

To: Debbie Correia Morales, Senior Consulting Manager, Rhode Island Executive Office of Health and Human Services

From: Stacey Aguiar, Director of Clinical Quality, UnitedHealthcare Community Plan of Rhode Island

CC: Patrice Cooper, CEO, UnitedHealthcare Community Plan of Rhode Island

Date: November 7, 2019

RE: Accountable Entities Performance Year Three Documents

UnitedHealthcare Community Plan of Rhode Island (UnitedHealthcare) is committed to support the success of the Rhode Island Executive Office of Health and Human Services (EOHHS) Accountable Entity (AE) program. UnitedHealthcare has reviewed the following documents: 1. AE Implementation Manual Draft October 2019; 2. Attachment H AE Certification Standards Performance Year 3 (PY3) Draft; 3. Attachment J AE Total Cost of Care (TCOC) Requirements PY3 Draft; and 4. AE and Managed Care Organization (MCO) Outcome Performance Year 3 (OPY3) Targets and Methodology Memo and has developed comments for consideration.

1. AE Implementation Manual Draft October 2019: Page 7 AE Quality Measures Chart

UnitedHealthcare recommends using Quality Performance Year 3 (QPY3) as an additional transition year (e.g., include Pay for Reporting (P4R) measures along with Pay for Performance (P4P) measures), and use QPY4 as an all measure P4P year.

UnitedHealthcare recommends keeping optional measures slates for QPY3.

UnitedHealthcare recommends changing the Follow-up after Hospitalization for Mental Illness (FUH) measure from P4P to P4R in QPY3 due to HEDIS 2020 (CY 2019) Technical Specification changes.

1. AE Implementation Manual Draft October 2019: Page 9 Eligible Population for Non-HEDIS Measures

UnitedHealthcare supports QPY1 and QPY2 for “all non-HEDIS measures in the Common Measure Slate to use the eligible population as defined in the measure’s specification.” UnitedHealthcare recommends using the same criteria for QPY3. The Implementation Manual states the following for QPY3, “Active Patients are individuals seen by a primary care clinician associated with the AE anytime within the last 12 months.” This statement contradicts the measure specifications where measures such as the Tobacco Use: Screening and Cessation Intervention measure states “Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco”. The Implementation Manual also states the following for QPY3, “For the purpose of these measures “primary care clinician” is any provider defined by the reporting managed care organization as a primary care clinician and holding a patient panel.” This statement also contradicts the measure specifications where measures such as Screening for Clinical Depression and Follow-Up Plan measure states “eligible population with an outpatient visit within the measurement year”.

1. AE Implementation Manual Draft October 2019: Page 10 Improvement Target

UnitedHealthcare recommends including an example of how to calculate an improvement target.

1. AE Implementation Manual Draft October 2019: Page 23 TCOC Quality and Outcome Measures Reporting Timeline

The document states as the task, “AEs provide MCOs with documentation of both continuing and new processes implemented in OPY2 to reduce a) avoidable inpatient admissions and b) avoidable ED visits and AEs and MCOs should

meet to discuss these processes as well as performance on the OPY2 outcome metrics.” UnitedHealthcare is recommending clarification on avoidable inpatient admissions. Is this measure comparable to the admits/1000 which UnitedHealthcare is currently working with the AEs on, or is this a new measure? If this is a new measure, then how is the Executive Office of Human Services (EOHHS) defining “avoidable”?

2. Attachment H AE Certification Standards PY3 Draft: Page 15 4.1.1.3.

The document states, “Demonstrate that at least 60% of AE patients are enrolled in CurrentCare and/or document a plan to increase CurrentCare enrollment.” UnitedHealthcare recommends that there not be a requirement to have 60% of patients enrolled in Current Care since it is an opt-in program and patients cannot be required to opt-in.

3. Attachment J AE TCOC Requirements PY3 Draft: Page 8 B Shared Savings Opportunity

The document states, “Any EHR-only non HEDIS measure is defined to include only active patients in the denominator.” UnitedHealthcare recommends the same as above, using measure specifications instead of only active patients in order to align with HEDIS measures.

3. Attachment J AE TCOC Requirements PY3 Draft: Page 10 b. Improvement Target

UnitedHealthcare recommends including footnote three at the bottom of the page.

3. Attachment J AE TCOC Requirements PY3 Draft: Page 11 E Calculation of the Overall Quality Score and TCOC Quality Benchmarks

UnitedHealthcare recommends including footnote four at the bottom of the page.

The document states, “a. Set interim targets for Quality Performance Year 3 using Quality Performance Year 1 data (in conjunction with the other sources listed below) in advance of QPY3.” UnitedHealthcare does not recommend using QPY1 AE-level performance data to identify targets for QPY3 due to multiple iterations of requirements, as well as the limited resources and timing the MCOs and AEs had to analyze and submit QPY1 performance data. UnitedHealthcare recommends using QPY2 performance data to identify targets for QPY3.

3. Attachment J AE TCOC Requirements PY3 Draft: Page 11 E Calculation of the Overall Quality Score and TCOC Quality Benchmarks Page 12: a. HEDIS measures

The document states, “NCQA’s Quality Compass benchmarks will be used whenever possible for QPY3, HEDIS 2019 (CY2018) will be used.” UnitedHealthcare recommends the same as above, to not use QPY1 for QPY3 benchmarks.

3. Attachment J AE TCOC Requirements PY3 Draft: Page 12 F. Comprehensive AE Common Measure Slate

UnitedHealthcare recommends the same as above, keeping QPY3 as another transition year (P4P &P4R) and making QPY4 a full P4P year.

4. AE and MCO OPY3 Targets and Methodology Memo: Page 13 Appendix C: Potentially Avoidable ED Visits

UnitedHealthcare is currently working on cross walking the metrics for the “NYU modified by EOHHS measure specifications” to identify any potential barriers or issues that may arise.