



UnitedHealthcare – Premium Designation/Tier 1

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Executive Summary

Representatives from employers, providers, brokers, consultants and other stakeholders gathered on July 31 at BMO, Brookfield, to attend the fourth symposium of BHCG's 2019 Delivering Value Series. The Series was created to impart in-depth knowledge about the best-in-class innovative employer solutions in BHCG's portfolio.

The UnitedHealthcare Premium designation program promotes quality and cost efficiency by identifying high value providers. It is designed to create accountability for both providers and consumers. BHCG's exclusive access to UnitedHealthcare's tiered benefit product (Tier 1 program) gives employers additional opportunities to lower health care spend by maximizing consumers' utilization of Premium designated providers through benefit incentives.

Introduction

- **The UnitedHealth Premium® program and tiered benefits product, Tier 1, are key components of the strategic partnership between BHCG and UnitedHealthcare**
 - Promotes quality, cost efficient care by identifying high value providers
 - Creates accountability for both providers and consumers
 - BHCG member employers have exclusivity for the Tier 1 product
 - Also available for fully insured employers through BHCG membership
 - Communication materials for the Premium designation and Tier1 programs are available free of charge to all BHCG member employers (both UnitedHealthcare and UMR clients)

Katherine Bisek, UnitedHealth Group

- **Innovation a key UnitedHealth Group value**
 - Spend \$3.3 billion annually on innovation, technology and research and development
 - Innovation at UnitedHealth Group: research (understanding and using data): development > launch > continuous improvement
 - Innovation occurs throughout the organization and involves membership, clients and the community
- **Addressing the challenges faced by employers and employees**
 - High and growing health care costs is an issue for everyone
 - Cost and quality vary among providers
 - Premium designation program developed to address this issue by getting consumers to cost efficient, quality providers using various strategies – e.g., digital, Advocate4Me membership services
 - Overly complex consumer model/system
 - Compromised access to care
- **Example of innovation**
 - Special needs team was created within Advocate4Me to help parents of children with any one 6,600 diagnosis codes (e.g., autism, cerebral palsy, MS)
 - The member has one point of contact for any issues
 - Net provider score for this group is now +73
- **UnitedHealth Group offers a variety of digital tools**
 - Myuhc: One-stop, self-service resource for personalized health information (mobile-enabled)
 - Includes: onboarding video to help the consumer understand their benefit plan; look-up claims; print ID card; find care; assess cost of care
 - Working on making virtual visits easier to access
 - Provider search brings Premium providers to the top of the list, with top performers at the very top
 - New UnitedHealthcare app has been updated but has not been promoted yet – promotion with members will begin October 1
 - Looking at Alexa for the future vs. what consumers now do via a keyboard on a computer or clicks on an app

- Symptom checker app – Working to get consumers to use it rather than doing a Google search. One advantage – if a provider visit is necessary, Premium providers can be displayed
- To increase member engagement in clinical programs UnitedHealthcare is piloting digital solutions to connect with a nurse, including texting and messaging to move beyond just phone calls
- **Change management support available to BHCG member employers in *Members Only* section of BHCG website to assist with communicating to employees about new programs and services and how to access them**
 - Videos explaining Tier 1 and Premium designation are available for employers to share with employees
 - Use the ADKAR (Awareness, Desire, Knowledge, Ability, Reinforce) concepts throughout all the change management materials
 - Turnkey communications materials are available across numerous media
 - Customization of materials is available at a discounted rate

Chris Brown, UnitedHealthcare

- **The Premium program fits into UnitedHealthcare’s vision for developing provider networks**
 - Create networks that feature high performing providers on the basis of quality and cost efficiency – the cornerstone of the network
- **Premium program began about 15 years ago by listening to clients**
 - Clients couldn’t understand why good information about health care services was unavailable
 - Isn’t just about costs; it’s about delivering quality care cost effectively
- **Quality is a key component of the Premium program**
 - Developed quality measures first by looking at existing measures available in the industry; where measures didn’t exist until UnitedHealthcare developed them
 - Only after quality measures were developed were cost performance measures layered over the top to identify Premium providers
 - UnitedHealthcare evaluates physicians on 220 quality measures, across 75 conditions, from a variety of sources, applied to administrative claims
- **Premium is broadly available**
 - In 44 states
 - Sixteen Premium specialties representing 47 credentialed specialties, including primary care
 - Deeply embedded into customer service, clinical and online experiences
- **Four designations are available**
 - Two blue hearts – meets quality and cost efficiency criteria
 - One blue heart – meets quality criteria only
 - Open hearts – not enough data to assess performance
 - Two gray hearts – does not meet quality criteria

- Additional cost analysis on each provider with two blue hearts is “done behind the scenes.” Physicians listed in order of cost efficiency, with the most cost efficient at the top
- **Percentages of physicians that meet the various designations**
 - On average across all markets for all specialists, 32 percent meet both the quality and cost-efficiency criteria (two blue hearts)
 - On average across all markets for all specialists, three to twelve percent do not meet the quality criteria (two gray hearts)
 - In eastern Wisconsin 38 percent of physicians meet both the quality and cost-efficiency criteria and the percentage not meeting the quality criteria is lower than the national average
- **UnitedHealth Premium Care Physicians outperform their peers**
 - Across all specialties Premium Care physicians have seven percent lower total costs compared to a non-Premium care physicians
 - Premium Care physicians with cardiology procedure episodes had a 10 percent lower average complications rate and 17 percent fewer average redo procedures
 - Premium Care physicians with orthopedic procedure episodes had a 12 percent lower average complications rate and 41 percent fewer average redo procedures
- **Connecting consumers to Premium Care physicians**
 - Incent members to seek care from Premium Care physicians using a tiered benefit product (recommend 20 percent differential)
 - Encourage selection of a Premium Care PCP
 - Embed the Premium program in consumer support (communications, advocacy and tools)
 - Just having the discussion about seeking care from Premium Care physicians during open enrollment isn’t enough – need to be consistent, persistent and insistent in communication efforts
- **Some specialties are not represented in the Premium program**
 - Oncology physicians across the board are designated as Tier1 providers because:
 - Employers don’t want employees with cancer to have to deal with benefits tiering issues
 - Data from administrative claims is not sufficient to severity adjust the data
 - UnitedHealthcare is actively working on including Oncology, Dermatology and Ophthalmology to the Premium program
- **Physician pushback about their designation does occur**
 - UnitedHealthcare gives physician all the algorithms, methodology documents and calculations to justify their rankings
 - UnitedHealthcare has never compromised the integrity of the program by allowing a physician or provider group to negotiate their way into “two hearts” or Tier 1 status

David Smith, UnitedHealthcare

- **Members who are high Premium provider utilizers cost less overall**

- High Premium provider utilizers are defined as having 75 percent or more of their utilization with a Premium care physician; low premium provider utilizers – less than 75 percent of their utilization with a Premium care physician
- Results for 2018 for BHCG – Members in Eastern Wisconsin with high Premium physician utilization cost 12% less than members with low Premium physician utilization on a risk adjusted PMPM basis
- **BHCG Disease Progression Study 2017-2018:**
 - Members with consecutive years of (2017-2018) high Premium physician use were compared with members with consecutive years of low Premium physician use
 - Members with consecutive high Premium use progressed across the metabolic /diabetes disease progression at a lower than expected rate – 16 to 26 percent lower than members with consecutive low Premium use. Employers tiering benefits have a slower rate of disease progression than those employers that don't tier benefits
 - Costs for consecutive high utilizers are lower than costs for consecutive low utilizers at all stages of the metabolic / diabetes disease progression
- **Medically homeless members provide an opportunity for outreach**
 - Twenty-five percent of males and 12 percent of females had no primary care visits in the past two years
 - An additional 9 percent of males and 5 percent of females had a PCP visit, but it was not considered a wellness visit
 - These two groups defined as the medically homeless present an outreach opportunity for BHCG member employers
 - BHCG is developing a medically homeless campaign, free to member employers, to reach out to the medically homeless – home mailers to be followed by emails

Susan Hoppman, UnitedHealthcare

- **Advocate4Me BHCG-dedicated team is based in Green Bay**
 - Twenty-four advocates dedicated to BHCG
 - Dedicated to providing a better health care experience to employers' employees and their families
 - Provides proactive, highly personalized support (“one person at a time”)to help them make educated health care decisions
- **Advocate4Me service model includes:**
 - Communications with members in whatever way they prefer (e.g., phone, email, text)
 - One-stop resource – no need to call more than once
 - Single-point resolution – questions are answered the first time or advocates reach out to provide the needed information
 - Dedicated support – 1-on-1 support to families with special needs

- An interdisciplinary team – comprised of experts in many areas, including nurse advocates
- Predictive personalization gets members to the correct advocate the first time
- Member dashboard gives the advocate all information they could possibly need to answer any question a member has
- Extensive advocate training
- **Three tiers of advocates available to take calls based on the member's needs:**
 - Benefit advocates take most of the calls and primarily work with members who are not high users of health care
 - Health advocates are claims experts
 - Nurse advocates take the fewest calls and work with members with significant health issues
- **Why Advocate4Me works for employers:**
 - Helps reduce “noise” HR departments hear
 - Helps reduce medical expenses
 - Helps increase employee satisfaction and productivity

[Slides](#) from the presentations are available for review.