Frequently Asked Questions
Primary Care Physician Incentive (PCPi) Pilot Program

Q1. What is the PCPi Program?
A. UnitedHealthcare believes that primary care physicians (PCPs) are an integral part of care delivery for our members and that those who provide high quality, cost-effective care should be rewarded appropriately. As part of a growing portfolio of primary care support programs targeted at collaborating with PCPs, we have launched the Primary Care Physician Incentive (PCPi) pilot program. This pilot program provides select PCP practices in our targeted pilot markets with the opportunity to earn a bonus payment for meeting certain quality and cost-efficiency criteria.

Q2. What are the criteria to receive a bonus payment under the PCPi program?
A. This program gives PCPs the opportunity to receive a bonus payment based on two key elements:
   - Meeting or exceeding an aggregated quality performance score across the standard quality performance measures noted in Q8 to qualify for bonus eligibility
   - Improving their performance and/or achieving an attainment score on the lab efficiency index, percent tier 1 prescriptions or percent tier 1 specialist visits performance measures to capture PMPM bonus payments

   Our goal is to reward PCPs who are already performing well on these measures, while also recognizing and rewarding the additional time and effort necessary to continue to improve quality and performance. Practices that achieve the attainment score and improve their performance will be rewarded for both.

   In order to achieve a bonus payment on improvement, the practice’s final performance score must be an improvement over their baseline score as further described in the program document. You must be a participating network provider during the entire measurement period and at the time of the bonus payment to be eligible for the bonus payment. Additionally, for the Lab Efficiency Index performance measure, the PCPs must meet or exceed the target score for the percentage Non-Participating Lab Provider Referrals performance measure (refer to Q25 for more information).

Q3. What is the bonus payment structure?
A. The following grid details how the improvement bonus payment is calculated.

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Minimum Improvement Score</th>
<th>Improvement Bonus Payment Calculation</th>
<th>Improvement Bonus Payment Cap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Tier 1 Prescriptions</td>
<td>2 percentage points</td>
<td>$0.12 PMPM * (Performance Score – Baseline Score) * Member Months</td>
<td>$1.20 PMPM * Member Months</td>
</tr>
</tbody>
</table>
Improvement Bonus Payment Calculation

<table>
<thead>
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<th>Performance Measure</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Lab Efficiency Index</td>
<td>10 percentage points</td>
<td>$0.02 PMPM * (Baseline Score – Performance Score) * 100 * Member Months</td>
<td>$1.00 PMPM * Member Months</td>
</tr>
<tr>
<td>Percent Tier 1 Specialist Visits</td>
<td>5 percentage points</td>
<td>$0.21 PMPM * (Performance Score – Baseline Score) * Member Months</td>
<td>$2.10 PMPM * Member Months</td>
</tr>
</tbody>
</table>

The following grid details how the attainment bonus payment is calculated.

Attainment Bonus Payment Calculation

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Attainment Bonus Per Member Per Month (PMPM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Tier 1 Prescriptions</td>
<td>$0.50</td>
</tr>
<tr>
<td>Lab Efficiency Index</td>
<td>$0.35</td>
</tr>
<tr>
<td>Percent Tier 1 Specialist Visits</td>
<td>$0.90</td>
</tr>
<tr>
<td>Total Attainment Potential</td>
<td>$1.75</td>
</tr>
</tbody>
</table>

The following grid details the maximum bonus payment that can be earned.

Maximum Bonus Payment

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Maximum Improvement Bonus Per Member Per Month (PMPM)</th>
<th>Attainment Bonus Per Member Per Month (PMPM)</th>
<th>Maximum Bonus Per Member Per Month (PMPM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Tier 1 Prescriptions</td>
<td>$1.20</td>
<td>$0.50</td>
<td>$1.70</td>
</tr>
<tr>
<td>Lab Efficiency Index</td>
<td>$1.00</td>
<td>$0.35</td>
<td>$1.35</td>
</tr>
<tr>
<td>Percent Tier 1 Specialist visits</td>
<td>$2.10</td>
<td>$0.90</td>
<td>$3.00</td>
</tr>
<tr>
<td>Total Bonus Potential</td>
<td>$4.30</td>
<td>$1.75</td>
<td>$6.05</td>
</tr>
</tbody>
</table>

Q4. How often will I receive a bonus payment for the PCPi program?
   A. Bonus payments will be paid within 230 days after the last day of the measurement period and are based on the final performance score reports. For practices with more than one PCP, the bonus payments will be made to the practice, not to the individual PCPs.
Q5. Which UnitedHealthcare members are included in the PCPi program?
A. The bonus payment is a PMPM calculation for certain commercial fully insured and self-insured members. The commercial members included for measurement in either the quality or cost efficiency performance measures and for the bonus payment are specifically defined in the program document.

Q6. What are baseline scores and baseline reports and how do I access these reports?
A. With respect to the improvement bonus payment, the baseline score is the practice’s aggregate performance score for the baseline measurement period. UnitedHealthcare compares the baseline score reported in the baseline report to the final performance score for the applicable measurement period to determine whether the practice has earned an improvement bonus payment. To access your reports:
1. Log in to your UnitedHealthcareOnline.com account.
   a. For new user registration, visit UnitedHealthcareOnline.com, click the “New User” link in the upper right corner and follow the prompts. If you have questions about registration, call 866-UHC-FAST (866-842-3278), and select Option 2.
2. Click on Clinician Resources
3. Click on Performance Measurement and Reporting
4. Click on Physician Performance and Reporting
5. Click on Reporting to access your reports
6. Sign up by entering the Program Identifier Number (PIN), which will be sent in a separate notification to you

Q7. When will I receive the attainment score for the performance measurements?
A. The attainment scores for program year 1 will be provided in the baseline reports.

Q8. What are the quality performance measures and how is the quality performance score determined?
A. The measures chosen for the evaluation of quality were designed to be consistent with the generally accepted quality measures that reflect programs such as Healthcare Effectiveness Data and Information Set (HEDIS). Our intent was to compliment your practice’s existing focus on quality. We do not ask you to meet additional or different sets of criteria to qualify for the quality bonus.

<table>
<thead>
<tr>
<th>Quality Performance Measures</th>
<th>Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Safety Monitoring: ACE or ARB Therapy (18+ years), Digoxin (18+ years), Diuretics (18+ years)</td>
<td>Adult members persistently taking digoxin or diuretic or ACE Inhibitor/ARBs or anticonvulsant and had at least one therapeutic monitoring event for the medication within the last 12 reported months.</td>
</tr>
<tr>
<td>Breast Cancer Screening: Mammogram (42-69 years)</td>
<td>Member(s) ages 42 - 69 who had a screening mammogram in last 24 reported months.</td>
</tr>
<tr>
<td>Cervical Cancer Screening: Pap Test (24-64 years)</td>
<td>Member(s) who had a cervical cancer screening test in last 36 reported months.</td>
</tr>
<tr>
<td>Cholesterol Mgmt: LDL-C Screening (18-75 years)</td>
<td>Member(s) with coronary artery disease with a LDL cholesterol test during the report period.</td>
</tr>
<tr>
<td>Diabetic Care: HbA1c Test (18-75 years)</td>
<td>Member(s) ages 18 - 75 with diabetes who had a HbA1c test in last 12 reported months.</td>
</tr>
<tr>
<td>Diabetic Care: LDL-C Screening (18-75 years)</td>
<td>Member(s) ages 18 - 75 with diabetes with a LDL cholesterol in last 12 months.</td>
</tr>
<tr>
<td>Diabetic Care: Nephropathy Screening (18-75 years)</td>
<td>Member(s) ages 18 - 75 with diabetes who had annual screening for nephropathy or evidence of nephropathy.</td>
</tr>
</tbody>
</table>
Pharyngitis: Abx and Group A Strep Test (2-18 years) | Member(s) treated with an antibiotic for pharyngitis that had a Group A streptococcus test.
---|---
URI and No Abx Prescription (3 months-18 years) | Member(s) with a diagnosis of upper respiratory infection (URI) that did not have a prescription for an antibiotic on or three days after the initiating visit.

For the combined, aggregate results of these quality performance measures, the PCPs must meet or exceed the 50th percentile based on UnitedHealthcare’s national physician performance in order to be eligible for consideration for any bonus payment under this program as more specifically described in the program document.

Q9. How can I improve my performance for the quality performance measure?
A. You can view care opportunities for your UnitedHealthcare members with View360™. View 360 monitors month-to-month changes in preventive screening measures to help you make the connection between your members and their care opportunities. It is available at UnitedHealthcareOnline.com > Clinician Resources > View 360.

Q10. What are the cost-efficiency performance measures?
A. The cost-efficiency performance measures are:
   - Percent Tier 1 Specialist Visits
   - Lab Efficiency Index
   - Percent Tier 1 Prescriptions
   - Percent Non-Participating Lab Provider Referrals

Q11. What information determines which commercial fully insured and self-insured members are included for the cost efficiency measures?
A. All cost efficiency performance measure calculations include commercial fully insured and self-insured members who are attributed to the practice based on the attribution methodology described in the program document. To acknowledge the importance of care coordination and the increased focus on population management, the following will be included and as more specifically described in the program document:
   - All visits by attributed members with specialists who practice in a specialty included in the UnitedHealth Premium Designation program will be included in the Percent Tier 1 Specialist Visits calculation
   - All prescriptions written for a practice’s attributed members, including prescriptions prescribed by physicians other than the PCP, will be included in the Percent Tier 1 Prescriptions calculation
   - All lab work for a PCP’s attributed members, including lab work ordered by physicians other than the PCP in the practice, will be included for both the Lab Efficiency Index calculation
   - Only lab referrals for members who are attributed to the practice and for whom a PCP within the medical group is listed as the ordering physician on the lab claim will be considered for the Percent Non-Participating Lab Provider Referral calculation

Q12. What is the Percent Tier 1 Specialist Visits performance measure?
A. This metric measures the percentage of visits the practice’s attributed members had with a Tier 1 specialist as a percentage of the total visits with specialists who practice in a specialty included in the UnitedHealth Premium Designation program, as more specifically described in the program document.
**Q13. What is a Tier 1 Specialist?**
A. A Tier 1 Specialist is measured by the UnitedHealth Premium Designation program, with a designation of either (i) quality and cost-efficiency or (ii) insufficient data for quality and cost-efficiency.

Specialties being measured in the UnitedHealth Premium Designation program are: Allergy, Cardiology, Endocrinology, General Surgery, Nephrology, Neurology, Neurosurgery, Orthopedics, Obstetrics and Gynecology, Ophthalmology, Pulmonology, Rheumatology and Urology.

You can find information describing the UnitedHealth Premium Designation program at UnitedHealthcareOnline.com > UnitedHealth Premium.

**Q14. Where can I learn about specialties that have the Tier 1 designation status?**
A. There is a special tool for physicians to identify Tier 1 specialists. This tool allows a PCP to identify a Tier 1 specialist by their specialty and geographic location, including distance from a specific zip code. To use this tool, please go to UnitedHealthcareOnline.com > Clinician Resources. The tool is called “Find a Premium Specialist” and is located in the upper left hand box.

**Q15. How do my patients benefit by using specialists that have a Tier 1 designation status?**
A. Some employers are beginning to offer benefit plans that provide benefit incentives for obtaining care from selected network providers, including Tier 1 specialties. Members in benefit plans that offer tiered benefits may pay lower co-pays and co-insurance amounts for services provided by UnitedHealth Premium Tier 1 specialists.

**Q16. How do my patients learn about specialists who have a Tier 1 designation status?**
A. Physician designation results are displayed on myuhc.com > Find Physician, Laboratory, or Facility, and at UnitedHealthcareOnline.com > Physician Directory.

UnitedHealth Premium Tier 1 physicians have received one of the following Premium designations:
- Quality and Cost Efficiency
- Cost Efficiency & Not Enough Data to Assess Quality

Below is an illustration of how the Tier 1 status is denoted.
Q17. What other status information is displayed on the websites’ physician directories?
A. There are a variety of statuses beyond Tier 1 displayed in the directories related to UnitedHealth Premium including:
   - Did Not Meet Quality & Cost Efficiency
   - Quality & Did Not Meet Cost Efficiency
   - Not Enough Data to Assess Quality & Did Not Meet Cost Efficiency
   - Not Enough Data to Assess
   - Not Evaluated

The fact that a physician does not have a quality designation does not mean that the doctor does not provide quality health services. All doctors who are part of the UnitedHealthcare network must meet our standard credentialing requirements (separate from the UnitedHealth Premium Designation program). The assessment result “Not Enough Data to Assess” is not an indicator of the total number of members treated by the doctor or the number of procedures performed by the doctor, but rather, it reflects statistical requirements of the program.

Q18. How can I improve my performance for the Percent Tier 1 Specialist Visits performance measure?
A. PCPs can improve their performance on the Percent Tier 1 Specialist Visits performance measure by referring their UnitedHealthcare members to Tier 1 specialists.

Baseline reports identify the Tier 1 specialists and non-Tier 1 specialists used during the baseline period. Building and monitoring a defined process for managing referrals in the practice will support efforts to achieve the improvement and/or attainment targets for this performance measure.

Q19. Will UnitedHealthcare revise my baseline score for the Percent Tier 1 Specialist Visits should a specialist I refer to experience a status change?
A. Yes, UnitedHealthcare will revise the baseline score for the Percent Tier 1 Specialist Visits. We do this because UnitedHealthcare uses the best specialist designation outcome as determined at the beginning and end of the measurement period to calculate the Percent Tier 1 Specialist Visits measure performance score. If a specialist is not a Tier 1 specialist at the beginning of a measurement period but reconsiders their designation status with UnitedHealthcare and becomes a Tier 1 specialist during the measurement period, then they will be measured as a Tier 1 specialist for the Percent Tier 1 Specialist Visits performance measure for the entire measurement period.

In order to have a similar comparison to the baseline period, the baseline score needs to be rerun with this specialist counted as a Tier 1 specialist. Please note that in this example this specialist was not a Tier 1 specialist at the beginning of the measurement period and UnitedHealthcare calculates the baseline score before the measurement period began so the baseline score was calculated with this specialist as a non-Tier 1 specialist, and that is the reason the baseline score needs to be restated. The Percent Tier 1 Specialist Visits performance measure is further described in the Performance Measures Exhibit of the program document.

Q20. What is the Percent Tier 1 Prescriptions performance measure?
A. This metric measures the percentage of total prescriptions that are Tier 1 medications, as more
specifically described in the program document.

Tier 1 medications are listed in UnitedHealthcare’s Prescription Drug List (PDL) at: UnitedHealthcareOnline.com > Tools & Resources > Pharmacy Resources > UnitedHealthcare (listed under Information by Product & Affiliate) > Prescription Drug List.

Q21. How can I improve my performance on the Percent Tier 1 Prescriptions performance measure?
   A. PCPs can improve their performance on the Percent Tier 1 Prescriptions performance measure by prescribing Tier 1 medications more often, as clinically appropriate, and educating members on the use of Tier 1 medications.

   Tier 1 medications are listed in UnitedHealthcare’s PDL at: UnitedHealthcareOnline.com > Tools & Resources > Pharmacy Resources > UnitedHealthcare (listed under Information by Product & Affiliate) > Prescription Drug List.

   Your patients can benefit by your decision to use Tier 1 medications as most members’ co-pay or coinsurance is typically lowest for Tier 1 prescriptions.

Q22. What is the Lab Efficiency Index performance measure?
   A. Each lab has an efficiency index that is calculated by UnitedHealthcare. This efficiency index for each lab is a measure of the lab’s relative cost compared to other labs in the market. The market average efficiency index for all labs is 1.000. Labs that have an average cost more than the market average will have an efficiency index greater than 1.000. Labs that have average cost less than the market average will have an efficiency index less than 1.000. The Lab Efficiency Index performance measure calculates the average efficiency index of labs that provided services to PCPs’ attributed members.

Q23. How can I improve my performance for the Lab Efficiency Index measurement?
   A. PCPs can improve their performance on the Lab Efficiency Index by referring members to labs with lower efficiency indices and educating members on the use of more cost-efficient labs. The volume of accessions and the lab’s efficiency index impact your Lab Efficiency Index score. The Lab Efficiency Index score can be optimized if large numbers of accessions are performed by cost-effective labs. The Lab Efficiency Index — Group and Lab Efficiency Index by PCP reports can be used to determine which laboratories provided services to your attributed members and each lab’s efficiency score.

Q24. Where can I find information on the efficiency index for all of the laboratories used by my patients.
   A. The Lab Efficiency — Group, Lab Efficiency Index-Top 200 Clinical Labs, and Lab Efficiency Index-Top 200 Pathology Lab reports provide the Efficiency Index information for the laboratories that provided services to your attributed patients.

Q25. What is the Percent Non-Participating Lab Provider Referrals performance measure?
   A. The metric measures the percentage of total independent lab accessions that are done at a non-participating independent lab, as described in the program document.

Q26. How can I improve my performance for the Percent Non-Participating Lab Provider Referrals measure?
   A. PCPs can improve their performance on Percent Non-Participating Lab Provider Referrals by
referring members to independent labs that participate with UnitedHealthcare.

Q27. Will my practice receive the PCP roster that is used to calculate performance?  
A. Yes, UnitedHealthcare will provide the list of PCPs in your practice that is used to calculate your practice’s performance.

Q28. Will UnitedHealthcare revise my baseline score if my PCP roster changes?  
A. UnitedHealthcare may revise your baseline score if your practice’s PCP roster used to calculate your performance score is materially different than the one used to calculate your baseline score in order to have a similar comparison of your performance in the baseline period to the measurement period.

Q29. May practices request that scores be reconsidered?  
A. Yes, practice’s may request reconsideration of the quality performance score within 30 business days after the date on which the practice received the applicable performance score report or the practice will be deemed to have waived its right to pursue reconsideration in any forum.

Reconsideration is not available for any other performance measure. For more information regarding the reconsideration process, please refer to the program document.

Q30. Who can I contact at UnitedHealthcare about the PCPi program?  
A. A market staff member has been assigned to your practice to answer questions about this program, and their contact information is listed in the PCPi program invitation e-mail.