



Performance Tiering Model: Version 2

Commercial Performance - Effective January 2024



The market demands that we change how we think about risk and performance



Action

All commercial payers are pushing for more accountability for outcomes; lowering fee schedules for low performers



Response

- Transparent tiering of the Network
- Exiting low-performing, philosophically misaligned members

Risk = Controllable Opportunity

Collectively, we can pull the right levers to drive performance



Commercial Performance Tiering Evaluation

Review of Criteria



Patient Engagement

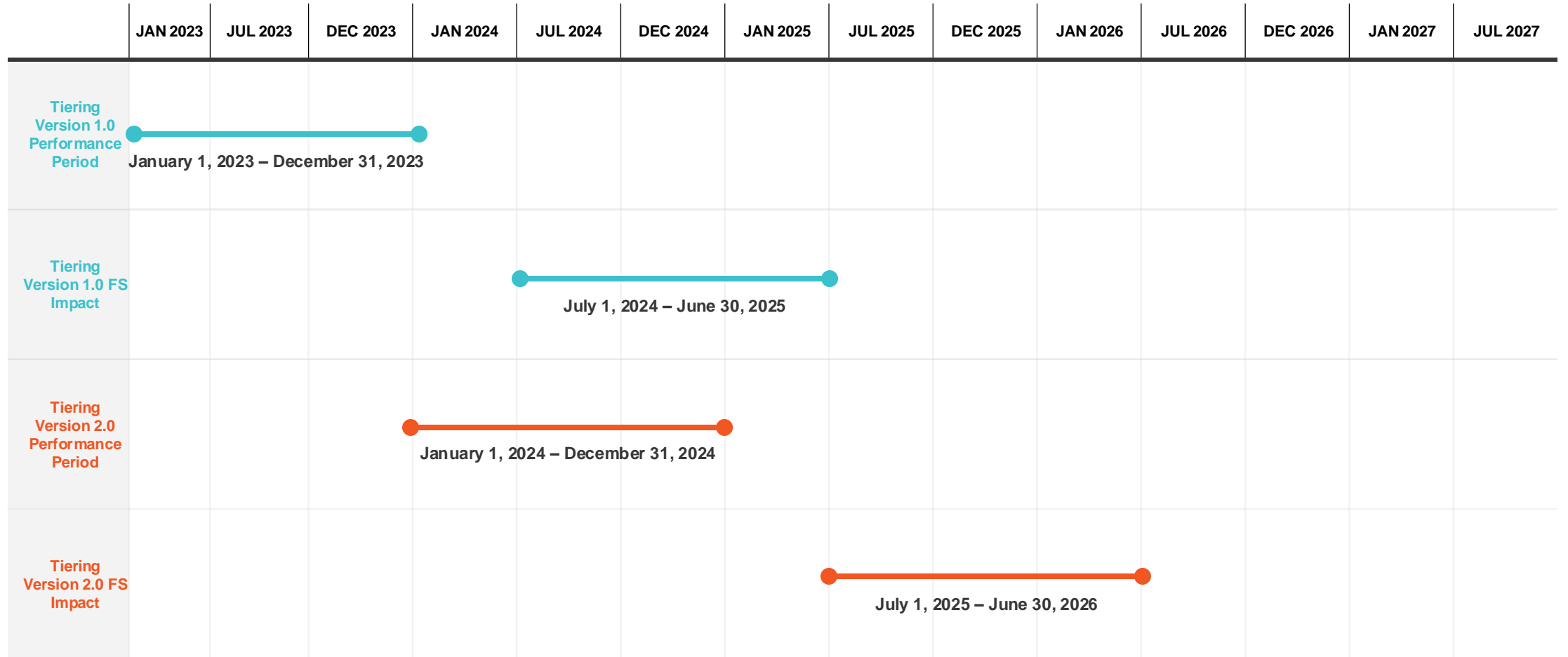


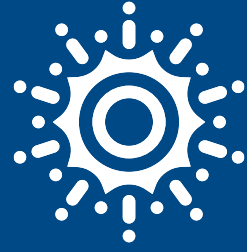
Performance

Quality

Utilization

Tiering Version Timeline





Adult Model

NTX Market



Adult Tiering Model Evolution - NTX



Version 1	Points	Metric
Engagement	10 points	Working Action Items
	10 points	Grant EMR Access
	10 points	Connecting Patients to Care Team
Performance	10 points	Quality (AWV, BCS, CRC, A1C, A1c<8)
	10 points	Utilization (Active Patient PMPM, Avoidable ER PMPM, Admitted PMPM, Diabetes PMPM)
	10 points	Quality/Utilization Improvement year over year



Version 2	Points	Metric
Engagement	15 points	TOC: Complete follow up appointment with high-risk patients within 15 days of discharge
	10 points	Connecting very high-risk patients to Care Team
	5 points	PD: Improve Premium Designated Specialist Referral Patterns by 3%
Performance	10 points	Quality (AWV, BCS, CRC, KED, A1c<8)
	10 points	Utilization (Active Patient PMPM ONLY)
	10 points	Quality/Utilization Improvement year over year

Engagement Metrics in TIN Evaluation (Adult - NTX)



Metric #	Metric	Metric Description	Score
1	Focused Transition of Care	65% of active high-risk patients* must complete a PCP or specialist appointment <u>within 15 days post-discharge</u> from an inpatient hospital admission.	0 = No 15 = Yes
2	Connect High-Risk Patients to the Care Team	Connect 5% of identified very high-risk patients** for the measurement year to the Catalyst Care Team.	0 – 10****
3	Refer to Premium Designated Specialists***	Increase utilization of UHC Premium Designated specialists by 3%	0 = No 5 = Yes

***High-risk patient definition:** Patients with a payer risk score of 50+

****Very high-risk patient definition:** Patients with 3 or more chronic conditions AND a payer risk score of 75+ (or -1)

*****Premium Designated specialists:** Specialists determined to be “Premium Designated” by UHC’s logic

******Metric 2 example:** If 6 out of 10 physicians at a practice sent 5% of high-risk patients to the Care Team, the TIN would receive a score of 6.

Performance Metrics Included in TIN Evaluation (Adult - NTX)



Metric #	Metric	Metric Description	Score
3	Percentage of Quality Metrics Met in Performance Year	Scores assigned based on overall percentage of quality metrics met	0 – 10*
4	Percentage of Utilization Metrics Met in Performance Year	Scores assigned based on overall percentage of utilization metrics met	0 – 10*
5	Did TIN Improve Quality and/ or Utilization from prior performance year?	Results taken from all performance metrics to understand TIN improvement year to year	0 = No 5 = Q or U Improvement 10 = Q and U Improvement

* Score based on percentage in relation to peers (i.e., Top 10% = 10 points, Top 20% = 9 points...etc.)



Performance Measures (Adult Model - NTX)

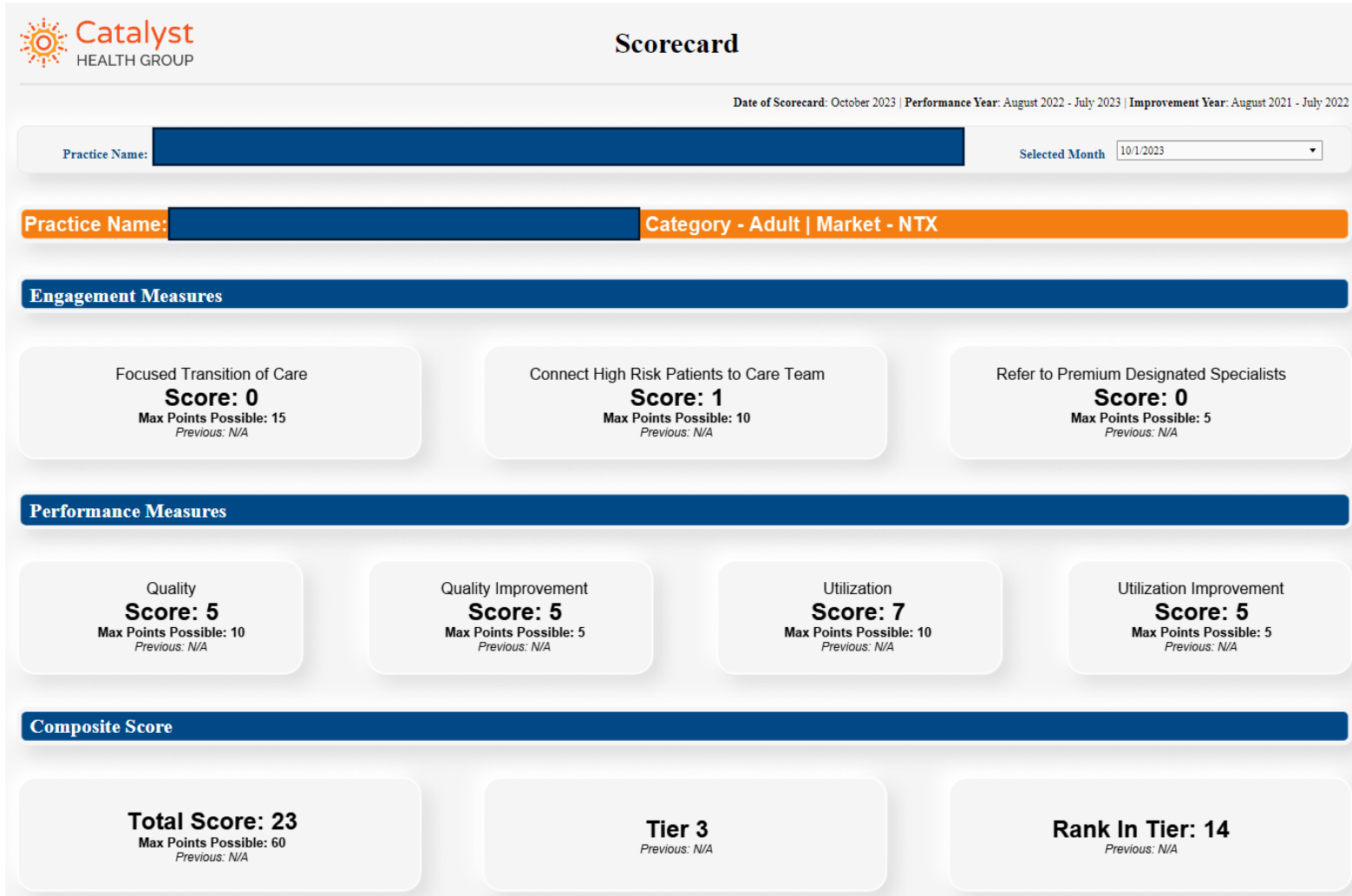
Included Quality Measures:

1. Annual Wellness Visit
2. Breast Cancer Screening
3. Colorectal Cancer Screening
4. Kidney Evaluation Diabetics (KED)
5. A1c in Control (<8%)

Included Utilization (Cost) Measures:

1. Active Patients PMPM

Enhanced Scorecard – Adult NTX



Tiering Version Timeline

