



2017 Quality Rewards Program Community Plan of Pennsylvania

Overview

High-level Program Description and Guidelines

What is Changing in 2017

Bonus Payment Description

Payment Timing

Quality Rewards Program: Overview

Recognition: Acknowledges and promotes care providers who provide quality health care services to UnitedHealthcare Community Plan members based on specific quality metrics

Member Service: Helps ensure our members get the right care at the right time, in the right place

Incentives*: Rewards excellence by thanking our participating care providers with cash incentives

Quality: Uses Healthcare Effectiveness Data and Information Set (HEDIS) measures in coordination with access to care, doctor-patient communication, children's health and diabetes monitoring/treatment to improve quality

Access: Enables physicians to provide care to current members and be open to receiving new members

Effectiveness: Reduces hospitalizations and emergency room visits

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

What changed for 2017?

Newly Enhanced Quality Rewards Program:

- Increased incentive amounts based on HEDIS denominations instead of panel size
- Reduced minimum HEDIS denominator for controlling high blood pressure and comprehensive diabetes care from 100 to 50 members
- Risk adjusted factor calculations included in Emergency Room (ER) visit results

HEDIS Quality Measure Incentives changes:

- **New for 2017:** Medication management for people with asthma 75%
- **New for 2017:** Reducing potentially preventable readmissions
- **New for 2017:** Measurement for Well Child visits for ages 3, 4, 5 and 6 years old
- **New for 2017:** Mid-year gaps in care closure incentives for:
 - Adolescent Well Child visits
 - Comprehensive diabetes care
 - Postpartum care

Primary Care Incentive: All Primary Care Providers (PCPs) (ER) Utilization

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

- ER visit rates will be expressed as the rate per 1,000 members and will be risk-adjusted based upon the Episode Risk Group (ERG) score for each assigned member within the practices panel.
- The ERG models are designed to support risk assessment for all populations based on member demographics, age and gender, including both elderly and non-elderly individuals, to allow risk assessment to be performed using a consistent methodology across all individuals.

Incentives

HEDIS Percentile	HEDIS Measure	No. of Members	Bonus
50 th	62 ER Visits	Per 1,000 members per month	\$2 per member
75 th	53 ER Visits	Per 1,000 members per month	\$4 per member

*Annual bonus based on number of members in panel size as of Dec. 31, 2017

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:

- Have at least 100 adolescent UnitedHealthcare Community Plan members assigned to Tax ID in the HEDIS denominator for the 2017 measurement year
- Still participating with UnitedHealthcare Community Plan as of Dec. 31, 2017

Incentives

HEDIS Percentile	HEDIS Measure	Minimum No. Eligible Members	Bonus
50 th	49% or more	100	\$10 per member*
75 th	58% or more	100	\$20 per member*

*Annual bonus based on HEDIS denominator as of Dec. 31, 2017

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 2017 measurement year
- Still participating with our UnitedHealthcare Community Plan as of Dec. 31, 2017.

Incentives

HEDIS Percentile	HEDIS Measure	Minimum No. Eligible Members	Bonus
50 th	60% or more	20	\$50 per member*
75 th	68% or more	20	\$100 per member*

*Annual bonus based on HEDIS denominator as of Dec. 31, 2017

Well-Child Visits for ages 3, 4, 5 and 6 years

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 2017 measurement year
- Still participating with UnitedHealthcare Community Plan as of Dec. 31, 2017.

Incentives

HEDIS Percentile	HEDIS Measure	Minimum No. Eligible Members	Bonus
50 th	72% or more	20	\$25 per member*
75 th	78% or more	20	\$50 per member*

*Annual bonus based on HEDIS denominator as of Dec. 31, 2017

Primary Care Incentive: PCPs Assigned to Adult Members

Incentives offered to care providers with at least 50 HEDIS-qualifying UnitedHealthcare Community Plan members in the denominator for the measure. CPT II Codes must be billed at date of service on claims to get credit for these measures.

Controlling High Blood Pressure (Ages 18–85)

HEDIS Percentile	HEDIS Measure	Minimum No. Eligible Members	Bonus
50 th	55% or more	50	\$50 per member*
75 th	64% or more	50	\$100 per member*

Comprehensive diabetes care HbA1c poor control greater than 9% (ages 18 to 75 years)

HEDIS Percentile	HEDIS Measure	Minimum No. Eligible Members	Bonus
50 th	44% or less*	50	\$50 per member**
75 th	37% or less**	50	\$100 per member**

*Inverse measure means lower result value is better

**Annual bonus based on HEDIS denominator as of Dec. 31, 2017

Primary Care Incentive: PCPs Assigned to Child and Adult Members

Medication management for people with asthma 75% (ages 5 to 64 years)

Offered to all pediatricians and family practices fitting the following criteria:

- Targeting practices with at least 20 members in the HEDIS denominator for the measurement year 2017
- Still participating with UnitedHealthcare Community Plan as of Dec. 31, 2017

HEDIS Percentile	HEDIS Measure	Minimum No. Eligible Members	Bonus
50 th	32% or more	20	\$50 per member*
75 th	38% or more	20	\$100 per member*

*Annual bonus based on HEDIS denominator as of Dec. 31, 2017

Dental Incentive: Federally Qualified Health Centers (FQHCs) With Dental Practices

Annual Dental Visit (Ages 2–20)

Target: FQHCs with dental practices in primary care offices

Dental Methodology:

- Data from Jan. 1 to Dec. 31, 2016, used as a baseline for the number of annual dental visits for members ages 2 to 20 years
- Will compare same period in 2017
- Must have minimum panel size of 150 members as of Dec. 31, 2017

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% (75th percentile)
- FQHCs can earn either or both \$7,500 incentives

*ADVs for any FQHC assigned member ages 2 to 20 years

Dental Incentive: Accountable Care Organizations (ACO) with Shared Savings Agreements

Reducing Potentially Preventable Readmissions

- If a care provider achieves a reduction of at least 10% in the readmission rate from 2016 to 2017, an incentive of \$25,000 will be paid
- ACO providers were selected in part because they have access to our population registry
- Targeted care providers are high-volume care providers with ACO/Shared Savings agreements who signed a shared savings agreement

OB/GYN Incentives

Prenatal Care in the First Trimester	Frequency of Ongoing Prenatal Care >=81% of expected visits	Postpartum Care
<ul style="list-style-type: none"> • Target: All participating OB/GYNs/Nurse-Midwives • 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"> – Increases to \$75 for electronic forms submitted using the OB Cloud Application – \$75 amount is in place of the \$25 incentive for paper form submission • Electronic forms can be found at: obstetricscare.uhc.com > learn more about ONAF 	<ul style="list-style-type: none"> • Target: OB/GYNs/Nurse-Midwife with at least 20 eligible HEDIS patients under practice tax ID or seen by the practice • 60% or more patients reaching HEDIS goal: \$100 per OB patient • 70% or more patients reaching HEDIS goal: \$200 per OB patient 	<ul style="list-style-type: none"> • Target: Any OB/GYN/ Nurse-Midwife with at least 20 eligible HEDIS patients under the practice tax ID or seen by the practice • 61% or more patients reaching HEDIS goal: \$100 per OB patient • 68% or more patients reaching HEDIS goal: \$200 per OB patient

New Gap Closure Incentives

Gaps in Care Incentives:

- **Adolescent Well Child visits*** (based on claims data received for the well visit): \$25 per member for gap closure
- **Postpartum care** (based on charts that provider sends us documenting the actual post partum visit date of service): \$50 per member for gap closure
- **CDC HbA1c poor control > 9%** (based on labs being sent to the plan):
 - **\$25 per chart received** – poor result (any HbA1c test received)
 - **\$50 per chart received** – good result (8.9 or less result)
 - **\$75 per chart received** – poor result followed by good retest result

*Lists of members who need care will be provided for the following HEDIS measures via mail throughout the year. These programs do not start until after the first quarter of 2017 and can be initiated as late as September 2017. Payments will be made quarterly after confirmation is made that the information supplied to the plan meets the HEDIS requirements. Providers who supply the information will receive the payment award. UnitedHealthcare will supply providers with lists of members for outreach efforts to close gaps in coverage (payout determined by pulling claims data detail).

Payment Mechanisms and Timing

PCP Incentive*

- Payments for meeting HEDIS targets made annually by the end of the second quarter for services provided during the previous calendar year.
- Payments for Gaps in Care Closures will be paid periodically throughout the calendar year based on timing of Gaps in Care list mailings.

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. 31st of 2017 and June 30, 2018.

*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 8 of the 10 goals based on a minimum panel size of 250:

1. PCP 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 50th percentile
6. HEDIS controlling high blood pressure rate better than 50th percentile
7. HEDIS Diabetes HbA1c less than 9% rate better than 50th percentile
8. HEDIS Well Child visits in the first 15 months of life (six or more visits) rate better than 50th percentile
9. HEDIS Well Child visits rate for ages 3, 4, 5 and 6 years of life better than 50th percentile (new for 2017)
10. HEDIS medication management for people with asthma 75% rate (ages 5 to 64 years) better than 50th percentile (new for 2017)





Preferred Provider Benefits

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

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

- Admissions to hospitals, skilled nursing and rehab facilities
- Services from care providers who are not in our network
- Non-formulary drugs and medications that require prior authorization
- The following medical injectable J codes and CPT codes:
J0585, J0586, J0587, J0588, J0800, J1459, J1557, J1559,
J1561, J1566, J1568, J1569, J1572, J1599, J1725, 90283,
90284
- Non-covered benefits
- Private duty/shift care nursing services
- Skilled nursing visits
- DME over \$500

Thank you

For more information, please contact Provider Relations at:
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