



Congratulations, you've completed Level 1 and Level 2. After completing M&R Certified Levels 1 and 2, you will have a strong grasp of the business, both inside and outside of your team or function. Become a professional in the Medicare & Retirement business by gaining greater exposure to key business strategies, partnerships, and priorities.

M&R Professional – If you already familiar with the external landscape and our business strategies, take the knowledge assessment now. Otherwise in this level, you'll gain exposure to a broad view of the external marketplace in which we do business, go deeper into our M&R business strategies and give you exposure to how M&R, UHC, Optum and UHG are transforming the health care system and the consumer experience.

INSTRUCTIONS: As you are reviewing the content and resources for Level 3, 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.

Marketplace & External Landscape

UnitedHealthcare Medicare & Retirement Value Proposition

1. Product Portfolio Analysis

- a. When you compare UHC's Medicare plans to competitor plans, how are they similar?

- b. How do we differentiate ourselves in some markets?

- c. In all markets, we talk about our differentiated _____,
our _____ and our _____

2. Marketing Analysis:

- 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?

Consumer Insights

1. Consumer Insights

- a. Why must we adapt to the changing needs and preferences of our consumers?

- b. What are macro trends?

- c. Describe how Medicare consumer demographics impact macro trends.

- d. How does understanding our consumers pain points benefit us as an organization?

- e. Consumer expectations of our business are changing. What are some of the factors that have led to this change?

- f. As an organization, we keep our consumers at the center of our business and evolve to meet their expectations. What are some of the innovative solutions that have been developed to meet or exceed customer expectations?

Provider Perspective

1. Experience MD

- a. For a physician to be considered a UnitedHealthcare provider they must

- b. What are some of the challenges Providers face when doing business with UnitedHealth Group?

- c. How is UnitedHealthcare working to improve the provider experience?

2. Provider Journey

- a. Why is it important to attain alignment across the provider journey?

- b. Identify and describe the 5 stages of the provider journey.

Stage	Description

- c. These two stages of the provider journey can happen at any time in a provider's relationship with payers.

- d. What is the benefit of journey mapping the provider's interactions?

- e. Identify and describe the provider's interactions with UHC during the onboarding, care delivery and reimbursement stages.

3. Provider Pain Points

- a. How are drivers and pain points different?

4. Provider NPS

- a. Over the past four years, UnitedHealthcare has raised its provider NPS. How was this accomplished?

- b. What were the five major areas that lead to the growth?

- c. After collecting data from surveys and research, the three priorities from the provider perspective are:

- d. How are provider priorities different from drivers and pain points?

MARKETPLACE & EXTERNAL LANDSCAPE NOTES

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

Business Strategy

Star Strategy

1. Star Ratings

- a. Describe what occurs during each year for the Star Ratings process.

Year	
Year 1	
Year 2	
Year 3	

- b. How does our organization anticipate our Star Ratings results?

- c. When most of our members are in four-star plans, we know that:

- d. What about our Star Ratings is in our control and what is not?

- e. True or False Star Ratings are a moving target. Each year a brand-new set of Star Ratings metrics are set. _____

- f. In the next couple of years, _____ and _____ will be more important in the Star Ratings System.

2. Tactics that impact Star Ratings

- a. How do we ensure that we meet the Stars requirements in each of the following measures?

Measure	How do we meet requirements
Clinical Measures (HEDIS)	
Pharmacy	
Operation measures	
Perception (CAHPS/HOS)	

- b. Describe some of the tactics that we use to help us meet these requirements.

Measure	Tactics
Clinical Measures (HEDIS)	
Pharmacy	
Operation measures	
Perception (CAHPS/HOS)	

3. Service models that impact Star Ratings

- a. Describe how each of the following impacts our Star Ratings.

Service Model	Impact to Star Ratings
Advocate4Me: Market-Aligned Operating Model	
Navigate4Me: Care Coordination Model	
HouseCalls	
Provider Incentives	

Financials

1. How Medicare is Funded

- a. Identify and describe the sources of funding for Medicare.

Source	Description

- b. This agency manages the Medicare trust funds. _____

- c. The two Medicare trust funds are _____ and _____

d. How are each of the parts of Medicare funded?

Trust	Funding and Coverage
Part A	
Part B	
Medicare Advantage	
Part D	

2. Medicare Advantage Financials

a. Describe why Medicare Advantage is good for the health care system, our members and the government.

b. Identify and describe the elements that provide the “advantage” in Medicare advantage.

c. What is the spillover effect of Medicare Advantage?

d. True or False The financial performance between our individual Medicare Advantage plans and group Medicare Advantage plans is very similar. _____

e. What is the purpose of financial forecasting?

f. The three forecasts performed each year are _____,
_____ and _____

g. What do the names of the forecasts represent?

h. Budget setting occurs for the upcoming year within the _____

i. Describe how we forecast our membership in each market

j. What is the first step in our forecasting process?

k. Approximately _____ of our Medicare Advantage revenue is from CMS.

l. Describe what goes into the revenue forecast and the roll RAF plays.

m. What are operating costs and how do we manage them?

- n. The two primary drivers of medical costs are _____ and _____
- o. What are medical trends and how are they analyzed?

- p. What is affordability and what is its focus?

Growth and Product Strategy

1. Growth and Emerging Trends (MA Industry)

- a. What are the factors that are driving the growth of Medicare Advantage?

- b. How is the value of Medicare Advantage determined?

- c. What are some of the Medicare Advantage emerging trends?

2. UHC Strategies

- a. How do we develop our Medicare Advantage product strategy each year?

- b. Identify and describe the key areas of input that help us stay informed on market trends.

Area	Description

- c. How do competitors influence our Medicare Advantage product strategy?

- d. What impact does CMS have on our Medicare Advantage product strategy?

3. What is a bid?

- a. True or False As a health plan, we are required to submit a projected financial statement for each Benefit Plan that we offer. _____
- b. Identify and describe the Bid Pricing Tool components.

Components	Description

- c. How are bids calculated? _____
- d. The idea of a bid is to _____
- e. How are Star Ratings used in bid calculations?

Provider and Network Strategy

1. Capitation

- a. What is capitation?

- b. Describe how capitation differs from Fee-for-Service.

- c. Identify two capitated payment methods and describe how each are paid.

Payment method	How its paid

- d. Capitation is a type of _____ .

These programs work with care providers to manage the health of an overall populations through _____ , _____ and/or _____ .

- e. What requirements must a provider meet to participate in a capitated program?

- f. How do capitated contracts work?

- g. The three unique components to a capitated contract are:

h. Describe each of the four types of capitated contracts.

Capitated Contract	Description
Global	
Shared	
Ancillary	
Split	

i. The three factors that determine the capitation rate are:

_____	_____

j. What are the services UnitedHealthcare provides while administering capitated contracts?

_____	_____
_____	_____
_____	_____

Provider and Network Strategy

1. Expanding Capitation and other Reimbursement Methods

a. Explain why strong provider and network strategies are critical to our business.

b. Describe how capitated contracts are part of our business strategy.

- c. How do capitated contracts affect the business?

2. Evolving Reimbursement and Point of Care Strategies

- a. Why are our organization network contracts changing?

- b. Capitation methodology ensures:

- c. Identify some of the new partnership or partnership models we are exploring and describe their benefit.

Partnership/Model	Benefit

- d. Explain the strategy around broad network and how do we balance quantity with quality.

BUSINESS STRATEGY NOTES

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

Innovation and Transformation

Industry Disruptions

1. Disruptive Innovation

a. What is disruptive innovation?

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b. Describe healthcare disruptors.

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c. Healthcare disruptors shift the industry through _____ .
Qualities health care disruptors have in common include: _____
_____ and _____

d. True or False The biggest disruptors in healthcare include non-healthcare companies. _____

e. Four ways in which disruptors influence the healthcare industry include:

2. Disruption to Healthcare Landscape

- a. What key themes have been found to demonstrate consumer, retail and technology companies are entering the healthcare sector? How they are disrupting the healthcare industry?

Theme	Description

- b. Describe the trends, benefits and concerns for each.

Theme	Description		
	The Trend	The Benefit	The Concern
Healthcare Services from Retail Giants			
DIY Clinical Care			
Utilizing Big Data and Automation			

- b. What roles do practices want future direct-to-consumer healthcare companies to take on?

3. Regulatory disruptors

a. What are regulatory disruptions?

b. What are some examples of regulatory disruptions that shaped health care delivery?

c. Regulatory disruptions in health care can impact:

4. Healthcare Site of Care Evolution

a. What are some of the challenges driving changes in how healthcare is delivered?

b. What are benefits to alternate sites of care?

c. Some of the alternate sites of care include:

- d. Healthcare will continue to shift from a _____
to a _____

5. Boomers and Telehealth

- a. One concern boomers have that may impact their use of smart technology is _____
- b. Describe the adoption of telehealth amongst boomers and seniors.

- c. True or False Once boomers and seniors find a practical benefit with a new technology, they are likely to stick with it. _____

6. Social Determinants of Health

- a. What are social determinants of health?

- b. True or False Social determinants of health can affect people in a positive or negative way. _____

- c. Why is it important to address social determinants of health?

- d. What percentage of a person's overall health is determined by influences outside the doctor's office? _____

- e. Describe some of the ways the industry is addressing social determinants of health?

- f. What are some of the innovative ways in which UnitedHealthcare is addressing social determinants of health?

7. Electronic Health Record

- a. Match the word to its definition.

Word Bank:	
Electronic Health Record - Electronic Medical Record - Personal Health Record	
	Systems that store electronic records of health-related information on an individual that can be created, gathered, maintained, and consulted by authorized clinicians and staff within one health care organization that present a longitudinal view of the patient's health status including treatment and care process. EMRs store coded and non-coded information (e.g. scanned documents such as images).
	An electronic record of health-related information on an individual with the same type of information as EHRs from a variety of sources including clinicians, home monitoring devices, and patients themselves. However, they are designed to be set up, accessed, and managed by patients in a secure and confidential environment.
	An electronic record of health-related information on an individual that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization. May contain clinical data relevant to that persons care under a provider including demographics, progress notes, medications, past medical history, immunizations, laboratory and radiology reports.

- b. Differentiate between Electronic Health Records and Electronic Medical Records.

c. What are some of the benefits of Electronic Health Records?

d. What are some of the benefits of Electronic Medical Records?

e. What are the benefits of Electronic Medical Records for UHG?

8. Individual Health Record

a. What is an Individual Health Record (IHR) and what does it do?

b. How is IHR different than other systems?

c. Describe how IHR benefits the provider.

UnitedHealth Group Innovation Agenda

1. Insights and Solutions

- a. How is UnitedHealth Group leading the development of the next-generation health system?

2. Caregiving

- a. What is a caregiver and why is it important to focus on the role of the caregiver?

- b. For Medicare & Retirement, roughly _____ of the calls to customer service are by non-members.

- d. How does the caregiver role impact employers and the health care system?

- e. Identify and describe the four ways in which we are improving the caregiver experience?

- f. When a member's caregiver is engaged, what impact is seen on the member's health and experience?

- g. Describe the innovations taking place in the caregiver space.

3. M&R Innovation

- a. What do we aim to achieve through innovation?

- b. What are some ways in which innovation starts?

INNOVATION AND TRANSFORMATION NOTES

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

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Level 3 Learning Resource Checklist

INSTRUCTIONS: Use the checklist to track your progress through the Level 3 modules. As you finish each module, click the check box to indicate completion.

Understanding our Marketplace & External Landscape

- [Value Proposition: Part 1](#)..... ☐
- [Value Proposition: Part 2](#)..... ☐
- [Consumer Insights](#) ☐
- [Experience MD Virtual Video Tour](#)..... ☐
- [Provider Journey with UHC](#) ☐
- [Top 10 Provider Pain Points](#) ☐
- [Provider NPS, Competitive Research and Strategic Priorities](#) ☐

Business Strategy

- [Deep Dive into Star Ratings Part 1](#) ☐
- [Deep Dive into Star Ratings Part 2](#) ☐
- [Tactics that Impact Star Ratings](#)..... ☐
- [Service Models that Impact Star Ratings](#)..... ☐
- [How Medicare is Funded](#) ☐
- [Medicare Advantage Financials Part 1 Basics](#)..... ☐
- [Medicare Advantage Financials Part 2 Forecasting](#) ☐
- [Medicare Advantage Financials Part 3 Managing Costs & Affordability](#)..... ☐
- [Product Strategies Part 1 Growth and Emerging Trends](#)..... ☐
- [Product Strategies Part 2 UHC Strategies](#)..... ☐
- [What is a bid?](#) ☐
- [Capitation Overview](#)..... ☐
- [Capitation Overview Job Aid](#) ☐
- [Expanding Capitation and Other Reimbursement Methods](#) ☐
- [Evolving Reimbursement Point of Care Strategies](#)..... ☐

Innovation and Transformation

<u>Disruptive Innovation</u>	<input type="checkbox"/>
<u>Disruption to Healthcare Landscape</u>	<input type="checkbox"/>
<u>Regulatory Disruptions</u>	<input type="checkbox"/>
<u>Regulatory Disruptions Critical Thinking</u>	<input type="checkbox"/>
<u>Healthcare Site of Care Evolution</u>	<input type="checkbox"/>
<u>Boomers and Telehealth</u>	<input type="checkbox"/>
<u>Social Determinants of Health</u>	<input type="checkbox"/>
<u>Electronic Health Records</u>	<input type="checkbox"/>
<u>Individual Health Record</u>	<input type="checkbox"/>
<u>UHG Innovation Strategies</u>	<input type="checkbox"/>
<u>Understanding Caregiving Part 1</u>	<input type="checkbox"/>
<u>Understanding Caregiving Part 2</u>	<input type="checkbox"/>
<u>M&R and UHG Innovation</u>	<input type="checkbox"/>