



2020 Quality Rewards Program

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Quality Rewards Program Overview

We created the Quality Rewards Program to:

- **Recognize** care providers for offering quality service to UnitedHealthcare Community Plan members
- **Help** our plan members get the right care, at the right time and the right place
- **Reward** excellence with cash incentives*
- **Address** member care opportunities based on Healthcare Effectiveness Data and Information Set (HEDIS®) measures tied to access to care, doctor/patient communication, children's health and diabetes monitoring/treatment
- **Help** improve access for our plan members by rewarding care providers for accepting new patients
- **Help** reduce hospitalizations and emergency room visits

* Incentive bonuses will be paid to in-network UnitedHealthcare Community Plan care providers who are in good standing as of Dec. 31, 2020.

Quality Rewards Program Eligibility

The Quality Rewards Program Is Available to Eligible:

- Primary Care Providers (PCPs)
- Federally Qualified Health Centers (FQHCs) with dental practices
- Accountable Care Organizations (ACOs)
- OB-GYN/Nurse-Midwife Practices

The program has different requirements and benchmarks based on care provider and/or organization type.

This Year, We Added the Following Measures:

- Lead Screening for Children
- Developmental Screening in the First Three (3) Years of Life
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

This year, we removed the Frequency of Prenatal Care measure.

PCP Quality Benchmarks

Emergency Room (ER) Utilization

Eligible PCPs:

- Have 250 or more UnitedHealthcare Community Plan members assigned to their tax ID number (TIN)
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2020

Quality Targets and Incentive Amounts

HEDIS® Percentile	HEDIS® Measure Target Rate	Number of Plan Members	Incentive Reward
50 th	58 ER visits	Per 1,000 members per month	\$1 per member*
25 th	49 ER visits	Per 1,000 members per month	\$2 per member*

*Annual bonus based on number of members in panel size as of Dec. 31, 2020.

PCP Quality Benchmarks (cont.)

Adolescent Well-Care Visits (Ages 12-21)

Eligible pediatricians and family practice care providers:

- Have at least 100 adolescent UnitedHealthcare Community Plan members who are assigned to their TIN and included in their HEDIS® denominator for the 2020 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2020

Quality Targets and Incentive Amounts

HEDIS® Percentile	HEDIS® Measure Target Rate	Minimum Number of Eligible Plan Members	Incentive Reward
50 th	54% or more	100	\$10 per member*
75 th	63% or more	100	\$20 per member*

*Annual bonus based on members in the denominator for this HEDIS® measure as of Dec. 31, 2020.

PCP Quality Benchmarks (cont.)

Well-Child Visits in the First 15 Months of Life (6 or more visits)

Eligible pediatricians and family practice care providers:

- Have at least 20 children who are UnitedHealthcare Community Plan members assigned to their TIN and in their HEDIS® denominator for the 2020 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2020

Quality Targets and Incentive Amounts

HEDIS® Percentile	HEDIS® Measure Target Rate	Minimum Number of Eligible Plan Members	Incentive Reward
50 th	66% or more	20	\$20 per member*
75 th	70% or more	20	\$50 per member*

*Annual bonus based on members in the denominator for this HEDIS® measure as of Dec. 31, 2020.

PCP Quality Benchmarks (cont.)

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Eligible pediatricians and family practice care providers:

- Have at least 20 children who are UnitedHealthcare Community Plan members assigned to their TIN and in their HEDIS® denominator for the 2020 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2020

Quality Targets and Incentive Amounts

HEDIS® Percentile	HEDIS® Measure Target Rate	Minimum Number of Eligible Plan Members	Incentive Reward
50 th	73% or more	20	\$10 per member*
75 th	78% or more	20	\$40 per member*

*Annual bonus based on members in the denominator for this HEDIS® measure as of Dec. 31, 2020.

PCP Quality Benchmarks (cont.)

Controlling High Blood Pressure (Ages 18-85)

Eligible care providers:

- Have at least 50 UnitedHealthcare Community Plan members assigned to their TIN and in their HEDIS[®] denominator for the 2020 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2020

To get credit for this measure, CPT[®] II codes should be billed on claims on the date of service.

Quality Targets and Incentive Amounts

HEDIS [®] Percentile	HEDIS [®] Measure Target Rate	Minimum Number of Eligible Plan Members	Incentive Reward
50 th	61% or more	50	\$25 per member*
75 th	67% or more	50	\$50 per member*

*Annual bonus based on members in the denominator for this HEDIS[®] measure as of Dec. 31, 2020.

PCP Quality Benchmarks (cont.)

Comprehensive Diabetes Care – HbA1c Poor Control > 9% (Ages 18-75)

Eligible care providers:

- Have at least 50 UnitedHealthcare Community Plan members assigned to their TIN and in their HEDIS® denominator for the 2020 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2020

To get credit for this measure, CPT II codes should be billed on claims on the date of service.

Quality Targets and Incentive Amounts

HEDIS® Percentile	HEDIS® Measure Target Rate	Minimum Number of Eligible Plan Members	Incentive Reward
50 th	38% or less*	50	\$50 per member**
75 th	33% or less*	50	\$100 per member**

* Inverse measure means lower result value is better.

** Annual bonus based on HEDIS® denominator as of Dec. 31, 2020.

PCP Quality Benchmarks (cont.)

Medication Management for People with Asthma – 75% of Treatment Period (Ages 5-64)

Eligible care providers:

- Have at least 20 UnitedHealthcare Community Plan members assigned to their TIN and in their HEDIS® denominator for the 2020 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2020

Quality Targets and Incentive Amounts

HEDIS® Percentile	HEDIS® Measure Target Rate	Minimum Number of Eligible Plan Members	Incentive Reward
50 th	37% or more	20	\$50 per member*
75 th	44% or more	20	\$100 per member*

*Annual bonus based on HEDIS® denominator as of Dec. 31, 2020.

PCP Quality Benchmarks (cont.)

Blood Lead Level Screening for Children

Eligible pediatrician and family practice care providers:

- Have at least 20 UnitedHealthcare Community Plan members assigned to their TIN and in their HEDIS® denominator for the 2020 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2020

Quality Targets and Incentive Amounts

HEDIS® Percentile	HEDIS® Measure Target Rate	Minimum Number of Eligible Plan Members	Incentive Reward
50 th	73% or more	20	\$15 per member*
75 th	81% or more	20	\$30 per member*

*Annual bonus based on HEDIS® denominator as of Dec. 31, 2020.

PCP Quality Benchmarks (cont.)

Developmental Screening in First Three Years of Life

Eligible pediatrician and family practice care providers:

- Have at least 20 UnitedHealthcare Community Plan members assigned to their TIN and in their HEDIS[®] denominator for the 2020 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2020

To get credit for this measure, CPT code 96110 should be billed on claims on the date of service.

Quality Targets and Incentive Amounts

HEDIS [®] Measure Target Rate	Minimum Number of Eligible Plan Members	Incentive Reward
At least 60% compliance rate	20	\$25 per member*

*Annual bonus based on HEDIS[®] denominator as of Dec. 31, 2020.

FQHCs with Dental Practices Quality Benchmark

Annual Dental Visit (Members, Ages 2-20)

Eligibility: FQHCs with dental practices in their primary care offices.

Quality Targets and Incentive Amounts

Incentive Opportunities

Opportunity #1: FQHCs that have a 5% improvement in their Annual Dental Visit (ADV)* rate will receive \$7,500 based on claim encounter data.

Opportunity #2: FQHCs will receive a \$5,000 bonus for reaching an ADV rate of at least 58% (50th percentile).

FQHCs will receive a \$10,000 bonus for reaching an ADV rate of at least 64% (75th percentile).

*FQHCs are eligible for improvement, HEDIS® percentile and PCP ADV care opportunity incentives.

FQHCs with Dental Practices Quality Benchmark (cont.)



To Determine the ADV Incentive Amount for Each Eligible FQHC:

- We'll use data from Jan. 1 to Dec. 31, 2019, as a baseline for the number of ADVs for plan members ages 2 to 20.
- We'll compare the baseline result with the number of ADVs during the same time frame in 2020.

The minimum panel size is 150 UnitedHealthcare Community Plan members as of Dec. 31, 2020.

ACOs with Shared Savings Agreements Quality Benchmark

Reducing Potentially Preventable Readmissions

- Eligibility: ACOs with shared savings agreements and high-volume care providers
- We're offering this incentive to ACO care providers because they have access to our population registry.

Quality Targets and Incentive Amounts

Incentive Opportunity

ACOs will receive \$5,000 if a care provider has a 10% reduction in their hospital readmission rate from 2019 to 2020.

OB-GYN/Nurse-Midwife Practice Quality Benchmarks

Prenatal Care in the First Trimester

- Eligible OB-GYNs/nurse-midwives are participating with UnitedHealthcare Community Plan as of Dec. 31, 2020.

Quality Targets and Incentive Amounts

Incentive Opportunities

Opportunity #1: Care providers will receive \$15 for each completed Obstetrical (OB) Needs Assessment Form sent within five days of a plan member's first OB visit.

Opportunity #2: Care providers can earn \$40* for forms sent electronically using the OB Cloud Application.

* The \$40 payment amount for electronic form submission is in place of the \$15 for paper submission. You can earn one incentive or the other for each plan member – not both.

OB-GYN/Nurse-Midwife Practice Quality Benchmarks (cont.)

Postpartum Care

Eligible OB-GYNs/nurse-midwives:

- Have at least 20 patients who are UnitedHealthcare Community Plan members and assigned to their TIN or are seen by the practice
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2020

Quality Targets and Incentive Amounts

Incentive Opportunities

Opportunity #1: Care providers will receive \$75 per OB patient when the 50th percentile (64%) of plan members reach the measure goal.

Opportunity #2: Care providers will receive \$150 per OB patient when the 75th percentile (69%) of plan members reach the measure goal.

Care Opportunity Closure Incentives

Care providers can **earn additional incentives** for addressing the following care opportunities based on the claim data or medical record documentation we receive.

- **Annual Dental Visit** – \$15 per plan member
- **Postpartum Care** – \$50 per plan member
- **Well-Child Visits (3-6 years)** – \$25 per plan member
- **Lead Screening for Children** – \$25 per chart received
- **Comprehensive Diabetes Care – HbA1c Poor Control > 9%**
 - For any lab result we receive, you get \$25. If that result is 9% or less, you get an additional \$25 for a total of \$50. When initial lab result received is 9.1% or higher, and the member is retested, and we receive that lab result from the care provider, another \$25 will be awarded.

In mid-2020, we'll send you a list of members who may need these care opportunities addressed. We'll make payments quarterly once you submit appropriate documentation showing members' care opportunities are closed.

Incentive Payment Schedule

PCP Incentives

- We'll send the incentive payment(s) for meeting quality benchmarks during a calendar year by the second quarter of the following year.
 - For example, we'll send payments for reaching quality benchmarks in 2020 by the second quarter of 2021.
- We'll send the payments for care opportunity closures periodically during a calendar year, based on the timing of our care opportunity list mailings.

OB-GYN/Nurse-Midwife Incentives

- We'll send the incentive payment(s) for paper and electronic OB Assessment Forms quarterly within 120 days from the end of a quarter.
- We'll pay all other incentives semi-annually by Dec. 31, 2020, and June 30, 2021.

Note: The Quality Rewards Program runs by calendar year and is funded by the Pennsylvania Department of Human Services. Financial bonuses under the program won't exceed 24.99% of the total potential annual payments made by UnitedHealthcare Community Plan for families to PCPs.

Preferred Provider Overview

Care providers can earn Preferred Provider status by **meeting eight of the 11 requirements**. The minimum panel size is 250 UnitedHealthcare Community Plan members.

Preferred Provider Status Requirements

Accepting new plan members

Offer extended office hours including two weeknights until 7 p.m. or a combined three hours on Saturday or Sunday

Have a claims electronic data interchange (EDI) submission rate > 90%

Achieve emergency room utilization better than the health plan average

Reach a HEDIS® Adolescent Well-Care Visits measure rate higher than the 50th percentile

Attain a HEDIS® Controlling High Blood Pressure measure rate higher than the 50th percentile

Preferred Provider Status Requirements (cont.)

Have a HEDIS® Comprehensive Diabetes Care – HbA1c Control measure rate higher than the 50th percentile – patients with an HbA1c level \leq 9%

Achieve a HEDIS® Well-Child Visits in the First 15 Months of Life measure rate higher than the 50th percentile – patients had six or more visits

Reach a HEDIS® Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life measure rate higher than the 50th percentile

Have a HEDIS® Medication Management for People with Asthma measure rate higher than the 50th percentile for members ages 5-64 – patients on medication for 75% of their treatment period

Have a HEDIS® Blood Lead Level Screening rate better than the 50th percentile

Preferred Provider Overview (cont.)

Care providers who reach Preferred Provider status will receive:

- Recognition of Preferred Provider designation in the UnitedHealthcare Community Plan care provider directory
- First preference for member auto-assignment/reassignment
- PIN number for expedited service when calling Provider Services or Utilization Management
- Care management bonus of \$1.50 per member based on member panel size as of Dec. 31, 2020
- Waiver of prior authorization requirements for some services

Waiver of Prior Authorization Requirements Doesn't Include:

- Admissions to hospitals or skilled nursing and rehab facilities
- Durable medical equipment (DME) more than \$500
- Dental benefits
- Non-covered benefits
- Non-formulary drugs and medications that require prior authorization
- Home health aide
- Enteral nutrition
- Services from care providers who aren't in our network
- Skilled nursing visits and private duty/shift care nursing services
- Specific medical injectable J codes and CPT codes found on the UnitedHealthcare Community Plan Prior Authorization Pennsylvania Medicaid list located at UHCprovider.com/PACommunityPlan > Prior Authorization and Notification

Questions?

Please contact Provider Relations at
uhc-pa-providerrelations@uhc.com.

Thank you.

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PCA-3-20-00585-C&S-PRES_03202020

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