What is the purpose of the PCOR?
The PCOR can help you quickly identify our plan members who have open care opportunities related to their preventive health care. Care opportunities included in the report align with these types of measures:

- Pharmacy compliance
- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Centers for Medicare & Medicaid Services (CMS) Star Ratings

The PCOR also highlights suspect medical conditions for each member so you can complete assessments, and properly document and code results during office visits. Addressing all of these opportunities can help you achieve positive health outcomes for your patients.

What information does the PCOR provide?
The PCOR shows current, at-a-glance details about plan members’ open care opportunities based on medical and pharmacy claims data and supplemental data received from health care providers. This information can give you a more complete picture about a member's health and overall quality of care.

The PCOR can help you:

- Identify members due for preventive screenings, annual visits or other health care services.
- Objectively quantify a member’s care needs using the UnitedHealthcare Care Score calculation. The Care Score is determined by combining a measure’s adherence status and the weight of the HEDIS and/or pharmacy measure for relevant members.
- Review pharmacy detail information around Part D clinical Star Ratings measures for Medicare Advantage Part D members.
- Use group- and physician-level reporting to track progress and assess overall strategy.
- Track your practice’s progress toward meeting incentive goals, if applicable.
- Check average Star Ratings at the group, health system and incentive level.
How can I access my PCOR?

To view your PCOR:

• Go to UHCprovider.com/pcor.
  – If this is your first time signing in, click on New User at the top of the home page and follow the registration instructions.
• Click on Go to Reports, and enter your Optum ID and password.
• All users will be prompted to choose an account. If you have more than one, pick which account you’d like to view reports for.
• When the Document Vault tool opens, click on the Physician Performance & Reporting button and choose Open My Reports. Select the report you want to see.
  – If this is your first time accessing your report, please use your PIN to sign in. The PIN is the same for UnitedHealthcare Community Plan, Medicare Advantage and Commercial members. If you don’t know your PIN, please contact your UnitedHealthcare representative or call our Health Care Measurement Resource Center at 866-270-5588.

If you have questions about viewing your report, click on the envelope icon on the Open My Reports page and complete the Contact Us form. If you need additional assistance, please contact your UnitedHealthcare representative or call our Health Care Measurement Resource Center at 866-270-5588.

How can I use the PCOR data?

When you access the PCOR online, you can filter and sort the data based on your practice’s specific needs.

The report contains tabs with various levels of reporting including:

1. Health system- or group-level summary and physician-level summary

These tabs summarize data and highlight key metrics on member care opportunities at a health system or group level, and at a physician level. Current and prior year data is included, along with progress in CMS Star Ratings categories.

Report details include:

• Total number of physicians, assigned or attributed patients, and open care opportunities
• Adherence percentages and trends for each HEDIS measure
• For care providers participating in a PATH incentive program: Information on how your practice is tracking against incentive criteria

Please note: Quality measures and corresponding Star Ratings thresholds are subject to change annually at the discretion of CMS. Updates will be reviewed and implemented in the PCOR as these changes take place.

Contact us to learn more. For more information about how our programs can help support your patients who are UnitedHealthcare Medicare Advantage plan members, please contact your UnitedHealthcare representative. Thank you.
2 Member adherence

This tab provides member-specific health details and summarizes care opportunity data for each HEDIS measure.

Report details include:
- Stoplight color-coding system that scores individual member progress to help you identify and prioritize care
- Member-level performance for HEDIS measures and suspect medical conditions
- Date of the last physical exam for those due for an annual visit
- Suspect indicator for members eligible for a specific measure in the previous year
- Listing of up to 10 suspect medical conditions per member for you to assess, document and code at office visits

3 Pharmacy detail

This tab provides eligible practices with member-level prescription drug information for Part D measures.

Report details include:
- Member-level prescription drug information for Part D measures, including drug names, last prescription fill date, prescriber name and pharmacy information
- Stoplight color-coding system to help improve medication adherence, decrease high-risk medication use and address care opportunities tied to the Statin Use in Patients With Diabetes (SUPD) measure
- New for 2017: DMD17 SUPD Measure
  - Members with open care opportunities – “No statin filled year-to-date (YTD)” alert
  - Members with addressed care opportunities – Detailed prescription information including statin drug name, last prescription fill date, quantity, days’ supply, prescriber name and more

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Incentive detail

If applicable, this tab shows your practice’s progress toward meeting the goals of the incentive programs you’re participating in.

Report details include:
- Annual care visit completion rate
- Current performance for each measure tied to the incentive program
- CMS four and five Star Ratings thresholds
- Average Star Ratings calculation, determined by dividing the CMS weighted quality rating by the total CMS weight

<table>
<thead>
<tr>
<th>Measure</th>
<th>Expected Value</th>
<th>Actual Value</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual care visit completion rate</td>
<td>90%</td>
<td>92%</td>
<td>2%</td>
</tr>
<tr>
<td>Current performance for each measure</td>
<td>90%</td>
<td>91%</td>
<td>1%</td>
</tr>
<tr>
<td>CMS four and five Star Ratings thresholds</td>
<td>4.5</td>
<td>4.6</td>
<td>0.1</td>
</tr>
<tr>
<td>Average Star Ratings calculation</td>
<td>4.6</td>
<td>4.6</td>
<td>0</td>
</tr>
</tbody>
</table>

For illustration purposes only.

Condition prevalence summary

This tab offers a summary of suspect medical condition prevalence within your group and/or health system population. Data aligns with the CMS revised hierarchical condition category (HCC) model and is based on national averages. The information provided doesn’t account for local variances.

Report details include:
- Hierarchy of chronic conditions to help encourage early detection and ongoing assessment of health concerns – and support accurate documentation and coding
- Group and/or health system prevalence of each condition
- Expected prevalence based on industry averages and demographics of your group and/or health system population
- Variance to expected prevalence results

<table>
<thead>
<tr>
<th>HCC Description</th>
<th>Prevalence</th>
<th>Expected Prevalence</th>
<th>Variance to Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>10%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>Diabetes with Complications</td>
<td>12%</td>
<td>11%</td>
<td>1%</td>
</tr>
<tr>
<td>Vascular Disease</td>
<td>4%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Chronic Kidney Failure</td>
<td>6%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Malignant Neoplasm</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Major Depressive, Bipolar, and Paranoid Disorders</td>
<td>10%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>6%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Breast, Prostate, and Other Cancers and Tumors</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Rheumatoid Arthritis and Inflammatory Connective Tissue Disease</td>
<td>8%</td>
<td>7%</td>
<td>1%</td>
</tr>
</tbody>
</table>

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