

2018 Updates: Quality Rewards Program

What You Need to Know

We're excited to share the newest enhancements to our UnitedHealthcare Community Plan of Pennsylvania Quality Rewards Program for 2018. We added another incentive opportunity, and you can reach Preferred Provider status for reaching a set of required goals.

All care provider practices are eligible to participate in the program – but to earn an incentive, you have to meet the metrics outlined in the enclosed brochure and highlighted in this letter. Read on to learn more!

What's new for 2018?

The foundation of the 2018 Quality Rewards Program remains the same, but **you can now earn an incentive for addressing the Annual Dental Visit care opportunity for your patients ages 2-20 who are UnitedHealthcare Community Plan members.** The incentive is available to primary care providers (PCPs) with plan members who have been identified as not having completed their annual dental visit.

What's Preferred Provider status?

As part of the Quality Rewards Program, PCPs with a patient roster of 250 or more UnitedHealthcare Community Plan members can reach Preferred Provider status for meeting eight of 10 required goals. Care providers who meet the benchmark get these benefits:

- Recognition of Preferred Provider designation in the UnitedHealthcare Community Plan care provider directory
- First preference for member auto-assignment/re-assignment
- PIN number for expedited service when calling Provider Services or Utilization Management
- Waiver of prior authorization requirements for some services
- Care management bonus of \$2 per member based on member panel size as of Dec. 31, 2018

Care providers who don't receive a Preferred Provider designation must submit prior authorization requests according to UnitedHealthcare Community Plan of Pennsylvania prior authorization requirements. For a complete list of services requiring prior authorization, please go to **UHCCommunityPlan.com** > For Health Care Professionals > Pennsylvania > Provider Information.

What are the Preferred Provider status goals I need to reach?

You can earn Preferred Provider status by meeting eight of these 10 required goals:

1. Accepting new plan members
2. Offering extended office hours – two weeknights until 7 p.m. **or** a combined three hours on Saturday or Sunday
3. Having a claims electronic data interchange (EDI) submission rate > 90 percent
4. Achieving emergency room utilization better than the health plan average
5. Reaching a Healthcare Effectiveness Data and Information Set (HEDIS®) Adolescent Well-Care Visits measure rate higher than the 50th percentile
6. Attaining a HEDIS Controlling High Blood Pressure measure rate higher than the 50th percentile
7. Having a HEDIS Comprehensive Diabetes Care – HbA1c Control measure rate higher than the 50th percentile – patients with an HbA1c level ≤ 8.9 percent
8. Achieving 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
9. Reaching a HEDIS Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life measure rate higher than the 50th percentile
10. Having 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 percent of their treatment period

How are results calculated?

All data and measurements are determined based on the comprehensive results for your practice's tax ID. Later this year, your Provider Advocate can give you a report showing your progress.

What if I have questions?

To learn more about the Quality Rewards Program, please visit UHCCommunityPlan.com > For Health Care Professionals > Pennsylvania > Quality Rewards Program. You can also contact your Provider Advocate, or call Provider Services at **800-600-9007**. Thank you.