P.T.M.
Healthcare Business Solutions

2022 External Quality Review

Performance Measures

UnitedHealthcare

Measurement Period: Calendar Year 2021
Validation Period: Jun-Aug 2022
Publish Date: Sept 1, 2022

MoHealthNet

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1.0 OVERVIEW

The Department of Social Services, Missouri HealthNet Division (MHD) is officially designated with administration, provision, and payment for medical assistance under the Federal Medicaid (Title XIX) and the State Children's Health Insurance (CHIP)(Title XXI) programs. The MHD operates a Health Maintenance Organization (HMO) style Managed Care Program called MO HealthNet Managed Care (hereinafter stated "Managed Care"). Managed Care is extended statewide in four regions: Central, Eastern, Western, and Southwestern, to improve accessibility and quality of the healthcare services to all the eligible populations while reducing the cost of providing that care.

The MHD contracts with Managed Care Organizations (MCOs), also referred to as Managed Care Plans, to provide health care services to its Managed Care enrollees. UnitedHealthcare is one of the three MCOs operating in Missouri (MO). The MHD works closely with UnitedHealthcare to monitor services for quality, enrollee satisfaction, and contract compliance. Quality is monitored through various ongoing methods including, but not limited to, MCO's Healthcare Effectiveness Data and Information Set (HEDIS®) indicator reports, annual reviews, enrollee grievances and appeals, targeted record reviews, and an annual external quality review (EQR).

The MHD contracted with PRO Team Management Healthcare Business Solutions, LLC (hereinafter stated PTM), an External Quality Review Organization (EQRO), to perform an EQR.

2.0 OBJECTIVE

Validation of UnitedHealthcare's performance measures in the preceding 12 months as required per the 42 Code of Federal Regulations (CFR) 438.358(b)(1)(ii) was the objective in the EQR 2022. PTM validated a set of performance measures identified by the MHD (Table 1) that were calculated and reported by UnitedHealthcare for their managed care population. The MHD identified the measurement period as calendar year (CY) 2021/Measurement year (MY) 2021.

PTM validated the performance measures with the following objectives:

- Accuracy of the performance measures based on the measure specifications and State reporting requirements.
- If UnitedHealthcare followed the rules outlined by the MHD for calculating the performance measures.
- Review Information Systems underlying performance measurement.

- Assess data integration and control for performance measures calculation
- Review performance measure production.
- Determine UnitedHealthcare's ability to process claims, enrollment, provider and supplemental data accurately.
- Determine UnitedHealthcare's ability to identify numerator and denominator eligible members accurately.
- Determine if UnitedHealthcare has adequate processes in place to ensure data
- completeness and data quality.

Table 1. Performance Measures

Performance Measure	Method	Specification Used	Validation Methodology
Chlamydia Screening in Women (CHL)	Adminis-trative (Admin)	HEDIS®	Primary Source Verification
Well-Child Visits in the First 30 Months of Life (W30)	Admin	HEDIS®	Primary Source Verification
Follow-Up After Hospitalization for Mental Illness-30 days post-discharge (FUH-30 days)	Admin	HEDIS®	Primary Source Verification

3.0 AUDIT TEAM

Contact Information about UnitedHealthcare is presented in Table 2. A virtual meeting was conducted on July 14, 2022, for validation of the performance measures.

Table 2. MCO Information

MCO Name:	UnitedHealthcare
MCO Location:	13655 Riverport Drive, Maryland Heights, MO 63043
On-site Location:	Virtual Meeting: Web-Ex
Audit Contact:	Annel Llanes, Senior Compliance Analyst, Audit Management
Program:	Managed Care (Medicaid/Children's Health Insurance Program)

The PTM team consisted of a Lead Auditor, Allen Iovannisci, MS, CHCA, CPHQ, who possessed the knowledge, skills, and expertise in the Performance Measures, Data Integration, Systems Review, and Analysis required to complete the validation and requirements review for UnitedHealthcare. The Lead Auditor participated in a virtual onsite meeting using web-based technologies to visually inspect the systems and communicate with UnitedHealthcare staff that included Associate Director Compliance,

Senior Enrollment Eligibility Representative, Account Manager Client Services, Chief Operating Officer, Chief Information Officer, Director Business Enablement, Claims Representative, Enrollment Specialist, Clinical Quality Consultant, Provider Specialist.

4.0 TECHNICAL METHOD

PTM conducted the validation process in accordance with the Centers for Medicare & Medicaid Services (CMS) publication, EQR Protocol 2: Validation of Performance Measures, version Oct 2019.

The performance measures were validated using the data collection specifications for each measure as listed in Table 1. All performance measures selected by the MHD were administrative only which required primary source verification (PSV) from UnitedHealthcare's administrative systems (claims and encounter data). Each administrative measure required a random selection of 45 records for PSV.

4.1 Pre-Audit Process

PTM prepared a series of electronic communications that were submitted to UnitedHealthcare on May 5, 2022, outlining the steps in the performance measure validation process based on CMS Performance Measure Validation Protocol 2. The electronic communications included a request for samples, numerator and denominator files and a completed Information Systems Capability Assessment (ISCA). Additionally, PTM requested any supporting documentation required to complete the performance measure validation review. The communications addressed the Simple Random methodology of selecting a maximum of 45 records for PSV and the process for sampling and validating the administrative measures during the review process. PTM provided specific questions to UnitedHealthcare during the measure validation process to enhance the understanding of the ISCA responses during the virtual site visit.
PTM submitted an agenda prior to the virtual visit describing the activities and suggested that subject matter experts attend each session. PTM exchanged several pre-onsite communications with UnitedHealthcare to discuss expectations, virtual session times and to answer any questions that UnitedHealthcare staff may have regarding the overall process.

4.2 Data Collection and Analysis

The CMS performance measure validation protocol identifies key components that should be reviewed as part of the validation process. The following bullets describe these

components and the methodology used by PTM to conduct its analysis and review:

- CMS's ISCA: UnitedHealthcare completed and submitted the required and relevant portions of its ISCA for PTM' review. PTM used responses from the ISCA to complete the onsite and pre-onsite assessment of their information system.
- Source code verification for performance measures: UnitedHealthcare contracted with a software vendor to generate and calculate rates for the three administrative performance measures, CHL, W30 and FUH-30 Days.
- Additional supporting documents: In addition to reviewing the ISCA, PTM also reviewed UnitedHealthcare's file layouts, system flow diagrams, system files, and data collection processes. PTM reviewed all supporting documentation and identified any issues requiring further clarification.
- Administrative rate verification: Upon receiving the numerator and denominator files for each measure from UnitedHealthcare, PTM conducted a validation review to determine reasonable accuracy and data integrity.
- PTM took a sample of 45 administrative claims for each administrative measure, CHL, W30 and FUH-30 Days and conducted primary source verification to validate and assess UnitedHealthcare's compliance with the numerator objectives.

4.3 Virtual Onsite Activities

PTM conducted UnitedHealthcare's virtual performance measurement visit on July 14, 2022. The information was collected using several methods, including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- Opening Conference: The opening meeting included an introduction of the validation team and key UnitedHealthcare staff members involved in the performance measure validation activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.
- Review Information System Underlying Performance Measurement: The evaluation included a review of the information systems, focusing on the processing of claims and encounter data, provider data, patient data, and inpatient data. Additionally, the review evaluated the processes used to collect and calculate the performance measure rates, including accurate numerator and denominator identification and algorithmic compliance which evaluated whether a) rate calculations were performed correctly, b) data were combined appropriately, and c) numerator events were counted accurately.
- ISCA Review, Interviews and Documentation: The review included processes used for collecting, storing, validating, and reporting performance measure rates. The review meetings were interactive with key UnitedHealthcare staff members to capture

UnitedHealthcare's steps taken to generate the performance measure rates. This session was used by PTM to assess a confidence level in the reporting process and performance measure reporting as well as the documentation process in the ISCA. PTM conducted interviews to confirm findings from the documentation review and to ascertain that written policies and procedures were used and followed in daily practice.

- Assess Data Integration and Control Procedures: The data integration session comprised of system demonstrations of the data integration process and included discussions around data capture and storage, reviewing backup procedures for data integration, and addressing data control and security procedures.
- Complete Detailed Review of Performance Measure Production: PTM conducted primary source verification to further validate the administrative performance measures.
- Closing Conference/Communicate Preliminary Findings: The closing conference included a summation of preliminary findings based on the review of the ISCA and the on-site visit.

5.0 FINDINGS: DATA INTEGRATION, CONTROL AND PERFORMANCE MEASURE DOCUMENTATION

The MHD instructed UnitedHealthcare to utilize the HEDIS® specifications for the CHL, W30 and FUH 30 Days, measures.

As part of the performance measure validation process, PTM reviewed UnitedHealthcare's data integration, data control, and documentation of performance measure rate calculations. These are the crucial to the validation process. Each of the following sections describes the validation processes used and the validation findings. The scoring criteria (Table 3) are adopted from the CMS EQR Protocol 2.

Table 3. Scoring Criteria for Performance Measures

Met	The MCO's measurement and reporting process was fully compliant with State specifications.
Not Met	The MCO's measurement and reporting process was not fully compliant with State specifications. This designation should be used for any validation component that deviates from the State specifications, regardless of the impact of the deviation on the final rate. All components with this designation must include explanation of the deviation in the comments section.
N/A	The validation component was not applicable.

5.1 Data Integration

Data integration is an essential part of the overall performance measurement creation/reporting process. Data integration relies upon various internal systems to capture all data elements required for reporting. Accurate data integration is essential for calculating valid performance measure rates. PTM reviewed UnitedHealthcare's actual results of file consolidations and extracts to determine if they were consistent with those which should have demonstrated results according to documented specifications. The steps used to integrate data sources such as claims and encounter data, eligibility and provider data require a highly skilled staff and carefully controlled processes.
PTM validated the data integration process used by UnitedHealthcare, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms.

Met ●	Not Met ☐	N/A ☐

5.2 Data Control

Data control procedures ensure the accurate, timely, and complete integration of data into the performance measure database by comparing samples of data in the repository with transaction files. Good control procedures determine if any members, providers, or services are lost in the process and if the organization has methods to correct lost/missing data. The organization's infrastructure must support all necessary information systems and its backup procedures. PTM validated the data control processes UnitedHealthcare used which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures.
PTM determined that the data control processes in place at UnitedHealthcare were acceptable.

Met ●	Not Met ☐	N/A ☐

5.3 Performance Measure Documentation

Sufficient and complete documentation is necessary to support validation activities. While interviews and system demonstrations provided necessary information to complete the audit, the majority of the validation review findings were based on documentation provided by UnitedHealthcare in the ISCA. PTM' Lead Auditor reviewed the computer programming codes, output files, workflow diagrams, primary source verification and other related documentations.

Met ●	Not Met ☐	N/A ☐

6.0 VALIDATION ANALYSIS

PTM evaluated UnitedHealthcare's data systems for the processing of each data type used for reporting the MHD performance measure rates. General findings are indicated below.

6.1 Medical Service Data (Claims and Encounters)

UnitedHealthcare's continued to use the Facets system during MY 2021. UnitedHealthcare only updated the procedure and diagnosis coding along with usual maintenance of Facets during the MY 2021. These coding updates were done annually. PTM confirmed that UnitedHealthcare only used standard paper claim forms, CMS-1500 and UB-04 and standard 837P and 837I for electronic submissions. All paper claims are scanned by UnitedHealthcare's scanning vendor and converted to electronic format. United Healthcare does not accept paper claims for manual entry. PTM also confirmed that all vendors used these standard claim forms. UnitedHealthcare was able to distinguish between the primary and secondary coding schemes. Incomplete claims submitted from providers were promptly rejected and returned for additional information. Incomplete claims were not allowed in the claims system until all required fields were present and valid.
UnitedHealthcare's pre-processing edits verified the accuracy of submitted information on all claims and encounters. Claims containing errors such as invalid Current Procedural Terminology (CPT) or diagnosis codes were rejected and returned to the provider of service for correction. There were no circumstances where a processor was able to update or change the values on a submitted claim. All medical and behavioral claims were processed using an industry standard paper and electronic means. Medicaid claims were audited regularly for financial and procedural accuracy by randomly selecting thirty-two (32) claims on a weekly basis to validate accuracy and data quality. Quality errors are rectified, and additional training is provided to the claims examiners when issues arise. Facets provided the claims examiner with specific error messages when a pre-authorization request did not match the service rendered by the provider or when the provider did not request a pre-authorization prior to rendering the service. In either circumstance, the claim required a medical review and was pended for Utilization Management for review. UnitedHealthcare staff denied having any issues with backlogs or delays during the measurement year.
UnitedHealthcare's processing timeliness standards were to process 90 percent of clean claims within 30 days of receipt, and 99 percent of clean claims within 90 days of receipt. UnitedHealthcare maintained that 99 percent of all claims were processed within 90 days. There were no significant changes to any claims process for UnitedHealthcare during the measurement year. PTM had no concerns with UnitedHealthcare's claims/encounter processing.

6.2 Enrollment Data

UnitedHealthcare received weekly enrollment files in standard 834 electronic transactions from the State. Each file was validated prior to being loaded into Facets. The Facets system created a member record for new members and made the necessary updates to existing member information. United performed audits to ensure the enrollment process was accurate. The member's enrollment spans were captured for reporting and combined to assess continuous enrollment. UnitedHealthcare was able to identify and correct duplicate member records following verification with the State enrollment files. UnitedHealthcare's time to process was 24 hours from receipt of the enrollment file. All downstream vendors received an updated enrollment file daily and a full file monthly following processing at UnitedHealthcare.
There were no changes to the enrollment process from the previous year's review.
There were no issues identified with UnitedHealthcare's enrollment data processes as it pertains to performance measurement.

PTM had no concerns with UnitedHealthcare's ability to capture member information.

6.3 Provider Data

UnitedHealthcare processed provider data in the Network Database (NDB) and Facets. Provider information was initially entered to NDB, and data transmissions from NDB to Facets were automatically performed nightly to update the information in the claims system. System reconciliations were performed daily to ensure data consistency. United conducted several provider data audits, including provider set-up audits, end-to-end audits, and focused audits.
UnitedHealthcare continued to update its provider directories weekly. A weekly provider feed is sent to their vendor to update the most current provider data. This allows a member to receive a current directory when requested. Members can call Customer Service and request a weekly updated directory via mail. The Network Database (NDB) is used as a primary source for the provider directory and data entered there flows through UnitedHealthcare's other systems in a standard process.
PTM reviewed the process for mapping provider specialties and verified primary care specialties during the virtual onsite review, primary source verification session. All provider specialties matched the certified provider taxonomy. UnitedHealthcare was compliant with the credentialing standards and credentialed individual providers at the Federally Qualified Health Centers (FQHCs).
There were no changes to UnitedHealthcare's provider data processes, including how it captured provider data through its delegated entities.

PTM did not have any concerns with UnitedHealthcare's provider processes as it relates to performance measures creation.

6.4 Medical Record Review Validation (MRRV)

Medical record review was not part of the review for MY 2021 as the measures under review were strictly administrative only measures and did not require a medical record component.

6.5 Supplemental Data

Numerator positive hits through supplemental data sources CHL, W30 and FUH-30 Days were considered standard administrative records. PTM had no concerns with the data sources or record acquisition.

6.6 Data Integration

UnitedHealthcare continued to use Inovalon software for performance measure, QSI-XL. UnitedHealthcare indicated there were no significant issues with the migration and no concerns were identified during on-site primary source verification.
UnitedHealthcare's internal data warehouse combined all files for uploading into QSI-XL's certified measures software. The internal data warehouse combined all systems and external data into tables for consolidation prior to loading into QSI-XL file layouts. The majority of information was derived from the Facets system while external data such as supplemental and vendor files were loaded directly into the data warehouse tables. PTM conducted a review of the HEDIS® data warehouse and found it to be compliant with data warehousing standards.
Facets and encounter data were linked using unique identifiers in Facets linking all other identifiers from external sources such as State Medicaid identifiers and social security numbers. All identifiers were tracked and captured in a central data warehouse where they linked members with their encounter and claims transactions.
UnitedHealthcare utilized senior analysts or managers to examine and approve code for quality and validation. Results were compared to prior year's metrics when available or Medicaid benchmarks to determine reasonableness of results. Per UnitedHealthcare's maintenance cycle, data was reviewed and validated by the assigned analyst and the business owner after requirements were verified and approved. There were no critical errors detected in any of the measures under review.
PTM Services did not have any issues with UnitedHealthcare's ability to accurately consolidate files for performance measurement reporting.

7.0 PERFORMANCE MEASURE SPECIFIC FINDINGS

Table 4 shows the key review findings and final audit results for UnitedHealthcare for each performance measure.

PTM determined validation results for each performance measures based on the definitions listed below. The validation finding for each measure is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be "Not Met." Consequently, it is possible an error for a single audit element may result in a designation of "Do Not Report (DNR)" because the impact of the error materially biased the reported performance measure. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, thus the measure is "Reportable (R)." The following is a list of the validation findings and their corresponding definitions:

R = Reportable: Measure was compliant with State specifications.

DNR = Do not report; UnitedHealthcare rate was materially biased and should not be reported

NA = Not applicable; UnitedHealthcare was not required to report the measure.

NR = Measure was not reported because UnitedHealthcare did not offer the required benefit.

Table 4. Key Review Findings and Audit Results for UnitedHealthcare

Performance Measure	National Quality Forum#	Measure Steward	Findings	Validation Confidence Rating
Chlamydia Screening in Women	0033	NCQA	No Concerns	R
Well-Child Visits in the First 30 Months of Life	1392	NCQA	No Concerns	R
Follow-Up After Hospitalization for Mental Illness-30 days	0576	NCQA	No Concerns	R

8.0 DOCUMENTATION WORKSHEETS

Worksheet 1. Data Integration and Control Findings for UnitedHealthcare				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
Accuracy of data transfers to assigned performance measure data repository.				

Worksheet 1. Data Integration and Control Findings for UnitedHealthcare				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
UnitedHealthcare accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance measure data repository used to keep the data until the calculations of the performance measure rates have been completed and validated.	●	☐	☐	
Samples of data from the performance measure data repository are complete and accurate.	●	☐	☐	
Accuracy of file consolidations, extracts, and derivations.				
UnitedHealthcare's processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	●	☐	☐	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	●	☐	☐	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	●	☐	☐	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance measure reporting are lost or inappropriately modified during transfer.	●	☐	☐	
If UnitedHealthcare uses a performance measure data repository, its structure and format facilitate any required programming necessary to calculate and report required performance measure rates.				
The performance measure data repository's design, program flow charts, and source codes enable analyses and reports.	●	☐	☐	

Worksheet 1. Data Integration and Control Findings for UnitedHealthcare				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	●	☐	☐	
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including UnitedHealthcare production activity logs and UnitedHealthcare staff review of report runs, is adequate.	●	☐	☐	
Prescribed data cutoff dates are followed.	●	☐	☐	
UnitedHealthcare retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	●	☐	☐	
The reporting software program is properly documented with respect to every aspect of the performance measure data repository, including building, maintaining, managing, testing, and report production.	●	☐	☐	
UnitedHealthcare's processes and documentation comply with UnitedHealthcare standards associated with reporting program specifications, code review, and testing.	●	☐	☐	

Worksheet 2. Measure Validation Findings for UnitedHealthcare				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
For each performance measure, all members of the relevant populations identified in the performance measure specifications (who were eligible to receive the specified services) were included in the population from which the denominator was produced. The eligible population included members who received the services as well as those who did not. The same standard applies to provider groups or other relevant populations identified in	●	☐	☐	

Worksheet 2. Measure Validation Findings for UnitedHealthcare				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
the specifications of each performance measure.				
For each measure, adequate programming logic or source code identifies, tracks, and links member enrollment within and across product lines by age and sex, as well as through possible periods of enrollment and disenrollment and appropriately identifies all relevant members of the specified denominator population for each of the performance measures.	●	☐	☐	
UnitedHealthcare's calculations of continuous enrollment criteria were correctly carried out and applied to each measure (if applicable).	●	☐	☐	
UnitedHealthcare used proper mathematical operations to determine patient age or age range.	●	☐	☐	
UnitedHealthcare can identify the variable(s) that define the member's sex in every file or algorithm needed to calculate the performance measure denominator, and can explain what classification is carried out if neither of the required codes is present.	●	☐	☐	
Exclusion criteria included in the performance measure specifications are followed.	●	☐	☐	
UnitedHealthcare has correctly calculated member months and member years, if applicable to the performance measure.	●	☐	☐	
Identifying medical events. UnitedHealthcare has properly evaluated the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes have been appropriately identified and applied as specified in each performance measure.	●	☐	☐	

Worksheet 2. Measure Validation Findings for UnitedHealthcare				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
Time parameters. Any time parameters required by the performance measure specification were followed by the UnitedHealthcare (e.g., cut off dates for data collection, counting 30 calendar days after discharge from a hospital).	●	☐	☐	
Exclusion criteria. Performance measure specifications or definitions that exclude members from a denominator were followed. (For example, if a measure relates to receipt of a specific service, the denominator may need to be adjusted to reflect instances in which the patient refuses the service, or the service is contraindicated.)	●	☐	☐	
Population estimates. Systems or methods used by UnitedHealthcare to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	●	☐	☐	
Identifying the at-risk population. UnitedHealthcare has used appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	●	☐	☐	
Services provided outside the UnitedHealthcare. UnitedHealthcare has adopted and followed procedures to capture data for those performance measures that could be easily under-reported due to the availability of services outside UnitedHealthcare. (For some measures, particularly those focused on women and children, the member may have received the specified service outside of the UnitedHealthcare provider base, such as children receiving immunizations through public health services or schools, access to family planning services. An extra effort must be made to include these events in the numerator.)	●	☐	☐	

Worksheet 2. Measure Validation Findings for UnitedHealthcare				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
Inclusion of qualifying medical events. UnitedHealthcare's use of codes to identify medical events (e.g., diagnoses, procedures, prescriptions) are complete, accurate, and specific in correctly describing what transpired and when. This included:	●	☐	☐	
UnitedHealthcare correctly evaluated medical event codes when classifying members for inclusion or exclusion in the numerator.	●	☐	☐	
UnitedHealthcare avoided or eliminated all double-counted members or numerator events.	●	☐	☐	
UnitedHealthcare mapped any non-standard codes used in determining the numerator in a manner that is consistent, complete, and reproducible. The EQRO assesses this through a review of the programming logic or a demonstration of the program.	●	☐	☐	
All time parameters required by the specifications of the performance measure were adhered to (i.e., that the measured event occurred during the time period specified or defined in the performance measure).	●	☐	☐	
Medical record data. Medical record reviews and abstractions were carried out in a manner that facilitated the collection of complete, accurate, and valid data by ensuring that:	☐	☐	☒	Medical record review was not conducted for MY 2021 performance measures as they were administrative measures.
Record review staff have been properly trained and supervised for the task.	☐	☐	☒	Medical record review was not conducted for MY 2021 performance measures as they were

Worksheet 2. Measure Validation Findings for UnitedHealthcare				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
				administrative measures.
Record abstraction tools required the appropriate notation that the measured event occurred.	☐	☐	☒	Medical record review was not conducted for MY 2021 performance measures as they were administrative measures.
Medical record data from electronic sources was accurately extracted according to measure specifications.	☐	☐	☒	Medical record review was not conducted for MY 2021 performance measures as they were administrative measures.
Data included in the record extract files are consistent with data found in the medical records based on a review of a sample of medical record for applicable performance measures.	☐	☐	☒	Medical record review was not conducted for MY 2021 performance measures as they were administrative measures.
The process of integrating administrative data and medical record data for the purpose of determining the numerator is consistent and valid.	●	☐	☐	

9.0 UNITEDHEALTHCARE MEASURE SPECIFIC PERFORMANCE MEASURES

Tables 5-7 show the results of the performance measures in the format based on the CMS EQR Protocol 2.

Table 5. Chlamydia Screening in Women All Ages (CHL)			
Data Element/MY	**2019**	**2020**	**2021**
Numerator	2,275	3,727	5,304
Denominator	4,921	8,232	10,573

Rate	46.23%	45.27%	50.16%

Table 6. Performance Measure Results Well-Child Visits in the First 30 Months of Life (W30)			
Data Element/MY	**2019**	**2020**	**2021**
First 15 Months Numerator	NA	3,412	4,535
First 15 Months Denominator	NA	7,330	8,805
First 15 Months Rate	NA	**46.55%**	**51.50%**
15 – 30 Months Numerator	NA	2,943	3,781
15 – 30 Months Denominator	NA	4,558	6,377
15 – 30 Months Rate	NA	**64.57%**	**59.29%**

Table 7. Follow-Up After Hospitalization for Mental Illness (FUH-30 Days)*			
Data Element/MY	**2019**	**2020**	**2021**
Numerator	830	953	1,099
Denominator	1,736	1,820	2,147
Rate	**47.81%**	**52.36%**	**51.19%**

*Results for MY 2019-2020 are not validated by PTM

10.0 CONCLUSIONS

10.1 Quality, Timeliness, and Access to Healthcare

Strengths

- UnitedHealthcare staff was well prepared for an onsite review and had all claims and preparation completed ahead of schedule.
- UnitedHealthcare was able to demonstrate and articulate their knowledge and experience of the measures under review.
- UnitedHealthcare continues to update their systems with most current diagnoses and procedures as they become available during the year.
- UnitedHealthcare continues to review their source code to ensure it is error free.
- Appropriate services such as laboratory, primary care and hospital access, are readily available in all regions.
- UnitedHealthcare was able to demonstrate its ability to capture the specific diagnosis
- UnitedHealthcare continues to monitor and improve upon the data captured in both primary and supplemental data for numerator compliance for all measures including FUH-30 days.

- UnitedHealthcare's CHL rate significantly improved from 45.27% (MY 2020) to 50.16% (MY 2021) by 4.89% points (Table 5).

Weakness

UnitedHealthcare's W30 rate for age cohort 15-30 months dropped significantly from 64.57% (MY 2020) to 59.29% (MY 2021) by 5.28% points. The rate drop in this age cohort may continue to be attributed to COVID-19.

Although PTM services didn't validate the FUH-30 days in the previous two years, UnitedHealthcare's FUH-30 days trended down slightly compared to MY 2020. While the trend is not considered statistically significant at -1.17% points difference year over year, it should be considered as a potential issue as enrollment increases.

10.2 Improvement by UnitedHealthcare

Response to Previous Year's Recommendations: Table 8 describes actions taken by UnitedHealthcare in response to EQRO recommendations during previous EQR 2021. PTM evaluated UnitedHealthcare's response and categorized as follows:

- High: MCO fully addressed the recommendation, complied with the requirement, and no further action is needed.
- Medium: MCO partially addressed the recommendation, the same recommendation applies, or a new recommendation is provided.
- Low: Minimal action/no action was taken, the same recommendation applies.

Table 8: UnitedHealthcare's Response to Previous Year's Recommendations

EQRO Recommendation	Action by UnitedHealthcare	Degree of Response
PTM continues to recommend UnitedHealthcare pursue outpatient mental health services and educate the members to have a follow-up visit to a doctor within seven days and thirty days post hospital discharge	UnitedHealthcare should facilitate the scheduling of follow-up visits for the member. UnitedHealthcare decreased 1.17% points from the previous year but this was not a significant change.	**Medium** There is still room for improvement for outpatient mental health services.
UnitedHealthcare should consider incentivizing providers to meet with members for the W30 measure. This may positively impact the rates for future years.	UnitedHealthcare was not successful at increasing compliance. UnitedHealthcare's rate significantly decreased	**Low** No improvement was noted for this measure.

	year over year by 5.28% points for 15-30 months age cohort. Though the rate increased by 4.95% points for 0-15 months age cohort.	
PTM recommends UnitedHealthcare continue education and outreach efforts to members and providers to increase Chlamydia screenings.	Members were outreached throughout the year and educated to seek CHL screenings. UnitedHealthcare showed a significant increase of 4.89% points in CHL screening year over year.	**Medium** There was a positive impact to outreach with members and providers.

11.0 RECOMMENDATIONS

UnitedHealthcare

- UnitedHealthcare must follow all recommendations from Table 8.

MHD

- The MHD should consider including other Medicaid measures from CMS Adult Core Set, Child Core Set and Behavioral Health Core Set in addition to the measures required by HEDIS® reporting.
- The MHD should work with UnitedHealthcare to track, monitor, and measure the interventions taken to improve performance of FUH, W30, and CHL and measures.
- PTM recommends that the MHD sets targets for performance measures to measure UnitedHealthcare's performance and not just focus on % point increase from previous year's rates.