

# 2016 Quality Rewards Program

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**High-level Program  
Description and  
Guidelines**

**What is Changing  
in 2016**

**Bonus Payments  
Description**

**Payment Timing**

# Quality Rewards Program: Overview



## Recognition

Acknowledges and promotes UnitedHealthcare Community Plan care providers who provide quality health care services to our members according to specific quality metrics



## Member Service

Helps ensure our members obtain the right service, at the right time, in the right place



## Incentives\*

Rewards excellence by thanking our UnitedHealthcare Community Plan care providers with cash incentives

\*Incentive bonuses are only paid to UnitedHealthcare Community Plan care providers who are in-network and in good standing as of Dec. 31, 2016.

## Quality Rewards Program (cont.)



### Quality

Correlates HEDIS measures with access to care, doctor-patient communication, keeping children healthy and diabetes monitoring/treatment



### Access

Physicians are available to provide care to current members and open to receiving new members



### Effectiveness

Improved access to primary care results in reduced hospitalizations and emergency room visits

# What Changed this Year?

## Newly Enhanced Quality Rewards Program for 2016:

### HEDIS Quality Measure Incentive changes:

- Reduced minimum Adolescent Well-Care Visit requirements from 150 to 100
- Measurement for Well-Child Visit in the First 15 months of Life (six or more) **\*New for 2016\***

### Care Management Incentive **\*New for 2016\***

- Care providers achieving **Preferred Status** will receive a \$2 per member bonus based on panel size as of Dec. 31, 2016.

*\*Preferred Status* care provider bonus may be increased if additional funds remain after paying out all Quality bonuses.

# Primary Care Incentive: All Primary Care Providers (PCPs)



## Emergency Room Utilization

Target: PCPs at practices with panel sizes of 250 or more

HEDIS Measure	# of Members	Bonus
62 ER Visits	Per 1,000 members per month	\$2 per member
51 ER Visits	Per 1,000 members per month	\$4 per member

**Note:** Bonuses based on panel size as of Dec. 31, 2016

# Primary Care Incentive: Pediatricians and Family Practice



## Adolescent Well-Care Visits (Ages 12–21)

- Offered to all Pediatricians and Family Practices fitting the following criteria:
  - At least 100 adolescents who are UnitedHealthcare Community Plan members assigned to Tax ID in the HEDIS denominator for the 2016 measurement year
  - Still participating with our Medicaid Plan as of Dec. 31, 2016

## Incentives

HEDIS Measure	Minimum # Eligible Members	Bonus
50% or more	100	\$2 per member
60% or more	100	\$4 per member

**Note:** Bonus based on membership/panel size as of Dec. 31, 2016

# Primary Care Incentive: Pediatricians and Family Practice



## Well-Child Visits for first 15 months of life (six or more visits)

- Offered to all pediatricians and family practices fitting the following criteria:
  - At least 20 children who are UnitedHealthcare Community Plan members assigned to Tax ID in the HEDIS denominator for the 2016 measurement year
  - Still participating with UnitedHealthcare Community Plan as of Dec. 31, 2016

## Incentives

HEDIS Measure	Minimum # Eligible Members	Bonus
60% or more	20	\$50 per member*
67% or more	20	\$100 per member*

\***Note:** Bonus based on number of members in the HEDIS Denominator for this measure



# Primary Care Incentive: PCPs Assigned to Adult Members



Incentives offered to high-volume providers with at least 100 HEDIS-qualifying UnitedHealthcare Community Plan members in both measures. We focus on a concentrated list of high-volume care providers to collect chart and/or lab data for rate calculations.

## Controlling High Blood Pressure (Ages 18–85)

HEDIS Measure	Minimum # Eligible Members	Bonus
58% or more	100	\$10 per member
66% or more	100	\$20 per member

## Comprehensive Diabetes Care

HEDIS Measure	Minimum # Eligible Members	Bonus
42% or less	100	\$10 per member
34% or less	100	\$20 per member

**Note:** Bonus based on membership/panel size as of Dec. 31, 2016

# Dental Incentive: Federally Qualified Health Centers (FQHCs) with Dental Practices



## Annual Dental Visit (Ages 2–21)

Target: FQHCs with dental practices in primary care offices

### Dental Methodology:

- Data from Jan. 1 to Dec. 31, 2015 used as baseline of the number of annual dental visits for members ages 2–21.
- Will compare same period in 2016

Must have minimum panel size of 150 members as of Dec. 31, 2016

### Dental Rate:

- Incentive 1: FQHCs that demonstrate a 5% improvement in their Annual Dental Visit (ADV) rate will receive \$7,500, based on claims encounter data
- Incentive 2: \$7,500 bonus for achieving ADV rate of at least 61% (75<sup>th</sup> Percentile)
- FQHCs can earn either or both \$7,500 incentives

**Note:** ADVs for any member age 2–21 seen at the FQHC for the following ADV codes: D0120, D0140, D0150

# OB/GYN Incentives

Prenatal Care in the First Trimester	Frequency of Ongoing Prenatal Care $\geq$ 81% of expected visits	Postpartum Care
<ul style="list-style-type: none"> <li>• Target: All participating OB/GYNs/Nurse-Midwives</li> <li>• Each completed <i>Obstetrical Health Risk Assessment Form</i> sent within five days of the first OB visit: \$25 per paper form               <ul style="list-style-type: none"> <li>– Increases to \$75 for electronic forms submitted using the <b>OB Cloud Application</b></li> <li>– \$75 amount is in place of the \$25 incentive for paper form submission</li> </ul> </li> <li>• Electronic forms can be found at: <a href="http://obstetricscare.uhc.com">obstetricscare.uhc.com</a> &gt; learn more about ONAF</li> </ul>	<ul style="list-style-type: none"> <li>• Target: OB/GYNs/Nurse-Midwives with at least 20 eligible HEDIS patients under practice tax ID or seen by the practice</li> <li>• 60% or more patients reaching HEDIS goal: \$75 per OB patient</li> <li>• 70% or more patients reaching HEDIS goal: \$150 per OB patient</li> </ul>	<ul style="list-style-type: none"> <li>• Target: Any OB/GYN/Nurse-Midwife with at least 20 eligible HEDIS patients under the practice tax ID or seen by the practice</li> <li>• 63% or more patients reaching HEDIS goal: \$75 per OB patient</li> <li>• 69% or more patients reaching HEDIS goal: \$150 per OB patient</li> </ul>

# Payment Mechanisms and Timing



## PCP Incentive

Payments made annually by the beginning of the 3rd quarter for services provided during the previous calendar year



## OB/GYN Incentive

Paper and Electronic OB Assessment Forms paid quarterly within 120 days from end of quarter. All other incentives paid semi-annually by Dec. 31, 2016 and June 30, 2017

The Quality Rewards Program runs on a calendar year and is funded by the Pennsylvania Department of Human Services. Financial bonuses under the program will not exceed 24.99% of the total potential annual payments made by UnitedHealthcare Community Plan for Families to PCPs.

# Preferred Provider Designation

Care providers awarded Preferred Status for meeting 7 of the 8 goals based on a minimum panel size of 250:

1. Primary care provider accepting new members
2. Extended Office Hours – two weeknights until 7 p.m. OR a combined three hours on Saturday or Sunday
3. Electronic Claims EDI Submission Rate > 90%
4. Emergency Room Utilization better than health plan average
5. HEDIS Adolescent Well Care Rate better than 50<sup>th</sup> Percentile
6. HEDIS Controlling High Blood Pressure Rate better than 50<sup>th</sup> Percentile
7. HEDIS Diabetes HbA1c less than 9% Rate better than 50<sup>th</sup> Percentile
8. HEDIS Well Child Visits in the First 15 Months of life (six or more visits) Rate better than 50<sup>th</sup> Percentile

## Preferred Provider Benefits

- Recognition of Preferred Provider Designation in the care provider directory**
- Member auto-assignment/reassignment first preference**
- Receive PIN number for expedited service when Preferred Provider calls Provider Services or Utilization Management**
- Preferred Providers receive administrative relief from prior authorizations for some services**

## Preferred Provider Benefits

### Preferred Providers receive administrative relief from prior authorizations with the exception of the following:

1. Admissions to hospitals, skilled nursing and rehab facilities
2. Services from providers who are not in our network
3. Non-formulary drugs and medications that require prior authorization
4. The following Medical Injectable J Codes & CPT Codes: J0585, J0586, J0587, J0588, J0800, J1459, J1557, J1559, J1561, J1566, J1568, J1569, J1572, J1599, J1725, 90283, 90284
5. Non-covered benefits
6. Private duty/shift care nursing services
7. Skilled nursing visits

# Thank you

**For more information, please contact Provider Relations at:**

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