



2026 Quality Rewards Program

UnitedHealthcare Community Plan of Pennsylvania

Agenda

- Overview and eligibility
- Program benchmarks
 - Pediatric home health agencies (HHAs)
 - Primary care providers (PCPs)
 - Federally Qualified Health Centers (FQHCs) with dental practices
 - Accountable care organizations (ACOs) and Patient-Centered Medical Homes (PCMHs)
 - Obstetrician/gynecologist (OB-GYN)/nurse-midwife practices
- Care opportunity closure incentives
- Incentive payment schedule
- Preferred provider overview



Overview

We created the Quality Rewards program to:

- **Recognize** health care professionals for offering quality service to UnitedHealthcare Community Plan members
- **Help** our members get the right care, at the right time and the right place
- **Reward** excellence with cash incentives*
- **Address** UnitedHealthcare Community Plan of Pennsylvania member care opportunities based on HEDIS® measures. This is tied to access to care, doctor-patient communication, children's health and diabetes monitoring and treatment.
- **Help** improve access for our members by rewarding health care professionals for accepting new patients and reducing hospitalizations

*Incentive bonuses will be paid to in-network UnitedHealthcare Community Plan health care professionals who are in good standing as of Dec. 31, 2026.



Eligibility

- Pediatric HHAs
- PCP's
- FQHC with dental practices
- ACOs and PCMHs
- OB-GYN/nurse-midwife practices

The Quality Rewards program has different requirements and benchmarks, based on health care professional and/or organization type. The program runs by calendar year and is funded by the Pennsylvania Department of Human Services.



Program reminder

Any incentive payments you receive as a result of Pay for Performance (P4P) outcomes must be disbursed in alignment with the following regulatory requirements:

- Of the incentive payment amount, the Physical Health Managed Care Organization (PH-MCO) requires that no less than 80% of the incentive payment be disbursed to the individuals whose services contributed to the achievement of outcomes by the provider P4P requirement(s)
- No more than 20% of those funds may be used by the provider at the TIN level for general administrative purposes



HHA quality benchmarks

Pediatric shift-care nursing

Eligible HHA health care professionals:

- Minimum of 5 UnitedHealthcare members with shift-care nursing*
- Must have less than 5 missed shifts per quarter*
- Participating with UnitedHealthcare Community Plan as of Dec. 31, 2026

Quality targets and incentive amounts



Shift-care nursing cases will receive \$175 per member/per quarter

*As reported on the quarterly OPS 8 Shift Care Nursing Report.





PCP quality benchmarks

Well-Child visits in the first 15 months of life

6 or more visits

Eligible pediatricians and family practice health care professionals:

- Have at least 10 UnitedHealthcare Community Plan members assigned to their TIN and included in their HEDIS denominator for the 2026 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2026

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	63% or more	10	\$20 per member
75th	67% or more	10	\$50 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2026.

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2026.



Well-Child visits

Ages 3–21

Eligible pediatricians and family practice health care professionals:

- Have at least 20 children who are UnitedHealthcare Community Plan members assigned to TIN and in HEDIS denominator for the 2026 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2026

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	55% or more	20	\$5 per member
75th	61% or more	20	\$20 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2026.

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2026.



Controlling high blood pressure

Ages 18–85

Eligible health care professionals:

- Have at least 10 UnitedHealthcare Community Plan members assigned to their TIN and in HEDIS denominator for the 2026 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2026

To get credit for this measure, please use CPT[®] II codes or structured data.

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	68% or more	10	\$5 per member
75th	71% or more	10	\$50 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2026.

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2026.



Glycemic status assessment for patients with diabetes >9%

HbA1c poor control > 9%

Ages 18–75

Eligible health care professionals:

- Have at least 10 UnitedHealthcare Community Plan members assigned to TIN and in HEDIS denominator for the 2026 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2026

To get credit for this measure, please use CPT II codes or structured data.

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	30% or less*	10	\$20 per member
75th	26% or less*	10	\$50 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2026.

**Annual bonus based on HEDIS denominator as of Dec. 31, 2026.

Note: Inverse measure means lower result value is better. You do not need to send us test results if they were processed through Quest and LabCorp.



Asthma medication ratio

Ages 5–64

Eligible health care professionals:

- Have at least 10 UnitedHealthcare Community Plan members assigned to TIN and in HEDIS denominator for the 2026 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2026

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	64% or more	10	\$25 per member
75th	70% or more	10	\$75 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2026.

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2026.



Blood lead level screening for children

Eligible pediatrician and family practice health care professionals:

- Have at least 15 UnitedHealthcare Community Plan members assigned to TIN and in HEDIS denominator for the 2026 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2026

Quality targets and incentive amounts

HEDIS percentile	HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
50th	70% or more	15	\$5 per member
75th	76% or more	15	\$20 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2026.

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2026.



Developmental screening in the first 3 years of life

Eligible pediatrician and family practice health care professionals:

- Have at least 15 UnitedHealthcare Community Plan members assigned to TIN and in HEDIS denominator for the 2025 measurement year
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2026

To get credit for this measure, CPT code 96110 must be billed on claims on the date of service.

Quality targets and incentive amounts

HEDIS measure target rate*	Minimum number of eligible plan members	Incentive reward**
At least 64% compliance rate	15	\$25 per member

*Target rate subject to change when NCQA Quality Compass data is released in 2026.

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2026.



Structured data incentive for glycemic status assessment (A1c) for patients with diabetes

Incentive opportunities

We'll reimburse at the TIN level:

- \$1,000 per measure of data submitted for a total possible submission of \$2,000 per year for the glycemic status assessment (A1c) for patients with diabetes and controlling high blood pressure measures

This applies to TINs that send us structured data files such as continuity of care documents and flat files monthly, or on agreed upon cadence. This does not apply to TINs that send data overall through a Health Information Exchange.



Incentive programs

Health equity measures:

- Prenatal care in the first trimester*
- Well-child visits in the first 15 months of life*
- Glycemic status assessment (A1c) for patients with diabetes – poor control > 9.0%*
- Postpartum care*
- Controlling high blood pressure*

Incentive opportunities

- We'll reward you at the TIN level when you show a 2% or less disparity via percentage by measure results related to the overall performance of compliance in a measure
- We'll use the measure rate results of the African American and Caucasian populations and/or Hispanic/Latino and Caucasian populations and will calculate a percentage difference in overall measure performance. Those groups with a 2% or less disparity in performance difference will receive \$500 per measure
- The denominator minimums must be met for a TIN to be measured on this disparity by measure program. There are 4 applicable PCP-level measures and 1 OB-applicable measure (postpartum care) as defined above as part of this program.
- African American vs. Caucasian and Hispanic Latino vs. Caucasian will be each calculated separately

*Each measure requires a minimum of 50 in the overall denominator, consisting of at least 10 African Americans and/or Hispanic/Latinos in the denominator to qualify.

Note: FQHCs are eligible for improvement, HEDIS percentile and PCP ADV care opportunity incentives.





FQHCs with dental practices quality benchmark

FQHCs with dental practices

Oral Evaluation Dental Services (OED) (members ages 2–20)

Eligibility: FQHCs with dental practices in their primary care offices

Quality targets* and incentive amounts**

Incentive opportunities

Opportunity 1: \$5,000 bonus for reaching HEDIS 50th percentile

Opportunity 2: \$10,000 bonus for reaching HEDIS 75th percentile

*Target rate subject to change when NCQA Quality Compass data is released in 2026.

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2026.

Note: FQHCs are eligible for improvement, HEDIS percentile and PCP Dental care opportunity incentives.



Determining the OED incentive

- We'll use data from Jan. 1, to Dec. 31, 2025, as a baseline for the number of OEDs for members ages 2–20
- We'll compare the baseline result with the number of OEDs during the same time frame in 2026

The minimum panel size is 75 UnitedHealthcare Community Plan members as of Dec. 31, 2026.





ACO and PCMH quality benchmarks

Reducing potentially preventable readmissions

- **Eligibility:** ACOs and PCMHs with shared savings agreements and high-volume health care professionals
- We're offering this incentive to ACO and PCMH health care professionals because they have access to our population registry

Quality targets and incentive amounts

Incentive opportunity

ACO and PCMH providers who achieve a reduction of at least 10% in the readmission rate from 2025 to 2026 will receive a \$5,000 incentive.

Note: The minimum panel size is 3,000 UnitedHealthcare Community Plan members as of Dec. 31, 2026.





OB-GYN/nurse-midwife practice quality benchmarks

Prenatal care in the first trimester

- **Eligibility:** OB-GYNs/nurse-midwives participating with UnitedHealthcare Community Plan as of Dec. 31, 2026
- Incentives are paid for 1 Obstetrical (OB) Needs Assessment form per pregnancy

Quality targets and incentive amounts

Incentive opportunities

Opportunity 1: Receive \$15 for each completed OB Needs Assessment form sent within 5 days of a member's first OB visit.

Opportunity 2: Earn \$40* for forms sent electronically using the OB cloud application.

*The \$40 payment amount for electronic form submission replaces the \$15 for paper submission.

Note: You can earn 1 incentive or the other for each plan member — not both.



Postpartum care

Eligible OB-GYNs/nurse-midwives:

- Have at least 10 patients who are UnitedHealthcare Community Plan members and assigned to their TIN or are seen by the practice
- Are participating with UnitedHealthcare Community Plan as of Dec. 31, 2026

Quality* targets and incentive amounts**

Incentive opportunities

Opportunity 1: Receive \$25 per OB patient when the 50th percentile (82%)* of members reach the measure goal

Opportunity 2: Receive \$200 per OB patient when the 75th percentile (85%)* of members reach the measure goal

*Target rate subject to change when NCQA Quality Compass data is released in 2026.

**Annual bonus based on members in the denominator for this HEDIS measure as of Dec. 31, 2026.



Care opportunity closure incentives

Earn additional incentives for addressing the following care opportunities based on the claim data or medical record documentation we receive.

- **Postpartum care** – \$75 per plan chart received
- **Lead screening for children** – \$75 per chart received
- **Glycemic status assessment for patients with diabetes**
 - For any lab result chart we receive, you get \$25
 - If that result is 9% or less, you get an additional \$25 for a total of \$50
 - Receive another \$25:
 - Initial lab result received is 9.1% or higher, and the member is retested, and we receive a follow-up lab result from you that is under 9.1%



Care opportunity payments

- In mid-2026, we'll send you a list of members who may need these care opportunities addressed
- We'll make payments quarterly once you submit appropriate documentation showing members' care opportunities are closed



Incentive payment schedule

PCP incentives

- We'll send the incentive payment(s) for meeting quality benchmarks during a calendar year by the second quarter of the following year
 - For example, we'll send payments when you reach quality benchmarks in 2026 by the second quarter of 2027
- We'll send the payments for care opportunity closures periodically during a calendar year, based on the timing of our care opportunity list mailings
- Financial bonuses under the program won't exceed 24.99% of the total potential annual payments we make to PCPs

OB-GYN/nurse-midwife incentives

- We'll send the incentive payment(s) for paper and electronic OB assessment forms quarterly, within 120 days from the end of a quarter
- We'll pay all other incentives semiannually by Dec. 31, 2026, and June 30, 2027





Preferred provider quality benchmarks

Overview

Earn preferred provider status by **meeting 8 of 10 requirements**. The minimum panel size is 200 UnitedHealthcare Community Plan members.

Preferred provider status requirements

1. Accepting new members
2. Offer extended office hours, including 2 weeknights until 7 p.m. or a combined 3 hours on Saturday or Sunday
3. Have a claims Electronic Data Interchange submission rate greater than 90%
4. Developmental screening compliance of 64% or higher
5. HEDIS Well-Child Visit (ages 3–21) measure rate higher than the 50th percentile
6. HEDIS Glycemic Status Assessment for Patients with Diabetes > 9% – HbA1c level rate better than the 50th percentile
7. HEDIS Well-Child Visits in the First 15 Months of Life measure rate higher than the 50th percentile – members had 6 or more visits
8. HEDIS Asthma Medication Ratio rate higher than the 50th percentile
9. HEDIS Blood Lead Level Screening rate higher than the 50th percentile
10. HEDIS Controlling High Blood Pressure measure rate higher than the 50th percentile



Preferred provider status

Preferred providers will receive:

- Recognition of preferred provider designation in the UnitedHealthcare Community Plan care provider directory
- First preference for member auto-assignment/reassignment
- PIN for expedited service when calling Provider Services or utilization management
- Care management bonus of \$1.50 per member based on member panel size as of Dec. 31, 2026
- Waiver of prior authorization requirements for some services



Waivers

Waiver of prior authorization requirements doesn't include:

- Admissions to hospitals or skilled nursing and rehab facilities
- Durable medical equipment more than \$500
- Dental benefits
- Noncovered benefits
- Non-formulary drugs and medications that require prior authorization
- Home health aide
- Enteral nutrition
- Services from out-of-network care providers
- Skilled nursing visits and private duty/shift-care nursing services
- Specific medical injectable J codes and CPT codes listed on the UnitedHealthcare Community Plan Prior Authorization Pennsylvania Medicaid list located at UHCprovider.com/PACommunityplan > Prior Authorization and Notification



Questions?



For chat options and contact information, visit UHCprovider.com/contactus.



For more information, go to UHCprovider.com/PAcommunityplan >
Quality Rewards Program





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