Mergers and Acquisition team) primarily focuses on:

m. Describe how Optum Customer Care and the UHD Benefit Operations team are able to personalize interactions with members.

n. How does Optum Product and Consumer Marketing bring to life the Optum story?

o. What is the Product Taxonomy and how does the team use it?

M&R BUSINESS STRATEGY

1. UHC Medicare Placemat and 2021 M&R Business Priorities:

- a. What have we learned from 2020 that has helped shape our business plan?

- b. The three different areas that our business plan revolves around are:

- c. Identify examples for each of the three areas.

PILLAR 4 NOTES

Use this section to capture any additional notes you may have for this pillar.



M&R Certified

Level 2 Learning Resource Checklist

INSTRUCTIONS: Use the checklist to track your progress through the Level 2 modules. As you finish each module, click the check box to indicate completion.

Pillar 1: Design, Market & Sell Products

- [Member Trivia](#) ☐
- [Designing Products and Services to Meet Members Needs](#) ☐
- [How our Medicare Plans Come to Life](#) ☐
- [Product Portfolio Overview](#) ☐
- [Can You Pick a Product?](#)..... ☐
- [Marketing](#) ☐
- [Measuring Sales and Marketing](#) ☐
- [The Sales Agent Experience](#) ☐
- [Enhancement Activities Pillar 1](#) ☐

Pillar 2: Create a Meaningful Member Experience

- [NPS for Medicare Consumers](#) ☐
- [Key Drivers of NPS](#) ☐
- [Member Journey](#)..... ☐
- [Not Your Average Customer Service](#) (5 videos)..... ☐
- [Our Clinical Model: The Health Care Landscape and the Triple Aim](#)..... ☐
- [Our Clinical Model: Our Clinical Programs and Key Partners](#) ☐
- [Our Clinical Model: Bringing Our Clinical Programs to Life](#) ☐
- [Who is OptumRx?](#) ☐
- [Pharmacy Experience](#)..... ☐
- [Enhancement Activities Pillar 2](#) ☐

Pillar 3: Manage a Health Plan

Building Blocks of a Health Plan	<input type="checkbox"/>
CMS Operational Requirements of a Health Plan	<input type="checkbox"/>
Compliance with CMS	<input type="checkbox"/>
Metrics and NPS	<input type="checkbox"/>
Creating a New Health Plan	<input type="checkbox"/>
Running a Health Plan	<input type="checkbox"/>
Medicare Advantage Financials	<input type="checkbox"/>
Medicare Supplement Financials	<input type="checkbox"/>
The Impact of Chronic Conditions on MA and Part D Reimbursements	<input type="checkbox"/>
Risk Adjustment Factor	<input type="checkbox"/>
Star Ratings Measures	<input type="checkbox"/>
Measures and Impact	<input type="checkbox"/>
Enabling Providers through Data and Insight	<input type="checkbox"/>
What you can do to help	<input type="checkbox"/>
What is a Network?	<input type="checkbox"/>
Paying our Providers	<input type="checkbox"/>
Enhancement Activities Pillar 3	<input type="checkbox"/>

Pillar 4: UHG Advantage

Optum Services Provided to M&R	<input type="checkbox"/>
OptumRx and Healthcare Today	<input type="checkbox"/>
HouseCalls	<input type="checkbox"/>
OptumCare Overview	<input type="checkbox"/>
Optum Spotlight: Travis Winkey- Corporate Development	<input type="checkbox"/>
Optum: Norman Wright- Customer Care	<input type="checkbox"/>
Optum Spotlight: Lynne Stockstad- Product and Consumer Marketing	<input type="checkbox"/>
UHC Medicare Placemat	<input type="checkbox"/>
2021 M&R Business Priorities	<input type="checkbox"/>
Industry News and Trends	<input type="checkbox"/>
Enhancement Activities Pillar 4	<input type="checkbox"/>