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Rhode Island Medicaid Managed Care Program UnitedHealthcare Community Plan of Rhode Island 2023 External Quality Review Annual Technical Report April 2025

**Prepared on behalf of:
The State of Rhode Island
Executive Office of Health and Human Services**

ipro.org

Reference to Medicaid managed care programs and members also includes Children's Health Insurance Program members served under the same managed care programs and contracts.

Per *Title 42 CFR 438.364(a)(7)*, no managed care plan was exempt from the external quality review activities conducted in 2023.

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About This Report

External Quality Review and Annual Technical Report Requirements

The Balanced Budget Act of 1997 established that state Medicaid agencies contracting with Medicaid managed care plans provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the managed care plan. *Title 42 Code of Federal Regulations Section 438.350 External quality review (a) through (f)* sets forth the requirements for the annual external quality review of contracted managed care plans. States are required to contract with an external quality review organization to perform an annual external quality review for each contracted Medicaid managed care plan. The states must further ensure that the external quality review organization has sufficient information to conduct this review, that the information be obtained from external-quality-review-related activities and that the information provided to the external quality review organization be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services. Quality, as it pertains to an external quality review, is defined in *Title 42 Code of Federal Regulations 438.320 Definitions* as “the degree to which a managed care plan, PIHP¹, PAHP², or PCCM³ entity increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of services that are consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement.”

Title 42 Code of Federal Regulations 438.364 External quality review results (a) through (d) requires that the annual external quality review be summarized in a detailed technical report that aggregates, analyzes, and evaluates information on the quality of, timeliness of, and access to health care services that managed care plans furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the managed care plans with respect to health care quality, timeliness, and access, as well as recommendations for improvement.

To comply with *Title 42 Code of Federal Regulations Section 438.364 External quality review results (a) through (d)* and *Title 42 Code of Federal Regulations 438.358 Activities related to external quality review*, the Rhode Island Executive Office of Health and Human Services contracted Island Peer Review Organization, Inc. (doing business as IPRO), an external quality review organization, to conduct the external quality review of the managed care plans that were part of Rhode Island’s Medicaid managed care program in 2023. This report summarizes the 2023 external quality review results for UnitedHealthcare Community Plan of Rhode Island.

It is important to note that the provision of health care services to each of the applicable Medicaid eligibility groups (Rlte Care Core, Rlte Care for Children with Special Health Care Needs, Rhody Health Expansion, and Rhody Health Partners) are evaluated in this report.

2023 External Quality Review

This external quality review technical report focuses on four federally required activities (validation of performance improvement projects⁴, validation of performance measures, review of compliance with Medicaid standards, and validation of network adequacy) and one optional activity (validation of quality-of-care survey) that were conducted for measurement year 2023 (January 1, 2023-December 31, 2023). IPRO’s external quality review methodologies

¹ Prepaid inpatient health plan.

² Prepaid ambulatory health plan.

³ Primary care case management.

⁴ Rhode Island refers to performance improvement projects as quality improvement projects, and the term quality improvement project will be used in the remainder of this report.

for these activities follow the *CMS External Quality Review (EQR) Protocols*⁵ published in February 2023. The external quality review activities and corresponding protocols are described in **Table 1**.

Table 1: External Quality Review Activity Descriptions and Applicable Protocols

External Quality Review Activity	External Quality Review Protocol	Activity Description
Activity 1. Validation of Performance Improvement Projects (Required)	Protocol 1	IPRO reviewed UnitedHealthcare Community Plan of Rhode Island's quality improvement projects to validate that the design, implementation, and reporting aligned with Protocol 1, promoted improvements in care and services, and provided evidence to support the validity and reliability of reported improvements.
Activity 2. Validation of Performance Measures (Required)	Protocol 2	IPRO reviewed the Healthcare Effectiveness Data and Information Set (HEDIS ^{®6}) audit results provided by UnitedHealthcare Community Plan of Rhode Island's National Committee for Quality Assurance (NCQA)-certified HEDIS compliance auditors and reported rates to validate that performance measures were calculated according to the Rhode Island Executive Office of Health and Human Services' specifications.
Activity 3. Review of Compliance with Medicaid and Children's Health Insurance Program Standards (Required)	Protocol 3	IPRO reviewed the results of evaluations performed by NCQA, as part of the Accreditation Survey, of UnitedHealthcare Community Plan of Rhode Island's compliance with Medicaid and Children's Health Insurance Program standards. Specifically, this review assessed UnitedHealthcare Community Plan of Rhode Island's compliance with standards under <i>Code of Federal Regulations Part 438 – Managed Care</i> .
Activity 4. Validation of Network Adequacy (Required)	Protocol 4	IPRO evaluated UnitedHealthcare Community Plan of Rhode Island's data collection methodologies and results to determine managed care plan adherence to the network standards outlined in the <i>Medicaid Managed Care Services Agreement</i> , as well as UnitedHealthcare Community Plan of Rhode Island's ability to provide an adequate provider network to its Medicaid and Children's Health Insurance Program populations.
Activity 6. Validation of Quality-of-Care Surveys (Optional)	Protocol 6	IPRO reviewed UnitedHealthcare Community Plan of Rhode Island's member satisfaction survey reports to validate that the methodology aligned with the Rhode Island Executive Office of Health and Human Services' requirement to utilize the Consumer Assessment of Healthcare Providers and Systems (CAHPS ^{®7}) tool. IPRO also reviewed UnitedHealthcare Community Plan of Rhode Island's provider satisfaction survey reports to verify the validity and reliability of the results and to ensure that the survey was conducted in alignment with the <i>Medicaid Managed Care Services Agreement</i> .

The results of IPRO's external quality review are reported under each activity section.

⁵ The Centers for Medicare & Medicaid Services External Quality Review Protocols website: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>.

⁶ HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁷ CAHPS is a registered trademark of the Agency for Healthcare Quality and Research (AHRQ).

Rhode Island Medicaid Managed Care Program

The Rhode Island Medicaid Managed Care Program

The State of Rhode Island was granted a Section 1115 Demonstration Waiver⁸ from the Centers for Medicare & Medicaid Services in 1993 to develop and implement a mandatory Medicaid managed care program. Rite Care, Rhode Island's Medicaid managed care program began enrollment in 1994. Since 1994, the Rhode Island Medicaid managed care program has evolved and expanded to meet the health care needs of Rhode Islanders.

In 2015, the *Working Group to Reinvent Medicaid* was established because of an executive order issued by the Governor of Rhode Island and later codified by the Reinventing Medicaid Act of 2015⁹. The Reinventing Medicaid Act required the *Working Group to Reinvent Medicaid* to identify progressive, sustainable savings initiatives to transform Rhode Island's Medicaid program to pay for better outcomes, better coordination, and higher-quality care, instead of more volume. The *Working Group to Reinvent Medicaid* established these four guiding principles the Rhode Island Medicaid managed care program:

1. Pay for value, not volume.
2. Coordinate physical, behavioral, and long-term health care.
3. Rebalance the delivery system away from high-cost settings.
4. Promote efficiency, transparency, and flexibility.

Further, Rhode Island's vision for its Medicaid managed care program as expressed by the *Working Group to Reinvent Medicaid*, "calls for a reinvented Medicaid in which managed care plans contract with integrated provider organizations called accountable entities that will be responsible for the total cost of care and health care quality and outcomes of the attributed population." Accountable entities represent interdisciplinary partnerships between providers with strong foundations in primary care that also work to address services outside of the traditional medical model which includes behavioral health and social support services.

The Rhode Island Executive Office of Health and Human Services currently offers a variety of managed care plans to coordinate the provision, quality, and payment of care for its enrolled members. The Rhode Island Medicaid managed care program covers acute care, primary and specialty care, pharmacy, and behavioral health services through contracts with three managed care plans: Neighborhood Health Plan of Rhode Island, UnitedHealthcare Community Plan of Rhode Island, and Tufts Health Public Plans; and one managed dental health plan: UnitedHealthcare Dental. **Table 2** displays a summary of the Medicaid managed care programs and participating managed care plans that were available to Rhode Islanders in 2023.

⁸ Section 1115 of the Social Security Act allows for "demonstration projects" to be implemented in states to effect changes beyond routine medical care and focus on evidence-based interventions to improve the quality of care and health outcomes for members. Medicaid.gov About 1115 Demonstrations website:

<https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html>.

⁹ Title 42 State Affairs and Government Chapter 7.2 Office of Health and Human Services 16.1 Reinventing Medicaid Act of 2015 website: <http://webserver.rilin.state.ri.us/Statutes/TITLE42/42-7.2/42-7.2-16.1.htm>.

Table 2: Rhode Island Medicaid Managed Care Programs

Program	Program Description	Participating Managed Care Plans
Rlte Care Core	A Medicaid managed care plan for children and families.	<ul style="list-style-type: none"> ▪ Neighborhood Health Plan of Rhode Island ▪ Tufts Public Health Plan ▪ UnitedHealthcare Community Plan of Rhode Island
Rlte Care for Children in Substitute Care	A Medicaid managed care plan for children in legal custody of the State Department of Children, Youth and Families.	<ul style="list-style-type: none"> ▪ Neighborhood Health Plan of Rhode Island
Rlte Care for Children with Special Health Care Needs	A Medicaid managed care plan for children with a disability or chronic condition who qualify for supplemental security income, Katie Beckett or adoption subsidy through the Department of Children, Youth, and Families.	<ul style="list-style-type: none"> ▪ Neighborhood Health Plan of Rhode Island ▪ Tufts Public Health Plan ▪ UnitedHealthcare Community Plan of Rhode Island
Rhody Health Expansion	A Medicaid managed care plan for low-income adults aged 19-64 years with no dependent children.	<ul style="list-style-type: none"> ▪ Neighborhood Health Plan of Rhode Island ▪ Tufts Public Health Plan ▪ UnitedHealthcare Community Plan of Rhode Island
Rhody Health Partners	A Medicaid managed care plan for eligible adults with disabilities who are 21 years or older.	<ul style="list-style-type: none"> ▪ Neighborhood Health Plan of Rhode Island ▪ Tufts Public Health Plan ▪ UnitedHealthcare Community Plan of Rhode Island
Rite Smiles	A dental managed care plan for children enrolled in Medicaid and born on or after May 1, 2000.	<ul style="list-style-type: none"> ▪ UnitedHealthcare Dental

The provision of health care services to each of the applicable eligibility groups (Rlte Care Core, Rlte Care for Children with Special Health Care Needs, Rhody Health Expansion, and Rhody Health Partners) are evaluated in this report.

Rhode Island Medicaid Quality Strategy, 2022-2025

The Rhode Island Medicaid quality strategy is a framework for managed care plans on how to improve quality, timeliness, and access to care for Medicaid managed care enrollees; and is utilized by the Rhode Island Executive Office of Health and Human Services as a tool to support the alignment of state and managed care plan Medicaid initiatives, identification of opportunities for improvement, and cost reduction. The Rhode Island Executive Office of Health and Human Services performs periodic reviews of the Medicaid quality strategy to determine the need for revision and to ensure managed care plans are compliant with regulatory standards and have committed adequate resources to perform internal monitoring and ongoing quality improvement. The Rhode Island Executive Office of Health and Human Services updates the Medicaid quality strategy as needed, but no less than once every three years.

Rhode Island's 2022-2025 Medicaid Managed Care Quality Strategy¹⁰ aligns with the Rhode Island Executive Office of Health and Human Services' commitment to facilitating the creation of partnerships using accountable delivery models that integrate medical care, mental health, substance abuse disorders, community health, social services and long-term services, supported by innovative payment and care delivery models that establish shared financial accountability across all partners, with a demonstrated approach to continue to grow and develop the model of integration and accountability.

Goals and objectives for the Rhode Island Medicaid program outlined in the 2022-2025 quality strategy evolved from the guiding principles established by *Working Group to Reinvent Medicaid*. To support achievement of the Medicaid managed care quality strategy goals and to ensure Rhode Island Medicaid recipients have access to the highest quality of health care, the Rhode Island Executive Office of Health and Human Services adopts objectives and initiatives to help all parties focus on interventions most likely to result in progress towards the goals of the quality strategy. Goals and objectives of the 2022-2025 Medicaid quality strategy are in **Table 3**.

Table 3: Rhode Island Medicaid Quality Strategy Goals and Objectives, 2022-2025

Rhode Island Medicaid Managed Care Quality Strategy Goals and Objectives	
Goal 1: Members receive quality care within all managed care delivery systems.	
<ul style="list-style-type: none">▪ 1.1 Continue to work with managed care entities and the external quality review organization to collect, analyze, compare, and share clinical performance and member experience across plans and programs.▪ 1.2 Collaborate with managed care organizations, accountable entities, Office of the Health Insurance Commissioner, and other stakeholders to review and modify measures used in Medicaid managed care quality oversight.▪ 1.3 Monitor managed care organization performance for dual-eligible Medicare Medicaid population.	
Goal 2: Focus on quality performance and improvement in the following key areas: chronic disease management, maternal/infant health, preventive care for children, preventive care for adults, and behavioral health.	
<ul style="list-style-type: none">▪ 2.1 Continue oversight of managed care organizations and accountable entities to increase timely preventive care, screening, and follow-up for adult and child health.▪ 2.2 Monitor and assess managed care organization and accountable entity performance improvement on quality measures related to chronic conditions.▪ 2.3 Increase the use of prenatal and postpartum services.▪ 2.4 Increase the number and percentage of well-child visits.▪ 2.5 Monitor child immunization rates to maintain high performance.	

¹⁰ Rhode Island Medicaid Managed Care Quality Strategy Website:

<https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2023-03/RI%20Managed%20Care%20Quality%20Strategy%20CMS%20Initial%20Submission%202022-08-31.pdf>.

Rhode Island Medicaid Managed Care Quality Strategy Goals and Objectives	
<ul style="list-style-type: none"> ▪ 2.6 Increase engagement, treatment, and follow-up care for substance abuse. 	
Goal 3: Improve care and service coordination and management, with focus on coordination of services among medical, behavioral, dental and specialty services providers.	
<ul style="list-style-type: none"> ▪ 3.1 Increase availability of coordinated primary care and behavioral health services. ▪ 3.2 Improve integration with medical managed care organizations and Rlte Smiles (UnitedHealthcare Dental). 	
Goal 4: Enhance financial and data analytic oversight of managed care organizations.	
<ul style="list-style-type: none"> ▪ 4.1 Ensure timely, complete, and correct encounter data within the 98% acceptance threshold. ▪ 4.2 Migrate to value-based payment programs based on quality measures and managed care organization quality improvement projects. 	
Goal 5: Increase health equity by improving capabilities to collect and analyze data related to social determinants of health, including race, ethnicity, and language data.	
<ul style="list-style-type: none"> ▪ 5.1 Implementation of race, ethnicity, and language data collection process to identify gaps in care. ▪ 5.2 Require managed care organizations to provide strategic plans to address social determinants of health, including organizational strategy and stakeholder strategy to improve care delivery model. ▪ 5.3 Assess quality measures that could be stratified by race, ethnicity, and language. 	
Goal 6: Empower members to make informed choices about their health plans and care.	
<ul style="list-style-type: none"> ▪ 6.1 Continue to require managed care organizations to conduct CAHPS surveys and share survey results with stakeholders. ▪ 6.2 Develop person-centered goals for managed care entities. Consider ways to increase development and implementation of individual care plans for members. 	

The Rhode Island Executive Office of Health and Human Services has further identified measures to track progress towards the six goals listed above. These measures were selected from the Centers for Medicare & Medicaid Services’ Child and Adult Core Set Measures and CAHPS. **Table 4** presents a summary of the state’s Medicaid quality strategy measurement plan, including measure names, populations included in the calculation of the rates, baseline data, and remeasurement data. Unless indicated otherwise, baseline measurements are from measurement year 2020 (January 1, 2020 through December 31, 2020).

Table 4: Rhode Island Medicaid Quality Strategy Goals and Measures, 2022-2025

Goal	Measure (Population)	Baseline Measurement Year 2020	Measurement Year 2023
Goal 1: Members receive quality care within all managed care delivery systems.	Long-Stay, High-Risk Nursing Facility Residents with Pressure Ulcers (<i>Lower score indicates better performance.</i>) (Medicaid)	8.6%	8.5%
	Care for Older Adults: Functional Status Assessment (Medicaid)	58.8%	88.8%
Goal 2: Focus on quality performance and improvement in the following key areas: Chronic Disease Management, Maternal/Infant Health, Preventive Care for Children, Preventive Care for Adults, and Behavioral Health	Breast Cancer Screening (Medicaid)	65.0%	64.38%
	Cervical Cancer Screening (Medicaid)	59.6%	66.09%
	Screening for Depression and Follow-Up Plan, Ages 12-17 Years (Medicaid)	Not Available	8.24%
	Comprehensive Diabetes Care: Hemoglobin A1c Testing ¹ (Medicaid)	82.2%	Not Available
	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control ¹ (<i>Lower score indicates better performance.</i>) (Medicaid)	33.2%	27.03%
	Controlling High Blood Pressure (Medicaid)	70.7%	73.86%
	Asthma Medication Ratio, Ages 5-18 Years (Medicaid)	65.6%	57.59%
	Asthma Medication Ratio, Ages 19-64 Years (Medicaid)	53.7%	52.95%
	Prenatal and Postpartum Care – Timeliness of Prenatal Care (Medicaid)	Not Available	88.24%
	Child and Adolescent Well-Care Visits, Ages 3-21 Years (Medicaid)	Not Available	61.20%
	Childhood Immunization Status – Combination 10 (Medicaid)	61.0% ²	52.29%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Initiation, Ages 18-64 Years (Medicaid)	44.8%	40.70%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Engagement, Ages 18-64 Years (Medicaid)	17.9%	14.92%
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 7 Days, Ages 13-17 Years (Medicaid)	Not Available	25.33%
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 30 Days, Ages 13-17 to Years (Medicaid)	Not Available	49.33%
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 7 Days (Medicaid)	12.7%	32.61%
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 30 Days (Medicaid)	23.8%	48.25%

Goal	Measure (Population)	Baseline Measurement Year 2020	Measurement Year 2023
Goal 3: Improve care and service coordination and management, with focus on coordination of services among medical, behavioral, dental and specialty services providers.	Follow-Up After Hospitalization for Mental Illness – 7 Days, Ages 6-17 Years (Medicaid)	56.8%	59.73%
	Follow-Up After Hospitalization for Mental Illness – 30 Days, Ages 6-17 Years (Medicaid)	76.6%	77.51%
	Follow-Up After Hospitalization for Mental Illness – 7 Days, Ages 18 Years and Older (Medicaid)	57.2%	59.73%
	Follow-Up After Hospitalization for Mental Illness – 30 Days, Ages 18 Years and Older (Medicaid)	71.7%	77.51%
	Follow-Up After Emergency Department Visit for Mental Illness – 7 Days, Ages 6-17 Years (Medicaid)	Not Available	57.89%
	Follow-Up After Emergency Department Visit for Mental Illness – 30 Days, Ages 6-17 Years (Medicaid)	Not Available	74.58%
	Follow-Up After Emergency Department Visit for Mental Illness – 7 Days, Ages 18 Years and Older (Medicaid)	64.6%	57.89%
	Follow-Up After Emergency Department Visit for Mental Illness – 30 Days, Ages 18 Years and Older (Medicaid)	74.8%	74.58%
	Medical Assistance with Smoking and Tobacco Use Cessation – Advised to Quit (Medicaid)	80.7%	Not Available ³
	Medical Assistance with Smoking and Tobacco Use Cessation – Discussed or Recommended Cessation Medications (Medicaid)	67.0%	Not Available ³
	Medical Assistance with Smoking and Tobacco Use Cessation – Discussed or Recommended Cessation Strategies (Medicaid)	59.9%	Not Available ³
	Percentage Diagnosed with Major Depression Who Were Treated with and Remained on Antidepressant Medication – Acute Phase, Ages 18-64 Years (Medicaid)	58.9%	61.32%
	Percentage Diagnosed with Major Depression Who Were Treated with and Remained on Antidepressant Medication – Continuation Phase, Ages 18-64 Years (Medicaid)	44.0%	43.66%
	Topical Fluoride for Children – Dental Services or Oral Health Services (Medicaid)	Not Available	8.81%
	Topical Fluoride for Children – Dental Services (Medicaid)	Not Available	17.53%

Goal	Measure (Population)	Baseline Measurement Year 2020	Measurement Year 2023
	Topical Fluoride for Children – Oral Health Services (Medicaid)	Not Available	0.00%
Goal 4: Enhance financial & data analytic oversight of managed care organizations.			
Goal 5: Increase health equity by improving capabilities to collect and analyze data related to social determinants of health, including race, ethnicity, and language data.			
Goal 6: Empower members to make informed choices about their health plans and care.	Adult CAHPS 5.1H (Medicaid)	Not Applicable	Not Applicable

¹ NCQA retired components of the HEDIS Comprehensive Diabetes Care measure set and implemented new technical specifications for the continuing components beginning with measurement year 2022.

² Rates represents measurement year 2021.

³ Statewide measurement year 2023 performance for the Medical Assistance with Smoking and Tobacco Use Cessation measures will be calculated by the Centers for Medicare & Medicaid Services using CAHPS data submitted by Rhode Island managed care plans to the Agency for Healthcare Research and Quality's CAHPS Health Plan Survey Database. At the time of this report, statewide results were not available for inclusion.

Gray shading indicates that a measure for the goal was not available in the 2022-2025 Medicaid Quality Strategy.

Descriptions of the improvement strategies led by the Rhode Island Executive Office of Health and Human Services to achieve the goals of its 2022-2025 Medicaid Managed Care Quality Strategy are described below.

Accountable Entity Program

Rhode Island contends that a core part of the Medicaid quality strategy is the integration of accountable entities into the Medicaid managed care delivery system. Accountable entities represent interdisciplinary partnerships between providers with strong foundations in primary care that also work to address services outside of the traditional medical model which includes behavioral health and social support services. Rhode Island's Accountable Entity Program seeks to achieve the following goals for Medicaid managed care: transition Medicaid from fee-for-service to value-based purchasing at the provider level; focus on total cost of care; create population-based accountability for an attributed population; build interdisciplinary care capacity that extends beyond traditional health care providers; deploy new forms of organization to create shared incentives across a common enterprise; and apply emerging data capabilities to refine and enhance care management, pathways, coordination, and timely responsiveness to emergent needs.

Rhode Island accountable entity certification standards ensure that qualified accountable entities either have or are developing the capacity and authority to integrate and manage the full continuum of physical and behavioral health care, from preventive services to hospital-based services and to long term services and supports and nursing home care. These entities must also demonstrate their capacity and authority to address members' social determinants of health in a way that is acceptable to the Centers for Medicare & Medicaid Services and the Rhode Island Executive Office of Health and Human Services.

Accountable entity quality performance is measured and reported by the managed care plans to the Rhode Island Executive Office of Health and Human Services according to the "Medicaid Comprehensive Accountable Entity Common Measure Slate." Measures in the "Medicaid Comprehensive Accountable Entity Common Measure Slate" are used to inform the distribution of shared savings. **Table 5** displays the measures included in the "Medicaid Comprehensive Accountable Entity Common Measure Slate" for 2023, as well as the measure steward and reporting category.

Table 5: Medicaid Comprehensive Accountable Entity Common Measure Slate, Performance Year 2023

Measure	Steward	Category
Breast Cancer Screening	NCQA	P4P
Child and Adolescent Well-Care Visits, Total	NCQA	P4P
Chlamydia Screening	NCQA	Reporting-only
Controlling High Blood Pressure	NCQA	P4P
Eye Exam for Patients With Diabetes	NCQA	P4P
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (<8.0%)	NCQA	P4P
Follow-Up After Hospitalization for Mental Illness – 7 Days	NCQA	P4P
Follow-Up After Hospitalization for Mental Illness – 30 Days	NCQA	Reporting-only
Lead Screening in Children	NCQA	P4P
Developmental Screening in the First Three Years of Life	Oregon Health & Science University	P4P
Screening for Depression and Follow-up Plan	Centers for Medicare & Medicaid Services	P4P
Tobacco Use: Screening and Cessation Intervention	NCQA	Reporting-only
Patient Engagement With an Accountable Entity Primary Care Provider	Rhode Island Executive Office of Health and Human Services	Reporting-only
Social Determinants of Health Screening	Rhode Island Executive Office of Health and Human Services	P4P

P4P status indicates that an accountable entity’s performance on the measure will influence the distribution of any shared savings. **Reporting-only** indicates that measure performance must be reported to the Rhode Island Executive Office of Health and Human Services for state monitoring purposes, but that there are no shared savings distribution consequences for reporting of or performance on the measure.

For performance year 2023, the Rhode Island Executive Office of Health and Human Services employed a combination of internal and external sources to set achievement targets. The Rhode Island Executive Office of Health and Human Services set targets for performance year 2023 using accountable entity performance data for 2021, national and New England Medicaid health maintenance organization data from NCQA’s *Quality Compass* 2022 (measurement year 2021), and national and Rhode Island data from the Centers for Medicare & Medicaid Services’ *2021 Child and Adult Health Care Quality Measures Report*. **Table 6** displays the performance year 2023 measures and achievement targets.

Table 6: Accountable Entity ‘P4P’ Measure Targets, Performance Year 2023

Measure	Threshold Target	High-Performance Target
Breast Cancer Screening	51%	61%
Child and Adolescent Well-Care Visits, Total	49%	57%
Controlling High Blood Pressure	61%	69%
Eye Exam for Patients With Diabetes	52%	58%
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (<8.0%)	50%	58%
Lead Screening in Children	64%	80%
Follow-Up After Hospitalization for Mental Illness – 7 Days	48%	59%
Developmental Screening in the First Three Years of Life	52%	61%
Screening for Depression and Follow-up Plan	45%	75%
Social Determinants of Health Screening	42%	59%

Accountable entity rates for ‘P4P’ measures are presented in the **Validation of Performance Measures – Technical Summary** section of this report.

Alternative Payment Models

Transformation to a value-based health care delivery system is a fundamental policy goal for the State of Rhode Island. A fundamental element of the transition to alternative payment models, is a focus on quality-of-care processes and outcomes. Rhode Island Medicaid managed care plans enter alternative payment model arrangements with certified accountable entities, as required by the *Medicaid Managed Care Services Agreement*, and follow the agreement terms of setting targets for payments to providers. Payments are made utilizing a Rhode Island Executive Office of Health and Human Services and Human Services-approved Alternative Payment Methodology.

An Alternative Payment Methodology means a payment methodology structured such that it provides economic incentives, rather than focusing on volume of services provided, focus upon such key areas as:

- Improving quality of care;
- Improving population health;
- Impacting cost of care and/or cost of care growth;
- Improving patient experience and engagement; and/or
- Improving access to care.

The Rhode Island Medicaid agreement includes defined targets for managed care plan implementation of contracts with alternative payment arrangements. Targets for alternative payment arrangements are:

- July 1, 2019-June 30, 2020 – At least 50% of managed care plan payments to providers are made through an Alternative Payment Methodology, or the percent of managed care payments to providers made through an Alternative Payment Methodology is 5% higher than the percent required for the previous period.
- July 1, 2020-June 30, 2021 – At least 60% of managed care plan payments to providers are made through an Alternative Payment Methodology, or the percent of managed care payments to providers made through an Alternative Payment Methodology is 5% higher than the percent required for the previous period.
- July 1, 2021-June 30, 2022 – At least 65% of managed care plan payments to providers are made through an Alternative Payment Methodology, or the percent of managed care payments to providers made

through an Alternative Payment Methodology is 10% higher than the percent required for the previous period.

- July 1, 2022-June 30, 2023 – At least 65% of managed care plan payments to providers are made through an Alternative Payment Methodology, or the percent of managed care payments to providers made through an Alternative Payment Methodology is 10% higher than the percent required for the previous period.

Table 7 displays the Alternative Payment Results for the July 1, 2022 to June 30, 2023 measurement period. Neighborhood Health Plan of Rhode Island and UnitedHealthcare Community Plan of Rhode Island exceeded the 65% goal. Tufts Health Public Plans did not meet the goal.

Table 7: Alternative Payment Results, Measurement Year July 1, 2022-June 30, 2023

Managed Care Plan	July 2022-June 2023 Measurement Period	Goal	Goal Met or Not Met
Neighborhood Health Plan of Rhode Island	66.53%	65%	Met
Tufts Health Public Plans	19.20%		Not Met
UnitedHealthcare Community Plan of Rhode Island	73.49%		Met

Early Periodic Screening, Diagnosis and Treatment

Early periodic screening, diagnosis and treatment is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. As part of its oversight program of managed care plans, the Rhode Island Executive Office of Health and Human Services monitors provision of early periodic screening, diagnosis and treatment to Medicaid managed care members. Medicaid beneficiaries under age 21 are entitled to early periodic screening, diagnosis and treatment services, whether they are enrolled in a Medicaid managed care plan or receive services in a fee-for-service delivery system. The Rhode Island-specific *Annual EPSDT Participation Report*, produced by the Centers for Medicare & Medicaid Services, is used by the Rhode Island Executive Office of Health and Human Services to monitor trends over time, differences across managed care plans, and to compare Rhode Island to other states. The Rhode Island Executive Office of Health and Human Services shares the *Annual EPSDT Participation Report* with the managed care plans to discuss opportunities for improvement and modifications to existing early periodic screening, diagnosis and treatment approaches, as necessary.

Patient Centered Medical Homes

A patient-centered medical home provides and coordinates the provision of comprehensive and continuous medical care and required support services to patients with the goals of improving access to needed care and maximizing outcomes. To be recognized as a patient-centered medical home, a practice must meet the three-part definition established by the Office of the Health Insurance Commissioner, which requires demonstration of practice transformation, implementation of cost management initiatives, and clinical improvement.

The *Medicaid Managed Care Services Agreement* includes defined performance targets for managed care plan assignment of members to patient-centered medical homes. Targets for member linkage to a patient-centered medical home are:

- June 30, 2020 – At least 55% of the managed care plan’s membership is linked to a patient-centered medical home.
- June 30, 2021 – At least 60% of the managed care plan’s membership is linked to a patient-centered medical home.
- June 30, 2022 – At least 60% of the managed care plan’s membership is linked to a patient-centered medical home.

- June 30, 2023 – At least 60% of the managed care plan’s membership is linked to a patient-centered medical home.

Table 8 displays the percentage of the managed care plans’ patient-centered medical home assignments as of June 30, 2023. UnitedHealthcare Community Plan of Rhode Island exceeded the 60% goal while Neighborhood Health Plan of Rhode Island reported a rate below the goal. Tufts Health Public Plans did not meet the goal due to failure to report.

Table 8: Patient-Centered Medical Home Assignments, as of June 30, 2023

Managed Care Plan	July 2022-June 2023 Measurement Period	Goal	Goal Met or Not Met
Neighborhood Health Plan of Rhode Island	58.94%	60%	Not Met
Tufts Health Public Plans	Not Reported		Not Met
UnitedHealthcare Community Plan of Rhode Island	80.57%		Met

NCQA Accreditation

Rhode Island health maintenance organizations are required to obtain and maintain NCQA accreditation and to promptly share accreditation review results and notify the state of any changes in accreditation status. The Rhode Island Executive Office of Health and Human Services reviews and acts on changes in managed care plan accreditation status and has set a performance “floor” to ensure that any denial of accreditation by NCQA is considered cause for termination of the *Medicaid Managed Care Services Agreement*. In addition, managed care plan achievement of no greater than a provisional accreditation status by NCQA requires the managed care plan to submit a corrective action plan within 30 days of the managed care plan’s receipt of its final report from the NCQA.

NCQA accreditation results and plan ratings are presented in the **Accreditation – Technical Summary** section of this report.

Health Information Technology

The Rhode Island Executive Office of Health and Human Services, in cooperation with stakeholders across state agencies and community partners, developed the *Health Information Technology Roadmap and Implementation Plan*¹¹ (released July 2020) to promote alignment among existing efforts and guide future investments in health information technology. The *Health Information Technology Roadmap and Implementation Plan* reflects needs and opportunities to improve the quality of Rhode Island healthcare services, lower costs, reduce provider burden, and better serve the people of Rhode Island. The goals, objectives, and approved interventions of the *Health Information Technology Roadmap and Implementation Plan* were determined by the Steering Committee with consideration of the following core values:

1. health information technology is an enabler of broader health transformation efforts;
2. a race equity lens must be applied to efforts in order to reduce health disparities; and
3. patients are key and must be considered with all initiatives.

Current initiatives of the *Health Information Technology Roadmap and Implementation Plan* are:

- Developing a new governance and coordination process to ensure statewide alignment.
- Adopting an e-referral system to help address social determinants of health.

¹¹ Rhode Island Health Information Technology website: <https://eohhs.ri.gov/initiatives/health-information-technology>.

- Improving and enhancing CurrentCare^{®12}, including a new opt-out consent policy to increase use.
- Accessing and increasing data availability and sharing, including key demographic data such as race and ethnicity needed to address health disparities.
- Enhancing behavioral health records-sharing through aligned interpretation of regulations and stakeholder convening.
- Continuing work to improve information sharing during transitions of care, such as between hospitals, primary care practices, and skilled nursing facilities.
- Continuing the development of the Quality Reporting System.

Quality Reporting System

The Rhode Island Executive Office of Health and Human Services implemented the Quality Reporting System, a centralized data system, to encourage the automation of electronic clinical quality measurement and reporting. Data are collected directly from electronic health records or claims systems, aggregated and matched at the patient-level, and used to calculate quality measures and share improvement data among participants. The Rhode Island Executive Office of Health and Human Services successfully connected over 40 Medicaid primary care providers' electronic health system to the Quality Reporting System in September 2021 and achieved Data Aggregator Validation NCQA-certification in February 2022 for the majority of data submitters. The Rhode Island Executive Office of Health and Human Services in coordination with Project Governance will determine which data feeds will undergo data aggregator validation, starting with the accountable entity providers in 2025 and expanding year to year.

IPRO's Assessment of the Rhode Island Medicaid Quality Strategy

Rhode Island's 2022-2025 quality strategy aligns with the federal regulations in *Title 42 CFR 438.340(b) Managed Care State Quality Strategy*. The quality strategy provides a framework for managed care plans to follow while aiming to achieve improvements in the quality of, timeliness of, and access to care. In addition to conducting the required external quality review activities, the Medicaid quality strategy includes state- and managed care entity-level activities that expand upon the tracking, monitoring, and reporting of performance as it relates to the Medicaid service delivery system.

The Rhode Island quality strategy establishes defined goals and objectives that align with the Centers for Medicare & Medicaid Services' National Quality Strategy. The Rhode Island Executive Office of Health and Human Services designed a quality strategy that aims to promote equity and member engagement, improve quality and health outcomes, facilitate statewide alignment and care coordination across programs and systems, and transformation to a health care system that is electronic and data driven.

Additionally, quality improvement initiatives in the 2022-2025 quality strategy reinforce the Rhode Island Executive Office of Health and Human Services' commitment to implementing a standardized process for identifying and addressing social determinants of health needs; increasing the reporting of Core Set Measures and expanding reliance on these measures for performance based incentives and payments; and leveraging partnerships to advance the implementation of the quality strategy.

Rhode Island Medicaid demonstrates varied progress in achieving its quality strategy goals between 2020 and 2023, with notable successes in certain areas while facing challenges in others. This evaluation assesses the progress across three of the six goals of the quality strategy. Analysis of 2023 metrics shows mixed results across the goals, with notable improvements in areas like follow-up care and chronic disease management, but declines in

¹² CurrentCare is a registered trademark of the Rhode Island Quality Institute. CurrentCare is a free service that gives medical professionals and patients access to protected health information, such as prescriptions, lab tests and hospital visits, from multiple sources in one secure place.

preventive care and medication adherence. The lack of current data for a few metrics makes comprehensive evaluation challenging in some areas.

Goal 1: Members receive quality care within all managed care delivery systems.

The latest analysis shows promising improvements toward this goal in both key metrics: Long-Stay Nursing Facility Residents with Pressure Ulcers and Care for Older Adults Functional Status Assessment.

The rate of pressure ulcers among long-stay, high-risk nursing facility residents showed a slight improvement, decreasing from 8.6% in 2020 to 8.5% in 2023. While this represents progress, the minimal change suggests there is room for more focused intervention in pressure ulcer prevention protocols.

The most significant improvement appeared in functional status assessments for older adults. The completion rate jumped dramatically from 58.8% in 2020 to 88.8% in 2023, a 30 percentage point increase. This substantial improvement indicates that care facilities are doing a better job at regularly evaluating their elderly residents' functional capabilities.

Goal 2: Focus on quality performance and improvement in the following key areas: chronic disease management, maternal/infant health, preventive care for children, preventive care for adults, and behavioral health.

Rhode Island Medicaid managed care plans demonstrated mixed results on this goal.

Significant achievements were observed in three key areas:

1. Women's Health: Notable improvement in cervical cancer screening rates (+6.49%), demonstrating enhanced preventive care access.
2. Chronic Disease Management:
 - Improved blood pressure control (+3.16%).
 - Better diabetes management with HbA1c poor control reduction (lower score indicates better performance) (-6.17%).
3. Substance Use Treatment Follow-up: Marked improvement in post-emergency department visit follow-up rates:
 - 7-day follow-up more than doubled (+19.91%).
 - 30-day follow-up showed a substantial increase (+24.45%).

Areas of concern include four key areas:

1. Pediatric Care: Significant decline in childhood immunization rates (-8.71%).
2. Chronic Disease Management:
 - Declining asthma medication ratio across age groups.
 - Most concerning decrease in the pediatric population (-8.01%).
3. Behavioral Health: Decreased engagement in substance abuse treatment programs.
4. Preventive Services: Slight decline in breast cancer screening (-0.62%).

Goal 3: Improve care and service coordination and management, with a focus on coordination of services among medical, behavioral, dental, and specialty services providers.

Performance in this area was generally positive.

Strengths include:

- Mental Health Care Coordination: Improved follow-up rates after psychiatric hospitalization across all age groups, and notable increase in 30-day follow-up compliance (77.51%).
- Medication Management: Positive trend in acute phase antidepressant treatment (+2.42%).

Areas of concern include:

- Declining adult mental health emergency department visit follow-up (-6.71%).
- Slight decrease in long-term antidepressant medication adherence (-0.34%).
- Incomplete assessment due to missing data in tobacco cessation and dental health metrics.

While Rhode Island Medicaid Managed Care has achieved notable improvements in several key areas, particularly in follow-up care, care for older adults, and certain chronic disease metrics, significant opportunities for enhancement remain. The varied performance across measures suggests a need for more targeted interventions and improved data collection systems. Future success will depend on addressing data gaps, strengthening declining metrics, and maintaining positive trajectories in areas showing improvement.

Recommendations to the Rhode Island Executive Office of Health and Human Services

- Prioritize data collection for metrics with missing 2023 values.
- Focus improvement on areas of care with declining metrics, particularly childhood immunizations and asthma medication management.
- Establish target goals for the quality strategy performance measures.
- Study and replicate successful strategies showing significant improvement, such as emergency department follow-up for substance abuse.
- Strengthen care coordination between primary care and specialty services.
- Improve integration of behavioral health and primary care services.
- Establish a process for managed care plans to request technical assistance from the external quality review organization.
- Require managed care plans to submit methodologies used to evaluate network adequacy and provider experience to ensure the external quality review organization has sufficient information for validation activities.
- Enforce standardized data collection and analysis requirements for managed care plan provider experience surveys to enable performance comparisons across managed care plans.
- Determine secret shopper timely appointment thresholds to encourage managed care plans to aggressively address barriers to accessing care that is adequate and timely.
- Expand reporting requirements for managed care plan administered secret shopper surveys to include failure reasons like wrong telephone number, no answer, provider no longer at site, etc.
- Identify opportunities to support the expansion of telehealth capabilities and member access to telehealth services across the state.

Medicaid Managed Care Plan Profile

UnitedHealthcare Community Plan of Rhode Island is a for-profit health maintenance organization. **Table 9** displays UnitedHealthcare Community Plan of Rhode Island's enrollment for year-end 2019 through year-end 2023, as well as the percent change in enrollment each year, according to data reported to Rhode Island Medicaid. The data presented may differ from those in prior reports as enrollment counts will vary based on the point in time in which the data were abstracted. UnitedHealthcare Community Plan of Rhode Island's enrollment decreased by 7% from 100,543 members in 2022 to 93,804 members in 2023.

Table 9: UnitedHealthcare Community Plan of Rhode Island's Medicaid Enrollment, 2019 to 2023

Eligibility Group	2019	2020	2021	2022	2023
Rlte Care Core	47,975	51,539	53,406	53,825	55,003
Children with Special Health Care Needs	1,845	1,896	1,884	1,922	2,153
Rhody Health Partners	6,536	6,463	6,327	5,968	5,531
Rhody Health Expansion	26,742	32,622	36,448	38,606	30,934
Dual Special Needs Plan	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Extended Family Planning	417	379	302	222	183
Medicaid Total	83,515	92,899	98,367	100,543	93,804
Percent Change from Previous Year	-8%	+11%	+6%	+2%	-7%

UnitedHealthcare Community Plan of Rhode Island's Quality Improvement Program, 2023

The Rhode Island Executive Office of Health and Human Services requires that contracted health plans have a written quality assurance or quality management plan that monitors, assures, and improves the quality of care delivered over a wide range of clinical and health service delivery areas, including all subcontractors. UnitedHealthcare Community Plan of Rhode Island's *2023 Quality Improvement & Population Health Management Program* (February 2023) met these requirements.

Goals and Objectives

The overarching goal of UnitedHealthcare Community Plan of Rhode Island's strategy is to provide members with preventive services and tools needed to promote wellness and to assist at risk individuals and those with complex conditions to better manage their conditions with a resultant decrease in morbidity and mortality.

Table 10 displays UnitedHealthcare Community Plan of Rhode Island's quality improvement population health management program goals and objectives as reported in the *2023 Quality Improvement & Population Health Management Program*.

Table 10: UnitedHealthcare Community Plan of Rhode Island's Quality Improvement Goals and Objectives, 2023

UnitedHealthcare Community Plan of Rhode Island's Quality Improvement Goals and Objectives, 2023	
Goals	
<ul style="list-style-type: none">To promote health for all members through preventive care services and tools that promote wellness and assist at risk individuals and those with complex conditions to better manage their conditions with a resultant decrease in morbidity and mortality.To reduce health disparity and improve culturally and linguistically appropriate services.	

Objectives

- **Promote population health management programs and activities.**
 - Demonstrate improvement in the health care continuum through relevant population health goals and quantifiable measures.
 - Promote use of evidence-based clinical practice guidelines from nationally recognized sources through annual adoption and dissemination to practitioners and members.
 - Utilize social determinants of health data to develop localized strategies and partnerships that engage communities, reduce barriers, and improve member health outcomes and equity.
 - Support practitioners in innovative care delivery for better health outcomes through payment strategies, data sharing and partnerships that promote preventive care, and appropriate testing and management of chronic conditions.
 - Support medically complex and fragile members through person-centered complex case management programs that improve the member experience.
 - Improve coordination of care and transitions through delivery of programs and measurement of key care transition activities and outcomes.
 - Improve specific health outcomes including, but not limited to promotion of prenatal care, promotion of pediatric preventive care and early detection, reduction of hospital readmissions, and reduction of health care disparities.
- **Improve member and practitioner experience.**
 - Identify, investigate, and take appropriate action on all quality of care issues.
 - Monitor patient safety key indicators across care settings.
 - Understand and improve member experience through analysis of CAHPS, grievance and appeals data, and implement process improvements as applicable.
 - Monitor the adequacy of the contracted network through analysis of access, availability, and out-of-network data and adjust the practitioner network, as appropriate, to meet diverse population needs.
- **Adhere to accreditation and regulatory requirements.**
 - Comply with state and federal regulatory requirements, accreditation standards, and requirements of special needs plans.
 - Facilitate and maintain partnerships between practitioners and the health plan through coordination of care activities, committee participation, and monitor for compliance with evidence-based medicine through quality of care and HEDIS review.
- **Serve culturally and linguistically diverse populations.**
 - Assess the cultural, ethnic, racial, and linguistic needs of the membership and practitioner network.
 - Adjust the network as appropriate.
 - Provide training and tools for health plan staff and practitioners in support of culturally and linguistically appropriate practices, reducing bias and promoting inclusion.
 - Foster health equity by program development specific to linguistic and cultural populations (i.e., by race/ethnicity, language, gender, sexual orientation).
 - Improve clinical performance by race/ethnicity, language, and gender through addressing identified areas of health care disparity.
 - Improve culturally and linguistically appropriate services through addressing identified gaps in the service experience by race/ethnicity and language.
 - Maintain effective national, regional, and local committee structures, which includes involvement from members of the culturally diverse community to evaluate and improve the overall program.

Quality Improvement Program Activities

UnitedHealthcare Community Plan of Rhode Island's quality improvement program activities involve a variety of mechanisms to measure and evaluate the total scope of services provided to enrollees. The framework for program activities may vary and may include but is not limited to, the following functions:

- Population health management
- Population identification
- Provider-directed activities
- Community supports and social determinants of health
- Member notifications
- Coordination of member interventions
- Quality of care
- Promotion of Early and Periodic Screening, Diagnostic, and Treatment
- Coordination of care
- Integration of behavioral health
- Patient safety
- Clinical practice guidelines
- Member experience
- Peer review
- Member services
- Language services
- Care coordination
- Quality improvement projects
- Member and provider incentive programs
- Network adequacy
- Accreditation
- HEDIS
- Delegation oversight
- Credentialing

Information Systems Capabilities Assessment – Technical Summary

Objectives

The *CMS External Quality Review (EQR) Protocols* published in February 2023 by the Centers for Medicare & Medicaid Services state that an Information Systems Capabilities Assessment is a mandatory component of the external quality review as part of Protocols 1, 2, 3, 4, and 7.

The Centers for Medicare & Medicaid Services later clarified that the systems reviews that are conducted as part of the NCQA HEDIS® Compliance Audit™ for External Quality Review Activity 2 – Validation of Performance Measures may be substituted for an Information Systems Capabilities Assessment. IPRO's validation methodology included an evaluation of the systems reviews summarized by each managed care plan's NCQA HEDIS Compliance Audit Licensed Organization in the final audit report for measurement year 2023.

Technical Methods of Data Collection and Analysis

As part of the NCQA HEDIS Compliance Audit™, HEDIS compliance auditors assessed the managed care plan's compliance with NCQA's four information system capabilities standards for collecting, storing, analyzing, and reporting medical, service, member, practitioner, and vendor data. The standards specify the minimum requirements that information systems should meet and criteria that are used in HEDIS data collection. Compliance with the NCQA information system capabilities standards ensures that the managed care plan has effective systems, practices, and control procedures for core business functions and for HEDIS reporting. **Table 24** displays these standards as well as the elements audited for the standard.

The information system capabilities evaluation included the computer and software environment, data collection procedures, abstraction of medical records for hybrid measures, as well as the review of any manual processes used for HEDIS reporting. The HEDIS compliance auditor determined the extent to which the managed care plan had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

A managed care plan meeting all Information System standards required for successful HEDIS reporting and submitting HEDIS data to the Rhode Island Executive Office of Health and Human Services according to contractual requirements were considered strengths during IPRO's external quality review. A managed care plan not meeting an Information System standard was considered an opportunity for improvement during IPRO's review.

Description of Data Obtained

For the 2023 external quality review, IPRO obtained UnitedHealthcare Community Plan of Rhode Island's final audit report that was produced by the HEDIS compliance auditor. The final audit report included key audit dates, product lines audited, audit procedures, vendors, data sources including supplemental data sources (e.g., immunization registries, care management files, laboratory result files), descriptions of system queries used by the auditor to validate the accuracy of the data, results of the medical record reviews, results of the information systems capabilities assessment, and rate status. Rates were determined to be reportable or not reportable (small denominator, benefit not offered, not reported, not required, biased, or unaudited; **Table 25**).

Comparative Results

UnitedHealthcare Community Plan of Rhode Island's HEDIS compliance auditor determined that the HEDIS rates reported by the managed care plan for measurement year 2023 were all "reportable," indicating that the rates were calculated in accordance with the required technical specifications. Further, there were no data collection or reporting issues identified by the HEDIS compliance auditor for UnitedHealthcare Community Plan of Rhode Island. **Table 26** displays the results of the UnitedHealthcare Community Plan of Rhode Island's information systems capabilities review conducted as part of the HEDIS Compliance Audit for measurement year 2023.

External Quality Review Activity 1. Validation of Performance Improvement Projects – Technical Summary

Objectives

Title 42 Code of Federal Regulations 438.330(d) Performance improvement projects establishes that the state must require contracted Medicaid managed care plans to conduct performance improvement projects that focus on both clinical and non-clinical areas. According to the Centers for Medicare & Medicaid Services, the purpose of a performance improvement project is to assess and improve the processes and outcomes of health care provided by a managed care plan. Further, managed care plans are required to design performance improvement projects to achieve significant, sustained improvement in health outcomes, and that include the following elements:

- measurement of performance using objective quality indicators,
- implementation of interventions to achieve improvement in access to and quality of care,
- evaluation of the effectiveness of interventions based on the performance measures, and
- planning and initiation of activities for increasing or sustaining improvement.

As required by section 2.12.03.03 *Quality Assurance* of the *Medicaid Managed Care Services Agreement*, Rhode Island managed care plans must conduct at least four quality improvement projects in priority topic areas of its choosing with the mutual agreement of the Rhode Island Executive Office of Health and Human Services, and consistent with federal requirements.

Title 42 Code of Federal Regulations 438.358 Activities related to external quality review mandates that the state or an external quality review organization must validate the performance improvement projects that were underway during the preceding 12 months. IPRO conducted this activity on behalf of the Rhode Island Executive Office of Health and Human Services for measurement year 2023.

Table 11 displays the titles of the quality improvement projects led by UnitedHealthcare Community Plan of Rhode Island for measurement year 2023.

Table 11: UnitedHealthcare Community Plan of Rhode Island’s Quality Improvement Project Topics, 2023

UnitedHealthcare Community Plan of Rhode Island’s Quality Improvement Project Topics, 2023	
1.	Improving Effective Acute Phase Treatment for Major Depression
2.	Developmental Screening in the 1st, 2nd, 3rd Years of Life
3.	Improving Lead Screening in Children
4.	Improving Breast Cancer Screening

Technical Methods of Data Collection and Analysis

The Rhode Island Executive Office of Health and Human Services requires that quality improvement projects be documented using NCQA's *Quality Improvement Activity Form*. A copy of the *Quality Improvement Activity Form* is in **Appendix A** of this report.

The quality improvement project assessments were conducted using an evaluation approach developed by IPRO and consistent with the Centers for Medicare & Medicaid Services' *Protocol 1 – Validation of Performance Improvement Projects*. IPRO's evaluation involves the following elements:

1. Review of the selected study topic(s) for relevance of focus and for relevance to the managed care plan's enrollment.
2. Review of the study question(s) for clarity of statement.
3. Review of the identified study population to ensure it is representative of the managed care plan's enrollment and generalizable to the managed care plan's total population.
4. Review of selected study indicator(s), which should be objective, clear, unambiguous, and meaningful to the focus of the performance improvement project.
5. Review of sampling methods (if sampling used) for validity and proper technique.
6. Review of the data collection procedures to ensure complete and accurate data were collected.
7. Review of the data analysis and interpretation of study results.
8. Assessment of the improvement strategies for appropriateness.
9. Assessment of the likelihood that reported improvement is "real" improvement.
10. Assessment of whether the managed care plan achieved sustained improvement.

Following IPRO's evaluation of the 2023 *Quality Improvement Activity Forms* completed by UnitedHealthcare Community Plan of Rhode Island against the review elements listed above, determinations of "met" and "not met" were used for each element under review. Definitions of these review determinations are presented in **Table 12**.

Table 12: Review Determination Definitions

Review Determination	Definition
Met	The managed care plan has met or exceeded the standard.
Not Met	The managed care plan has not met the standard.

The review findings were considered to determine whether the quality improvement project outcomes should be accepted as valid and reliable. A determination was made as to the overall credibility of the results of each quality improvement project, with assignment of one of three categories:

- There were no validation findings indicating that the credibility of the performance improvement project results was at risk.
- The validation findings generally indicate that the credibility for the quality improvement project results was not at risk; however, results must be interpreted with some caution. Processes that put the conclusions at risk are enumerated.
- There are one or more validation findings that indicate a bias in the quality improvement project results. The concerns that put the conclusion at risk are enumerated.

Description of Data Obtained

For the 2023 external quality review, IPRO reviewed the *2023 Quality Improvement Activity Forms* submitted UnitedHealthcare Community Plan of Rhode Island. These reports included project rationale, aims and goals, target population, performance indicator descriptions, performance indicator rates (baseline, interim, final), methods for performance measure calculations, targets, benchmarks, interventions (planned and executed), tracking measures and rates, barriers, limitations, and next steps for continuous quality improvement.

Comparative Results

IPRO's assessment of the methodologies used by UnitedHealthcare Community Plan of Rhode Island found no validation findings indicating that the credibility of the performance improvement project results was at risk. All four quality improvement projects passed validation.

Table 13 displays a summary of the validation results of UnitedHealthcare Community Plan of Rhode Island's quality improvement projects that were conducted for measurement year 2023. Summaries of each quality improvement project immediately follow.

Table 13: UnitedHealthcare Community Plan of Rhode Island’s Quality Improvement Project Validation Results, Measurement Year 2023

UnitedHealthcare Community Plan of Rhode Island	Selected Topic	Study Question	Indicators	Population	Sampling Methods	Data Collection Procedures	Interpretation of Results	Improvement Strategies
Quality Improvement Project Topics								
Improving Effective Acute Phase Treatment for Major Depression	Met	Met	Met	Met	Met	Met	Met	Met
Developmental Screening in the 1st, 2nd, 3rd Years of Life	Met	Met	Met	Met	Met	Met	Met	Met
Improving Lead Screening in Children	Met	Met	Met	Met	Met	Met	Met	Met
Improving Breast Cancer Screening	Met	Met	Met	Met	Met	Met	Met	Met

IPro’s assessment of UnitedHealthcare Community Plan of Rhode Island’s methodology found that there were no validation findings that indicated that the credibility of the four quality improvement projects was at risk. Summaries of each quality improvement project immediately follow.

Table 14: UnitedHealthcare Community Plan of Rhode Island’s Quality Improvement Project 1 Summary – Treatment for Depression, Measurement Year 2023

Quality Improvement Project 1 Summary
<p>Title: Improving Effective Acute Phase Treatment for Major Depression</p> <p>Start Year: 2010. End Year: Not yet determined.</p> <p>Validation Summary: There were no validation findings indicating that the credibility of the performance improvement project results was at risk.</p>
<p><u>Aim</u></p> <p>UnitedHealthcare Community Plan of Rhode Island aimed to increase the percentage of members aged 18 years and older who remain on antidepressant medication during the acute phase of treatment.</p> <p><u>Indicator of Performance</u></p> <p>HEDIS <i>Antidepressant Medication Management – Effective Acute Phase</i>: The percentage of members 18 years of age and older who remain on their antidepressant medications during the 12-week effective acute phase treatment after being diagnosed with a new episode of depression and treated with antidepressant medications.</p> <p><u>Member-Focused 2023 Interventions</u></p> <ul style="list-style-type: none"> ▪ Published articles in the member newsletter. ▪ Organized, participated in, and/or funded community outreach events throughout the year to promote childhood and adult annual visits and behavioral health care. ▪ Targeted parents/guardians of members aged 5 to 18 years and adult members with gaps in care to receive an email containing education on the importance of medication adherence and attending follow-up appointments. ▪ Reminded members about the availability telemedicine/virtual visits and guidance on appropriate use of telemedicine/virtual visits for certain conditions via email. ▪ Reminded adult members to complete annual well visits using interactive voice recordings, short message service, or email. <p><u>Provider-Focused 2023 Interventions</u></p> <ul style="list-style-type: none"> ▪ Targeted providers who treated two or more adult enrollees in the past 12 months for education on best treatment practices for depression, performance measure specifications, and tips to support patient medication adherence. ▪ Continued to engage with accountable entities and high-volume sites to review performance, identify opportunities for improvement, and share best practices. ▪ Distributed the <i>Administrative Guide for Physicians and Facilities</i> to providers that includes educational information and support tools for providers and instructions on how to refer patients to a behavioral health practitioner. <p><u>Managed Care Plan-Focused 2023 Interventions</u></p> <ul style="list-style-type: none"> ▪ Funded community based initiatives aiming to close gaps in care within the community, like the Thundermist Health Center’s mobile van initiative that serves unhoused community members.

Table 15: UnitedHealthcare Community Plan of Rhode Island's Quality Improvement Project 1 Indicator Summary – Treatment for Depression, Measurement Years 2009 to 2023

HEDIS Antidepressant Medication Management – Acute Phase					
Measurement Period	Measurement Phase	Numerator	Denominator	Results	Goal
Measurement Year 2009	Baseline	134	274	48.91%	52.63%
Measurement Year 2010	Remeasurement 1	218	371	58.76%	53.18%
Measurement Year 2011	Remeasurement 2	156	345	45.22%	53.57%
Measurement Year 2012	Remeasurement 3	289	556	51.98%	52.74%
Measurement Year 2013	Remeasurement 4	529	1,031	51.31%	56.27%
Measurement Year 2014	Remeasurement 5	588	1,113	52.83%	54.48%
Measurement Year 2015	Remeasurement 6	1,188	2,173	54.67%	56.28%
Measurement Year 2016	Remeasurement 7	1,252	2,319	53.99%	59.56%
Measurement Year 2017	Remeasurement 8	1,242	2,424	51.24%	57.47%
Measurement Year 2018	Remeasurement 9	1,254	2,274	55.15%	58.01%
Measurement Year 2019	Remeasurement 10	1,361	2,236	60.87%	56.57%
Measurement Year 2020	Remeasurement 11	1,471	2,281	64.49%	64.29%
Measurement Year 2021	Remeasurement 12	1,793	2,557	70.12%	67.74%
Measurement Year 2022	Remeasurement 13	1,737	2,491	69.73%	71.26%
Measurement Year 2023	Remeasurement 14	1,408	2,015	69.88%	74.16%

Indicator Description: The percentage of members 18 years of age and older who remain on their antidepressant medications during the 12-week effective acute phase treatment after being diagnosed with a new episode of depression and treated with antidepressant medications.

Table 16: UnitedHealthcare Community Plan of Rhode Island’s Quality Improvement Project 2 Summary – Developmental Screening, Measurement Year 2023

Quality Improvement Project 2 Summary
<p>Title: Developmental Screening in the 1st, 2nd, 3rd Years of Life</p> <p>Start Year: 2015. End Year: Not yet determined.</p> <p>Validation Summary: There were no validation findings indicating that the credibility of the performance improvement project results was at risk.</p>
<p><u>Aim</u></p> <p>UnitedHealthcare Community Plan of Rhode Island aimed to increase the percentage of children who were screened for risks of developmental, behavioral, and social delays using standardized screening tools in the 12 months preceding their first, second, and third birthdays.</p> <p><u>Indicators of Performance</u></p> <ul style="list-style-type: none"> ▪ Percentage of children who were screened for risks of developmental, behavioral, and social delays using standardized screening tools in the 12 months preceding their first birthday. ▪ Percentage of children who were screened for risks of developmental, behavioral, and social delays using standardized screening tools in the 12 months preceding their second birthday. ▪ Percentage of children who were screened for risks of developmental, behavioral, and social delays using standardized screening tools in the 12 months preceding their third birthday. <p><u>Member-Focused 2023 Interventions</u></p> <ul style="list-style-type: none"> ▪ Continued to target parents and guardians for Early and Periodic Screening, Diagnostic, and Treatment interactive voice recordings with a reminder to complete a routine check-up for children ages 2-21 years. ▪ Continued live outreach calls to heads of households with a reminder to seek age-appropriate routine care for their children. ▪ Published articles in the member newsletter. ▪ Organized, participated in, and/or funded community outreach events throughout the year to promote childhood and adult annual visits and behavioral health care. <p><u>Provider-Focused 2023 Interventions</u></p> <ul style="list-style-type: none"> ▪ Continued to engage with accountable entities and high-volume sites to review performance, identify opportunities for improvement, and share best practices. <p><u>Managed Care Plan-Focused 2023 Interventions</u></p> <ul style="list-style-type: none"> ▪ Funded community based initiatives aiming to close gaps in care within the community, like the Thundermist Health Center’s mobile van initiative that serves unhoused community members.

Table 17: UnitedHealthcare Community Plan of Rhode Island's Quality Improvement Project 2 Indicator Summary – First Year Developmental Screening, Measurement Years 2014 to 2023

Developmental Screening – By Age 1					
Measurement Period	Measurement Phase	Numerator	Denominator	Results	Goal
Measurement Year 2014 ¹	Baseline	57	137	41.61%	60.00%
Measurement Year 2015 ²	Remeasurement 1	505	1,517	33.29%	60.00%
Measurement Year 2016 ¹	Remeasurement 2	74	137	54.01%	60.00%
Measurement Year 2017 ¹	Remeasurement 3	79	137	57.66%	50.00%
Measurement Year 2018 ¹	Remeasurement 4	88	137	64.23%	50.00%
Measurement Year 2019 ¹	Remeasurement 5	92	137	67.15%	50.00%
Measurement Year 2020 ¹	Remeasurement 6	107	134	79.85%	50.00%
Measurement Year 2021 ¹	Remeasurement 7	111	137	81.02%	50.00%
Measurement Year 2022 ¹	Remeasurement 8	113	137	82.48%	79.00%
Measurement Year 2023 ¹	Remeasurement 9	115	137	83.94%	79.00%

¹ Rate calculated using the hybrid methodology.

² Rate calculated using the administrative methodology.

Indicator Description: Percentage of children who were screened for risks of developmental, behavioral, and social delays using standardized screening tools in the 12 months preceding their first birthday.

Table 18: UnitedHealthcare Community Plan of Rhode Island's Quality Improvement Project 2 Indicator Summary – Second Year Developmental Screening, Measurement Years 2014 to 2023

Developmental Screening – By Age 2					
Measurement Period	Measurement Phase	Numerator	Denominator	Results	Goal
Measurement Year 2014 ¹	Baseline	67	137	48.91%	60.00%
Measurement Year 2015 ²	Remeasurement 1	549	1,237	44.38%	60.00%
Measurement Year 2016 ¹	Remeasurement 2	79	137	57.66%	60.00%
Measurement Year 2017 ¹	Remeasurement 3	79	137	57.66%	50.00%
Measurement Year 2018 ¹	Remeasurement 4	90	137	65.69%	50.00%
Measurement Year 2019 ¹	Remeasurement 5	101	137	73.72%	50.00%
Measurement Year 2020 ¹	Remeasurement 6	109	135	80.74%	50.00%
Measurement Year 2021 ¹	Remeasurement 7	108	137	78.83%	50.00%
Measurement Year 2022 ¹	Remeasurement 8	123	137	89.78%	79.00%
Measurement Year 2023 ¹	Remeasurement 9	115	137	83.94%	79.00%

¹ Rate calculated using the hybrid methodology.

² Rate calculated using the administrative methodology.

Indicator Description: Percentage of children who were screened for risks of developmental, behavioral, and social delays using standardized screening tools in the 12 months preceding their second birthday.

Table 19: UnitedHealthcare Community Plan of Rhode Island's Quality Improvement Project 2 Indicator Summary – Third Year Developmental Screening, Measurement Years 2014 to 2023

Developmental Screening - By Age 3					
Measurement Period	Measurement Phase	Numerator	Denominator	Results	Goal
Measurement Year 2014 ¹	Baseline	60	137	43.80%	60.00%
Measurement Year 2015 ²	Remeasurement 1	570	1,313	43.41%	60.00%
Measurement Year 2016 ¹	Remeasurement 2	81	137	59.12%	60.00%
Measurement Year 2017 ¹	Remeasurement 3	78	137	56.93%	50.00%
Measurement Year 2018 ¹	Remeasurement 4	82	137	59.85%	50.00%
Measurement Year 2019 ¹	Remeasurement 5	86	137	62.77%	50.00%
Measurement Year 2020 ¹	Remeasurement 6	115	142	80.99%	50.00%
Measurement Year 2021 ¹	Remeasurement 7	106	137	77.37%	50.00%
Measurement Year 2022 ¹	Remeasurement 8	112	137	81.75%	79.00%
Measurement Year 2023 ¹	Remeasurement 9	105	137	76.64%	79.00%

¹ Rate calculated using the hybrid methodology.

² Rate calculated using the administrative methodology.

Indicator Description: Percentage of children who were screened for risks of developmental, behavioral, and social delays using standardized screening tools in the 12 months preceding their third birthday.

Table 20: UnitedHealthcare Community Plan of Rhode Island's Quality Improvement Project 3 Summary – Lead Screening, Measurement Year 2023

Quality Improvement Project 3 Summary	
Title: Improving Lead Screening in Children Start Year: 2017. End Year: Not yet determined. Validation Summary: There were no validation findings indicating that the credibility of the performance improvement project results was at risk.	
<u>Aim</u> UnitedHealthcare Community Plan of Rhode Island aimed to increase the percentage of members two years of age who received one or more capillary or venous blood tests for lead poisoning on or before their second birthday.	
<u>Indicator of Performance</u> HEDIS <i>Lead Screening in Children</i> : The percentage of members 2 years of age who received one or more capillary or venous blood tests for lead poisoning on or before their second birthday.	
<u>Member-Focused 2023 Interventions</u> <ul style="list-style-type: none"> Continued targeted outreach to parents and guardians for Early and Periodic Screening, Diagnostic, and Treatment via interactive voice recordings, short message service, or email with a reminder to complete a routine check-up for children ages 2-21 years. Continued live outreach to members to provide education and assistance with scheduling appointments. Participated in community events to provide member education on the importance of childhood prevent care in multiple languages. Published articles in the member newsletter. 	
<u>Provider-Focused 2023 Interventions</u> <ul style="list-style-type: none"> Continued engagement with accountable entities and high-volume sites to review performance, identify opportunities for improvement, and share best practices. 	
<u>Managed Care Plan-Focused 2023 Interventions</u> <ul style="list-style-type: none"> Collaborated with a community-based organization to expand education efforts. 	

Table 21: UnitedHealthcare Community Plan of Rhode Island's Quality Improvement Project 3 Indicator Summary – Lead Screening, Measurement Years 2016 to 2023

HEDIS Lead Screening in Children					
Measurement Period	Measurement Phase	Numerator	Denominator	Results	Goal
Measurement Year 2016 ²	Baseline 1	1,174	1,547	75.89%	84.77%
Measurement Year 2017 ¹	Remeasurement 1	315	411	76.64%	86.37%
Measurement Year 2018 ²	Remeasurement 2	1,320	1,778	74.24%	85.64%
Measurement Year 2019 ¹	Remeasurement 3	316	411	76.89%	85.90%
Measurement Year 2020 ²	Remeasurement 4	1,027	1,436	71.52%	86.62%
Measurement Year 2021 ¹	Remeasurement 5	288	411	70.07%	83.94%
Measurement Year 2022 ¹	Remeasurement 6	300	411	72.99%	79.57%
Measurement Year 2023 ¹	Remeasurement 7	301	411	73.24%	79.26%

¹ Rate calculated using the hybrid methodology.

² Rate calculated using the administrative methodology.

Indicator Description: The percentage of members 2 years of age who received one or more capillary or venous blood tests for lead poisoning on or before their second birthday.

Table 22: UnitedHealthcare Community Plan of Rhode Island's Quality Improvement Project 4 Summary – Breast Cancer Screening, Measurement Year 2023

Quality Improvement Project 4 Summary	
Title: Improving Breast Cancer Screening Start Year: 2018. End Year: Not yet determined. Validation Summary: There were no validation findings indicating that the credibility of the performance improvement project results was at risk.	
<u>Aim</u> UnitedHealthcare Community Plan of Rhode Island aimed to increase the percentage of women aged 50-74 years who had a mammogram.	
<u>Indicator of Performance</u> HEDIS <i>Breast Cancer Screening</i> : The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.	
<u>Member-Focused 2023 Interventions</u> <ul style="list-style-type: none"> Continued the member incentive for a timely mammogram. Participated in community events to provide member education on the importance of timely breast cancer screenings. Published articles in the member newsletter. Continued targeted outreach to members via interactive voice recordings, short message service, or email with a reminders on women's health screenings and the importance of mammograms. Participated in community events to provide member education on the importance of timely mammograms in multiple languages. 	
<u>Managed Care Plan-Focused 2023 Intervention</u> <ul style="list-style-type: none"> Collaborated with a community-based organization to expand education efforts. 	

Table 23: UnitedHealthcare Community Plan of Rhode Island's Quality Improvement Project 4 Indicator Summary – Breast Cancer Screening, Measurement Years 2017 to 2023

HEDIS Breast Cancer Screening					
Measurement Period	Measurement Phase	Numerator	Denominator	Results	Goal
Measurement Year 2017	Baseline 1	2,834	4,551	62.27%	70.29%
Measurement Year 2018	Remeasurement 1	2,882	4,690	61.45%	68.94%
Measurement Year 2019	Remeasurement 2	2,826	4,480	63.33%	69.23%
Measurement Year 2020	Remeasurement 3	2,973	5,004	59.41%	69.22%
Measurement Year 2021	Remeasurement 4	3,330	5,669	58.74%	63.77%
Measurement Year 2022	Remeasurement 5	4,292	7,024	61.10%	61.27%
Measurement Year 2023	Remeasurement 6	3,408	5,441	62.64%	62.67%

Indicator Description: The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

External Quality Review Activity 2. Validation of Performance Measures – Technical Summary

Objectives

Title 42 Code of Federal Regulations 438.330(c) Performance measurement establishes that the state must identify standard performance measures relating to the performance of managed care plans and that the state requires each managed care plan to annually measure and report to the state on its performance using the standard measures required by the state.

As required by section 2.12.03.03 *Quality Assurance* of the *Medicaid Managed Care Services Agreement*, Rhode Island managed care plans must provide performance measure data, specifically HEDIS, to the Rhode Island Executive Office of Health and Human Services within 30 days following the presentation of these results to the managed care plan's quality improvement committee. The Rhode Island Executive Office of Health and Human Services utilizes performance measures to evaluate the quality and accessibility of services furnished to Medicaid beneficiaries and to promote positive health outcomes. Further, the Rhode Island Executive Office of Health and Human Services incorporates select HEDIS results into its methodology for the accountable entity shared savings distribution.

Title 42 Code of Federal Regulations Section 438.358 Activities related to external quality review (2)(b)(1)(ii) mandates that the state or an external quality review organization must validate the performance measures that were calculated during the preceding 12 months. IPRO conducted this activity on behalf of the Rhode Island Executive Office of Health and Human Services for measurement year 2023.

Technical Methods of Data Collection and Analysis

For measurement year 2023, the Rhode Island Medicaid managed care plans were required to submit performance measure data to the Rhode Island Executive Office of Health and Human Services based on NCQA's *HEDIS Measurement Year 2023 Volume 2 Technical Specifications for Health Plans*. To ensure compliance with these reporting requirements, UnitedHealthcare Community Plan of Rhode Island contracted with an NCQA-HEDIS certified software vendor and an NCQA-certified HEDIS compliance audit licensed organization.

The HEDIS vendor collected data and calculated performance measure rates on behalf of UnitedHealthcare Community Plan of Rhode Island for measurement year 2023. The HEDIS vendor calculated rates using NCQA's *HEDIS Measurement Year 2023 Volume 2 Technical Specifications for Health Plans*.

The HEDIS compliance auditor determined if the appropriate information processing capabilities were in place to support accurate and automated performance measurement, and they also validated UnitedHealthcare Community Plan of Rhode Island's adherence to the technical specifications and reporting requirements. The NCQA-certified HEDIS compliance auditor evaluated UnitedHealthcare Community Plan of Rhode Island's information practices and control procedures, sampling methods and procedures, compliance with technical specifications, analytic file production, and reporting and documentation in two parts:

1. Information System Standards
2. HEDIS Determination Standards

The auditor considered UnitedHealthcare Community Plan of Rhode Island's compliance with the Information System standards and HEDIS Determination standards to fully assess the organization's HEDIS reporting capabilities.

Information System Standards

As part of the NCQA HEDIS Compliance Audit™, HEDIS compliance auditors assessed UnitedHealthcare Community Plan of Rhode Island's compliance with NCQA's four information system capabilities standards for collecting, storing, analyzing, and reporting medical, service, member, practitioner, and vendor data. The standards specify the minimum requirements that information systems should meet and criteria that are used in HEDIS data collection. Compliance with the NCQA information system capabilities standards ensures that UnitedHealthcare Community Plan of Rhode Island has effective systems, practices, and control procedures for core business functions and for HEDIS reporting. **Table 24** displays these standards as well as the elements audited for the standard.

Table 24: NCQA's Information System Standards

Information System Standard Categories	Elements Audited
IS R: Data Management and Reporting	Transfer, Consolidation, and Control Procedures that Support Measure Reporting Integrity
IS C: Clinical and Care Delivery Data	Capture, Transfer, and Entry
IS M: Medical Record Review	Training, Sampling, Abstraction, and Oversight
IS A: Administrative Data	Sound Coding Methods, Data Capture, Transfer, and Entry

NCQA: National Committee for Quality Assurance; IS: information system.

The information system capabilities evaluation included the computer and software environment, data collection procedures, abstraction of medical records for hybrid measures, as well as the review of any manual processes used for HEDIS reporting. The HEDIS compliance auditor determined the extent to which the managed care plan had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

A managed care plan meeting all Information System standards required for successful HEDIS reporting and submitting HEDIS data to the Rhode Island Executive Office of Health and Human Services according to contractual requirements were considered strengths during IPRO's external quality review. A managed care plan not meeting an Information System standard was considered an opportunity for improvement during IPRO's review.

HEDIS Determination Standards

The auditor used the HEDIS determination standards to assess UnitedHealthcare Community Plan of Rhode Island's compliance with conventional reporting practices and HEDIS technical specifications. These standards describe required procedures for specific information such as proper identification of denominators, numerators and verifying algorithms and rate calculations.

Performance Measure Validation

UnitedHealthcare Community Plan of Rhode Island's calculated rates for the HEDIS measure set were validated as part of the NCQA HEDIS Compliance Audit and assigned one of NCQA's outcome designations. **Table 25** presents these outcome designations and their definitions. Performance measure validation activities included but were not limited to:

- confirmation that rates were produced with certified code or automated source code review approved logic;
- medical record review validation;
- review of supplemental data sources;
- review of system conversions/upgrades, if applicable;
- review of vendor data, if applicable; and
- follow-up on issues identified during documentation review or previous audits.

Table 25: NCQA Performance Measure Designations

NCQA Performance Measure Outcome Designation	Outcome Designation Definition
R	Reportable. A reportable rate was submitted for the measure.
NA	Small Denominator. The organization followed the specifications, but the denominator was too small (e.g., less than 30) to report a valid rate. a. For Effectiveness of Care and Effectiveness of Care-like measures, when the denominator is less than 30. b. For utilization measures that count member months, when the denominator is less than 360 member months. c. For all risk-adjusted utilization measures, when the denominator is less than 150. d. For electronic clinical data systems measures, when the denominator is less than 30.
NB	No Benefit. The organization did not offer the health benefit required by the measure (e.g., mental health, chemical dependency).
NR	Not Reported. The organization chose not to report the measure.
NQ	Not Required. The organization was not required to report the measure.
BR	Biased Rate. The calculated rate was materially biased.
UN	Unaudited. The organization chose to report a measure that is not required to be audited. This result only applies when permitted by NCQA.

NCQA: National Committee for Quality Assurance.

UnitedHealthcare Community Plan of Rhode Island’s HEDIS compliance auditor produced a final audit report and audit review table at the conclusion of the audit. Together, these documents present a comprehensive summary of the audit activities and performance measure validation results. UnitedHealthcare Community Plan of Rhode Island submitted these documents, as well as final validated performance measure rates to the Rhode Island Executive Office of Health and Human Services and IPRO.

IPRO reviewed UnitedHealthcare Community Plan of Rhode Island’s final audit report and audit review table to confirm that all performance measures were deemed reportable by the HEDIS auditor, and that calculation of these performance measures aligned with the Rhode Island Executive Office of Health and Human Services’ requirements. To assess the accuracy of the reported rates, IPRO:

- Recalculated performance measure rates using denominator and numerator member-level data and compared these recalculated rates to the rates reported by the managed care plan to NCQA via the Interactive Data Submission System tool;
- Compared performance measure rates reported by the managed care plans to NCQA’s Quality Compass regional Medicaid benchmarks; and
- Analyzed performance-measure-rate-level trends to identify drastic changes in performance.

Description of Data Obtained

For the 2023 external quality review, IPRO obtained UnitedHealthcare Community Plan of Rhode Island’s final audit report and a locked copy of the audit review table that were produced by the HEDIS compliance auditor.

The final audit report included key audit dates, product lines audited, audit procedures, vendors, data sources including supplemental data sources (e.g., immunization registries, care management files, laboratory result files), descriptions of system queries used by the auditor to validate the accuracy of the data, results of the medical record reviews, results of the information systems capabilities assessment, and rate status. Rates were determined to be reportable or not reportable (small denominator, benefit not offered, not reported, not required, biased, or unaudited; **Table 25**).

The audit review table displayed performance-measure-level detail including data collection methodology (administrative or hybrid), eligible population count, exclusion count, numerator event count by data source (administrative, medical record, supplemental), and reported rate. When applicable, the following information was also displayed in the audit review table: administrative rate before exclusions; minimum required sample size, and minimum required sample size numerator events and rate; oversample rate and oversample record count; exclusions by data source; count of oversample records added; denominator; numerator events by data source (administrative, medical records, supplemental); and reported rate.

Comparative Results

Validation of Performance Measures

UnitedHealthcare Community Plan of Rhode Island’s NCQA-certified HEDIS auditor determined that the HEDIS rates reported by the managed care plan for measurement year 2023 were all “reportable,” indicating that the rates were calculated in accordance with the required technical specifications. There were no data collection or reporting issues identified for UnitedHealthcare Community Plan of Rhode Island. **Table 26** displays results of the Information Systems review for UnitedHealthcare Community Plan of Rhode Island.

Table 26: UnitedHealthcare Community Plan of Rhode Island’s Compliance with NCQA Information System Standards, Measurement Year 2023

NCQA Information System Standards	UnitedHealthcare Community Plan of Rhode Island’s Information System Standards Review Results
IS R: Data Management and Reporting	Met
IS C: Clinical and Care Delivery Data	Met
IS M: Medical Record Review	Met
IS A: Administrative Data	Met

NCQA: National Committee for Quality Assurance; IS: information system.

Performance Measure Results

This section of the report explores the utilization of UnitedHealthcare Community Plan of Rhode Island services by examining select measures under the following domains:

- Use of Services – Two measures (three rates) examine the percentage of Medicaid child and adolescent access routine care.
- Effectiveness of Care – Five measures (seven rates) examine how well a managed care plan provides preventive screenings and care for members with acute and chronic illness.
- Access and Availability – Two measures (five rates) examine the percentage of Medicaid adults who received primary care provider or preventive care services, ambulatory care, or timely prenatal and postpartum care.

To assess managed care plan performance, IPRO compared UnitedHealthcare Community Plan of Rhode Island's rates to national Medicaid benchmarks reported in the *2024 Quality Compass* (measurement year 2023) for all lines of business that reported measurement year 2023 HEDIS data to NCQA. **Table 27** displays UnitedHealthcare Community Plan of Rhode Island's HEDIS rates for measurement years 2019, 2020, 2021, 2022, and 2023, as well as the measurement year 2023 national Medicaid benchmarks achieved by the managed care plan, and the national Medicaid means.

Table 27: UnitedHealthcare Community Plan of Rhode Island’s Performance Measure Rates, Measurement Years 2019, 2020, 2021, 2022, and 2023

Domain/Measures	United- Healthcare Community Plan of Rhode Island Measurement Year 2019	United- Healthcare Community Plan of Rhode Island Measurement Year 2020	United- Healthcare Community Plan of Rhode Island Measurement Year 2021	United- Healthcare Community Plan of Rhode Island Measurement Year 2022	United- Healthcare Community Plan of Rhode Island Measurement Year 2023	Quality Compass Measurement Year 2023 National Medicaid Benchmark (Met/Exceeded)	Quality Compass Measurement Year 2023 National Medicaid Mean
Use of Services							
Well-Child Visits in the First 30 Months of Life							
First 15 Months	New in 2020	64.98%	64.22%	68.09%	65.53%	75th	58.96%
First 15 to 30 Months	New in 2020	78.34%	74.71%	76.34%	82.02%	90th	69.21%
Child and Adolescent Well-Care Visits, Ages 3-21 Years	New in 2020	53.83%	60.24%	59.86%	63.78%	75th	52.14%
Effectiveness of Care							
Cervical Cancer Screening for Women	66.91%	65.21%	65.21%	65.94%	66.91%	75th	55.43%
Chlamydia Screening for Women, Ages 16-24 Years	65.88%	60.69%	60.24%	59.66%	61.55%	66.67th	56.49%
Childhood Immunization Status							
Combination 3	77.86%	81.27%	76.89%	78.59%	76.89%	95th	63.83%
Combination 10	59.37%	63.50%	63.26%	55.96%	52.07%	95th	29.05%
Follow-Up After Hospitalization for Mental Illness							
7-Day, Ages 6-65+ Years	54.38%	58.58%	56.29%	52.86%	55.06%	75th	38.53%
30-Day Ages 6-65+ Years	73.85%	75.21%	76.31%	72.79%	73.69%	75th	59.06%
Hemoglobin A1c Control for Patients with Diabetes – HbA1c Control (<8%)	New in 2022	New in 2022	New in 2022	55.96%	61.07%	75th	55.39%
Access and Availability							
Adults’ Access to Preventive/Ambulatory Health Services							
Ages 20-44 Years	78.37%	75.42%	75.23%	72.87%	75.98%	66.67th	70.62%
Ages 45-64 Years	87.03%	84.24%	84.52%	82.81%	85.12%	75th	79.99%
Ages 65+ Years	88.37%	82.70%	81.79%	77.65%	78.52%	33.33rd	80.47%
Prenatal and Postpartum Care							
Timeliness of Prenatal Care	90.27%	89.05%	84.67%	89.29%	90.75%	75th	83.14%
Postpartum Care	71.53%	85.16%	82.73%	86.37%	87.35%	90th	78.64%

In accordance with *Title 42 Code of Federal Regulations 438.6(c)(2)(ii)(B)*, accountable entity quality performance must be measured and reported to the Rhode Island Executive Office of Health and Human Services. For performance year 2023, rates of eight measures from the ‘Medicaid Comprehensive Accountable Entity Common Measure Slate’ were categorized as ‘P4P’ and included in the Rhode Island Executive Office of Health and Human Services’ calculation of shared savings distribution to the accountable entities.

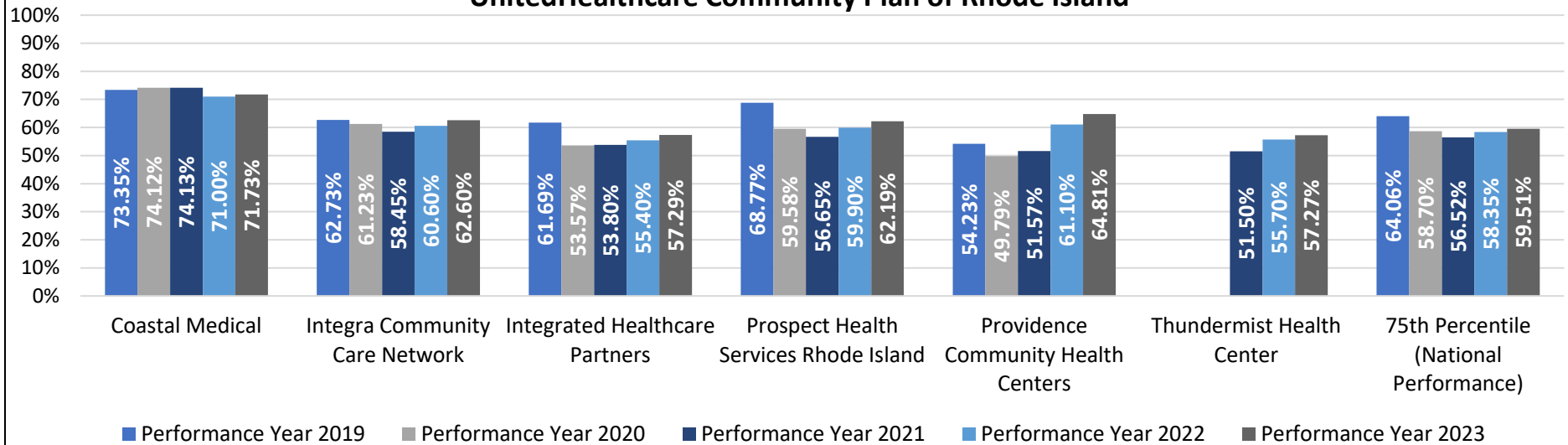
For performance year 2023, UnitedHealthcare Community Plan of Rhode Island maintained contracts with accountable entities. **Table 28** displays the accountable care entities that were contracted by UnitedHealthcare Community Plan of Rhode Island for performance year 2023.

Table 28: Accountable Entities, 2023

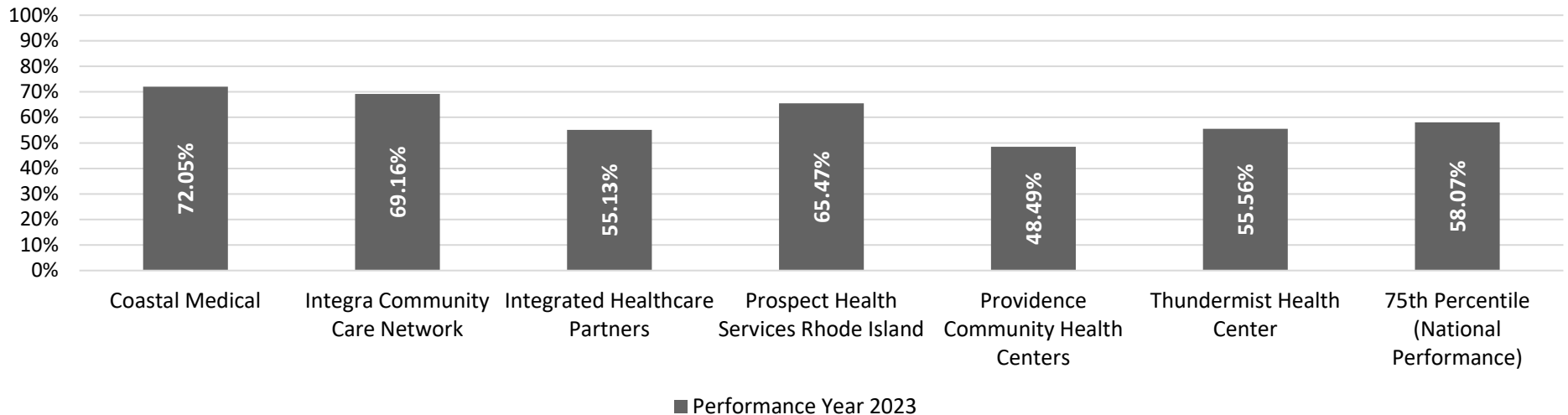
UnitedHealthcare Community Plan of Rhode Island’s Accountable Entities	
<ul style="list-style-type: none">▪ Coastal Medical▪ Integra Community Care Network▪ Integrated Healthcare Partners▪ Prospect Health Services Rhode Island▪ Providence Community Health Centers▪ Thundermist Health Center	

When available, rates for performance years 2019, 2020, 2021, 2022 and 2023 for UnitedHealthcare Community Plan of Rhode Island’s accountable entities are displayed in figures that follow.

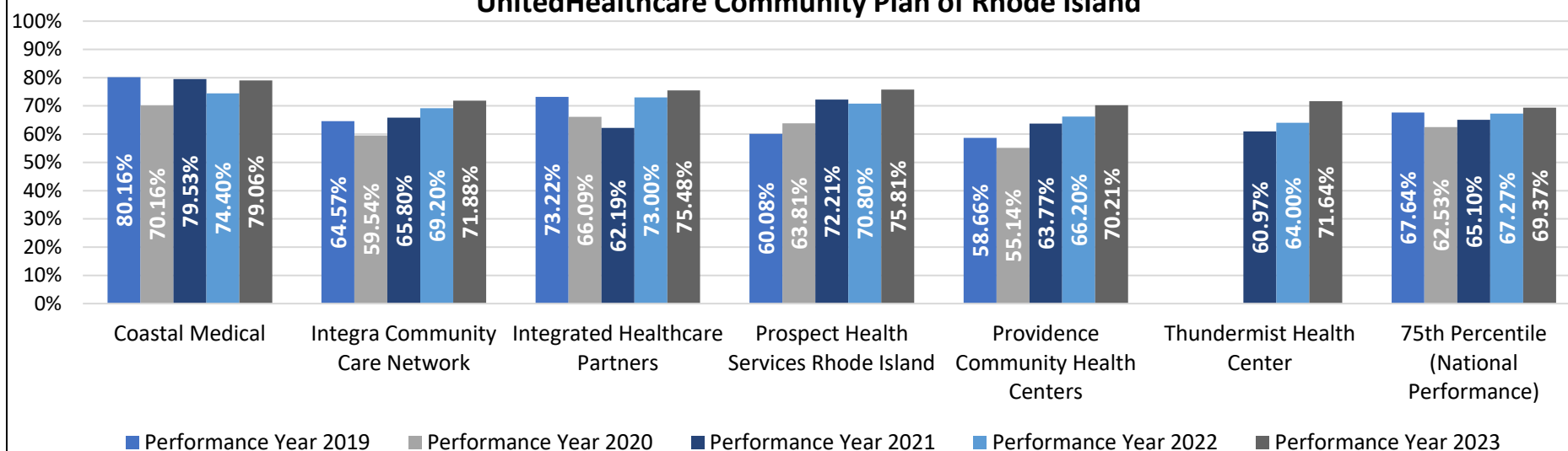
**Figure 1. Breast Cancer Screening,
UnitedHealthcare Community Plan of Rhode Island**



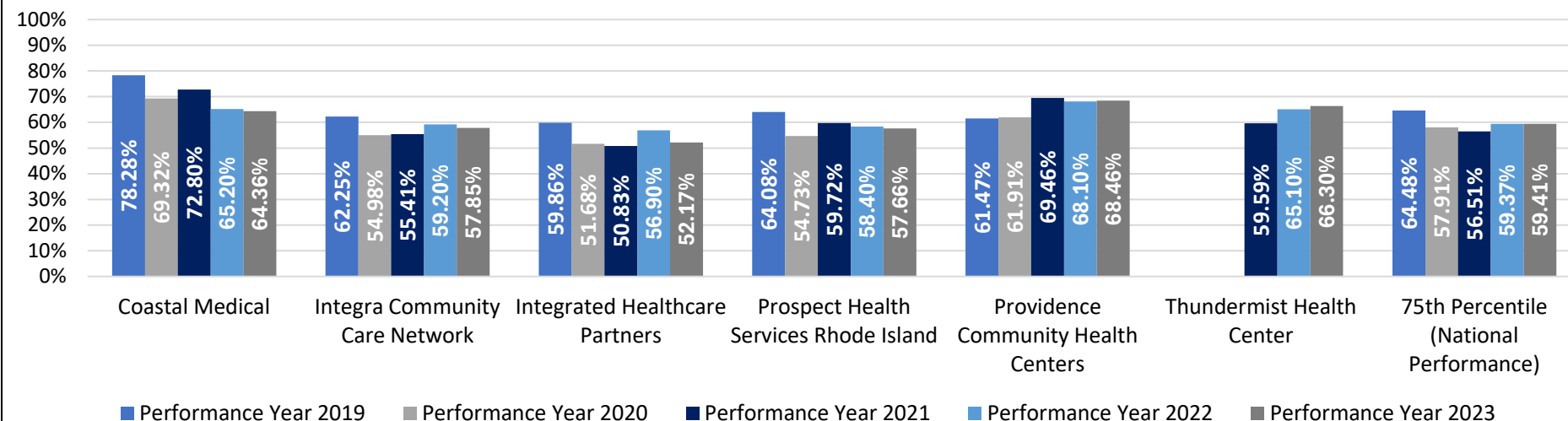
**Figure 2. Child and Adolescent Well-Care Visits (Ages 3-21 Years),
UnitedHealthcare Community Plan of Rhode Island**



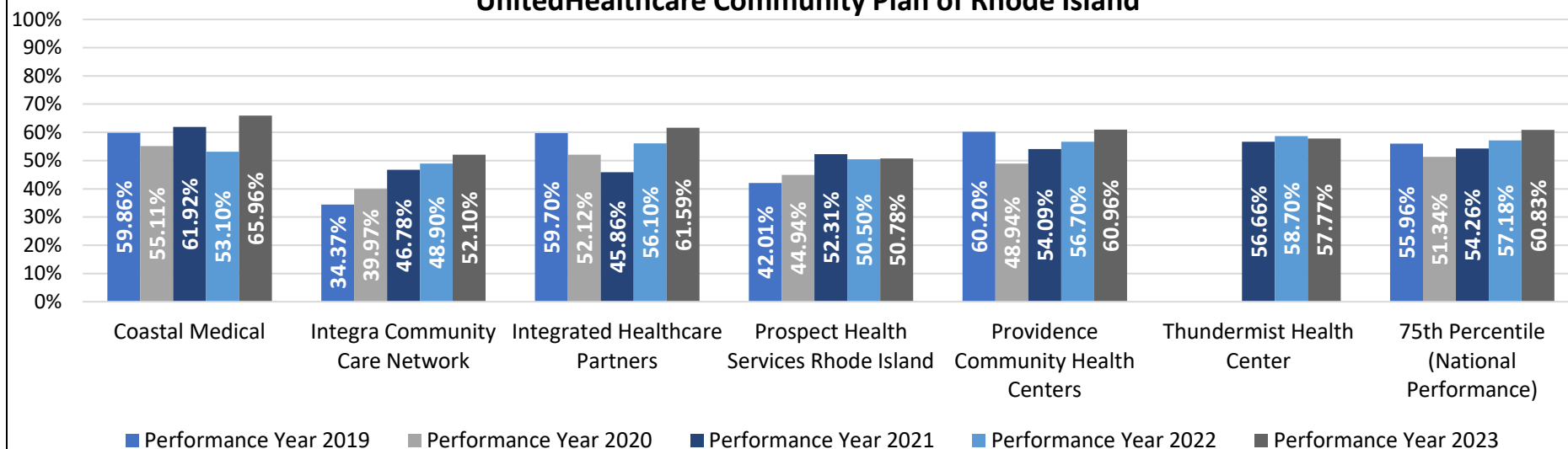
**Figure 3. Controlling High Blood Pressure,
UnitedHealthcare Community Plan of Rhode Island**



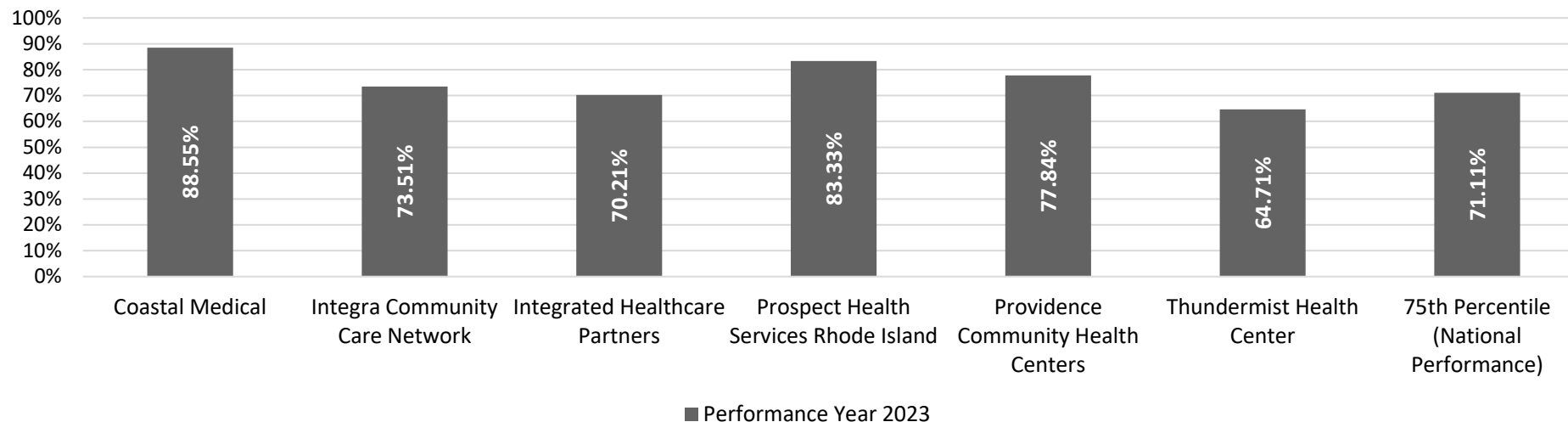
**Figure 4. Comprehensive Diabetes Care - Eye Exam,
UnitedHealthcare Community Plan of Rhode Island**



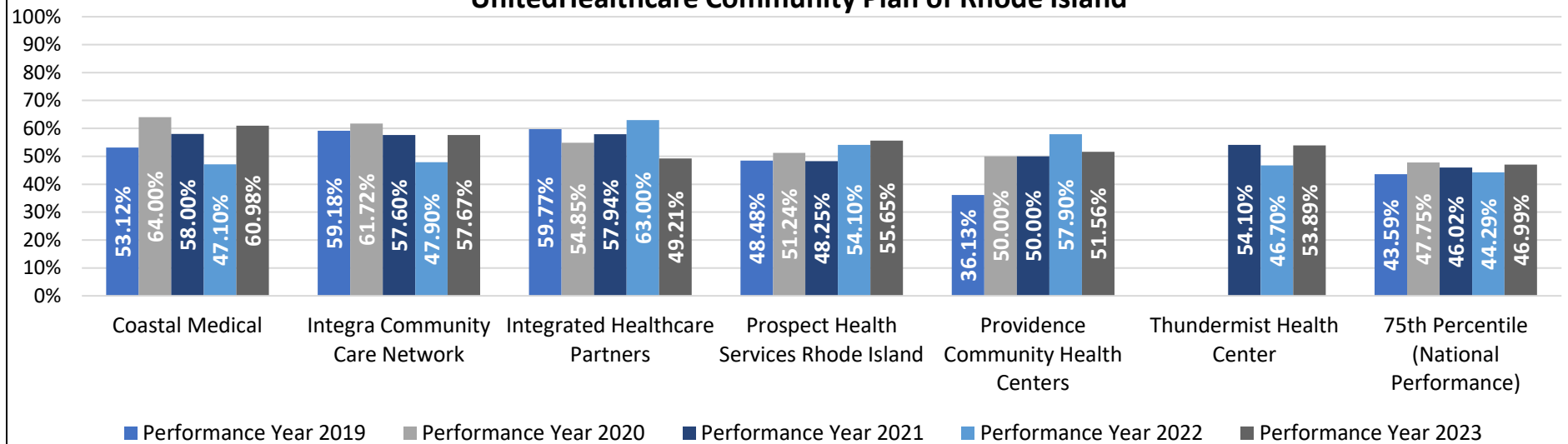
**Figure 5. Hemoglobin A1c Control for Patients with Diabetes - HbA1c Good Control (<8.0),
UnitedHealthcare Community Plan of Rhode Island**



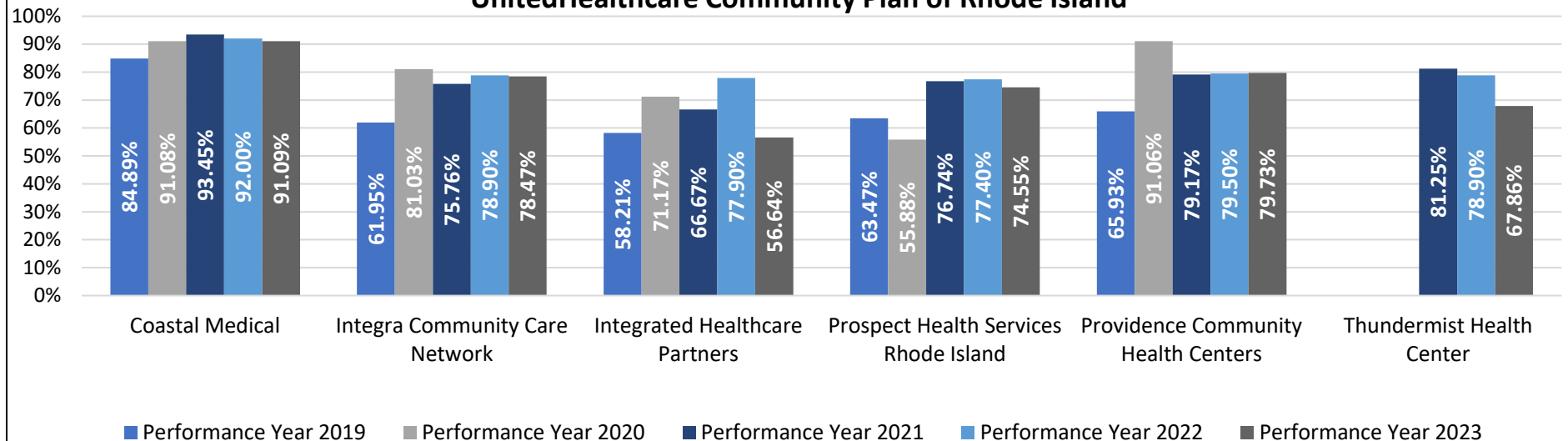
**Figure 6. Lead Screening in Children,
UnitedHealthcare Community Plan of Rhode Island**



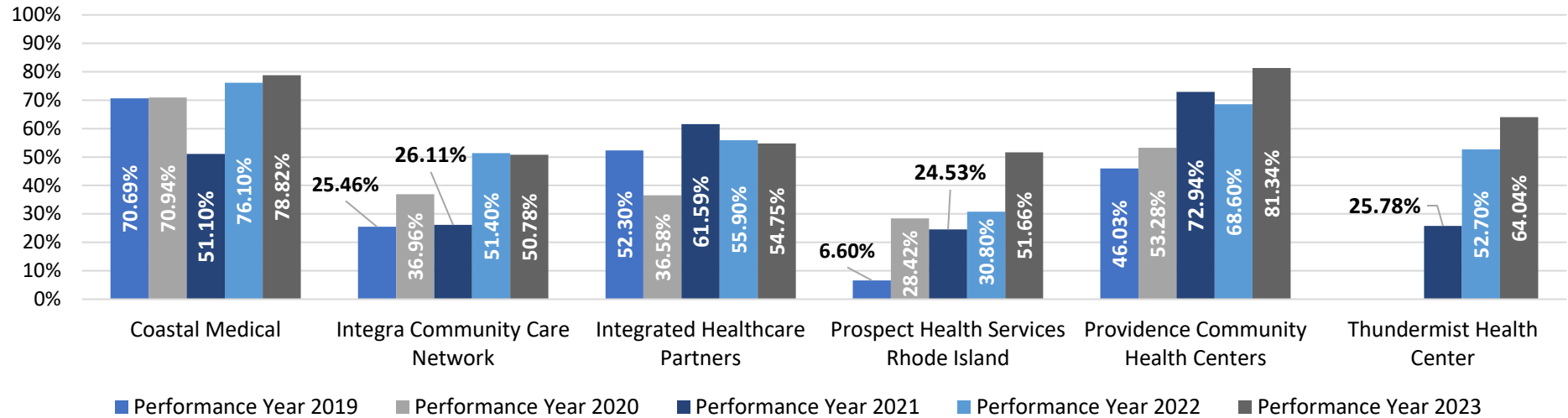
**Figure 7. Follow-up After Hospitalization for Mental Illness (7-Day),
UnitedHealthcare Community Plan of Rhode Island**



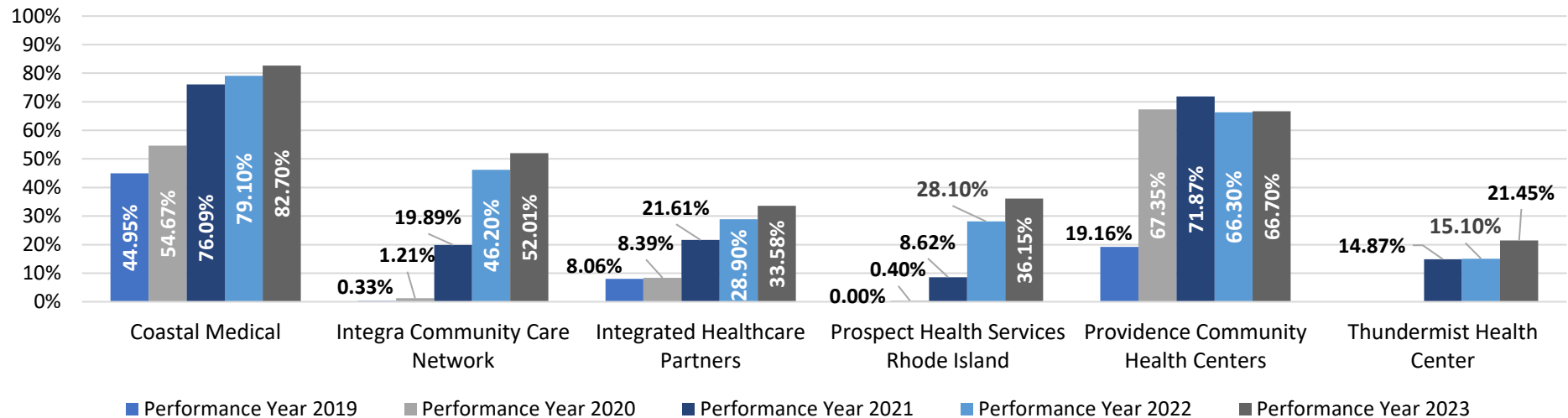
**Figure 8. Developmental Screening in the First Three Years of Life,
UnitedHealthcare Community Plan of Rhode Island**



**Figure 9. Screening for Depression and Follow-up Plan,
UnitedHealthcare Community Plan of Rhode Island**



**Figure 10. Social Determinants of Health Screening,
UnitedHealthcare Community Plan of Rhode Island**



External Quality Review Activity 3. Review of Compliance with Medicaid and Children’s Health Insurance Program Standards – Technical Summary

Objectives

Title 42 Code of Federal Regulations 438.358 Activities related to external quality review (b)(1)(iii) establishes that a review of a managed care plan’s compliance with federal Medicaid and Children’s Health Insurance Program standards is a mandatory external quality activity. Further, the state, its agent, or the external quality review organization must conduct this review within the previous 3-year period.

As required by section 3.02.01 *Conformance with State and Federal Regulations* of the *Medicaid Managed Care Services Agreement*, Rhode Island managed care plans are required to meet all regulations specified in *Title 42 Code of Federal Regulations Part 438 Managed Care*.

Title 42 Code of Federal Regulations 438.358 Activities related to external quality review (a)(1) mandates that the state or an external quality review organization must perform the review to determine managed care compliance with federal Medicaid and Children’s Health Insurance Program standards. Per *Title 42 Code of Federal Regulations 438.360 Nonduplication of mandatory activities with Medicare or accreditation review*, in place of a review by the state, its agent or external quality review organization, states can use information obtained from a national accrediting organization review for the external quality review activities. Through this authority, the Rhode Island Executive Office of Health and Human Services uses the results of each managed care plans’ NCQA Accreditation Survey to verify managed care plan compliance with state and federal standards. Section 2.02 *Licensure and Accreditation* of the *Medicaid Managed Care Services Agreement* requires that each Rhode Island health maintenance organization seek and maintain NCQA Accreditation.

On behalf of the Rhode Island Executive Office of Health and Human Services, IPRO reviewed the results of UnitedHealthcare Community Plan of Rhode Island’s most recent NCQA Accreditation Survey to verify managed care plan compliance with state and federal Medicaid and Children’s Health Insurance Program requirements.

Technical Methods of Data Collection and Analysis

IPRO received NCQA Accreditation Survey results from UnitedHealthcare Community Plan of Rhode Island and reviewed these results to verify managed care plan compliance with federal Medicaid standards of under *Title 42 Code of Federal Regulations Part 438 Managed Care*.

Description of Data Obtained

The *Score Summary Overall Results* presented Accreditation Survey results by category code, standard code, review category title, self-assessed score, current score, issues not met, points received and possible points. The crosswalk provided to IPRO by the Rhode Island Executive Office of Health and Human Services included instructions on how to use the crosswalk, a glossary, and detailed explanations on how the NCQA accreditation standards support federal Medicaid standards.

Comparative Results

Table 29 displays UnitedHealthcare Community Plan of Rhode Island's compliance with federal Medicaid and Children's Health Insurance Program standards captured during the most recent NCQA Accreditation Survey. UnitedHealthcare Community Plan of Rhode Island's accreditation was granted by NCQA on December 6, 2023 with an expiration date of December 6, 2026.

Table 29: Evaluation of UnitedHealthcare Community Plan of Rhode Island's Compliance with Federal Medicaid and Children's Health Insurance Program Standards, 2023

Federal Medicaid Standard	UnitedHealthcare Community Plan of Rhode Island's Compliance Determination
438.56 Disenrollment requirements and limitations	Met
438.100 Enrollee rights and requirements	Met
438.114 Emergency and poststabilization services	Met
438.206 Availability of services	Met
438.207 Assurances of adequate capacity and services	Met
438.208 Coordination and continuity of care	Met
438.210 Coverage and authorization of services	Met
438.214 Provider selection	Met
438.224 Confidentiality	Met
438.228 Grievance and appeal system	Met
438.230 Sub-contractual relationships and delegation	Met
438.236 Practice guidelines	Met
438.242 Health information systems	Met
438.330 Quality assessment and performance improvement program	Met

External Quality Review Activity 4. Validation of Network Adequacy – Technical Summary

Objectives

Title 42 Code of Federal Regulations 438.68 Network adequacy standards requires states that contract with a managed care plan to develop and enforce time and distance standards for the following provider types: adult and pediatric primary care, obstetrics/gynecology, adult and pediatric behavioral health (for mental health and substance use disorder), adult and pediatric specialists, hospitals, pediatric dentists, and long-term services and support. The Rhode Island Executive Office of Health and Human Services enforces managed care adoption of the Rhode Island time and distance standards through the *Medicaid Managed Care Services Agreement*.

Section 2.09 *Service Accessibility Standards* of the *Medicaid Managed Care Services Agreement* requires Rhode Island managed care plans to ensure that network providers comply with access and timely appointment availability requirements, and to monitor access and availability standards of the network to determine compliance and take corrective action if there is a failure to comply. The Rhode Island Executive Office of Health and Human Services-established access standards are presented in **Table 30**.

Table 30: Rhode Island Medicaid Managed Care Network Standards

Rhode Island Medicaid Managed Care Access Standards	
Time and Distance Standards	
▪	Primary Care, Adult and Pediatric Within 20 Minutes or 20 Miles
▪	OB/GYN Within 45 Minutes or 30 Miles
▪	Top 5 Adult Specialties Within 30 Minutes or 30 Miles
▪	Top 5 Pediatric Specialties Within 45 Minutes or 45 Miles
▪	Hospital Within 45 Minutes or 30 Miles
▪	Pharmacy Within 10 Minutes or 10 Miles
▪	Imaging Within 45 Minutes or 30 Miles
▪	Ambulatory Surgery Centers Within 45 Minutes or 30 Miles
▪	Dialysis Within 30 Minutes or 30 Miles
▪	Outpatient Behavioral/Mental Health Adult Prescribers Within 30 Minutes or 30 Miles
▪	Outpatient Behavioral/Mental Health Pediatric Prescribers Within 45 Minutes or 45 Miles
▪	Outpatient Behavioral/Mental Health Adult Non-Prescribers Within 20 Minutes or 20 Miles
▪	Outpatient Behavioral/Mental Health Pediatric Non-Prescribers Within 20 Minutes or 20 Miles
▪	Outpatient Behavioral Health Substance Use Prescribers Within 30 Minutes or 30 Miles
▪	Outpatient Behavioral Health Substance Use Non-Prescribers Within 20 Minutes or 20 Miles
Appointment Standards	
▪	After-Hours Care (telephone) Available 24 Hours a Day, 7 Days a Week
▪	Emergency Care Available Immediately
▪	Urgent Care Within 24 Hours
▪	Routine Care Within 30 Calendar Days
▪	Physical Exam Within 180 Calendar Days
▪	EPSDT Within 6 Weeks
▪	New Member Within 30 Calendar Days
▪	Non-Emergent or Non-Urgent Mental Health or Substance Use Services Within 10 Calendar Days
Member-to-Primary Care Provider Ratio Standards	
▪	No more than 1,500 members to any single primary care provider
▪	No more than 1,000 members per single primary care provider within a primary care provider team

Rhode Island Medicaid Managed Care Access Standards

24 Hour Coverage Standard

- On a 24 hours a day, 7 days a week basis access to medical and behavioral health services must be available to members either directly through the managed care plan or primary care provider

Other Standards

- Each Medicaid network should include Patient Centered Medical Homes that serve as primary care providers

Title 42 Code of Federal Regulations 438.356 State contract options for external quality review and Title 42 Code of Federal Regulations 438.358 Activities related to external quality review establish that state agencies must contract with an external quality review organization to perform the annual validation of network adequacy. To meet these federal regulations, the Rhode Island Executive Office of Health and Human Services contracted IPRO to perform the 2023 validation of network adequacy for UnitedHealthcare Community Plan of Rhode Island.

Technical Methods of Data Collection and Analysis

UnitedHealthcare Community Plan of Rhode Island monitors its provider network for accessibility and network adequacy using the Geo Access software program. This program assigns geographic coordinates to addresses so that the distance between providers and members can be assessed to determine whether members have access to care within a reasonable distance from their homes.

UnitedHealthcare Community Plan of Rhode Island monitors its network's ability to provide timely routine and urgent appointments through secret shopper surveys. The data includes the number of providers surveyed, the number of appointments made and not made, the total number of appointments meeting the timeframe standards and appointment rates.

UnitedHealthcare Community Plan of Rhode Island primary care access standard is one provider in 10 miles; and for OB/GYN providers, the access standard is one provider in in 30 miles. UnitedHealthcare Community Plan of Rhode Island reports access data to NCQA on annual basis.

UnitedHealthcare Community Plan of Rhode Island's goal is to have 90% of its network of primary care, high-volume, and high-impact providers meet the established distance requirements, as well as to meet provider-to-member ratios. The distance requirements and ratios differ by provider type and county designation.

Description of Data Obtained

IPRO's evaluation was performed using network data submitted by UnitedHealthcare Community Plan of Rhode Island in the *2023 Network Accessibility and Availability Adequacy Report* (February 2024) and in UnitedHealthcare Community Plan of Rhode Island's fourth quarter *Access Survey Report* for 2023.

Comparative Results

UnitedHealthcare Community Plan of Rhode Island evaluated network adequacy using acceptable methodology.

Table 31 shows the percentage of members for whom the geographic access standards were met. The results of this analysis show that UnitedHealthcare Community Plan of Rhode Island met the 90% goal for member geographic access for all provider types reported.

Table 31: UnitedHealthcare Community Plan of Rhode Island's Geo Access Provider Network Accessibility, 2023

Region/Provider Specialty	Access Standard ¹	% of Members with Access 2023	Goal = 90% Met/Not Met
Metro			
Adult Primary Care Providers (Total)	1 in 10 Miles	100%	Met
Family/General Practice	1 in 10 Miles	100%	Met
Internal Medicine	1 in 10 Miles	100%	Met
Pediatrics	1 in 10 Miles	98%	Met
Cardiology High Volume, High Impact Specialist	1 in 20 Miles	100%	Met
Obstetrics/Gynecology High Volume Specialist	1 in 30 Miles	100%	Met
Oncology/Hematology High Impact Specialist	1 in 30 Miles	100%	Met
Ophthalmology High Volume Specialist	1 in 20 Miles	100%	Met

¹ The Access Standard is measured in travel time from a member's home to provider offices.

Table 32 displays aggregate results of the secret shopper appointment availability surveys conducted by UnitedHealthcare Community Plan of Rhode Island in January 2023 and July 2023. Availability of both routine and urgent care appointments was assessed for a variety of provider types.

Table 32: UnitedHealthcare Community Plan of Rhode Island's Appointment Availability for Network Providers, January 2023, and July 2023

Appointment Type/Provider Specialty	Number of Providers Surveyed	Number of Appointments Made	Appointment Rate	Rate of Timely Appointments Made ¹
Primary Care Routine Appointments				
Family/General/Internal	6	2	33.3%	33.3%
Pediatricians	15	1	6.7%	6.7%
Obstetrics/Gynecology	8	3	37.5%	25.0%
Primary Care Urgent Appointments				
Family/General/Internal	9	0	0.0%	0.0%
Pediatricians	15	1	6.7%	6.7%
Obstetrics/Gynecology	11	3	27.3%	0.0%
Adult Specialty Care Routine Appointments				
Cardiology	7	2	28.6%	14.3%
Dermatology	9	0	0.0%	0.0%
Endocrinology	4	0	0.0%	0.0%
Gastroenterology	6	2	33.3%	0.0%
Pulmonary	5	0	0.0%	0.0%
Adult Specialty Care Urgent Appointments				
Cardiology	8	1	12.5%	0.0%
Dermatology	8	1	12.5%	0.0%
Endocrinology	2	0	0.0%	0.0%
Gastroenterology	9	1	11.1%	0.0%
Pulmonary	5	0	0.0%	0.0%
Pediatric Specialty Care Routine Appointments				
Allergy/Immunology	7	2	28.6%	14.3%
Gastroenterology	4	1	25.0%	0.0%
Neurology	7	3	42.9%	28.6%
Orthopedics	12	1	8.3%	8.3%
Otolaryngology/Ear, Nose and Throat	8	3	37.5%	12.5%
Pediatric Specialty Care Urgent Appointments				
Allergy/Immunology	8	1	12.5%	0.0%
Gastroenterology	5	0	0.0%	0.0%
Neurology	4	0	0.0%	0.0%
Orthopedics	8	3	37.5%	0.0%
Otolaryngology/Ear, Nose and Throat	7	1	14.3%	0.0%
Behavioral Health Care Routine Appointments				
Adult Behavioral Health	4	2	50.0%	25.0%
Pediatric/Adolescent Behavioral Health	4	1	25.0%	25.0%

¹The Number of Providers Surveyed is the denominator for Rate of Timely Appointments Made.

External Quality Review Activity 6. Validation of Quality-of-Care Surveys, Member Satisfaction – Technical Summary

Objectives

Title 42 Code of Federal Regulations 438.358(c)(2) establishes that for each managed care plan, the administration or validation of consumer or provider surveys of quality of care may be performed by using information derived during the preceding 12 months. Further, *Title 42 Code of Federal Regulations 438.358(a)(2)* requires that the data obtained from the quality-of-care survey(s) be used for the annual external quality review.

Section 2.13.05 *Member Satisfaction Report* of the *Medicaid Managed Care Services Agreement* requires the Medicaid managed care plan to sponsor a member satisfaction survey for all Medicaid product lines annually. The goal of the survey is to get feedback from these members about how they view the health care services they receive. The Rhode Island Executive Office of Health and Human Services uses results from the survey to determine variation in member satisfaction among the managed care plans. Further, section 2.13.04 *EOHHS Quality Assurance* of the *Medicaid Managed Care Services Agreement* requires that the CAHPS survey tool be administered.

The overall objective of the CAHPS study is to capture accurate and complete information about consumer-reported experiences with health care. Specifically, the survey aims to measure how well plans are meeting their members’ expectations and goals; to determine which areas of service have the greatest effect on members’ overall satisfaction; and to identify areas of opportunity for improvement, which can aid plans in increasing the quality of provided care.

UnitedHealthcare Community Plan of Rhode Island independently contracted with a certified CAHPS vendor to administer an adult and child survey for measurement year 2023. On behalf of the Rhode Island Executive Office of Health and Human Services, IPRO validated satisfaction surveys sponsored by the managed care plans for measurement year 2023.

Technical Methods of Data Collection and Analysis

The CAHPS Health Plan Survey 5.1H survey instruments selected for measurement year 2023 were the Adult Version for Medicaid and the Child Version – Children With Chronic Conditions for Medicaid. The CAHPS questionnaire sets includes separate versions for the adult and child populations.

HEDIS specifications require that the managed care plan provide a list of all eligible members for the sampling frame. Following HEDIS requirements, each managed care plan included members in their respective sample frames who were 18 years of age or older for adult members or 17 years of age or younger for child members as of December 31, 2023, continuously enrolled for at least five of the last six months of 2023, and currently enrolled in the managed care plan.

Table 33 provides a summary of UnitedHealthcare Community Plan of Rhode Island’s technical methods of data collection by survey type.

Table 33: UnitedHealthcare Community Plan of Rhode Island’s CAHPS Technical Methods of Data Collection, Measurement Year 2023

Methodology Element	Adult CAHPS Survey	Child CAHPS Survey
Survey Tool	5.1H Medicaid Adult	5.1H Medicaid Child with Chronic Conditions Supplemental Items Set
Survey Timeframe	2/16/2024-5/3/2024	2/16/2024-5/3/2024
Method of Collection	Mail, Telephone, Internet	Mail, Telephone, Internet
Sample Size	2,430	1,980
Response Rate	9.6%	7.1%

Results were calculated in accordance with HEDIS specifications for survey measures. According to HEDIS specifications, results for the adult and child populations were reported separately, and no weighting or case-mix adjustment was performed on the results.

For the global ratings, composite measures, composite items, and individual item measures the scores were calculated using a 100-point scale. Responses were classified into response categories. **Table 34** displays these categories and the measures which these response categories are used.

Table 34: CAHPS Categories and Response Options

Category/Measure	Response Options
Composite Measures	
<ul style="list-style-type: none"> Getting Needed Care Getting Care Quickly How Well Doctors Communicate Coordination of Care Customer Service 	Never, Sometimes, Usually, Always (<i>Top-level performance is considered responses of “usually” or “always.”</i>)
Global Rating Measures	
<ul style="list-style-type: none"> Rating of All Health Care Rating of Personal Doctor Rating of Specialist Talked to Most Often Rating of Health Plan 	0-10 Scale (<i>Top-level performance is considered scores of “8” or “9” or “10.”</i>)

To assess managed care plan performance, IPRO compared UnitedHealthcare Community Plan of Rhode Island’s scores to national Medicaid performance reported in the *2024 Quality Compass* (measurement year 2023) for all lines of business that reported measurement year 2023 CAHPS data to NCQA.

Description of Data Obtained

For UnitedHealthcare Community Plan of Rhode Island, IPRO received a copy of the final measurement year 2023 study reports produced by the certified CAHPS vendor. These reports included comprehensive descriptions of the project objectives and methodology, as well as managed care plan-level results and analyses.

Comparative Results

Table 35 displays UnitedHealthcare Community Plan of Rhode Island’s results of the CAHPS Adult Medicaid Survey for measurement years 2019, 2020, 2021, 2022, and 2023 while **Table 36** displays UnitedHealthcare Community Plan of Rhode Island’s results of the CAHPS Child Medicaid Survey for measurement years 2019, 2020, 2021, 2022, and 2023. The national Medicaid benchmarks displayed in these tables come from NCQA’s *2024 Quality Compass* for measurement year 2023 and represent all lines of business.

Table 35: UnitedHealthcare Community Plan of Rhode Island’s Medicaid Adult Population CAHPS Results, Measurement Years 2019, 2020, 2021, 2022, and 2023

Measures	UnitedHealthcare Community Plan of Rhode Island’s Performance					Quality Compass Measurement Year 2023 National Medicaid Benchmark (Met/Exceeded)	Quality Compass Measurement Year 2023 National Medicaid Mean
	Measurement Year 2019	Measurement Year 2020	Measurement Year 2021	Measurement Year 2022	Measurement Year 2023		
Rating of All Health Care ¹	79.6%	78.6%	80.4%	76.3%	85.2%	95th	75.75%
Rating of Personal Doctor ¹	79.9%	82.4%	82.4%	83.2%	85.1%	66.67th	83.33%
Rating of Specialist ¹	Small Sample	Small Sample	Small Sample	82.0%	88.8%	95th	82.52%
Rating of Health Plan ¹	86.4%	80.6%	84.5%	81.9%	82.4%	75th	77.65%
Getting Care Quickly ²	87.1%	82.0%	Small Sample	84.9%	90.3%	95th	80.39%
Getting Needed Care ²	86.9%	81.4%	Small Sample	84.9%	86.6%	90th	81.45%
Customer Service ²	Small Sample	Small Sample	Small Sample	Small Sample	Small Sample	Not Applicable	89.12%
How Well Doctors Communicate ²	94.4%	90.6%	94.6%	92.2%	95.7%	90th	92.95%
Coordination of Care ²	Small Sample	Small Sample	Small Sample	Small Sample	Small Sample	Not Applicable	85.64%

¹ Rates reflect respondents who gave a rating of 8, 9, or 10 (with 10 being the “best possible”).

² Rates reflect responses of “always” or “usually.”

Small Sample means that the denominator is less than 100 members.

Table 36: UnitedHealthcare Community Plan of Rhode Island’s Medicaid General Child Population CAHPS Results, Measurement Years 2019, 2020, 2021, 2022, and 2023

Measures	UnitedHealthcare Community Plan of Rhode Island’s Performance					Quality Compass Measurement Year 2023 National Medicaid Benchmark (Met/Exceeded)	Quality Compass Measurement Year 2023 National Medicaid Mean
	Measurement Year 2019	Measurement Year 2020	Measurement Year 2021	Measurement Year 2022	Measurement Year 2023		
Rating of All Health Care ¹	95.0%	88.4%	Small Sample	Small Sample	Small Sample	Not Applicable	86.88%
Rating of Personal Doctor ¹	92.7%	95.1%	94.3%	90.4%	89.4%	33.33rd	89.68%
Rating of Specialist ¹	Small Sample	Small Sample	Small Sample	Small Sample	Small Sample	Not Applicable	87.20%
Rating of Health Plan ¹	86.6%	92.4%	86.8%	80.5%	88.6%	66.67th	86.26%
Getting Care Quickly ²	94.2%	Small Sample	Small Sample	Small Sample	Small Sample	Not Applicable	86.31%
Getting Needed Care ²	86.0%	Small Sample	Small Sample	Small Sample	Small Sample	Not Applicable	83.33%
Customer Service ²	Small Sample	Small Sample	Small Sample	Small Sample	Small Sample	Not Applicable	88.29%
How Well Doctors Communicate ²	96.9%	95.6%	94.1%	Small Sample	Small Sample	Not Applicable	93.83%
Coordination of Care ²	Small Sample	Small Sample	Small Sample	Small Sample	Small Sample	Not Applicable	83.50%

¹ Rates reflect respondents who gave a rating of 8, 9, or 10 (with 10 being the “best possible”).

² Rates reflect responses of “always” or “usually.”

Small Sample means that the denominator is less than 100 members.

External Quality Review Activity 6. Validation of Quality-of-Care Surveys, Provider Satisfaction – Technical Summary

Objectives

Title 42 Code of Federal Regulations 438.358(c)(2) establishes that for each managed care plan, the administration or validation of consumer or provider surveys of quality of care may be performed by using information derived during the preceding 12 months. Further, *42 Code of Federal Regulations 438.358(a)(2)* requires that the data obtained from the quality-of-care survey(s) be used for the annual external quality review.

Section 2.13.06 *Provider Satisfaction Report* of the *Medicaid Managed Care Services Agreement* requires the Medicaid managed care plan to sponsor a satisfaction survey for all Medicaid network providers. The goal of the survey is to get feedback from these providers about how they view the Medicaid program and the managed care plan. The Rhode Island Executive Office of Health and Human Services uses results from the survey to determine variation in provider satisfaction among the managed care plans.

To meet the requirements of the *Medicaid Managed Care Services Agreement*, the managed care plans administer the provider satisfaction surveys annually. The general objective of these surveys is to assess provider perception of the managed care plan's Medicaid operations and services to better understand strengths, pain points, and opportunities.

On behalf of the Rhode Island Executive Office of Health and Human Services, IPRO validated satisfaction surveys sponsored by UnitedHealthcare Community Plan of Rhode Island for measurement year 2023.

Technical Methods of Data Collection and Analysis

UnitedHealthcare Community Plan of Rhode Island utilized a homegrown survey tool for measurement year 2023. Key metrics were maintained to allow UnitedHealthcare Community Plan of Rhode Island to trend performance year-over-year. **Table 37** provides a summary of the technical methods of data collection.

Table 37: UnitedHealthcare Community Plan of Rhode Island's Provider Satisfaction Survey Technical Methods of Data Collection, Measurement Year 2023

Methodology Element	Provider Satisfaction Survey
Survey Tool	Non-standard
Survey Timeframe	Mid-September 2023 to Mid-November 2023
Program	Medicaid
Provider Types	Primary Care Providers and Specialists
Method of Collection	Mail, Online
Sample Size	194
Response Rate	2%

The 2023 survey instrument was similar to the 2022 instrument. **Table 38** displays the survey’s measure categories and possible response options.

Table 38: Provider Satisfaction Survey Categories and Response Options

Category/Measure	Response Options
<ul style="list-style-type: none"> Satisfaction with...[policy/service] 	0 – 10 Scale 0=Not At All Satisfied 10=Complete Satisfied <i>(Top-level performance is considered scores of “9” or “10”.)</i>
<ul style="list-style-type: none"> Ease of...[process] 	0 – 10 Scale 0=Not At All Easy 10=Extremely Easy <i>(Top-level performance is considered scores of “9” or “10”.)</i>

Survey responses were captured using a Likert scale of 0 (not satisfied) to 10 (very satisfied). Responses of “9” and “10” were evaluated as top box performance. Statistical significance testing was conducted between measurement year 2022 performance and measurement year 2023 performance at a 95% confidence interval.

Description of Data Obtained

IPRO received a copy of UnitedHealthcare Community Plan of Rhode Island’s *2023 Provider Satisfaction Summary*. This document presented the metrics evaluated and performance rates at the state and national levels.

Comparative Results

Table 39 displays provider survey measures and results for UnitedHealthcare Community Plan of Rhode Island for measurement years 2021, 2022, and 2023, as well as UnitedHealthcare’s national results for measurement year 2023. Results in this table reflect response scores of “9” or “10.”

Table 39: UnitedHealthcare Community Plan of Rhode Island's Provider Satisfaction Survey Results, Measurement Years 2021 and 2022

Measure	UnitedHealthcare Community Plan of Rhode Island's Provider Satisfaction Survey Results			UnitedHealthcare National Provider Satisfaction Survey Results
	Measurement Year 2021 (n=43)	Measurement Year 2022 (n=31)	Measurement Year 2023 (n=38)	Measurement Year 2023 (n=2,550)
Ease of Credentialing	20%	26%	19%	38%
Ease of Contracting	21%	25%	18%	36%
Quality of the Network	31%	41%	21%	40%
Availability of Specialists to Accommodate Referrals	26%	39%	15%	38%
Ease of Prior Authorization for Inpatient/Outpatient	3%	17%	19%	29%
Ease of Prior Authorization for Pharmacy	10%	13%	12%	26%
Quality of Incentive-Based Programs	6%	22%	14%	29%
Accuracy of Claims Processing on First Submission	14%	16%	26%	34%
Ease of Appeals	9%	20%	19%	28%
Overall Satisfaction with Customer Service	5%	18%	14%	32%
Ease of Accessing Information	11%	21%	20%	33%
Timeliness of Information Provided by Primary Care Physicians	33%	21%	39%	38%
Timeliness of Information Provided by Specialists	20%	33%	28%	35%
Timeliness of Information Provided by Behavioral Health Practitioners	12%	18%	21%	29%
Overall Satisfaction with UnitedHealthcare	12%	19%	16%	37%
Easy to Get Answers to Questions	10%	17%	16%	33%
Policies are Aligned with the Latest Evidence Based Best Practices	8%	15%	19%	32%

n=Denominator.

Accreditation – Technical Summary

Objectives

Section 2.02 *Licensure and Accreditation* of the *Medicaid Managed Care Services Agreement* requires that each health maintenance organization seek and maintain NCQA Accreditation. Health maintenance organizations participating in the Rhode Island Medicaid managed care program must provide the Rhode Island Executive Office of Health and Human Services evidence of full accreditation. Failure to obtain and maintain accreditation would result in the suspension of enrollment and/or termination of the *Medicaid Managed Care Services Agreement*.

NCQA’s Health Plan Accreditation program is considered the industry’s gold standard for assuring and improving quality care and patient experience. It reflects a commitment to quality that yields tangible, bottom-line value. It also ensures essential consumer protections, including fair marketing, sound coverage decisions, access to care, and timely appeals.

The accreditation process is a rigorous, comprehensive, and transparent evaluation process through which the quality of key systems and processes that define a health plan are assessed. Additionally, accreditation includes an evaluation of the actual results the health plan achieved on key dimensions of care, service, and efficacy. Specifically, NCQA reviews the health plan’s quality management and improvement, utilization management, provider credentialing and re-credentialing, members’ rights and responsibilities, standards for member connections, and HEDIS and CAHPS performance measures.

Beginning with Health Plan Accreditation 2020 and the 2020 HEDIS reporting year, the health plan ratings and accreditation were aligned to improve consistency between the two activities and to simplify the scoring methodology for accreditation. An aggregate summary of managed care plan performance on these two activities is summarized in the NCQA Health Plan Report Cards.

Technical Methods of Data Collection and Analysis

To earn NCQA accreditation, each managed care plan must meet at least 80% of applicable points in each standards category, submit HEDIS and CAHPS data during the reporting year after the first full year of accreditation, and submit HEDIS and CAHPS data annually thereafter. The standards categories include quality management, population health management, network management, utilization management, credentialing and re-credentialing, and member experience.

To earn points in each standards category, managed care plans are evaluated on the factors satisfied in each applicable element and earn designation of “met,” “partially met,” or “not met” for each element. Elements are worth 1 or 2 points and are awarded based on the following:

- Met = Earns all applicable points (either 1 or 2)
- Partially Met = Earns half of applicable points (either 0.5 or 1)
- Not Met = Earns no points (0)

Within each standards category, the total number of points is added. The managed care plans can achieve 1 of 3 accreditation levels based on how they score on each standards category. **Table 40** displays the accreditation determination levels and points needed to achieve each level.

Table 40: NCQA Accreditation Status Levels and Points

Accreditation Status	Points Needed
Accredited	At least 80% of applicable points
Accredited with Provisional Status	Less than 80% but no less than 55% of applicable points
Denied	Less than 55% of applicable points

To distinguish quality among the accredited managed care plans, NCQA calculates an overall rating for each managed care plan as part of its Health Plan Ratings program. The overall rating is the weighted average of a managed care plan’s HEDIS and CAHPS measure ratings, plus accreditation bonus points (if the plan is accredited by NCQA), rounded to the nearest half point and displayed as stars.

Overall ratings are recalculated annually and presented in the *Health Plan Ratings* report that is released every September. The *Health Insurance Plan Ratings 2024* methodology used to calculate an overall rating is based on managed care plan performance on dozens of measures of care and is calculated on a 0–5 scale in half points, with five being the highest. Performance includes these three subcategories (also scored 0–5 in half points):

- 1. Patient Experience: Patient-reported experience of care, including experience with doctors, services, and customer service (measures in the Patient Experience category).
- 2. Rates for Clinical Measures: The proportion of eligible members who received preventive services (prevention measures) and the proportion of eligible members who received recommended care for certain conditions (treatment measures).
- 3. NCQA Health Plan Accreditation: For a plan with an accredited or provisional status, 0.5 bonus points are added to the overall rating before being rounded to the nearest half point and displayed as stars. A plan with an Interim status receives 0.15 bonus points added to the overall rating before being rounded to the nearest half point and displayed as stars.

The rating scale and definitions for each are displayed in **Table 41**.

Table 41: NCQA Health Plan Star Rating Scale

Ratings	Rating Definition
5	The top 10% of health plans, which are also statistically different from the mean.
4	Health plans in the top one-third of health plans that are not in the top 10% and are statistically different from the mean.
3	The middle one-third of health plans and health plans that are not statistically different from the mean.
2	Health plans in the bottom one-third of health plans that are not in the bottom 10% and are statistically different from the mean.
1	The bottom 10% of health plans, which are also statistically different from the mean.

Description of Data Obtained

IPRO accessed the NCQA Health Plan Reports website¹³ to review the *Health Plan Report Cards 2024* for the Rhode Island Medicaid managed care plans. For each managed care plan, star ratings, accreditation status, plan type, and distinctions were displayed. At the managed care plan-specific pages, information displayed was related to membership size, accreditation status, survey type and schedule, and star ratings for each measure and overall. The data presented here were current as of September 2024.

IPRO also received from UnitedHealthcare Community Plan of Rhode Island, the accreditation survey decision letter issued by NCQA, the certificate of accreditation issued by NCQA, and the NCQA 2023 Renewal Survey Summary for Medicaid. The accreditation decision survey decision letter included information about UnitedHealthcare Community Plan of Rhode Island’s accreditation status and level achieved, the effective dates of the accreditation, and tentative dates of future accreditation surveys. The certificate of accreditation issued by NCQA displayed UnitedHealthcare Community Plan of Rhode Island’s accreditation status and level achieved, as

¹³ NCQA Health Plan Report Cards Website: <https://reportcards.ncqa.org/health-plans>.

well as the effective dates of the accreditation. The NCQA 2023 Renewal Survey Summary for Medicaid listed all the elements reviewed by NCQA during UnitedHealthcare Community Plan of Rhode Island’s accreditation survey and determinations of ‘Met’ or ‘Not Met’ issued to the managed care plan by element.

Comparative Results

UnitedHealthcare Community Plan of Rhode Island was compliant with the state’s requirement to achieve and maintain NCQA Accreditation. UnitedHealthcare Community Plan of Rhode Island’s *Accredited* status is effective December 6, 2023 to December 6, 2026. UnitedHealthcare Community Plan of Rhode Island achieved overall health plan star ratings of 4.5 out of 5 for the *Health Plan Ratings 2024*.

UnitedHealthcare Community Plan of Rhode Island achieved Health Equity Accreditation Status, recognizing the managed care plan’s efforts to improve culturally and linguistically appropriate services and reduce health care disparities.

Table 42 displays each UnitedHealthcare Community Plan of Rhode Island’s overall health plan star ratings, as well as the ratings for the three overarching categories (patient experience, prevention and equity, and treatment) and their subcategories under review for measurement years 2022 and 2023.

Table 42: UnitedHealthcare Community Plan’s NCQA Rating by Category, Measurement Years 2022 and 2023

Overarching and Subcategories (Number of Measures Included in Subcategory)	NCQA Star Rating Achieved (out of 5 stars) UnitedHealthcare Community Plan of Rhode Island	
	2022 4.5 Stars Overall	2023 4.5 Stars Overall
Patient Experience	3.5 Stars	4.0 Stars
Getting Care (2)	4.0 Stars	5.0 Stars
Satisfaction with Plan Physicians (1)	2.0 Stars	2.0 Stars
Satisfaction with Plan and Plan Services (2)	4.0 Stars	4.0 Stars
Prevention and Equity	4.5 Stars	4.5 Stars
Children and Adolescent Well Care (3)	4.5 Stars	5.0 Stars
Women’s Reproductive Health (3)	4.5 Stars	4.5 Stars
Cancer Screening (2)	4.0 Stars	4.0 Stars
Equity (1)	5.0 Stars	5.0 Stars
Other Preventive Services (5)		
Chlamydia Screening	3.0 Stars	4.0 Stars
Influenza Immunizations for Adults	Not Applicable in 2022	3.0 Stars
Td/Tdap Immunizations for Adults	Not Applicable in 2022	4.0 Stars
Zoster Immunizations for Adults	Not Applicable in 2022	3.0 Stars
Pneumococcal Immunizations for Adults	Not Applicable in 2002	3.0 Stars
Treatment	3.5 Stars	3.5 Stars
Respiratory (5)	3.0 Stars	3.0 Stars
Diabetes (6)	4.0 Stars	4.0 Stars
Heart Disease (3)	4.0 Stars	4.5 Stars
Behavioral Health-Care Coordination (4)	4.5 Stars	4.0 Stars
Behavioral Health-Medication Adherence (3)	3.5 Stars	3.5 Stars
Behavioral Health-Access, Monitoring and Safety (5)	3.0 Stars	3.0 Stars
Risk-Adjusted Utilization (1)	3.0 Stars	1.0 Star
Other Treatment Measures (1)	3.0 Stars	2.0 Stars

Gray shading means that an aggregate score for the subcategory is not available.

UnitedHealthcare Community Plan of Rhode Island's Responses to the 2022 External Quality Review Recommendations

Title 42 Code of Federal Regulations 438.364 External quality review results (a)(6) require each annual technical report include “an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement made by the external quality review organization during the previous year’s external quality review.” **Table 43** displays the assessment categories used by IPRO to describe UnitedHealthcare Community Plan of Rhode Island’s progress towards addressing the to the 2022 external quality review recommendations. **Table 44** displays UnitedHealthcare Community Plan of Rhode Island’s progress related to the recommendations made in the *2022 External Quality Review Aggregate Annual Technical Report* as well as IPRO’s assessment of the managed care plan’s response.

Table 43: Managed Care Plan Response to Recommendation Assessment Levels

Assessment Determinations and Definitions	
Addressed	
	Managed care plan’s quality improvement response resulted in demonstrated improvement.
Partially Addressed	
	Managed care plan’s quality improvement response was appropriate; however, more time is needed to observe for performance improvement.
Remains an Opportunity for Improvement	
	Managed care plan’s quality improvement response did not address the recommendation; or performance declined.

Table 44: UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendations

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
Quality Improvement Projects	<p>Opportunities of improvement remain for three of the four quality Improvement projects, as UnitedHealthcare Community Plan of Rhode Island did not achieve the established project goals. UnitedHealthcare Community Plan of Rhode Island should continue to study the effectiveness of the intervention strategy and act on opportunities to make enhancements.</p>	<p>UnitedHealthcare Community Plan of Rhode Island continuously monitors compliance with several priority measures throughout the year, including HEDIS AMM, HEDIS <i>Lead Screening in Children</i>, and HEDIS <i>Breast Cancer Screening</i>. UnitedHealthcare Community Plan of Rhode Island works with practitioners, accountable entities and community based organizations on measures needing improvement to determine barriers, opportunities, and next steps. In addition, updates are provided to the Rhode Island Executive Office of Health and Human Service quarterly on new and ongoing interventions completed for each quality improvement plan. The four quality improvement plans conducted in measurement year 2022 were continued throughout measurement year 2023.</p> <p>Clinical and non-clinical staffing shortages and burn-out continued to impact practitioner offices.</p> <p><u>Antidepressant Medication Management – Effective Acute Phase Treatment for Major Depression</u></p> <p>Measurement year 2022 revealed a decline in compliance with the HEDIS <i>Antidepressant Medication Management</i> measure. Existing and new targeted provider, member and community-based organizations focused interventions with the goal of improving performance and compliance with the HEDIS <i>Antidepressant Medication Management</i> measure include the following:</p> <ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island is partnering with community-based organizations and/or practitioners by providing funding for initiatives to assist with residents within their communities or practices with closing gaps in care. Examples of this partnership include providing funding to East Bay Community Action Program school-based health clinic to support their efforts with providing well-care, asthma and behavioral health services to their community members. 	Partially addressed.

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island also provided funding to Thundermist Health Center for a mobile van unit to provide integrated medical/behavioral health services targeting the unhoused population. As a part of the preventive health program, enrollees are screened for depression when they enroll in the Community & State plan during the Welcome Call process. Through the Welcome Call process, the Behavioral Health Case Management Department and the Hospitality, Assessment and Reminder Center focus on getting enrollees proper depression screening and referrals that flow from the Hospitality, Assessment and Reminder Center team to a behavioral health advocate. Since the Hospitality, Assessment and Reminder Center can assess enrollees shortly after enrollment, this physical health team added questions to their health screening tool to help determine whether enrollees may have depression. By detecting the issues early in their enrollment period, behavioral health advocates can intervene, provide support, and get enrollees care they need. Program establishes referral process from case management programs to Genoa for persons who could benefit from high-touch pharmacy services to improve medication adherence, coordination of providers, and improved medication access. The 2nd Fill Program monitors members who are using a Genoa pharmacy for the first time. As a result, medication adherence is improved due to Genoa service and follow-up. Representatives of UnitedHealthcare Community Plan of Rhode Island's Quality Department facilitate monthly meetings with Optum Behavioral Quality representatives to address our critical behavioral health measures. The meetings were expanded in 2021 to include representatives from clinical services and pharmacy. Interventions, barriers, and next steps are discussed during the meetings. UnitedHealthcare Clinical Practice Consultants meet with accountable 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>care organizations/accountable entities and high- volume sites (at least 100 members) to discuss current rates, opportunities for improvement with noncompliant members and share best practices from high performing provider sites. Educational materials are shared (PATH) and gap in care reports (Patient Care Opportunity Reports) are distributed.</p> <ul style="list-style-type: none"> ▪ UnitedHealthcare Community Plan of Rhode Island implemented a 90-day supply of antidepressants to be filled at a pharmacy or through mail-order, with the goal of improving medication adherence. ▪ UnitedHealthcare Community Plan of Rhode Island has distributed the BHLINK and effective acute phase treatment for major depression member flyers to several community-based organizations and satellite offices for distribution as warranted. The flyer is available in English, Spanish, European Portuguese, Laotian, and Cambodian. ▪ Primary care provider webinars related to depression and follow-up after higher levels of care launched for <i>HEDIS Antidepressant Medication Management</i>, <i>HEDIS Follow-Up After Hospitalization for Mental Illness</i> and <i>HEDIS Follow-Up After Emergency Department Visit for Mental Illness</i>. Continuing education units are available to primary care providers for completion of the trainings. ▪ Member live outreach call campaign program through Optum for high-risk members was launched. The goal of the program is to help identify, prevent, and resolve prescription drug related problems, while improving compliance with patient adherence related to behavioral health prescription medications. ▪ The Behavioral Health Guide was developed to help providers find behavioral health providers who have agreed to provide an appointment within five business days. Provided list to primary care practitioners. The Behavioral Health Guide to help providers find behavioral health providers to schedule an appointment within five business days continues to be available on the website. 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<ul style="list-style-type: none"> ▪ Offered Optum behavioral health clinician education and facilitated open calls for providers to provide education on how to use the Live and Work Well website, how to identify providers, and answer any questions providers had regarding behavioral health access, behavioral health in general and to address any concerns. Calls were recorded and the recording is available for any interested providers that were not able to attend the open calls. ▪ Member telehealth flyer created and distributed to care management, clinical practice consultants, community health workers, and outreach representatives to have available for distribution as appropriate. The member flyer is available in English, Spanish, Laotian, Cambodian, and European Portuguese. ▪ Member flyer regarding depression medication adherence was finalized, implemented and is available for use by clinical practice consultants, case managers, community health workers, and marketing representatives as hand-outs and for community events. The member flyer is available in English, Spanish, Laotian, Cambodian, and European Portuguese. ▪ The Optum Behavioral Health Comprehensive Medication Management Program decreases the total cost of care for high-risk/high-cost co-morbid behavioral health/medical members utilizing comprehensive medication management services provided by clinical pharmacists for up to 12 months. ▪ Member adherence program identifies members at risk of medication non-adherence, makes outreach, and works to ensure members have access to necessary medications to support their health and wellbeing. ▪ Rhode Island Outpatient Shared Savings Program is for medication adherence in which four providers are enrolled (Community Care Alliance on 10/2022, East Bay Community Action Program on 1/2023, Quality Behavioral Health on 1/2023, and The Providence Center on 1/2023). 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<ul style="list-style-type: none"> Member flyer regarding depression medication distributed to community based organizations. Focusing efforts on core cities with Black, Indigenous, and People of Color populations. The member flyer is available in English, Spanish, Cambodian, Laotian, and European Portuguese. The BHLINK member flyer regarding the BHLINK resource became available for use by clinical practice consultants, case managers, community health workers, and marketing representatives as hand-outs and for community events. The member flyer was initially available in English and Spanish and effective April 2022 also became available in Laotian, Cambodian, and European Portuguese. Member childcare annual checklist educational flyer which reminds and encourages members to have discussions with their practitioners regarding age-appropriate behavioral health assessments or if the member is feeling sad or blue was implemented. The flyer is available for use by clinical practice consultants, case managers, community health workers, and marketing representatives as hand-outs and for community events and is available in English, Spanish, Laotian, Cambodian, and European Portuguese. Adult male and adult female annual checklist educational flyers which included alcohol screening and counseling were implemented and distributed to marketing, clinical services, community based organization representatives, and clinical practice consultants as hand-outs and for community events. The flyers are available in English, Spanish, European Portuguese, Laotian and Cambodian. Clinical practice consultants outreach to accountable care organizations/accountable entities with gaps in care reports. The outreach included member data on race, ethnicity, and language. The Community Advisory Committee meets four times a year and reports to the UnitedHealthcare Community Plan of Rhode Island Quality 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>Management Committee. The Community Advisory Committee serves as a council and provide insights on Rhode Island health care issues and trends and provides guidance on UnitedHealthcare Community Plan Rhode Island's strategic direction for advancing health equity and addressing community needs. The committee is comprised of community leaders representing diverse organizations and perspectives of our community.</p> <ul style="list-style-type: none"> ▪ Information on the HEDIS <i>Antidepressant Medication Management</i> measure and Patient Health Questionnaire-9 depression screening was posted to the Behavioral Health Toolkit for Primary Care area of the behavioral health network website. ▪ The Meds to Beds Program provides members with medications at the time of discharge from inpatient setting to reduce barriers to medication adherence and reduce re-admission rates. ▪ UnitedHealthcare Community Plan of Rhode Island facilitates a Provider Advisory Committee which is chaired by the Chief Population Health and Medical Officer and includes external practitioners participating with UnitedHealthcare Community Plan of Rhode Island and are from accountable care organizations, large hospital-based clinics, and/or federally qualified health centers. The committee is responsible for evaluating and monitoring the quality, continuity, accessibility and availability of the medical care rendered within the network. Discussion of this measure was conducted at the June 2023 Provider Advisory Committee meeting. ▪ The Member Advisory Committee includes open discussion related to the strengths, opportunities, and barriers encountered by members regarding care. ▪ Member flyers are available related to childhood annual checklist services, adult male and female annual checklist services and BHLINK. The flyers are available in English, Spanish, European Portuguese, 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>Laotian, and Cambodian. Several events conducted in calendar year 2023.</p> <ul style="list-style-type: none"> ▪ Annual member email to parents and guardians of members 5 to 18 years and members 18 years and older with gaps in care in mental health providing education about the importance of taking medication as prescribed and keeping scheduled appointments for HEDIS <i>Antidepressant Medication Management</i>, HEDIS <i>Follow-Up Care for Children Prescribed ADHD Medication</i>, HEDIS <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>. There were 264 emails sent. ▪ Email regarding telemedicine/virtual visits is sent to educate and remind members about services available for telemedicine. Email includes telemedicine for questions related to the flu, allergies, vaccines, including COVID-19 and behavioral health services. There were 16,132 emails sent. ▪ In calendar year 2023, a new campaign was launched which includes HEDIS <i>Adults' Access to Preventive/Ambulatory Health Services</i> which may indirectly impact HEDIS <i>Antidepressant Medication Management</i> as primary care physicians may oversee care for members/patients with depression. The campaign includes short message service text, interactive voice recording or email based on members' communication preference. There were 1,067 (991 interactive voice recordings, 76 emails) outreaches conducted November and December 2023. ▪ Educational email blast titled "Focus on Medication Adherence." Providers were targeted for having treated two or more adult enrollees within the past 12 months. The content included depression best treatment practices, measure specifications and suggested tips on patient medication adherence. Distributed to 44 behavioral health practitioners and information is posted on the behavioral health network website (providerexpress.com). 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<ul style="list-style-type: none"> ▪ The quarterly member newsletter communicates information regarding depression and medication adherence. ▪ On the behavioral health enrollee website (www.liveandworkwell.com), UnitedHealthcare Medicaid enrollees have access to the site to find articles, self-care tools, care providers, and other mental health and substance use disorder resources. <p>Lead Screening in Children</p> <p>Measurement year 2022 revealed improvement in compliance with lead screening. Existing and new targeted provider, member and community-based organizations focused interventions with the goal of improving performance and compliance with lead screening include the following:</p> <ul style="list-style-type: none"> ▪ Since the Summer of 2019, the UnitedHealthcare Community Plan of Rhode Island has met with Neighborhood Health Plan of Rhode Island and the Rhode Island Department of Health on a quarterly basis to discuss barriers, opportunities for improvement, interventions and lessons learned to close gaps in care. We also ensure consistent messaging/ interventions across organizations to better align our efforts for both the provider and member. ▪ Four times annually, UnitedHealthcare Community Plan of Rhode Island sends a file to the Rhode Island Department of Health to access supplemental information on enrolled members. The Rhode Island Department of Health returns all relevant information for the members on the list. The file that is returned is loaded to the HEDIS software engine as an auditor-approved supplemental data source. ▪ Clinical practice consultants meet with accountable care organizations/accountable entities and high-volume sites (at least 100 members) to discuss current rates, opportunities for improvement with noncompliant members and share best practices from high performing provider sites. Educational materials are shared (PATH) and gap in care reports (Patient Care Opportunity Reports) are distributed. 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island is working with two accountable entities on a pilot program to improve the housing environments of underserved populations in Providence, Rhode Island. The health plan finalized a contract with a community-based organization to provide funds for a health worker to assist with expanding education and improving the health of community members within Central Falls. The education encompasses education regarding preventive measures such as lead screening in children. UnitedHealthcare Community Plan of Rhode Island has distributed the lead screening member flyer to several community-based organizations and satellite offices for distribution as warranted. The flyer is available in English, Spanish, European Portuguese, Laotian, and Cambodian. Members who enroll in the Member Healthy First Steps and Baby Blocks Reward and complete a lead screening are eligible for a child proof kit or a children's lead screening book. UnitedHealthcare Community Plan of Rhode Island care managers contacting members due for Early and Periodic Screening, Diagnostic, and Treatment services, including lead screening. UnitedHealthcare Community Plan of Rhode Island implemented a provider incentive program for primary care providers. The HEDIS <i>Lead Screening in Children</i> is a measure included within the incentive program. UnitedHealthcare Community Plan of Rhode Island also implemented the HEDIS <i>Lead Screening in Children</i> measure the provider incentive program. Lead screening in children has become a pay-for-reporting (P4R) measure for accountable entities. Approximately 70% of the UnitedHealthcare Community Plan of Rhode Island membership is aligned with a primary care provider associated with an accountable entity. 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<ul style="list-style-type: none"> ▪ Clinical practice consultants distributed Patient Care Opportunity Reports to practitioner offices, highlighting members due for lead screening in advance of the children turning 1 or 2 years of age to assist practitioners with closing this gap in care. Program has expanded to include children turning 1 years of age in addition to members turning 2 years of age. ▪ The Provider Advisory Committee includes open discussion regarding opportunities and barriers to care. ▪ The committee meets four times a year and reports to the UnitedHealthcare Community Plan of Rhode Island Quality Management Committee. The Committee serves as a council and provide insights on Rhode Island health care issues and trends and provides guidance on UnitedHealthcare Community Plan Rhode Island's strategic direction for addressing community needs. The committee is comprised of community leaders representing diverse organizations and perspectives of our community. ▪ The Member Advisory Committee includes open discussion related to the strengths, opportunities, and barriers encountered by members regarding care. No barriers have been identified related to lead screening in children. ▪ Member events throughout the community continue. During the events, educational member flyers regarding services members should receive are available for distribution. The lead screening educational flyer and childcare annual checklist educational flyer are available in English, Spanish, European Portuguese, Laotian and Cambodian. ▪ Live telephonic outreach continues to members identified in need of lead screening. The outreach is to educate the parent/guardian of the importance of the lead screening and to assist with scheduling an appointment. Beginning calendar year 2023, calls were conducted to members identified at 21 months of age (18 months beginning with the 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>December calls) who are in need of the lead screening. There were 515 calls conducted calendar year 2023.</p> <ul style="list-style-type: none"> Members receive an annual letter based on birthday to remind and encourage members to receive their annual visit, immunizations, and lead screening as applicable. There were 32,323 letters mailed to members ages 0-20 years in calendar year 2023. Beginning May 2022, the preventive letter noted above was distributed as an email to members where an email address was on file. There were 580 emails sent to members ages 0-20 years in calendar year 2023. Vendor conducts interactive voice recording calls to members 10 months of age in need of an annual care visit. This may indirectly impact this measure. For calendar year 2023, the campaign was discontinued effective August 1, 2023 due to the federal <i>Telephone Consumer Protection Act</i> (TCPA) regulation changes. There were 1,690 calls conducted between January and July 2023. Vendor mails postcards to members 10 months of age in need of an annual care visit. This may indirectly impact this measure. There were 1,022 postcards mailed in 2023. Member childcare annual checklist educational flyer developed and is available for use by clinical practice consultants, case managers, community health workers, and marketing representatives as a hand-out and for community events and possible mailings. UnitedHealthcare Community Plan of Rhode Island has distributed the childcare annual checklist member flyer to several community based organizations and satellite offices for distribution as warranted. The flyer is available in English, Spanish, Laotian, Cambodian, and European Portuguese. Clinical practice consultants to communicate and educate pediatric offices of the UnitedHealthcare Community Plan of Rhode Island member rewards program for lead screening in children. Live telephonic outreach to heads of households to educate, remind 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>parent/guardian of the importance of a well child visit and to assist with scheduling an appointment. This campaign may indirectly impact this measure. There were 768 calls conducted between May and December 2023.</p> <ul style="list-style-type: none"> ▪ In 2023, a new campaign was launched which includes lead screening and includes short message service text, interactive voice recording or email based on members' communication preference. There were 133 (124 interactive voice recordings, 9 emails) outreaches conducted between November and December 2023. ▪ In 2023, a new campaign was launched which includes HEDIS <i>Well-Child Visits in the First 30 Months of Life</i> and may indirectly impact lead screening in children. The campaign includes short message service text, interactive voice recording or email based on members' communication preference. There were 200 (190 interactive voice recordings, 10 emails) outreaches conducted between November and December 2023. ▪ The quarterly member newsletter communicates information regarding lead screening and encourages members to receive annual appointments from practitioners. ▪ HEDIS <i>Lead Screening in Children</i> continues to be one of the targeted measures with a health disparity focus, with the goal of implementing initiatives to address trends identified from the analysis. ▪ UnitedHealthcare Community Plan of Rhode Island staff reviews baby identification numbers with child membership to identify matches and eliminate duplicates. On a monthly basis, UnitedHealthcare Community Plan of Rhode Island provides information to the State that has been received by UnitedHealthcare Community Plan of Rhode Island case managers or field workers on members identified as having moved out of state. Additionally, UnitedHealthcare Community Plan of Rhode Island clinical practice consultants advise the UnitedHealthcare Community 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>Plan of Rhode Island finance liaison of a child's real name from provider visits to also eliminate duplicates. The UnitedHealthcare Community Plan of Rhode Island finance liaison provides the Rhode Island Executive Office of Health and Human Services with the child's real name so that membership files can be updated.</p> <ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island pays providers an incentive through Patient Centered Medical Home-Kids if they meet the lead screening in children benchmark. <p>Breast Cancer Screening</p> <p>Measurement year 2022 data revealed an improvement in compliance with breast cancer screening. Existing and new targeted provider, member and community based organizations focused interventions with the goal of improving performance and compliance with breast cancer screening include the following:</p> <ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island is partnering with community based organizations and/or practitioners by providing funding for initiatives to assist with residents within their communities or practices with closing gaps in care. Clinical practice consultants meet with accountable care organizations/accountable entities and high-volume sites (at least 100 members) to discuss current rates, opportunities for improvement with noncompliant members and share best practices from high performing provider sites. Educational materials are shared (PATH) and gap in care reports (Patient Care Opportunity Reports) are distributed. HEDIS <i>Breast Cancer Screening</i> is a pay for performance measure. Approximately 70% of the UnitedHealthcare Community Plan of Rhode Island membership is aligned with a primary care provider associated with an accountable entity. In addition, a clinical practice consultant worked directly with one of the accountable entities on a healthy equity project to try and improve breast cancer screening performance. 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<ul style="list-style-type: none"> ▪ The Provider Advisory Committee includes open discussion regarding opportunities and barriers to care. ▪ UnitedHealthcare Community Plan of Rhode Island participates in risk adjusted programs which focus on members in need of annual well visit. The risk adjustment programs include live telephonic outreach to members and may indirectly impact this measure. ▪ The House Calls Program is an in-person member annual visit program. The program outreaches to adult members aged 26 years and older, who are not pregnant and need an annual exam. The appointment will also review and discuss gaps in care, including mammography screening. There were 4,964 members contacted in 2023. ▪ UnitedHealthcare Community Plan of Rhode Island has distributed the breast cancer screening member flyer to several community based organization satellite offices for distribution as warranted. The flyer is available in English, Spanish, European Portuguese, Laotian, and Cambodian. ▪ The health plan finalized a contract with a community-based organization to provide funds for a health worker to assist with expanding education and improving the health of community members within Central Falls. The education encompasses education regarding preventive measures such as breast cancer screening. ▪ Call to high-volume behavioral health practitioners and request they encourage/advise their patients to seek an annual visit with their primary care provider. This may indirectly impact this measure. ▪ UnitedHealthcare Community Plan of Rhode Island implemented a provider incentive program for primary care providers. The HEDIS <i>Breast Cancer Screening</i> is a measure included within the incentive program. ▪ UnitedHealthcare Community Plan of Rhode Island also implemented an additional and separate provider incentive related to health equity. The HEDIS <i>Breast Cancer Screening</i> measure is included within this 	

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		<p>incentive program.</p> <ul style="list-style-type: none"> ▪ UnitedHealthcare facilitating meetings and collaborating with the Rhode Island Department Of Health on materials and interventions related to breast cancer screening. Goal is to align messaging and collaborate on initiatives. ▪ The Community Advisory Committee meets four times a year and reports to the UnitedHealthcare Community Plan of Rhode Island Quality Management Committee. The Committee serves as a council and provide insights on Rhode Island health care issues and trends and provides guidance on UnitedHealthcare Community Plan Rhode Island's strategic direction for advancing health equity and addressing community needs. The committee is comprised of community leaders representing diverse organizations and perspectives of our community. ▪ Clinical practice consultants outreach to high volume obstetricians/gynecologists and provide lists of patients due for mammograms. ▪ The Member Advisory Committee includes open discussion related to the strengths, opportunities, and barriers encountered by members regarding care. No barriers have been identified related to breast cancer screening. ▪ Member events throughout the community continue. During the events, educational member flyers regarding services members should receive are available for distribution. The breast cancer screening educational flyer is available in English, Spanish, European Portuguese, Laotian and Cambodian. ▪ A women's health email was sent to members encouraging members to get screened. There were 8,387 emails sent in 2023. ▪ UnitedHealthcare Community Plan of Rhode Island contracts with a vendor to conduct live outreach calls. Live agents call to remind members to receive breast cancer screening services and offer to assist 	

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		<p>members with scheduling an appointment. There were 4,217 calls conducted in 2023.</p> <ul style="list-style-type: none"> ▪ In 2023, a new campaign was launched which includes breast cancer screening and includes short message service text, interactive voice recording or email based on members' communication preference. There were 225 (1 short message service text, 201 interactive voice recordings, 23 emails) outreaches conducted between November and December 2023. ▪ In 2023, a new campaign was launched which includes cervical cancer screening and includes short message service text, interactive voice recording or email based on members' communication preference. The campaign may indirectly impact the HEDIS <i>Breast Cancer Screening</i> measure. There were 1,216 (1 short message service text, 1,042 interactive voice recordings, 173 emails) outreaches conducted between November and December 2023. ▪ In 2023, a new campaign was launched which includes HEDIS <i>Adults' Access to Preventive/Ambulatory Health Services</i> which may indirectly impact breast cancer screening. The campaign includes short message service text, interactive voice recording or email based on members' communication preference. There were 1,067 (991 interactive voice recordings, 76 emails) outreaches conducted between November and December 2023. ▪ In quarter four of 2023, the member rewards program for HEDIS <i>Breast Cancer Screening</i> continued. Members were eligible for a \$25 merchant gift card. There were 3,142 members identified as eligible to receive the member incentive opportunity. A total of 40 incentives were redeemed in 2023. ▪ Clinical practice consultants to communicate and educate primary care provider and obstetrics/gynecology offices of the UnitedHealthcare 	

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		<p>Community Plan member rewards program for HEDIS <i>Breast Cancer Screening</i>.</p> <ul style="list-style-type: none"> Members receive an annual letter based on birthday to remind and encourage members to receive their annual visit and other screenings as applicable. There were 53,635 letters mailed to members in 2023. Beginning May 2022, the preventive letter noted above was distributed as an email to members where an email address was on file. There were 6,930 emails sent to members in 2023. HEDIS <i>Breast Cancer Screening</i> continues to be one of the targeted measures with a health equity focus, with the goal of implementing initiatives to address trends identified from the analysis. The quarterly member newsletter communicates information regarding breast cancer screening and encourages members to receive annual appointments from practitioners. 	
Performance Measures	UnitedHealthcare Community Plan of Rhode Island should continue to utilize HEDIS results in the development of its annual quality assurance and performance improvement program. As low performance measure rates generally indicate that members received lower quality care, faced inadequate access to care, and experienced unfavorable	<p><u>Chlamydia Screening for Women</u></p> <ul style="list-style-type: none"> Measurement year 2022 data revealed a decline in compliance with chlamydia screening. This is a measure that UnitedHealthcare Community Plan of Rhode Island monitors for compliance throughout the year and implements member and practitioner interventions with the goal of improving compliance. Existing and new targeted provider, member and community based organizations focused interventions with the goal of improving performance and compliance with chlamydia screening include the following: UnitedHealthcare Community Plan of Rhode Island is partnering with community-based organizations and/or practitioners by providing funding for initiatives to assist with residents within their communities or practices with closing gaps in care. Examples of this partnership include funding to school-based health clinic to support their efforts with providing well-care (including timely screenings), asthma and behavioral health services to their community members. 	Partially addressed.

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	<p>health outcomes, UnitedHealthcare Community Plan of Rhode Island should focus on conducting timely screenings, diabetes control, and member access to preventive/ambulatory health services.</p>	<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island also provided funding to a federally qualified health center/accountable entity for a mobile van unit to provide integrated medical/behavioral health services (including timely screenings) targeting the unhoused population. UnitedHealthcare Community Plan of Rhode Island exchanges registry data with the Rhode Island State Laboratory four times a year. Approximately 70% of the UnitedHealthcare Community Plan of Rhode Island membership is aligned with a primary care provider associated with an accountable entity. UnitedHealthcare Community Plan of Rhode Island and accountable entities meet regularly to discuss barriers and opportunities. The Provider Advisory Committee includes open discussion regarding opportunities and barriers to care. Clinical practice consultants meet with accountable care organizations/accountable entities and high- volume sites (at least 100 members) to discuss current rates, opportunities for improvement with noncompliant members and share best practices from high performing provider sites. Educational materials are shared (PATH) and gap in care reports (Patient Care Opportunity Reports) distributed. The health plan finalized a contract with a community-based organization to provide funds for a health worker to assist with expanding education and improving the health of community members within Central Falls. The education encompasses education regarding preventive and chronic care measures (including timely screenings). UnitedHealthcare Community Plan of Rhode Island has distributed the childcare annual checklist educational member flyer to several community based organizations and satellite offices for distribution as warranted. The flyers are available in English, Spanish, European Portuguese, Laotian, and Cambodian. The Community Advisory Committee meets four times a year and reports 	

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		<p>to the UnitedHealthcare Community Plan of Rhode Island Quality Management Committee. The Committee serves as a council and provide insights on Rhode Island health care issues and trends and provides guidance on UnitedHealthcare Community Plan Rhode Island's strategic direction for advancing health equity and addressing community needs. The committee is comprised of community leaders representing diverse organizations and perspectives of our community.</p> <ul style="list-style-type: none"> ▪ Care Managers outreached to members due for Early and Periodic Screening, Diagnostic, and Treatment services which may indirectly impact this measure. ▪ Provider reimbursement increase of 50% for annual wellness visit which may indirectly impact this measure. Members who receive preventive services may have other services needed discussed and act based on the discussion. ▪ Call to high-volume behavioral health practitioners and request they encourage/advise their patients to seek an annual visit with their primary care provider. This may indirectly impact this measure. ▪ The Member Advisory Committee includes open discussion related to the strengths, opportunities, and barriers encountered by members regarding care. ▪ Member events throughout the community continue. During the events, educational member flyers regarding services members should receive are available for distribution. The childcare annual checklist educational flyer is available in English, Spanish, European Portuguese, Laotian and Cambodian. ▪ Members receive an annual letter based on birthday to remind and encourage members to receive their annual visit and other screenings as applicable. There were 53,635 letters mailed to members in calendar year 2023. ▪ Beginning May 2022, the preventive letter noted above was distributed as 	

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		<p>an email to members where an email address was on file. There were 6,930 emails sent to members in calendar year 2023.</p> <ul style="list-style-type: none"> ▪ A women's health email was sent to members encouraging members to get tested. There were 8,387 emails sent in 2023. ▪ In calendar year 2023, a new campaign was launched which includes HEDIS <i>Chlamydia Screening in Women</i>. The campaign includes short message service text, interactive voice recording or Email based upon members' communication preference. There were 336 (1 short message service text, 298 interactive voice recordings, 37 emails) outreaches conducted between November and December 2023. ▪ In 2023, a new campaign was launched which includes WCV Ages 18-21 which may indirectly impact HEDIS <i>Chlamydia Screening in Women</i>. The campaign includes short message service text, interactive voice recording or email based on members' communication preference. There were 493 (483 interactive voice recordings, 10 emails) outreaches conducted between November and December 2023. ▪ In calendar year 2023, a new campaign was launched which includes HEDIS <i>Adults' Access to Preventive/Ambulatory Health Services</i> which may indirectly impact HEDIS <i>Chlamydia Screening in Women</i>. The campaign includes short message service text, interactive voice recording or email based on members' communication preference. There were 1,067 (991 interactive voice recordings, 76 emails) outreaches conducted November and December 2023. ▪ The quarterly member newsletter communicates information and encourages members to receive annual appointments from practitioners. <p><u>Hemoglobin A1c Control for Patients with Diabetes – HbA1c Control (<8%)</u></p> <ul style="list-style-type: none"> ▪ Measurement year 2022 data met the nation Medicaid Quality Compass 66.67th percentile. Existing and new targeted provider, member and 	

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		<p>Community Based Organizations focused interventions with the goal of improving performance and compliance with <i>Comprehensive Diabetes Care-HbA1c Control</i> include the following:</p> <ul style="list-style-type: none"> ▪ UnitedHealthcare Community Plan of Rhode Island is partnering with Community Based Organizations and/or practitioners by providing funding for initiatives to assist with residents within their communities or practices with closing gaps to a federally qualified health center/accountable entity for a mobile van unit to provide integrated medical/behavioral health services targeting the unhoused population. ▪ Comprehensive Diabetes Care-HbA1c Control is a pay-for-performance measure. Approximately 70% of the UnitedHealthcare Community Plan of Rhode Island membership is aligned with a primary care provider associated with an accountable entity. ▪ Care management program includes diabetes care, prediabetes, and diabetes educational materials. ▪ UnitedHealthcare Clinical Practice Consultants meet with accountable care organizations/accountable entities and high-volume sites (at least 100 members) to discuss current rates, opportunities for improvement with noncompliant members and share best practices from high performing provider sites. Educational materials are shared (PATH) and gap in care reports (Patient Care Opportunity Reports) distributed. ▪ UnitedHealthcare Community Plan of Rhode Island has distributed the Comprehensive Diabetes Care member flyer to several community based organization satellite offices for distribution as warranted. The flyer was initially available in English, Spanish and in 1Q 2022 expanded and translated into, European Portuguese, Laotian, and Cambodian. ▪ UnitedHealthcare Community Plan of Rhode Island participates in risk adjusted programs which focus on members in need of an annual well visit. The risk adjustment programs include live telephonic outreach to members and may indirectly impact this measure. 	

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		<ul style="list-style-type: none"> House Calls Program is an in-person member annual visit program. The program outreaches to adult members aged 26 and older, who are not pregnant and need an annual exam. The appointment will also review and discuss gaps in care, including Comprehensive Diabetes Care. There were 4,964 members who were contacted in calendar year 2023. The health plan finalized a contract with a community-based organization to provide funds for a health worker to assist with expanding education and improving the health of community members within Central Falls. The education encompasses education regarding diabetes control. UnitedHealthcare Community Plan of Rhode Island implemented a provider incentive program for primary care providers. Comprehensive Diabetes Care-HbA1c Control is a measure included within the incentive program. UnitedHealthcare Community Plan of Rhode Island also implemented an additional and separate provider incentive related to health equity. The Comprehensive Diabetes Care-HbA1c Control measure is included within this incentive program. Member childcare annual checklist educational flyer which reminds and encourages members to have discussions with their practitioners regarding age-appropriate services including diabetes care. The flyer is available for use by Clinical Practice Consultants, Case Managers, Community Health Workers and Marketing representatives as hand-outs and for community events and is available in English, Spanish, Laotian, Cambodian, and European Portuguese. Adult male and adult female annual checklist educational flyers which includes diabetes care were implemented and distributed to Marketing, Clinical Services, Community Based Organization representatives, Community Health Workers and Clinical Practice Consultants as hand-outs and for community events. The flyers are available in English, 	

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		<p>Spanish, European Portuguese, Laotian and Cambodian.</p> <ul style="list-style-type: none"> ▪ Call to high-volume behavioral health practitioners and request they encourage/advise their patients to seek an annual visit with their primary care provider. This may indirectly impact this measure. ▪ Provider reimbursement increase of 50% for annual wellness visit which may indirectly impact this measure. Members who receive preventive services may have other services needed discussed and act based on the discussion. ▪ The Community Advisory Committee meets four times a year and reports to the UnitedHealthcare Community Plan of Rhode Island Quality Management Committee. The Committee serves as a council and provide insights on Rhode Island health care issues and trends and provides guidance on UnitedHealthcare Community Plan Rhode Island's strategic direction for advancing health equity and addressing community needs. The committee is comprised of community leaders representing diverse organizations and perspectives of our community. The committee is co-chaired by the Chief Executive Officer, Chief Population Health and Medical Officer, and Director of Health Equity and includes UnitedHealthcare Community Plan of Rhode Island representatives from Marketing, Quality, Pharmacy and others as warranted. ▪ The Provider Advisory Committee includes open discussion regarding opportunities and barriers to care. ▪ The Member Advisory Committee includes open discussion related to the strengths, opportunities, and barriers encountered by members regarding care. No barriers have been identified related to diabetes control. ▪ Member events throughout the community continue. During the events, educational member flyers regarding services members should receive are available for distribution. The childcare annual checklist, adult male 	

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		<p>and adult female educational flyers are available in English, Spanish, European Portuguese, Laotian and Cambodian.</p> <ul style="list-style-type: none"> ▪ Clinical Practice Consultants to communicate and educate primary care provider and Specialists offices of the UnitedHealthcare Community Plan of Rhode Island member rewards program for diabetes control. ▪ UnitedHealthcare Community Plan of Rhode Island contracts with a vendor to conduct live outreach calls. Live agents call to remind members to receive diabetes control services and offer to assist with scheduling an appointment. There were 2,690 calls conducted in 2023. ▪ Member email related to medication adherence to remind members to take medications as prescribed to stay healthy. Emails will be sent to members identified with high blood pressure, Diabetic, Heart Disease, Hypertension High Cholesterol and TIA. Adults 19 and older. There were 957 emails sent. ▪ Member email related to medication adherence to remind members to take medications as prescribed to stay healthy. Emails will be sent to members with diabetes, asthma and heart disease. There were 3,054 emails sent. ▪ The member rewards program for Comprehensive Diabetes Care-HbA1c Control continued. Members were eligible for a \$25 merchant gift card. In calendar year 2023, there were 3,276 members identified as eligible to receive the member incentive opportunity, 146 incentives fulfilled for a redemption rate of 4.46%. ▪ In 2023, a new campaign was launched which includes Comprehensive Diabetes Care-HbA1c Control and includes short message service text, interactive voice recording or Email based upon members' communication preference. There were 210 interactive voice recording outreaches conducted between November and December 2023. ▪ In 2023, a new campaign was launched which includes HEDIS <i>Adults' Access to Preventive/Ambulatory Health Services</i> which may indirectly 	

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		<p>impact Comprehensive Diabetes Care-HbA1c Control. The campaign includes short message service text, interactive voice recording or email based upon members' communication preference. There were 1,067 (991 interactive voice recordings, 76 emails) outreaches conducted between November and December 2023.</p> <ul style="list-style-type: none"> Members receive an annual letter based on birthday to remind and encourage members to receive their annual visit and other screenings as applicable. This campaign may indirectly impact comprehensive diabetes care. There were 53,635 letters mailed to members in 2023. Beginning May 2022, the Member Monthly Preventive Health communication was distributed as an email to members where an email address was on file. There were 6,930 emails sent to members in 2023. The Ready for Health program helps you reduce one's risk of diabetes and other diseases. Members will find support to take steps including making mindful food choices, moving your body more, and making friends. quarterly member newsletter communicates information regarding breast cancer screening and encourages members to receive annual appointments from practitioners. <p><u>Adults' Access to Preventive/Ambulatory Health Services 20-44 Years, 45-64 Years, and 65+ Years</u></p> <ul style="list-style-type: none"> HEDIS <i>Adults' Access to Preventive/Ambulatory Health Services</i> continue to be opportunities for UnitedHealthcare Community Plan of Rhode Island and are measures that UnitedHealthcare Community Plan of Rhode Island monitors for compliance throughout the year. Existing and new targeted provider and member focused interventions with the goal of improving performance and compliance include the following: UnitedHealthcare Community Plan of Rhode Island is partnering with Community Based Organizations and/or practitioners by providing funding for initiatives to assist with residents within their communities or 	

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		<p>practices with closing gaps in care. An example of this partnership includes funding to a federally qualified health center/accountable entity for a mobile van unit to provide integrated medical/behavioral health services targeting the unhoused population.</p> <ul style="list-style-type: none"> ▪ UnitedHealthcare Clinical Practice Consultants meet with accountable care organizations/accountable Entities and high- volume sites (at least 100 members) to discuss current rates, opportunities for improvement with noncompliant members and share best practices from high performing provider sites. Educational materials are shared (PATH) and gap in care reports (Patient Care Opportunity Reports) distributed. ▪ Approximately 70% of the UnitedHealthcare Community Plan of Rhode Island membership is aligned with a primary care provider associated with an accountable entity. UnitedHealthcare Community Plan of Rhode Island and accountable entities meet regularly to discuss barriers and opportunities. ▪ The Provider Advisory Committee includes open discussion regarding opportunities and barriers to care. ▪ The Member Advisory Committee includes open discussion related to the strengths, opportunities, and barriers encountered by members regarding care. No barriers have been identified related to <i>HEDIS Adults' Access to Preventive/Ambulatory Health Services</i> (access to care). ▪ Member events throughout the community continue. During the events, educational member flyers regarding services members should receive are available for distribution. The female and male annual visit checklist flyers are available in English, Spanish, European Portuguese, Laotian and Cambodian. ▪ UnitedHealthcare Community Plan of Rhode Island has distributed the Female and Male annual visit checklist member flyers to several community based organizations and satellite offices for distribution as warranted. The flyers are available in English, Spanish, European 	

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		<p>Portuguese, Laotian, and Cambodian.</p> <ul style="list-style-type: none"> ▪ The health plan finalized a contract with a community-based organization to provide funds for a health worker to assist with expanding education and improving the health of community members within Central Falls. The education encompasses education regarding preventive and chronic care measures. ▪ The House Calls Program is an in-person member annual visit program. The program outreaches to adult members aged 26 and older, who are not pregnant and need an annual exam. A total of 4,964 members were contacted in 2023. ▪ The committee meets four times a year and reports to the UnitedHealthcare Community Plan of Rhode Island Quality Management Committee. The Committee serves as a council and provide insights on Rhode Island health care issues and trends and provides guidance on UnitedHealthcare Community Plan Rhode Island's strategic direction for advancing health equity and addressing community needs. The committee is comprised of community leaders representing diverse organizations and perspectives of our community. ▪ Live outreach call to high-volume behavioral health practitioners and request they encourage/advise their patients to seek an annual visit with their primary care provider. This may indirectly impact this measure. ▪ Provider reimbursement increase of 50% for annual wellness visit. ▪ Members aged 18-64 years with specific diagnoses and who have missed their pneumococcal vaccine. This outreach may indirectly impact the adult annual well-visit, 13,163 postcards mailed in 2023. ▪ A women's health email was sent to members encouraging members to get a mammography and have an annual visit. This may indirectly impact the adult annual well- visit. There were 8,387 emails sent in 2023. ▪ Behavioral Health Quality Specialist outreach to behavioral health practitioners servicing UnitedHealthcare Community Plan of Rhode 	

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		<p>Island members that are receiving behavioral health services, but no primary care provider visit to encourage behavioral health practitioner to discuss importance of primary care provider visits with patients.</p> <ul style="list-style-type: none"> ▪ Email sent to membership educating and reminding members about services available for telemedicine. This may indirectly impact this measure. There were 16,132 emails sent in 2023. ▪ In 2023, a new campaign was launched which includes HEDIS <i>Adults' Access to Preventive/Ambulatory Health Services</i>. The campaign includes short message service text, interactive voice recording or email based upon members' communication preference. There were 1,067 (991 interactive voice recordings, 76 emails) outreaches conducted between November and December 2023. ▪ Members receive an annual letter based on birthday to remind and encourage members to receive their annual visit and other screenings as applicable. There were 53,635 letters mailed to members in 2023. ▪ Beginning May 2022, the preventive letter noted above was distributed as an email to members where an email address was on file. There were 6,930 emails sent to members in 2023. ▪ The Ready for Health program helps you reduce one's risk of diabetes and other diseases. Members will find support to take steps including making mindful food choices, moving your body more, and making friends. This may indirectly impact this measure. ▪ The quarterly member newsletter communicates information and encourages members to receive annual appointments from practitioners. 	
Compliance with Medicaid and Children's Health Insurance Program Standards	UnitedHealthcare Community Plan of Rhode Island should conduct routine monitoring to ensure	Compliance with Medicaid Standards was noted as a strength within the <i>Rhode Island Medicaid Managed Care Program UnitedHealthcare Community Plan of Rhode Island 2022 External Quality Review Annual Technical Report</i> dated April 2024. UnitedHealthcare Community Plan of Rhode Island is compliant with the standards. The report noted that	Addressed.

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	compliance is maintained.	<p>UnitedHealthcare Community Plan of Rhode Island is compliant with the standards reviewed under <i>Title 42 Code of Federal Regulations Part 438 Managed Care</i>. UnitedHealthcare Community Plan of Rhode Island has multiple ongoing monitoring procedures in place to ensure compliance with all State, Federal and National Committee for Quality Assurance regulations and requirements. Monitoring procedures include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ UnitedHealthcare Community Plan of Rhode Island has an internal compliance system/calendar that monitors and tracks all state deliverables and timeframes. The system automatically sends reminders to staff identified as an accountable owner or subject matter expert 30 calendar days prior to the deliverable due date and throughout the 30 days of the due date until the deliverable has been completed. This system has been effective with UnitedHealthcare Community Plan of Rhode Island fulfilling and meeting deliverables within expected timeframes. ▪ Monthly meetings with Community & State Appeals to monitor timeliness requirements for grievance and appeals resolution. The meetings also analyze data for trends to determine opportunities and next steps. ▪ Internal Geo Access monitoring and quarterly Geo Access reporting to the State to assure the practitioner network is sufficient to meet the needs of our membership. ▪ UnitedHealthcare national and local committees which review areas of the operations to confirm compliance with regulations, standards and determine opportunities and next steps. Areas discussed and monitored include case management, compliance, credentialing, customer service, geo access, grievance and appeals, health plan operations, member experience, provider experience, quality of care/service, utilization management. 	

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		<ul style="list-style-type: none"> Local health plan meetings at the Senior Leadership and staff levels to discuss deliverables, barriers, opportunities and next steps. Monthly meetings with accountable care organizations/accountable Entities to discuss strengths and opportunities and gaps in care. Committee meetings with practitioners, members, and community-based organizations to discuss strengths and opportunities. Secret shopper and announced practitioner appointment access calls are conducted to determine access and appointment availability for our members. Practitioners determined to be out of compliance with expectations are educated and reminded of the appointment access and availability standards. 	
Network Adequacy	UnitedHealthcare Community Plan of Rhode Island should address barriers members face when attempting to access care that is timely and appropriate.	<p>UnitedHealthcare Community Plan of Rhode Island's network analyses for measurement year 2022 were determined to be reliable and the health plan met geographic access standards for the provider types reviewed for a 100% of its Medicaid membership as stated within the <i>Rhode Island Medicaid Managed Care Program UnitedHealthcare Community Plan of Rhode Island 2022 External Quality Review Annual Technical Report</i> dated April 2024. UnitedHealthcare Community Plan of Rhode Island monitors appointment availability and access throughout the year through a variety of mechanisms as outlined below:</p> <ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island and Executive Office of Health and Human Services discussed the need to make changes to the survey as the low response rate has been consistent across all health plans but no changes have been finalized or implemented to the current process. UnitedHealthcare Community Plan of Rhode Island conducts practitioner appointment and access surveys based on processes and standards established by the Rhode Island Executive Office of Health and Human Services. Although there is no official goal/target that the Rhode Island Executive Office of Health and Human Services sets, 	Partially addressed.

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		<p>UnitedHealthcare Community Plan of Rhode Island always aims for 100% compliance.</p> <ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island has a Network Management Team structure that supports ongoing review and analysis of the network. This ensures access, as well as allows us to identify opportunities to continue to enhance our network. As part of network development, maintenance, and monitoring, we conduct quarterly geographic access reporting, quarterly provider capacity reports to ensure appropriate access for our members, Access Surveys – announced and secret shopper (alternating quarters). UnitedHealthcare Community Plan of Rhode Island conducted a root cause analysis to better understand the underlying issues with appointment availability among surveyed practitioners being low. The analysis concluded due to practitioner staffing shortages, many practice offices have calls forwarded to an answering machine/voicemail. For behavioral health practitioners, these practitioners are typically in session and may not have administrative staff to pick up a call. Members/patients are instructed to leave a message and the call will be returned. UnitedHealthcare Community Plan of Rhode Island offers one of the most comprehensive Medicaid networks statewide that includes all Rhode Island hospitals, more than 1,600 primary care providers, 3,200 specialists, over 100 home and community based services or long-term services and supports providers, more than 3,200 behavioral health and virtual care provider solutions. This includes all federally qualified health centers, community mental health centers, six accountable entities, and all participating patient-centered medical home practices. UnitedHealthcare Community Plan of Rhode Island has been in the marketplace over 25 years and continuously evaluates and monitors access to strengthen our network and to meet emerging health care 	

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		<p>trends. The health plan is accepting new practitioner applications as well as recruiting providers including those who are racially and ethnically diverse to support a robust network, so members have access to the full range of covered health services.</p> <ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island conducts ongoing monitoring and trending of quality of care/quality of service concerns/complaints from members and trending of feedback from medical directors, nurse case managers and front-line staff. This ongoing monitoring has not detected any deficiencies in our network or access or availability issues for our members. UnitedHealthcare Community Plan of Rhode Island also meets with the Community & State Appeals representatives monthly to discuss member complaints and appeals, determine any trends and take action if warranted. The results from the quarterly surveys are evaluated by a cross functional team which includes representation from Quality, Provider Network Management, Provider Programs, Optum Behavioral Health and Provider Relations Advocates who meet to analyze the results and determine root causes and opportunities. There is a dedicated team that reviews all survey results, updates the provider directory and contacts each practice/provider that was not able to make an appointment in accordance with the standards and they educate the practitioner office on the standard requirements and purpose of the survey. For some cases, the reasoning is justified such as the practitioner office is requesting the member's insurance card or medical records to make the appointment but not truly available in a secret shopper scenario. For areas identified as opportunities, this dedicated team mitigates issues such as working with the provider/practice to update demographic data within the Health Plan systems, to ensure practitioners are aligned with the correct practice location, if the provider has moved or retired, if they have added new practitioners, or if 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		their practice panel is closed to new patients. This discussion and assistance assure our provider directory provides an accurate assessment of our provider network. They also discuss how the existing practice providers can assist one another by covering for each other to meet the patient needs and access standards. In addition, when the survey results do not match what the provider advocates find when they discuss the findings with a practice/provider, the actual survey call recording is requested to review and determine the underlying issue. This way the provider advocate is better able to assist the practice/provider and mitigate the issue.	
Encounter Data	UnitedHealthcare Community Plan of Rhode Island should work to reduce discrepancies and resolve identified data extraction issues.	Even though IPRO determined that there were no critical findings risking UnitedHealthcare Community Plan of Rhode Island's ability to submit claims/encounter data that are accurate and complete, UnitedHealthcare Community Plan of Rhode Island researched the discrepancies revealed from the encounter and claims audit and has determined the discrepancies were due to a system transition which caused some unforeseen issues. UnitedHealthcare Community Plan of Rhode Island met with the Rhode Island Executive Office of Health and Human Services and IPRO and all encounter and claims issues from the audit have been addressed and resolved. The results of the research and discussions are outlined in Tables 33 through 37 of the <i>Rhode Island Medicaid Managed Care Program UnitedHealthcare Community Plan of Rhode Island 2022 External Quality Review Annual Technical Report</i> dated April 2024.	Partially addressed.
Quality of Care Surveys – Member Satisfaction	UnitedHealthcare Community Plan of Rhode Island should work to improve its performance on measures of member satisfaction for which it	On an annual basis, CAHPS survey results are evaluated by a cross functional team including representation from Quality, Marketing, Provider Programs, UnitedHealthcare Clinical Services, Optum, OptumRX and OptumBH to determine strengths and areas of opportunity for possible interventions. Initiatives implemented include the following: <ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island is partnering with community-based organizations and/or practitioners by providing 	Partially addressed.

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
	<p>did not meet the national Medicaid 75th percentile.</p>	<p>funding for initiatives to assist with residents within their communities or practices with closing gaps in care. Examples of this partnership include providing funding to a federally qualified health center school-based health clinic to support their efforts with providing well-care, asthma and behavioral health services to their community members.</p> <p>UnitedHealthcare Community Plan of Rhode Island also provided funding to a federally qualified health center/accountable entity for a mobile van unit to provide integrated medical/behavioral health services targeting the unhoused population.</p> <ul style="list-style-type: none"> UnitedHealthcare has implemented prior authorization reductions that include the elimination of approximately 20% of current prior authorizations for medical services as part of a comprehensive effort to simplify the health care experience for members and providers. Code reductions began in the third quarter of 2023 and will continue. UnitedHealthcare Community Plan of Rhode Island continues to implement enhancements and make changes regarding pharmacy prior authorization processes. On a monthly basis, both the utilization management and pharmacy teams meet to review appeal trends and incorporate findings in both prescription drug lists review processes, and subsequent changes to clinical criteria. The pharmacy appeals group provides feedback to both OptumRx Prior Authorization and Clinical Policy teams when potential concerns with case review/policy interpretation may be driving appeals. Clinical policies were updated to include language to support an aligned and consistent process across the pharmacy prior authorization review team and subsequently the pharmacy appeals team. The updates made to the policies align how requirements are interpreted across both teams to reduce the volume of initial denials overturned via appeals. This effort is ongoing until all policies are reviewed, and applicable changes made. Provider drug lists modifications where opportunities to remove prior authorization or 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>update the prescription drug list status on a medication were identified and implemented. Additionally, non-preferred drugs were reviewed and where appropriate and/or recommended were added as a preferred medication requiring no prior authorization. These enhancements alleviated the need and reduced the number of prior authorization requests with the goal of providing a more streamlined member and provider friendly pathway to approval. UnitedHealthcare Community Plan of Rhode Island monitors pharmacy data continuously with the goal of making enhancements to medications and processes to reduce administrative burden on both the member and provider.</p> <ul style="list-style-type: none"> ▪ UnitedHealthcare is in process of developing and anticipates implementing a Gold Card Program in the second quarter of 2024. This program will allow provider groups that meet eligibility requirements to bypass prior authorization requirements for specific procedures. The care providers will follow a simple notification process for most procedure codes and the prior authorization process/requirement will be eliminated. This is another activity as part of the comprehensive effort to simplify the health care experience for members and providers. ▪ Member and provider website enhancements were implemented and include review and update of information and documents on pharmacy pages to ensure clarity of messages to members and providers, updates to the formulary look-up tool where information was added to show extended days' supply availability for certain drugs and classes, and clearer messages related to over-the-counter agents. These enhancements were implemented with the goal of improved member education and awareness for drug selections (non-preferred, non-covered, step-therapy). ▪ A desktop application was implemented for member services representatives which provides a more complete view of a member's information in a dashboard format, which allows for greater efficiency, 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>quality, and effectiveness in call handling. Functionality includes the ability to update address, generate identification cards, reprint letters, document compliance cases, manage medical claims issues and view pharmacy claim and formulary information.</p> <ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island deploys a variety of member initiatives to educate and assist members with scheduling appointments and receiving care. A variety of initiatives are deployed because UnitedHealthcare Community Plan of Rhode Island understands and recognizes members' communication and learning preferences differ. Initiatives include funding and collaboration with community-based organizations at events, live agent call campaigns to members, interactive voice recording, email and mail campaigns to members. UnitedHealthcare Community Plan of Rhode Island has recently expanded members' demographic information to include members' communication preference. UnitedHealthcare Community Plan of Rhode Island is optimistic that having this additional information will improve member outreach, assistance and education. UnitedHealthcare Community Plan of Rhode Island deploys a variety of practitioner initiatives to address member gaps in care, barriers and opportunities. Practitioner initiatives include practitioner incentive programs, funding for investment opportunities (i.e., mobile van), ongoing meetings with accountable entities, sharing and distribution of gaps in care reports with accountable entities and non-accountable entities identified primary care and specialty care practitioners. Annually, UnitedHealthcare Community Plan of Rhode Island analyzes the results from the adult and child CAHPS surveys and presents and discusses the results at multiple UnitedHealthcare Community Plan of Rhode Island committee meetings, including the Quality Management, Provider Advisory, Member Advisory, and the Community Advisory 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>Committee meetings. Workplans are developed from the results with the goal of improving the member experience.</p> <ul style="list-style-type: none"> Overall, response rates for the CAHPS surveys are small and, in some instances, have declined. Declines in response rates have been revealed throughout UnitedHealthcare and nationally. UnitedHealthcare Community Plan of Rhode Island has implemented strategies with the goal of improving and increasing member response rates. Strategies implemented include oversampling the population/sample size with the goal of receiving more responses, discussing the survey and results with practitioner offices, the Provider Advisory Committee meeting, Community Advisory Committee meeting and Member Advisory Committee meeting, and including an article regarding the survey in the Winter quarterly newsletter <i>Health Talk</i>. For calendar year 2024, UnitedHealthcare Community Plan of Rhode Island has implemented a message on the Member/Customer Services telephone line for members that will run through April 2024. The message educates and advises members of the survey and encourages members to complete the survey if received. UnitedHealthcare Community Plan of Rhode Island continues to discuss and implement strategies with the goal of improving the response rate for the CAHPS survey process. Clinical transformation consultants and clinical practice consultants discuss the CAHPS survey and results during practitioner visits and accountable care organization meetings. Both secret shopper and announced primary care appointment access and availability survey calls are conducted to confirm practitioners' meeting contractual appointment timeliness requirements. Practitioners not meeting compliance are contacted for education. Continue ongoing meetings with State partners, local and national health plan representatives regarding opportunities. 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<ul style="list-style-type: none"> UnitedHealthcare Community Plan of Rhode Island health plan staff meet monthly with the UnitedHealthcare Community & State Appeals department to discuss complaint, grievances, and appeals data, trends, opportunities, and next steps. Analysis has created process improvements and outreaches to members or specific practitioners regarding issues. Goal of these meetings is to discuss trends, opportunities and implement initiatives that will increase initial approval rates, decrease denial rates and the need to appeal. UnitedHealthcare Community Plan of Rhode Island is collaborating with multiple Community Based Organizations and is attending events to increase health plan visibility and meet the members where they are comfortable. During the events, materials are available for members. The materials are available in multiple languages and include English, Spanish, European Portuguese, Cambodian, and Laotian. Material available include flyers related to annual childhood visit list, vaccine list, adult male and female annual visit list, breast cancer, colorectal cancer, attention deficient disorder, lead screening, state developmental screening, and BHLINK. 	
Quality of Care Surveys – Provider Satisfaction	UnitedHealthcare Community Plan of Rhode Island should identify best practices used at other UnitedHealthcare organizations that aim to improve provider satisfaction.	Even though opportunity continues with provider experience/satisfaction, UnitedHealthcare Community Plan of Rhode Island results improved from measurement year 2021 to measurement year 2022 in 15 out of 16 areas surveyed. <i>The Timeliness of Information Provided by Primary Care Physicians</i> was the only area where experience/satisfaction declined. UnitedHealthcare Community Plan of Rhode Island evaluates the results of the survey with a cross functional team which includes representation from Marketing and Strategic Insights, Provider Network Management, Provider Programs, Quality, Marketing, UnitedHealthcare Clinical Services, and OptumRX to determine strengths and create a workplan of areas of opportunity for possible interventions.	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>UnitedHealthcare Community Plan of Rhode Island does partner with areas at the national level and other UnitedHealthcare health plans to discuss best practices and initiatives implemented that may be available for implementation at the UnitedHealthcare Community Plan of Rhode Island health plan. Systems and platform changes implemented September 2022 have allowed UnitedHealthcare Community Plan of Rhode Island to implement initiatives locally that have been available at a national level with the goal of improving practitioner experience/satisfaction.</p> <p>UnitedHealthcare Community Plan of Rhode Island recognizes opportunities with practitioner satisfaction exist and analyzes results and creates a provider experience/satisfaction work plan which is reviewed and updated by a cross functional team. Initiatives implemented or being discussed with the goal of improving provider satisfaction include the following:</p> <ul style="list-style-type: none"> ▪ UnitedHealthcare Community Plan of Rhode Island is working with the national team in enhancing the current practitioner satisfaction survey. Future survey mailings may include a direct link to an online survey which serves as an additional option for providers. UnitedHealthcare Community Plan of Rhode Island is also discussing adding clarification within/throughout the survey to remind practitioners the survey is specific to only the UnitedHealthcare Community Plan of Rhode Island Medicaid line of business. Additional review of internal provider data will be performed along with a revision of the questions included within the survey. Our goal is to increase our provider response rates. ▪ Provider reimbursement increase of 50% for annual wellness visit. ▪ UnitedHealthcare enhanced the primary care provider fee schedules ensuring compliance with state requirements. In addition, UnitedHealthcare continues to review rate modernization for provider fee schedules across networks. ▪ UnitedHealthcare Community Plan of Rhode Island implemented two 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>provider incentive programs in 2022 and continued the provider incentive programs in 2023. One incentive is for closure of gaps in care for specific measures and a second/additional incentive if the gap is closed for a BIPOC member to help close healthy disparity gaps.</p> <ul style="list-style-type: none"> UnitedHealthcare has implemented prior authorization reductions that include the elimination of approximately 20% of current prior authorizations for medical services as part of a comprehensive effort to simplify the health care experience for members and providers. Code reductions began in third quarter of 2023 and will continue. UnitedHealthcare is in process of developing and anticipates implementing a Gold Card Program in the second quarter of 2024. This program will allow provider groups that meet eligibility requirements to bypass prior authorization requirements for specific procedures. The care providers will follow a simple notification process for most procedure codes and the prior authorization process/requirement will be eliminated. This is another activity as part of the comprehensive effort to simplify the health care experience for members and providers. UnitedHealthcare Community Plan of Rhode Island continues to implement enhancements and make changes regarding pharmacy prior authorization processes. On a monthly basis, both the utilization management and pharmacy teams meet to review appeal trends and incorporate findings in both Prescription drug lists review processes, and subsequent changes to clinical criteria. The pharmacy appeals group provides feedback to both OptumRx Prior Authorization and Clinical Policy teams when potential concerns with case review/policy interpretation may be driving appeals. Clinical policies were updated to include language to support an aligned and consistent process across the pharmacy prior authorization review team and subsequently the pharmacy appeals team. The updates made to the policies align how requirements are interpreted across both teams to reduce the volume of 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>initial denials overturned via appeals. This effort is ongoing until all policies are reviewed, and applicable changes made. Prescription drug list modifications where opportunities to remove prior authorization or update the prescription drug list status on a medication were identified and implemented. Additionally, non-preferred drugs were reviewed and where appropriate and/or recommended were added as a preferred medication requiring no prior authorization. These enhancements alleviated the need and reduced the number of prior authorization requests with the goal of providing a more streamlined member and provider friendly pathway to approval. UnitedHealthcare Community Plan of Rhode Island monitors pharmacy data continuously with the goal of making enhancements to medications and processes to reduce administrative burden on both the member and provider.</p> <ul style="list-style-type: none"> ▪ Referral process has been eliminated due to feedback received from the Provider Advisory Committee members and other contracted practitioners. The goal of this elimination is to reduce administrative burden on our practitioners and improve practitioner appointment availability and accessibility to our members. ▪ A dedicated phone line was implemented which creates a single point of contact for practitioners for all questions, one intake for improved issue resolution. ▪ A live chat feature was added for providers to access real time answers/support from the Provider Services and Customer Services staff. ▪ A new dedicated path and team has been implemented where concerns raised by UnitedHealthcare network, or the health plan can be forwarded to a specific team which will review and resolve the issue. ▪ UnitedHealthcare Community Plan of Rhode Island continues electronic medical record exchange and access which reduces the need to request copies of medical records and/or conduct practitioner office on-site 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>collection. UnitedHealthcare continues to look at ways to expand electronic and internal medical record collection, allowing practitioner offices to work with UnitedHealthcare staff they are familiar with and work with throughout the year. UnitedHealthcare Community Plan of Rhode Island continues to merge requests for multiple lines of business which allows for one UnitedHealthcare representative to collect the medical records for all lines of UnitedHealthcare business. This reduces the number of UnitedHealthcare outreaches and staff to the practices. UnitedHealthcare Community Plan of Rhode Island will continue to review processes and merge and minimize medical record requests from multiple UnitedHealthcare staff when feasible.</p> <ul style="list-style-type: none"> ▪ UnitedHealthcare utilizes the Council for Affordable Quality Healthcare online process/portal for initial and recredentialing of practitioners. UnitedHealthcare monitors initial and recredentialing timeliness standards for both individual practitioners and facilities to ensure credentialing is processed in an effective and efficient manner. For UnitedHealthcare Community Plan of Rhode Island, no timeliness trends have been identified. ▪ UnitedHealthcare Community Plan of Rhode Island has implemented telehealth as a viable service during the pandemic and will continue to offer this service post-pandemic. ▪ UnitedHealthcare Community Plan of Rhode Island is partnering with Community Based Organizations and/or practitioners by providing funding for initiatives to assist with residents within their communities or practices with closing gaps in care. Examples of this partnership include providing funding to a federally qualified health center) school-based health clinic to support their efforts with providing well-care, asthma and behavioral health services to their community members. UnitedHealthcare Community Plan of Rhode Island also provided funding to a federally qualified health center/accountable entity for a 	

External Quality Review Activity	2022 External Quality Review Recommendation	UnitedHealthcare Community Plan of Rhode Island's Response to the 2022 External Quality Review Recommendation	IPRO's Assessment of UnitedHealthcare Community Plan of Rhode Island's Response
		<p>mobile van unit to provide integrated medical/behavioral health services targeting the unhoused population.</p> <ul style="list-style-type: none"> ▪ We continue to meet with credentialed and contracted practitioners from accountable care organizations, Federally Qualified Health Centers, and hospital-based clinics as part of our Provider Advisory Committee. Open discussions occur during these meetings where opportunities and ideas are discussed. ▪ UnitedHealthcare Community Plan of Rhode Island continues to meet face-to-face with high-volume practitioners and accountable entities/accountable care organizations through individual meetings with clinical practice consultants and Joint Operating Committees with accountable entity/accountable care organization representatives. Goals are to share gaps in care reports, strengths, opportunities, and take action as warranted. ▪ Member and provider website enhancements were implemented and include review and update of information and documents on pharmacy pages to ensure clarity of messages to members and providers, updates to the Formulary Look-Up tool where information was added to show extended days' supply availability for certain drugs and classes, and clearer messages related to over-the-counter agents. These enhancements were implemented with the goal of improved member education and awareness for drug selections (non-preferred, non-covered, step-therapy). 	

UnitedHealthcare Community Plan of Rhode Island's 2023 Strengths, Opportunities and Recommendations Related to Quality, Timeliness, and Access

UnitedHealthcare Community Plan of Rhode Island's strengths and opportunities for improvement identified during IPRO's external quality review of the activities described are enumerated in this section. For areas needing improvement, recommendations to improve the **quality** of, **timeliness** of and **access** to care are presented. These three elements are defined as:

- **Quality** is the degree to which a managed care plan increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of health services that are consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement. (*Title 42 Code of Federal Regulations 438.320 Definitions.*)
- **Timeliness** is the managed care plan's capacity to provide care quickly after a need is recognized. (Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services)
- **Access** is the timely use of services to achieve health optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements. (*Title 42 Code of Federal Regulations 438.320 Definitions.*)

The strengths and opportunities for improvement based on UnitedHealthcare Community Plan of Rhode Island's 2023 performance, as well recommendations for improving quality, timeliness, and access to care are presented in **Table 45**. In the table, links between strengths, opportunities, and recommendations to quality, timeliness and access are made by IPRO (indicated by 'X'). In some cases, IPRO determined that there were no links between these elements (indicated by gray shading).

Table 45: UnitedHealthcare Community Plan of Rhode Island's Strengths, Opportunities, and Recommendations, Measurement Year 2023

External Quality Review Activity	External Quality Review Organization Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
NCQA Accreditation	UnitedHealthcare Community Plan of Rhode Island maintained NCQA Accreditation in 2023.	X	X	X
Quality Improvement Projects – General	Four of four quality improvement projects passed validation.			
Quality Improvement Projects - Improving Effective Acute Phase Treatment for Major Depression	UnitedHealthcare Community Plan of Rhode Island demonstrated performance improvement from baseline to measurement year 2023 for the single indicator.	X	X	X
Quality Improvement Project – Developmental Screening in the 1st, 2nd, and 3rd Years of Life	UnitedHealthcare Community Plan of Rhode Island demonstrated performance improvement from baseline to measurement year 2023 for all three indicators. Two of these indicators achieved the established goal.	X	X	X
Quality Improvement Project – Improving	None.			

External Quality Review Activity	External Quality Review Organization Assessment/Recommendation	Quality	Timeliness	Access
Lead Screening in Children				
Quality Improvement Project – Improving Breast Cancer Screening	UnitedHealthcare Community Plan of Rhode Island demonstrated performance improvement from baseline to measurement year 2023 for the single indicator.		X	X
Performance Measures	UnitedHealthcare Community Plan of Rhode Island met all information systems and validation requirements to successfully report HEDIS data to the Rhode Island Executive Office of Health and Human Services and to NCQA.			
Performance Measures – Use of Services	UnitedHealthcare Community Plan of Rhode Island reported three measurement year 2023 rates that benchmarked at or above the national Medicaid 75th percentile.	X	X	X
Performance Measures – Effectiveness of Care	UnitedHealthcare Community Plan of Rhode Island reported six measurement year 2023 rates that benchmarked at or above the national Medicaid 75th percentile.	X	X	X
Performance Measures – Access and Availability	UnitedHealthcare Community Plan of Rhode Island reported three measurement year 2023 rates that benchmarked at or above the national Medicaid 75th percentile.	X	X	X
Compliance with Medicaid and Children’s Health Insurance Program Standards	UnitedHealthcare Community Plan of Rhode Island is compliant with the standards reviewed under <i>42 Code of Federal Regulations Part 438 Managed Care</i> .	X	X	X
Network Adequacy	UnitedHealthcare Community Plan of Rhode Island’s network analyses for measurement year 2023 were determined to be reliable.			
	In 2023, UnitedHealthcare Community Plan of Rhode Island met geographic access standards for the provider types reviewed for approximately 100% of its Medicaid membership.	X	X	X
Quality of Care Survey – Member Satisfaction	UnitedHealthcare Community Plan of Rhode Island achieved six scores on the adult Medicaid survey that benchmarked at or above the national Medicaid 75th percentile.	X	X	X

External Quality Review Activity	External Quality Review Organization Assessment/Recommendation	Quality	Timeliness	Access
Quality of Care Survey – Provider Satisfaction	UnitedHealthcare Community Plan of Rhode Island achieved a single score that was higher than national UnitedHealthcare benchmark.			
Opportunities for Improvement				
Quality Improvement Projects - Improving Effective Acute Phase Treatment for Major Depression	Although the single performance indicator improved from baseline to measurement year 2023, UnitedHealthcare Community Plan of Rhode did not achieve the established goal.	X	X	X
Quality Improvement Project – Developmental Screening in the 1st, 2nd, and 3rd Years of Life	Although all three indicators demonstrated improvement from baseline to measurement year 2023, UnitedHealthcare Community Plan of Rhode did not achieve the established goal for one indicator.	X	X	X
Quality Improvement Project – Improving Lead Screening in Children	UnitedHealthcare Community Plan of Rhode Island demonstrated performance decline from baseline to measurement year 2023 for the single indicator. The established goal was not achieved.	X	X	X
Quality Improvement Project – Improving Breast Cancer Screening	Although the single performance indicator improved from baseline to measurement year 2023, UnitedHealthcare Community Plan of Rhode did not achieve the established goal.		X	X
Performance Measures – Access and Availability	UnitedHealthcare Community Plan of Rhode Island reported one measurement year 2023 rate that benchmarked below the national Medicaid 50th percentile.	X	X	X
Compliance with Medicaid and Children’s Health Insurance Program Standards	None.			
Network Adequacy	Overall, appointment availability among the surveyed providers surveyed in 2023 was low.		X	X
Quality of Care Surveys – Member Satisfaction	UnitedHealthcare Community Plan of Rhode Island achieved one score on the child Medicaid survey that benchmarked below the national Medicaid 50th percentile.	X	X	X
Quality of Care Surveys – Provider Satisfaction	With the exception of four scores, UnitedHealthcare Community Plan of Rhode	X	X	X

External Quality Review Activity	External Quality Review Organization Assessment/Recommendation	Quality	Timeliness	Access
	Island's demonstrated performance declined from 2022 to 2023.			
Recommendations				
Quality Improvement Projects	Opportunities for improvement remain for all four quality improvement projects, as UnitedHealthcare Community Plan of Rhode Island did not achieve the established project goals. UnitedHealthcare Community Plan of Rhode Island should consider tailored interventions for subpopulations that have yet to achieve improved outcomes related to the quality improvement topics.	X	X	X
Performance Measures	UnitedHealthcare Community Plan of Rhode Island should continue efforts to improve member access to preventive and ambulatory services. Additionally, UnitedHealthcare Community Plan of Rhode Island should evaluate whether the current composition of its provider network is contributing to rates related to adult access and chlamydia screening.	X	X	X
Compliance with Medicaid and Children's Health Insurance Program Standards	None.			
Network Adequacy	UnitedHealthcare Community Plan of Rhode Island should continue monitoring access to care, specifically Medicaid member access to timely appointments. UnitedHealthcare Community Plan of Rhode Island should consider establishing a routine schedule for reminding network providers of state appointment standards and their contractual obligation to meet those standards, promoting provider use of scheduling tools, and proactively seeking feedback from members paneled to providers with access deficiencies or concerns.	X	X	X
Quality of Care Surveys – Member Satisfaction	UnitedHealthcare Community Plan of Rhode Island should share the results of the member experience surveys with network providers, along with recommendations on	X	X	X

External Quality Review Activity	External Quality Review Organization Assessment/Recommendation	Quality	Timeliness	Access
	how providers can positively impact member experience.			
Quality of Care Surveys – Provider Satisfaction	UnitedHealthcare Community Plan of Rhode Island should investigate low scores that may act as indicators of quality of care, timeliness, and access to care.	X	X	X

Appendix A – NCQA Quality Improvement Activity Form

QUALITY IMPROVEMENT FORM NCQA Quality Improvement Activity Form

Activity Name:	
Section I: Activity Selection and Methodology	
A. Rationale. Use objective information (data) to explain your rationale for why this activity is important to members or practitioners <i>and</i> why there is an opportunity for improvement.	
B. Quantifiable Measures. List and define <i>all</i> quantifiable measures used in this activity. Include a goal or benchmark for each measure. If a goal was established, list it. If you list a benchmark, state the source. Add sections for additional quantifiable measures as needed.	
Quantifiable Measure #1:	
Numerator:	
Denominator:	
First measurement period dates:	
Baseline Benchmark:	
Source of benchmark:	
Baseline goal:	
Quantifiable Measure #2:	
Numerator:	
Denominator:	
First measurement period dates:	
Benchmark:	
Source of benchmark:	
Baseline goal:	
Quantifiable Measure #3:	
Numerator:	
Denominator:	
First measurement period dates:	
Benchmark:	
Source of benchmark:	
Baseline goal:	

C. Baseline Methodology.

C.1 Data Sources.

- ☐ Medical/treatment records
- ☐ Administrative data:
- ☐ Claims/encounter data ☐ Complaints ☐ Appeals ☐ Telephone service data ☐ Appointment/access data
- ☐ Hybrid (medical/treatment records and administrative)
- ☐ Pharmacy data
- ☐ Survey data (attach the survey tool and the complete survey protocol)
- ☐ Other (list and describe):
- The Plan also uses a local access database to track all pregnant members as part of our Healthy First Steps Program. Although this database was not used as an administrative database from NCQA perspective, it was used by local Plan team members to identify and outreach to pregnant members. In addition, we used this database to track number of members who participated in our Diaper Reward Program

C.2 Data Collection Methodology. Check all that apply and enter the measure number from Section B next to the appropriate methodology.

- | | |
|---|---|
| <p>If medical/treatment records, check below:</p> <p><input type="checkbox"/> Medical/treatment record abstraction</p> <p>If survey, check all that apply:</p> <p><input type="checkbox"/> Personal interview</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Phone with CATI script</p> <p><input type="checkbox"/> Phone with IVR</p> <p><input type="checkbox"/> Internet</p> <p><input type="checkbox"/> Incentive provided</p> <p><input type="checkbox"/> Other (list and describe):</p> | <p>If administrative, check all that apply:</p> <p><input type="checkbox"/> Programmed pull from claims/encounter files of all eligible members</p> <p><input type="checkbox"/> Programmed pull from claims/encounter files of a sample of members</p> <p><input type="checkbox"/> Complaint/appeal data by reason codes</p> <p><input type="checkbox"/> Pharmacy data</p> <p><input type="checkbox"/> Delegated entity data</p> <p><input type="checkbox"/> Vendor file</p> <p><input type="checkbox"/> Automated response time file from call center</p> <p><input type="checkbox"/> Appointment/access data</p> <p><input type="checkbox"/> Other (list and describe):</p> |
|---|---|

C.3 Sampling. If sampling was used, provide the following information.

Measure	Sample Size	Population	Method for Determining Size (describe)	Sampling Method (describe)

C.4 Data Collection Cycle.

Data Analysis Cycle.

- ☐ Once a year

- ☐ Once a year

<input type="checkbox"/> Twice a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Once a week <input type="checkbox"/> Once a day <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe): _Annual HEDIS data collection in Spring, and interim measure in Summer preceding close of the HEDIS 2008 year (Summer 2007)	<input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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C.5 Other Pertinent Methodological Features. Complete only if needed.

D. Changes to Baseline Methodology. Describe any changes in methodology from measurement to measurement.

Include, as appropriate:

- I. Measure and time period covered
- II. Type of change
- III. Rationale for change
- IV. Changes in sampling methodology, including changes in sample size, method for determining size, and sampling method
- V. Any introduction of bias that could affect the results

Section II: Data/Results Table

Complete for each quantifiable measure; add additional sections as needed.

#1 Quantifiable Measure:

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Benchmark	Comparison Goal	Statistical Test and Significance*
	<i>Baseline:</i>						

#2 Quantifiable Measure:

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Benchmark	Comparison Goal	Statistical Test and Significance*
	<i>Baseline:</i>						

#3 Quantifiable Measure:							
Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Benchmark	Comparison Goal	Statistical Test and Significance*
	<i>Baseline:</i>						

* If used, specify the test, p value, and specific measurements (e.g., baseline to remeasurement #1, remeasurement #1 to remeasurement #2, etc., or baseline to final remeasurement) included in the calculations. NCQA does not require statistical testing.

Section III: Analysis Cycle
Complete this section for EACH analysis cycle presented.

A. Time Period and Measures That Analysis Covers.

B. Analysis and Identification of Opportunities for Improvement. Describe the analysis and include the points listed below.

B.1 For the quantitative analysis:

B.2 For the qualitative analysis:

- Opportunities identified through the analysis

Impact of interventions

- Next steps

Section IV: Interventions Table

Interventions Taken for Improvement as a Result of Analysis. List chronologically the interventions that have had the most impact on improving the measure. Describe only the interventions and provide quantitative details whenever possible (e.g., “hired 4 UM nurses” as opposed to “hired UM nurses”). Do not include intervention planning activities.

Date Implemented (MM / YY)	Check if Ongoing	Interventions	Barriers That Interventions Address

Section V: Chart or Graph (Optional)

Attach a chart or graph for any activity having more than two measurement periods that shows the relationship between the timing of the intervention (cause) and the result of the remeasurements (effect). Present one graph for each measure unless the measures are closely correlated, such as average speed of answer and call abandonment rate. Control charts are not required, but are helpful in demonstrating the stability of the measure over time or after the implementation.