C. Technical Approach

Section references herein are made to RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

1. Subcontracts (Sections 4.3 Delegations of Authority and 6.0 Subcontracts)

1. Subcontracts (Sections 4.3 Delegations of Authority and 6.0 Subcontracts)

a. Describe the Vendor's approach to subcontracting services for this Contract, and how the Vendor will ensure ongoing collaboration with Subcontractors for a streamlined and coordinated approach to serving Enrollees and Providers.

Our approach to subcontracting services relies on a comprehensive and robust process that verifies all subcontractors have demonstrated the ability to meet performance requirements.

UnitedHealthcare Community Plan of Kentucky (UnitedHealthcare) and its affiliate subcontractors will not enter into a contract with any vendor that has been excluded from participation in a program funded by Medicare or Medicaid, or that has been excluded, sanctioned or debarred from participating in procurement activities under the Federal Acquisition Regulation or from non-procurement activities under regulations issued by Executive Orders. We monitor and manage subcontractors' performance through the mechanisms described under item b. These mechanisms facilitate our oversight of the subcontractors and allow us to evaluate performance, especially with respect to state contractual requirements. We use these approaches for both external non-affiliate subcontractors and our affiliate entities within UnitedHealth Group.

As we have done across our Medicaid line of business, we will engage a combination of internal subcontractors affiliated with UnitedHealth Group, with whom we have long-standing, national experience, and select non-affiliate subcontractors, with whom we also have a long-standing relationship. Optum behavioral health services and OptumRx are owned by UnitedHealth Group and affiliated with UnitedHealthcare. This means more efficient, prompt and effective oversight, which facilitates ease of resolution if corrective actions are necessary. We have more than a decade of experience managing subcontractors and evaluating their performance and compliance. During this time, we have garnered a substantial amount of information on collaboratively working with subcontractors and integrating their services to support providers and engage beneficiaries ─ including efforts to verify cost-effectiveness and quality. We use our experience to continually improve our subcontractor processes to strengthen our programs locally so the Commonwealth experiences a ***streamlined and coordinated approach*** to our collaborative subcontractor relationships and their service delivery.

Each of our internal affiliate and external non-affiliate subcontractors has proven their ability to perform delegated activities for Medicaid services and other public sector programs successfully. Over the years, we have applied quantitative and qualitative methods in the public sector to assess affiliates and partners, and their abilities to perform delegated services. We facilitate subcontractor meetings regularly to monitor network operations for behavioral health, vision, dental and other specialty areas, and to discuss and review performance metrics for all subcontractors. Our established oversight and compliance programs have further improved subcontractor performance by identifying any deficiencies and addressing action plans. We evaluate our subcontractors against national standards and criteria

such as NCQA credentialing requirements, federal compliance program regulations and established claims processing protocols. Through these approaches, our subcontractor relationships have strengthened, and our program processes have aligned, allowing us to provide superior, coordinated health care services — easily accessible to providers and enrollees.

Subcontractor Operating Arrangements: Our operating agreements incorporate a description of the subcontractor's required functions and service levels, the process we use to assess performance, the recourse we have if service standards or expectations are not met (including revocation of delegation or imposing other sanctions if the subcontractor's performance is inadequate), and the authority of our chief operating officer and the executive team to drive change. Relationships are constructed, formalized and managed with the consent of DMS, the subcontractor and UnitedHealthcare. DMS has the right to review and approve/disapprove all subcontracts for the services provided under this contract. All operating agreements, at a minimum, will conform to the terms and conditions of the Attachment C – Draft Medicaid Managed Care Contract.

Ongoing Subcontractor Collaboration

We will hire a local vendor oversight manager based at the Kentucky health plan, who will facilitate the oversight of the subcontractor relationships. This role reports to the chief operating officer. Additionally, we will assign vendor relationship owners (VROs) from each relevant functional area for subcontractor oversight purposes. The VROs will hold regular meetings with our subcontractors at the local and national level as appropriate for the relationship type. The vendor oversight manager will lead a quarterly meeting where all VROs will provide executive leadership with a report of ongoing performance metrics of their subcontractor relationships. Local functional area leaders, quality and compliance committees and executive leadership, together with the subcontractors performing the services, regularly collaborate to conduct monitoring activities. This regular collaboration and oversight verifies that subcontractors are meeting performance metrics and confirms subcontractors' staff, policies and resources are appropriate to meet the requirements of their agreement.

We report the results of these monitoring activities in functional area committee meetings and compliance committee meetings, which include the participation of our executive leadership. If there are performance issues, these committees recommend the subcontractor's next steps to remedy operational issues and maintain compliance with Attachment C – Draft Medicaid Managed Care Contract. This may include a corrective action plan or, if necessary, revocation of the delegation agreement. Minutes, reviews and any corrective actions from these meetings roll up to our Quality Assessment and Performance Improvement Committee structure, namely Provider Advisory Council, Healthcare Quality and Utilization Management, Service Quality Improvement Subcommittee and the Quality Improvement Committee.

To improve collaboration further, we invite representatives from our subcontractors to our regular operations meetings, promoting understanding of how each functional area is dependent upon the success of the others. During these meetings, we provide direction for our subcontractors and verify their quality and effectiveness is sufficient to meet objectives. Quarterly vendor oversight meeting topics of discussion may include but are not limited to:

- Feedback and oversight
- Training and education
- Effective lines of communication
- Review of policies and procedures
- Monitoring of key performance indicators
- Responding to escalating issues

b. Describe how the Vendor will ensure responsiveness of its Subcontractors to all requests from DMS for reporting, data and information specific to operation of the Medicaid managed care program. How will Subcontractors be held accountable for a delay in or lack of response?

Ensuring timely and complete responsiveness to the needs of DMS is core to the way we manage our subcontractor relationships. We have designed our approach to encompass how we manage reporting, data and information requests, and any other operational issues.

Subcontractor Accountability

The longevity of our subcontractor relationships has allowed us to build strong, responsive oversight programs, which ensures the sharing of information related to our contractual requirements, including data reporting and information specific to operating the health plan.

As we monitor our internal groups to verify compliance with laws, regulations and contract requirements, we will use similar processes to monitor both affiliate and non-affiliate subcontractors. These internal control processes allow us to measure our effectiveness and our subcontractors' performance, including their responsiveness to requests from DMS.

Our local Kentucky vendor oversight manager and applicable VROs provide oversight to verify the subcontractor remains responsive to requests from DMS, and to confirm ongoing collaboration. We have developed aligned relationships with our affiliate subcontractors that allow us to meet and discuss opportunities as soon as they are discovered, often through emails, phone calls and instant messages.

We hold our subcontractors — both affiliate and non-affiliate subcontractors — to required performance levels using contracts, internally set standards, incentives, penalties, and established policies and procedures, to include enforcement for nonperformance. All subcontractors must be fully compliant with our performance standards or agree to implement our required corrective action plan, as we deem necessary. Our protocols note that if nonperformance issues become apparent, the VROs, through their committee work, recommend next steps to the subcontractor to remedy operational issues and maintain compliance with the contract. If the VROs identify deficiencies, the subcontractor implements our required improvement/corrective action plans, and we may conduct audits more frequently. The VROs must seek approval from health plan leadership through the vendor oversight manager for any exceptions. The VROs may report findings to the Quality Improvement Committee consistent with the quality program requirements.

We will implement formal corrective action plans within set time frames, as appropriate, or we will enforce revocation of the delegation agreement if nonperformance occurs. Examples from our enforcement policies for nonperformance include: internal corrective action plans (iCAP), performance improvement recommendations, contract modifications, penalties and liquidated damages, sanctions, formal corrective action plans (CAP), and contract terminations.

The process we have in place to ensure oversight of our subcontractors confirms we take appropriate measures to review processes, evaluate outcomes and guide the VROs in their determination process, including whether to amend or terminate a subcontractor's agreement. Using this review process, we identify deficiencies through oversight activities, which include*:*

- On-the-ground management using VROs
- Ongoing monitoring or performance metrics at the executive and national level
- The use of compliance audits when needed

Audits performed by compliance, business functional areas, plan personnel and other organizational areas identify, prevent and correct regulatory risk and mitigate any potential delay

in services from occurring. We use monitoring activities and active VRO engagement to verify the compliance program is effective and to drive routine feedback on organizational performance and subcontractor compliance with applicable laws, regulations and company policies. Our audit management team supports the chief compliance officer to centrally manage, support, report and track audits and corrective actions for regulatory compliance audits or studies conducted by federal agencies, including but not limited to CMS, Office of Inspector General and General Services Office. Audit management tracks, reports and provides support to regulatory compliance audits conducted by state regulatory agencies and state-contracted entities, such as an External Quality Review Organization, as part of the support provided to the chief compliance officer. This process facilitates high-level oversight and accountability for the accuracy, timeliness, and integrity of all reporting and data/information submissions to DMS specific to the operation of the MCO program.

We also hold subcontractors accountable through our subcontractor-specific Joint Operating Committee (JOC) meetings. Our JOC monitors subcontractor performance at the local level, and additionally, we monitor clinical subcontractors at the national level through the clinical delegation oversight committees. The JOC meets on a regular schedule. We may call an expedited meeting to address critical issues promptly as determined by our leadership and our subcontractor. The scope of the JOC includes developing compliance strategies and initiatives to support the subcontractor's performance, such as:

- Review overall business performance
- Assess key compliance/regulatory issues and risks
- Conduct audit planning and reporting
- Escalate issues, especially from the health plan
- Review fraud, waste and abuse prevention efforts
- Confirm monthly checks of federal and state exclusion lists
- Respond to identified issues

The JOC membership includes health plan leadership, national representatives and key business leads from the UnitedHealthcare Community & State (Medicaid) organization, and operational partners.

c. Provide a listing, including roles and locations, of known Subcontractors that will support the Contract resulting from this RFP.

d. Describe the relevant experience of each Subcontractor. Indicate whether the Vendor has subcontracted with the entity for prior contracts of similar size and scope.

UnitedHealthcare will subcontract for services from the entities listed in the table to deliver high quality, comprehensive and coordinated services for our enrollees. All of our affiliate subcontractors belong to the UnitedHealth Group family and provide an integrated experience for our enrollees. Our selected non-affiliate subcontractors work alongside our affiliates and address other necessary and required functions, providing full health care benefit services and a comprehensive program.

Affiliate Subcontractors
Dental Benefit Providers, Inc. (DBP)
Corporate office: 10175 Little Patuxent Parkway, Columbia, MD 21044
Role: Provides dental benefit management services, to include third-party administration; provider network; provider contracting; credentialing and re-credentialing; fraud and abuse; ongoing account management;

Affiliate Subcontractors
provider clinical programs, and customer services; enrollee customer services; enrollee clinical programs; enrollee dental education; quality and management; claim services (e.g., receipt, adjudication, payment); utilization management; encounter and reporting services
Experience: With over 35 years of experience managing commercial, Medicaid (15 states), Medicare Advantage (46 states) and individual programs, DBP serves over 11.4 million enrollees (over 5.2 million Medicaid and Medicare Advantage) through a network of over 459,000 dentist access points. Clients include employer groups, individuals, health plans, state/local governments, insurance companies and third-party administrators. Since 1999, DBP has collaborated with UnitedHealthcare to support programs of a similar size and scope as those suggested in the Kentucky MCO RFP. In Kentucky, they provide dental programs for UnitedHealthcare for various market segments, including, commercial, Medicare Advantage and individual. Their Kentucky dental network has approximately 12,500 dental access points and is available in every county.
MARCH® Vision Care Group, Incorporated
Corporate office: 6701 Center Drive West, Suite 790, Los Angeles, CA 90045
Role: Provides routine vision and eye care benefit administration services, to include provider network development, credentialing and education, provider customer services, eligibility and benefits maintenance, reporting and claims processing
Experience: Founded over 18 years ago, MARCH provides customized service to more than 6.3 million enrollees nationally for many population types (e.g., Medicare, Medicaid Managed Programs and Medicaid). MARCH has supported the Medicaid market since 2001 and currently administers vision benefits through 87 Medicaid programs for more than 6 million enrollees in 24 states plus the District of Columbia. More than 120 locations in Kentucky with more than 210 vision access points for public sector programs, serve approximately 1,000 D-SNP enrollees. Their Kentucky network in both urban and rural areas has more than 70 providers in 124 locations. Since 2010, UnitedHealthcare has collaborated with MARCH, supporting programs of a similar size and scope as those suggested in the Kentucky MCO RFP.
OptumHealth Care Solutions, LLC (OHCS)
Corporate office: 11000 Optum Circle, Eden Prairie, MN 55344
Role: Provides clinical care coordination and network access to the "Centers Of Excellence" network for enrollees seeking high cost and treatment-variable transplant procedures; 24-hour, seven-day a week health information through NurseLine, where enrollees can seek advice on symptoms and support navigating their health plan, network and community resources; and, network access for chiropractic care, physical, occupational and speech therapy; and complementary alternative medicine
Experience: Founded in 1987, OHCS is a subsidiary of Optum, an affiliate of UnitedHealthcare and part of UnitedHealth Group. Optum services 50 states and the District of Columbia through state and federal government services. OHCS supports 93 million enrollees with services that span advocacy, personal health management, complex condition management and specialized network services. Nationally, Optum contracts with a network of 869 Centers of Excellence (COE) for transplants and related complex conditions. Kentucky contracts include four transplant COEs, including Jewish Hospital Kentucky, University of Kentucky Hospital, University of Louisville Hospital and Norton Children's Hospital. The network includes 1,400 individual practitioners in Kentucky. For more than 10 years, UnitedHealthcare has collaborated with OptumHealth Care Solutions, supporting programs of a similar size and scope as those suggested in the Kentucky MCO RFP.
OptumInsight, Inc.
Corporate office: 11000 Optum Circle, Eden Prairie, MN 55344
Role: Conducts payment integrity services for data mining and analytics; investigation and detection of fraud, waste and abuse; recovery; and coordination of benefits and subrogation
Experience: OptumInsight collaborates with and serves four out of five U.S. hospitals and more than 100,000 physician practices and health care facilities, 31 state governments and 31 state government payers. They process over 1.5 billion claims annually with more than a 99% accuracy rate. Globally and nationally situated, with 260,000 personnel, they are authorized to do business in the District of Columbia and all states — including Kentucky. Currently, they serve approximately 31 state Medicaid and Health and Human Services agencies and 300 health plans. For the past 10 years, UnitedHealthcare has collaborated with OptumInsight,

Affiliate Subcontractors
supporting programs of a similar size and scope as those suggested in the Kentucky MCO RFP.
OptumRx, Inc.
Corporate office: 1600 McConnor Parkway, Schaumburg, IL 60173
Role: Provides high quality, integrated pharmacy benefit management services, to include retail pharmacy network claims processing, drug rebate administration, mail-order pharmaceuticals, pharmacy technical help desk, specialty pharmaceutical management and clinical programs
Experience: First formed in 1989, OptumRx serves a broad spectrum of internal and external customers, including public and government entities, managed care organizations, Medicare and Medicaid plan sponsors, employer groups, union groups and third-party administrators. Today, OptumRx manages benefits for more than 65 million enrollees and processes more than 1.3 billion claims per year, representing approximately $91 billion in managed drug spend. In Kentucky, through their pharmacy programs for both commercial and public sector enrollees, the OptumRx network provides 1,125 pharmacy access points statewide, meeting the prescription needs of more than 823,800 enrollees, while applying anti-fraud efforts (e.g., no "mismatch" of information) and seeking cost-saving benefits for program beneficiaries. Supporting the Medicaid market since 1989, currently, OptumRx serves approximately 4.8 million enrollees nationally through Medicaid programs in 22 states. In the first quarter of 2019, they filled more than 14.1 million Medicaid prescriptions. Since 2009, UnitedHealthcare has collaborated with OptumRx, supporting programs of a similar size and scope as those suggested in the Kentucky MCO RFP.
United Behavioral Health under the brand name Optum, referred to as Optum Behavioral Health Services
Corporate office: 425 Market Street, San Francisco, CA 94105
Role: Coordinates behavioral care services and supports through an integrated model for enrollees of the Kentucky MCO program. Performs utilization and care management across a continuum of behavioral health services, and will participate in interdisciplinary care teams. Provides a 24-hours a day, seven days a week integrated call center support for enrollees and providers to address routine, urgent and emergent behavioral health needs. Develops and maintains a network of behavioral health professionals, facilities and agencies, including contracting for community-based services, such as peer support and assertive community treatment. Performs provider relations and training for the behavioral health network, processes behavioral health claims and supports appeal reviews related specifically to behavioral health. Supports the integrated quality-management program.
Experience: Optum's behavioral health network — with 172,000 providers and over 3,900 facilities — offers specialty networks for autism/applied behavior analysis, Express Access, medication-assisted treatment, telemental health and eating disorders — and general mental and substance use disorder services. It serves approximately 35.2 million individuals. Operational in Kentucky since 1994, currently Optum offers behavioral health programs and services for the various Commonwealth populations (e.g., commercial, Medicare), where they serve approximately 253,000 enrollees. Through its public sector programs, Optum manages approximately 7 million Medicaid enrollees. These include enrollees in UnitedHealthcare's integrated physical and behavioral health Medicaid programs in 25 states, and via direct contracts with counties and states. Since 2002, originating with its legacy name "AmeriChoice," UnitedHealthcare has subcontracted with United Behavioral Health to deliver programs of a similar size and scope to the one proposed in the Kentucky MCO RFP.
United HealthCare Services, Inc.
Corporate office: 9900 Bren Road East, Minnetonka, MN 55343
Role: Provides management, employees, contracting services, claims payment, data management and other administrative services through a Management Services Agreement
Experience: United HealthCare Services is licensed in Kentucky and many other states across the nation as a third-party administrator, and a utilization and medical necessity review agent. It is an authorized corporation in all states and the District of Columbia. United HealthCare Services has been a part of the UnitedHealth Group family since 1977 and licensed to do business in Kentucky since 1990. They employ approximately 63,746 employees, with 186 personnel located throughout Kentucky. Today, in Kentucky, their employees support more than 418,700 enrollees with high-quality health care services, including

Affiliate Subcontractors
approximately 272,000 commercial, 146,195 Medicare and 590 D-SNP enrollees. Over the years, UnitedHealthcare has drawn from the expertise of United HealthCare Services employees and services to support programs of a similar size and scope as those suggested in the Kentucky MCO RFP.
Non-affiliate Subcontractors
Alorica, Inc.
Corporate office: 5161 California Avenue, Irvine, CA 92614
Role: Provides interactive voice recordings to noncompliant enrollees, and live calls to schedule regular and follow-up appointments and to provide appointment reminders
Experience: Founded nearly 20 years ago, Alorica is the largest customer experience provider in the United States. They have more than 100,000 employees in 130 locations across 14 countries. Alorica supports numerous UnitedHealthcare lines of business that provide Medicaid and Medicare support, including voice and back office support services. For example, they support Medicare programs for UnitedHealth Group's Medicare & Retirement segment, UnitedHealthcare's Fax Intake and in Nevada, Sierra Health/Nevada Health Plan (Medicaid) for public sector enrollees (i.e., servicing 100% of inbound calls). Over the years, UnitedHealthcare has collaborated with Alorica to support and deliver programs of a similar size and scope to the one proposed in the Kentucky MCO RFP.
CareCore National, LLC d.b.a. eviCore healthcare
Corporate office: 400 Buckwalter Place Blvd., Bluffton, SC 29910
Role: Provides utilization management for cardiology and radiology covered services
Experience: eviCore healthcare (eviCore) medical benefits management solutions are derived from 25 years of experience serving more than 100 million managed lives. With more than 4,900 employees, nine facilities and a national presence, eviCore performs approximately 80,000 to 85,000 prior authorization requests per day. As of January 2019, eviCore manages 71 managed Medicaid clients with more than 19.8 million lives, across 31 managed Medicaid states — including Kentucky. eviCore provides services to six state Medicaid clients. Since 2009, UnitedHealthcare has collaborated with eviCore, supporting programs of a similar size and scope as those suggested in the Kentucky MCO RFP.
CirrusMD, Inc.
Corporate office: 3513 Brighton Blvd., Suite 230, Denver, CO 80216
Role: Provides chat-first workflow to provide barrier-free access to care in urban and rural areas for virtual visits with ED physicians
Experience: Founded in 2012, today CirrusMD has the only Virtual Care Platform that allows enrollees to connect with an in-network doctor or non-clinical resources via secure chat messaging. In 2019, UnitedHealthcare will launch a program with CirrusMD for chat-first workflow with barrier-free access to care, to provide continuity of care that minimizes readmission rates for vulnerable patients as they move across care settings. They serve 2 million lives and continue to deliver innovative solutions designed to bring barrier-free care to everyone involved in the health care system: patients, providers and health plans. Currently, UnitedHealthcare plans to collaborate with CirrusMD to serve approximately 200,000 Medicaid enrollees in the following states: Louisiana, North Carolina, Ohio, Pennsylvania and Washington, supporting programs of a similar size and scope as those suggested in the Kentucky MCO RFP.
DialAmerica Marketing, Inc.
Corporate office: 960 MacArthur Blvd., Mahwah, NJ 07495
Role: Provides "Secret Shopper" calls to providers to assess that providers are meeting appointment standards
Experience: DialAmerica brings more than 50 years of expertise in providing call center outsourcing services to their clients. They offer a full range of B2B and B2C services on behalf of their clients in 19 state-of-the-art U.S. call centers. They make 100 million calls a year, averaging 75,000 phone hours a week. Currently, DialAmerica services approximately 20 other states with a scope of work similar to the scope of work required for the Kentucky MCO RFP. For more than 10 years, UnitedHealthcare has collaborated with DialAmerica, engaging in related call center services across the UnitedHealth Group segments (i.e., Optum and related affiliates, UnitedHealthcare), supporting programs of a similar size and scope as those suggested in

Affiliate Subcontractors
the Kentucky MCO RFP.
Healthify, Inc.
Corporate office: 151 West 26th Street, Suite 1001, New York, NY 10001
Role: Provides tools for staff to connect enrollees to local community-based organizations
Experience: Using their experience with vulnerable populations in Baltimore, *Healthify* focuses on building next generation technology to better health outcomes and costs. Currently, *Healthify* products are used by top health plans and health systems in the country to make sure enrollees are connected to social service resources they need. *Healthify's* employees consist of social workers, technologists, operators and engineers — all committed to building networks of accessible health care and social services. Since 2014, UnitedHealthcare has worked alongside *Healthify* teams, supporting programs of a similar size and scope as those suggested in the Kentucky MCO RFP.
Schoeneckers, Inc. d.b.a. BI Worldwide®
Corporate office: 7630 Bush Lake Road, Minneapolis, MN 55439
Role: Provides support for the "Healthy First Steps" program (e.g., ongoing site development and management, mailings and rewards fulfillment, user support)
Experience: Founded in 2009, BI Worldwide's headquarters are located in Minneapolis, Minnesota. They have more than 25 offices throughout the United States and globally in Australia, Brazil, Canada, China, India, Latin America, Singapore and the United Kingdom. They serve Global 2000 corporations in over 140 countries, and they offer services in more than 20 languages. For Medicaid clientele, BI Worldwide offers rewards, digital engagement and "gamification" strategies to educate customers and incentivize healthy behaviors. Since 2011, UnitedHealthcare has collaborated with BI Worldwide, supporting programs of a similar size and scope as those suggested in the Kentucky MCO RFP.
SilverLink Communications, LLC
Corporate office: One Burlington Business Center, 67 South Bedford Street, Suite 300E, Burlington, MA 01803
Role: Provides interactive voice recordings to noncompliant enrollees and live calls to schedule regular and follow-up appointments, and to provide appointment reminders
Experience: SilverLink Communications has over 15 years of experience driving health care consumers to take action by delivering the right communication at the right time. SilverLink has designed and executed more than 80,000 programs, conducting more than 1.5 billion communications on behalf of the nation's largest health plans, pharmacy benefit managers and other population health managers. They are a valued partner of UnitedHealthcare, with a shared commitment to quality outcomes and helping enrollees live healthier lives. Since 2003, UnitedHealthcare has collaborated with SilverLink, supporting programs of a similar size and scope as those suggested in the Kentucky MCO RFP.
Vivify Health, Inc.
Corporate office: 7201 Bishop Road, #E-200, Plano, TX 75024
Role: Provides remote patient monitoring for enrollees with congestive heart failure, chronic obstructive pulmonary disease (COPD), diabetes and other conditions to reduce medical costs by preventing inpatient admissions and ED admissions.
Experience: Vivify Health, founded in 2009, is the leader in connected care management and patient engagement with customers that include some of the nation's largest and most progressive health systems and employers. Following years of research, proven outcomes and scalability vetting by global partners, Vivify is an established entity in the dynamic landscape of digital health. Institutional review board (IRB)-study results confirm readmission reductions by over 65%, plus compliance and satisfaction levels exceeding 95%. The Vivify solution is simple for enrollees of any age and ability — and population (e.g., commercial, Medicaid, Medicare). Since 2017, UnitedHealthcare has collaborated with Vivify Health, supporting programs of a similar size and scope as those suggested in the Kentucky MCO RFP.