



2022 Quality Rewards Program
UnitedHealthcare Community Plan

United
Healthcare
Community Plan

Agenda

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2. 2022 updates
3. Quality Rewards program benchmarks
 - Primary care providers (PCPs)
 - Federally Qualified Health Centers (FQHCs) with dental practices
 - Accountable care organizations (ACOs)
 - OB-GYN/nurse-midwife practices
4. Care opportunity closure incentives
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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 members get the right care, at the right time and the right place
- **Reward** excellence with cash incentives*
- **Address** Pennsylvania Medicaid 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 members by rewarding care providers for accepting new patients and reducing hospitalizations

*Incentive bonuses will be paid to in-network UnitedHealthcare Community Plan care providers who are in good standing as of Dec. 31, 2022.



Quality Rewards program eligibility

Quality Rewards program overview and eligibility

- PCPs
- FQHCs with dental practices
- ACOs
- OB-GYN/nurse-midwife practices

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

The program applies to services rendered to UnitedHealthcare Community Plan of Pennsylvania Medicaid members only.



What's new for 2022

This year, we added the following measures:

- Structured data incentive for Comprehensive Diabetes Care (CDC) and Controlling High Blood Pressure (CBP) measures
- Health equity incentive
- Expanded Well-Child Visit measure incentive for members ages 3–21



PCP quality benchmarks

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 UnitedHealthcare Community Plan members assigned to their tax ID number (TIN) and included in their HEDIS denominator for the 2022 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2022

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	55% or more	20	\$20 per member
75th	61% or more	20	\$50 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2022

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2022



PCP quality benchmarks (cont.)

Well-Child Visits (ages 3–21)

Eligible pediatricians and family practice care providers:

- Have at least 100 children who are UnitedHealthcare Community Plan members assigned to their TIN and in their HEDIS denominator for the 2022 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2022

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	45% or more	100	\$10 per member
75th	54% or more	100	\$20 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2022

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2022



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 2022 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2022

To get credit for this measure, please use CPT[®] II codes or structured data.

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	55% or more	50	\$10 per member
75th	63% or more	50	\$50 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2022

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2022



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 2022 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2022

To get credit for this measure, please use CPT II codes or structured data.

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	43% or less*	50	\$50 per member
75th	38% or less*	50	\$100 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2022

**Annual bonus based on HEDIS denominator as of Dec. 31, 2022

Note: Inverse measure means lower result value is better

Note: You do not need to send us test results if they were processed through Quest and LabCorp



PCP quality benchmarks (cont.)

Asthma Medication Ratio (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 2022 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2022

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	65% or more	20	\$25 per member
75th	71% or more	20	\$75 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2022

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2022



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 2022 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2022

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	72% or more	20	\$10 per member
75th	78% or more	20	\$25 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2022

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2022



PCP quality benchmarks (cont.)

Developmental Screening in the First 3 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 2022 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2022

To get credit for this measure, CPT code 96110 must 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 62% compliance rate	20	\$25 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2022

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2022



PCP quality benchmarks (cont.)

Structured Data Incentive for Comprehensive Diabetes Care – HbA1c Poor Control >9.0% and Controlling High Blood Pressure measures

Incentive opportunities

We'll reimburse providers at the TIN level:

- \$1,000 per measure of data submitted for a total possible submission of \$2,000 per year for the above 2 measures

This applies to TINs that send us structured data files such as continuity of care documents (CCDs) and flat files monthly, or on agreed upon cadence. This does not apply to provider TINs that send data overall through a Health Information Exchange (HIE).



PCP quality benchmarks (cont.)

Incentive programs for the following health equity measures:

- Prenatal Care in the First Trimester*
- Postpartum Care*
- Well-Child Visits in the First 15 Months of Life*
- Controlling High Blood Pressure*
- Comprehensive Diabetes Care – HbA1c Poor Control >9.0%*

Incentive opportunities

- We'll reward providers at the TIN level when they show a 5% or less disparity via percentage by measure results related to the overall performance of compliance in a measure
- We'll use the measure rate results of the African-American and Caucasian populations and will calculate a percentage difference in overall measure performance. Those groups with a 5% or less disparity in performance difference will receive \$500 per measure.
- The denominator minimums must be met for a TIN to be measured on this disparity by measure program. There are 4 applicable PCP level measures and one OB applicable measure (Postpartum Care) as defined above as part of this program

*Each measure requires a minimum of 50 in the overall denominator, consisting of at least 20 African-Americans in the denominator to qualify.

- Note: FQHCs are eligible for improvement, HEDIS percentile and PCP ADV care opportunity incentives



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 46% (50th percentile)*.

FQHCs will receive a \$10,000 bonus for reaching an ADV rate of at least 52% (75th percentile)*.

*Target rate subject to change when NCQA Quality Compass data is released in 2022

*Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2022

Note: 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, 2021, as a baseline for the number of ADVs for members ages 2–20
- We'll compare the baseline result with the number of ADVs during the same time frame in 2022

The minimum panel size is 150 UnitedHealthcare Community Plan members as of Dec. 31, 2022.



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 2021 to 2022.



OB-GYN/nurse-midwife practice quality benchmarks

Prenatal care in the first trimester

- **Eligibility:** OB-GYNs/nurse-midwives who are participating with UnitedHealthcare Community Plan as of Dec. 31, 2022
- Please note incentives are paid only for 1 Obstetrical (OB) Needs Assessment form per pregnancy

Quality targets and incentive amounts

Incentive opportunities

Opportunity 1: Care providers will receive \$15 for each completed OB Needs Assessment form sent within 5 days of a 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, 2022

Quality targets and incentive amounts

Incentive opportunities

Opportunity 1: Care providers will receive \$50 per OB patient when the 50th percentile (76%)* of members reach the measure goal.

Opportunity 2: Care providers will receive \$200 per OB patient when the 75th percentile (80%)* of members reach the measure goal.

*Target rate subject to change when NCQA Quality Compass data is released in 2022

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2022



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** – \$10 per plan member
- **Postpartum Care** – \$50 per plan chart received
- **Lead Screening for Children** – \$25 per chart received
- **Comprehensive Diabetes Care – HbA1c poor control > 9%**
 - For any lab result chart we receive, you get \$25. If that result is 9% or less, you get an additional \$25 for a total of \$50. When the 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-2022, 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 when you reach quality benchmarks in 2022 by the second quarter of 2023
- 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, 2022, and June 30, 2023

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 we make to PCPs.



Preferred Provider overview

Care providers can earn Preferred Provider status by **meeting 8 of 10 requirements**. The minimum panel size is 250 UnitedHealthcare Community Plan members.

Preferred Provider status requirements

Accepting new members

Offer extended office hours, including 2 weeknights until 7 p.m. or a combined 3 hours on Saturday or Sunday

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

Developmental screening compliance of 62% or higher

HEDIS Well-Child Visit (ages 3–21) measure rate higher than the 50th percentile

HEDIS Comprehensive Diabetes Care – HbA1c level ≤ 9 rate better than the 50th percentile

HEDIS Well-Child Visits in the First 15 Months of Life measure rate higher than the 50th percentile – members had 6 or more visits

HEDIS Asthma Medication Ratio rate higher than the 50th percentile

HEDIS Blood Lead Level Screening rate higher than the 50th percentile

HEDIS Controlling High Blood Pressure measure rate higher 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, 2022
- Waiver of prior authorization requirements for some services



Preferred Provider overview (cont.)

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 out-of-network care providers
- Skilled nursing visits and private duty/shift care nursing services
- Specific medical injectable J codes and CPT codes listed on the UnitedHealthcare Community Plan Prior Authorization Pennsylvania Medicaid list located at **UHCprovider.com/PACommunityplan** > Prior Authorization and Notification



Questions?

- Please contact Northeast Provider Relations at northeastprteam@uhc.com
- For more information, visit **UHCprovider.com/PAcommunityplan** > Quality Rewards Program





Thank you

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