



Community & State Fact Sheet

About the Business

UnitedHealthcare Community & State is the largest health benefits company dedicated to providing diversified solutions to states that care for the economically disadvantaged, the medically underserved and those without benefit of employer-funded health care coverage.

UnitedHealthcare Community & State participates in programs in 24 states and the District of Columbia, serving approximately 3.9 million beneficiaries of acute and long-term care Medicaid plans, the Children's Health Insurance Program (CHIP), Special Needs Plans and other federal and state health care programs. UnitedHealthcare Community & State's health plans and care programs are uniquely designed to address the complex needs of the populations they serve, including the chronically ill, those with disabilities and people with higher risk medical, behavioral and social conditions.

Community & State is one of four businesses of UnitedHealthcare, the health benefits company of UnitedHealth Group. Community & State's approach leverages the national capabilities of UnitedHealth Group and delivers them at the local market level to support effective care management, strong regulatory partnerships, greater administrative efficiency, improved clinical outcomes and the ability to adapt to a changing market environment.

UnitedHealthcare Community & State believes that compassion and respect are essential components of a successful health care company. We contract with community-based networks and employ a diverse workforce with varied backgrounds and extensive practical experience that gives us a better understanding of our members and their needs.

Our detailed knowledge of our members and our service areas, the application of cutting-edge technology, and the commitment of our employees have made UnitedHealthcare Community & State the leading choice for quality public sector health care.

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Our Values

We serve people through a value and performance culture based on:

Integrity - We will honor commitments. We will never compromise ethics. We will be known for living to the highest forms and standards of ethical behavior. We will make honest commitments and consistently honor those commitments.

Compassion - We will walk in the shoes of people we serve and those with whom we work. We celebrate our role in serving people and society in an area so vitally human as their health. We must be truly compassionate and genuinely understand, feel and identify with their needs.

Relationships - We will build trust through collaboration in order to take action and find solutions. We understand that relationships are critical to help people work together, even when their interests are not fully aligned or fulfilled. We realize relationships bind people and organizations through trust. Trust is earned and preserved through truthfulness, integrity, active engagement and collaboration with our colleagues and clients.

Innovation - We will learn from experiences of the past and use those insights to invent a better future to make the health care environment work and serve everyone more fairly, productively and consistently.

Performance - We are committed to delivering and demonstrating excellence in everything we do.

Markets

We operate health plans in the following markets:

Arizona	Louisiana	Nevada	Rhode Island
Delaware	Maryland	New Jersey	South Carolina
District of Columbia	Massachusetts	New Mexico	Tennessee
Florida	Michigan	New York	Texas
Hawaii	Mississippi	Ohio	Washington
Iowa	Nebraska	Pennsylvania	Wisconsin

We also offer an Administrative Services Organization (ASO), as well as a Management Services Organization (MSO) in California.

Quality

The National Committee for Quality Assurance (NCQA) publishes an annual ranking of Medicaid plans, awarding each plan an overall score based on quality measures for specific treatments, preventive care services and consumer satisfaction. For NCQA's 2012-2013 ranking, 10 of our Medicaid plans were in the NCQA Top 100. Two of our Medicaid plans ranked in the NCQA Top 20 — making these plans two of the highest-rated health insurance plans in the nation.



UnitedHealthcare Community & State's health plans and care programs are uniquely designed to address the complex needs of the populations they serve, including the chronically ill, those with disabilities and people with higher-risk medical, behavioral and social conditions.

UnitedHealthcare Community & State is committed to improving the health of our members by monitoring the quality of care they receive and providing a broad range of education and outreach programs to both members and their health care providers.

We utilize the NCQA HEDIS® measurement program, as well as any state-identified quality metrics to report preventive health metrics throughout the year. We have a program of written and telephonic reminders to members in need of services, as well as local community-based programs that are tailored to the cultural, language and ethnic needs of the membership.

Additionally, we provide information to the member's primary care providers to assist in identifying those who are scheduled for care. This program supports the patient-physician relationship and improves access to care for all members.

Services

UnitedHealthcare Community & State offers government agencies tools to help them administer their health care delivery systems, including clinical-care management and consulting, disease and conditions management, and administrative and technological services.

Through its proprietary Personal Care Model®, UnitedHealthcare Community & State creates an ongoing relationship between health care professionals and individuals with serious and chronic illnesses, including asthma, diabetes, congestive heart failure, HIV/AIDS, hypertension and high-risk pregnancies. The Personal Care Model provides outreach and education programs to help patients and their families manage these conditions. Other long-term care programs focus on dementia, depression, coronary disease and functional deficiencies.

Products

We manage health care benefits for beneficiaries of more than 70 different health care programs, including Medicaid, CHIP and various programs for the uninsured. The primary categories of eligibility and our participation are:

- **Temporary Assistance to Needy Families (TANF)** – Provided to 17 markets to serve primarily young women and children, programs for families and children focus on high-prevalence and debilitating chronic illnesses such as hypertension and cardiovascular disease, asthma, sickle cell disease, diabetes, HIV/AIDS and high-risk pregnancies.
- **Children's Health Insurance Programs (CHIP)** – Provided to 18 markets for children not covered by commercial insurance and not eligible for Medicaid.
- **Aged, Blind and Disabled (ABD)** – Medical assistance programs for individuals who are age 65 years or older, blind or disabled. Provided in 13 markets.

- **Special Needs Plans (SNP)** – Services for those with multiple chronic conditions, limited incomes and living in nursing facilities. Dual SNPs are individuals enrolled in both Medicare and Medicaid. Provided in nine markets.
- **Long-Term Care (LTC)** – Provided in eight markets, Medicaid programs for the long-term care population including nursing home costs and other long-term care programs.
- **Childless Adults & Programs for the Uninsured** – Programs developed by states with state or federal funds for adults and families not covered by commercial insurance and not eligible for Medicaid or Medicare. Provided in seven markets.
- **Management Services Organization (MSO)** – Disease management and other health care services for individuals with chronic conditions provided to the California market.
- **Administrative Services Organization (ASO)** – Coordination of services for high-risk populations. ASOs help states manage costs, but do not assume medical and financial risk for the covered population.

Organization

Chief Executive Officer: Steve Nelson

Headquarters: Minnetonka, Minnesota

Locations: 89 locations across the country

Employees: 3,535

Members: 3.87 million members, including 2.4 million children

Network: 2,322 hospitals and 335,843 providers

Website: www.uhcommunityplan.com

Company Contact

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Company Snapshot

UnitedHealthcare Community & State provides innovative Medicaid managed care solutions to states that care for the economically disadvantaged, the medically underserved, and those without the benefit of employer-funded health care coverage, in exchange for a monthly premium per member. UnitedHealth Group, a diversified health and well-being company dedicated to making health care work better, serves more than 75 million individuals, employs approximately 100,000 people and operates in all 50 states in the United States and 17 other nations, worldwide. UnitedHealth Group offers a broad spectrum of products and services through six operating businesses: UnitedHealthcare Employer & Individual, UnitedHealthcare Medicare & Retirement, UnitedHealthcare Community & State, OptumHealth, OptumInsight and OptumRx. Visit www.unitedhealthgroup.com for more information.