

Quality Improvement Program (QIP) for the 2020 District of Columbia Health Benefit Exchange Qualified Health Plan Filing

UnitedHealthcare Insurance Company UnitedHealthcare of the Mid-Atlantic, Inc. Optimum Choice, Inc.

Improve health outcomes. The issuer must describe activities implemented to improve health outcomes, including quality reporting, effective case management, care coordination, chronic disease management, and medication and care compliance initiatives (e.g., implementation of a medical home model for treatment or services)

At UnitedHealthcare (UHC), we continuously strive to improve the overall quality of care and service provided to our members by our health care delivery system. In the District of Columbia, UnitedHealthcare has focused resources and efforts on clinical gap closure across HEDIS® measures. Quality Improvement efforts are focused in the areas of adult and child preventive measures, chronic disease management including medication adherence, behavioral health, patient safety, access and availability of care, care coordination and enrollee satisfaction.

For the Commercial plans in District of Columbia, HEDIS® measure improvements were achieved year-over year in the following HEDIS® measures:

- Adult BMI Assessment
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Flu Vaccinations for Adults Ages 18-64
- Medication Management for People with Asthma (75% Rate Only)
- For many of the UHC commercial plans in the Mid-Atlantic region improvements were seen year over year in the cancer screening measures of breast, cervical and colorectal.
- Gains were held from prior year in the areas of Cervical Cancer Screening and the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Measures

For the UnitedHealthcare District of Columbia Company SHOP plans, the global quality rating improved to 4 out of 5 Stars for measurement year 2017. HEDIS® measure improvements were achieved year-over-year in multiple Quality Rating System (QRS) domains including the domains of clinical quality management, prevention, safety, access to care and care coordination.

The UnitedHealth Premium® program provides physician designations based on quality and cost efficiency criteria to help members make more informed and personally appropriate choices for their medical care. Physicians may also use these designations when referring patients to other physicians. In addition, physicians can review the data used in their assessment and see how their results compare with those of their peers by accessing their Premium assessment on UnitedHealthPremium.UHC.com. Physicians therefore can effectively use this information to support their efforts to provide quality and cost-efficient care to UnitedHealthcare members. Following are the designations a physician can receive:

- **Premium Care Physician** – the physician meets UnitedHealth Premium program quality and cost-efficient care criteria

- **Quality Care Physician** – the physician meets the UnitedHealth Premium program quality care criteria but does not meet the program’s cost-efficient care criteria or is not evaluated for cost-efficient care
- **Does Not Meet Premium Quality Criteria** – the physician does not meet the UnitedHealth Premium program quality criteria so the physician is not eligible for a Premium designation.
- **Not Evaluated for Premium Care** – the physician’s specialty is not evaluated in the UnitedHealth Premium program, the physician does not have enough claims data for program evaluation or the physician’s program evaluation is in process

Medical Management interfaces with and supports clinical quality improvement in a variety of ways. Through the Quality of Care Referral process, screening criteria are used by clinical staff to identify potential quality of care concerns. When appropriate, the Medical Director will discuss quality concerns with the enrollee’s physician. All potential quality of care concerns are forwarded to the customer quality department for review, tracking, trending and follow-up. Other processes that contribute to and are evaluated by customer quality departments include various audit results, clinical outcome measurement and enrollee satisfaction results. Following are highlights of UHC’s care delivery to ensure continuous quality improvement:

- **Disease Management** – The UnitedHealthcare (UHC) Diabetes and Coronary Artery Disease (CAD) Disease Management programs are population-based, self-directed intervention programs, which addresses both self-care and lifestyle areas with specific components focused on these conditions and is available to all members. Analyses of top chronic diagnoses reports consistently show that Cardiovascular Disease and Diabetes remain the most frequent chronic conditions for our members. The Diabetes and Coronary Artery Disease programs are multi-level programs. American Diabetes Association Standards of Medical Care in Diabetes provide the basis for the Diabetes program. The American Heart Association and American College of Cardiology Guidelines for Secondary Prevention of Patients with Coronary and Other Atherosclerotic Vascular Disease and the National Heart, Lung and Blood Institute Guidelines on High Blood Cholesterol provide the basis for the CAD program. The programs’ goals are to improve the care for members, who have been diagnosed with CAD and/or Diabetes, by increasing their self-management skills and self-efficacy in managing their disease and compliance with preventive exams and treatment plans.
- **Complex Case Management** – The core of Complex Case Management (CCM) focuses on identifying high-cost, complex, at risk individuals who meet criteria for and can benefit from CM services and is available to all members. The emphasis is placed on improved outcomes through development of partnerships with individuals to facilitate health care access and decisions that can have dramatic impact on the quality and affordability of their health care. Goals of the CCM program are to achieve the following objectives for consumers, clients, practitioners and providers:
 - Improve the health outcomes and satisfaction of consumers.
 - Support appropriate, quality and cost effective healthcare services to all consumers participating in CM.
 - Quality of care issues are identified, acted upon and resolved.
 - Provide professional and competent CM staff resources.
 - Compliance with state/federal regulations and accreditation agency standards.

In addition to CCM High Risk programs, UHC offers additional programs for members with complex medical needs such as the Transplant Solutions Program.

- **Transitional Care Management** – Transitional Care Managers (TCM) work in collaboration

with Inpatient Care Management (ICM), SNF Specialists, enrollees and their PCPs to facilitate discharge plans, implement the plan, coordinate services, monitor and re-evaluate the care plan for the member in the immediate post-discharge period. TCMs focus on achieving optimal outcomes based on the underlying illness or diagnosis, and preventing inappropriate use of resources such as re-admissions or unnecessary admissions.

- **Hospital Readmission Reduction** – Hospitalized enrollees, who are considered high risk for readmission or who have complex discharge planning needs, are referred by ICM for post-discharge case management or disability management. Enrollees are proactively monitored and managed to assist with a safe transition to home.

Readmission Reduction Management assessments and interventions focus on five key areas:

- Care: Is the individual receiving appropriate care for the condition? Does the treatment plan address the individual's co-morbid (physical and behavioral) conditions and the social/environmental barriers to optimal health care?
 - Self-Care: Does the individual understand how to best manage his/her care? Does the individual understand the underlying condition? Can community services or local support groups provide additional support?
 - Medications: Does the individual have the medications the physician prescribed? Does he/she understand how to take them correctly? If not, can barriers to adherence be addressed?
 - Access to Care: Does the individual have a primary physician who coordinates care? Is an appropriate specialist or sub-specialist monitoring the individual's progress? Is the individual able to timely access providers to address all their health care needs and preferences?
 - Equipment/Supplies: Does the individual need home care services, equipment or supplies that will allow him/her to better manage at home?
- **Patient Safety Improvement/Medical Error Reduction** – The UnitedHealthcare (UHC) Patient Safety Program continues to influence network-wide safe clinical practices. The success of the program is a result of various internal and external partnerships. Those partnerships include: Quality and Affordability projects, the UnitedHealth Premium® Designation programs, UnitedHealth Pharmacy, OptumRx, UnitedHealthcare National Accounts, UnitedHealthcare Employee and Individual Quality Management and Performance group, and National Committee for Quality Assurance (NCQA).
- The Patient Safety Program specifically accomplishes goals by:
 - Collaborating with our pharmacy partners to promote safe, appropriate, and cost effective use of medications for our members.
 - Evaluating and distributing the use of the Clinical Practice Guidelines.
 - Educating members regarding the importance of patient safety in the continuum of care.
 - Evaluating internal and external data to identify targeted and specific opportunities for improvement.
 - UHC continues to advance appropriate care, evidenced based medicine (EBM) and patient safety based on factual and scientific evidence. This is accomplished by collaborating with UHC Pharmacy and OptumRx on several key programs. The Misuse and Abuse Drug Monitoring Program (DUR) notifies physicians of members who may be over-utilizing narcotics. Identified chronic over-utilizers are then locked

into one pharmacy and one physician to decrease the potential for continued abuse.

- UHC promotes and encourages the use of technology to provide safe medical care. One of the ways this is accomplished is through monitoring of The United States Food and Drug Administration (FDA) website for “Black Box” warnings, recalls, and alerts. Additionally, the Point of Sale Drug to Drug Interaction Program sends notification to the dispensing pharmacist at the point of sale when drug/ drug interactions are identified, which often results in positive therapy change for members.
- e-Prescribing throughout the network is continuously operating to improve medication safety. This program encourages physicians to electronically send an accurate prescription directly to a pharmacy from the point of care.
- Adverse events may contribute to poor patient safety outcomes. Therefore, member complaints about providers and reported adverse events are tracked and trended by the centralized Quality of Care and Service department. Types of adverse events which are reviewed include: medication errors, surgical errors, clinical procedural errors, complication, or infection, unscheduled return to surgery, unexpected trauma occurring during treatment, unexpected death, unplanned readmission within 15 to 30 days. The trended data are reported semiannually. Corrective actions are taken as needed including but not limited to peer review and provider sanctions.
- Educational collaborations are ongoing. Examples of these efforts include the Clinical Practice Guidelines which are published in the Network Bulletin, and Patient Safety information which is posted to the provider portal. Communication with members on Patient Safety is accomplished through the members’ annual Rights and Responsibility compliance mailings. Additionally, information to members on selecting physicians in the UnitedHealth Premium® Designation programs is distributed.
- **Wellness and Health Promotion (Member Tools and Resources)** – UnitedHealthcare helps people live healthier lives. We use the power of information and innovative thinking to help employers, doctors and individuals make better health care decisions.
 - UnitedHealthcare’s Awareness Tools: These tools assist in Health Assessments and Reporting, Personal Health Record Maintenance, and support Onsite Screenings, Programs & Counseling
 - UnitedHealthcare’s Education Tools: These tools provide Health Assessment personalized health report, *Healthy Mind Health Body* Newsletter, myuhc.com resources, and Care24SM Worksite programs
 - UnitedHealthcare’s Behavior Support Tools: These tools offer Online Health Coach programs and myuhc.com trackers and tools, a Preventive care reminder program, and Health and wellness discounts
- Engaging Member Interface – myuhc.com:
 - I AM – Collects and organizes health information for a personalized experience (Health Assessment, Health Trackers, Health Record)
 - I DO – Supports members through a prioritized health action plan (Action Plans, Clinical Content, Health Trackers)
 - I GET – Keeps members engaged through rewards and inspiration (Incentives, Messaging, Reward Redemption)
- Online Health Coaching Programs: These programs provide easy navigation, clear

direction, and on-demand status updates on progress the member is making. Program Options include: Asthma, Back Pain, High Blood Pressure, Diabetes Lifestyle, Heart Healthy Lifestyle, Exercise, Nutrition, Weight Management, Tobacco Cessation, Stress Management, Pregnancy, and Preventive Care.

- myNurseLineSM: An American Health Care Commission/URAC accredited source of health information and support for a wide variety of concerns. Nurses are available 24 hours a day, seven days a week providing nurse advice (triage), general health information, condition education, member services/provider referrals, and a health information library.
 - Healthy Pregnancy Program: Program includes access to maternity support 24 hours a day, individual support during and after pregnancy, maternity educational materials, postpartum screening and referral. Also included are money- saving coupons, choice of educational pregnancy books, and an online guide to baby's growth and development.
 - Prenatal and Postpartum Care Campaign – a letter outreach program for commercial members encouraging all those in their first trimester of pregnancy to schedule a prenatal visit or all those members that have delivered to schedule a postpartum visit.
 - Health Care Cost Estimator: Intuitive tool that supports consumer decisions with consistently reliable cost estimates which helps member make the best personal value choice based on price, quality, and convenience. This methodology gives consumers consistently reliable estimates based on historic claims data validated against actual fee schedules and links separate health events (appointments, procedures, follow-up) into an understandable care path. A program fully integrated with myuhc.com allowing members to shop, get trusted information, and make informed decisions within a single tool.
 - Healthy Mind, Healthy Body – Member e-Newsletter: Members register online at www.uhc.com/myhealthnews and select up to five topics. Topics include healthy living and well-being, family and children's health, men's health, women's health, asthma, cancer, diabetes, healthy back, and heart health.
 - UnitedHealth Allies – Health Discount Program: Provides discounts on health and wellness related products and services not covered under the medical plan. These discounts range between 5-50%. Popular discounts include gym discounts, tobacco cessation, fitness apparel, Lasik surgery, Jenny Craig weight loss programs, and complementary care. Discounts also exist for dental care, long-term care services, infertility treatment, and hearing devices.
 - UnitedHealthcare Health4Me – Mobile App: The mobile app allows members to easily and conveniently access their health plan benefits information. The member can view and share their health plan ID card, find doctors and facilities, and connect with customer care professionals.
 - Other: Wellness and Health Promotion programs that benefit Washington DC health plan members include UnitedHealthcare Motion, a fitness tracker program; PreCheck MyScript, an application that reduces the administrative burden for doctors by letting doctors run a pharmacy trial claim before prescribing for our members; and the Quit for Life Program, a tobacco cessation program.
- **Health Equity Promotion and Healthcare Disparities Reduction** – UnitedHealth Group's (UHG) Health Equity Services Program was created to advance the enterprise-wide multicultural and health equity activities at UHG. Program participation is cross-functional, spanning across UHG including clinical, network, operations, data and informatics, customer service and marketing departments. The Health Equity Services program has completed an

enterprise compliance assessment of the upgraded National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. UnitedHealthcare is at industry standard or better for 14 of 15 standards and have implemented plans to improve areas and capabilities identified for improvement.

- The primary program goals are to:
 - Understand gaps in health and healthcare
 - Develop interventions based on above understanding
 - Embrace diversity by creating a continuum of culturally sensitive programs and services that promote health and address avoidable health care cost areas.
- Program priorities were identified as part of our internal gap review process. The current program priorities include the following:
 - Establishing the foundation of multicultural population stratification,
 - Understanding gaps in health and health care to develop interventions,
 - Refining the patient-centered approach based on member demographics, including race, ethnicity and language preferences and
 - Growing multicultural capabilities to enhance the member experience.
- At the foundation of the Health Equity Services program is Data Collection and Analysis. This entails work to further develop the necessary tools that enable the collection, storage, analysis, and availability of race, ethnicity, and language information. Priorities include enhancing our current analytics infrastructure to stream race, ethnicity and language data directly reported from the consumer, through our various analytical tools, to the businesses, where the information can be integrated into clinical, marketing and service strategies to provide a more customized and effective outreach to our members.
- In addition, the following multicultural capabilities continue to be provided through Marketing and Member Services:
 - The Asian American Markets team delivers health care solutions that meet each member's stage-in- life needs, supported by culturally and linguistically appropriate programs, tools and services to help members better understand their health plans, identify health risks and obtain better health outcomes.
 - Latino Health Solutions provides bilingual, culturally relevant health and wellness information and services to help meet the health care needs of Hispanic/Latino families, their employers, and the brokers and consultants who work with them. Latino Health Solutions offers a variety of educational resources that focus on the common health concerns of the Hispanic community, and provides bilingual information to help maintain a healthy lifestyle.
 - Promote the Health Literacy Innovations Program (HLIP) glossary called, "Just Plain Clear", provided on the UHG website. This glossary is available in both English and Spanish to help members understand difficult health insurance terms.
 - Enhanced Bilingual Service includes phone routing and in-language messaging to seamlessly route Spanish speaking members to a dedicated Spanish-language call center. Best practices for the translation and standardization of member materials have been implemented in the Benefits and Services (OptumHealth) businesses.
 - Health Literacy Innovations Program produces quick reference guides for

creating plain language materials for Hispanics and Latinos, African Americans, Asian Americans and Aging Adults.