



United Healthcare Health Risk Assessment Program Overview

July 24, 2024

CPESN USA Antitrust Guidelines

This meeting is for the specific purpose described in the agenda.

1. CPESN® meetings are conducted in accordance with the antitrust laws of the United States;
2. All participants should limit discussion to the topics set forth on the agenda and to the activities of the local network;
3. Participation in CPESN Networks is completely voluntary; and
4. Any questions or concerns about antitrust or any other legal matter should be directed to the meeting leader.

There should be no informal, secret, or “rump” meetings in which some or all attendees discuss business matters “off the record.”

Disclaimer:

As a reminder, this webinar is a production of CPESN. The use of any recording devices, including but not limited to audio, video, or AI-enabled recording devices, during this webinar is strictly prohibited. Copying, or distribution of audio, video, or any other form of recorded content obtained during this webinar is also strictly prohibited without the express written consent of CPESN.

Questions or concerns about these guidelines or about any CPESN meeting, discussion, or practice should be directed to CPESN USA LLC's antitrust counsel, Katie Funk who may be reached by phone at 202-508-3492 or by email at kfunk@bakerdonelson.com

UHC HRA Program Overview

1. Participation Eligibility:

- New Pharmacies and new users within existing participating pharmacies can enroll using the CPESN Program Enrollment System Gateway.

[https://cpesn-2.jotform.com/213464755763060.](https://cpesn-2.jotform.com/213464755763060)

Program 87: United Health Care - HRA Program

2. Program Updates:

- Program expanded to Tennessee and Texas Markets along with North Carolina and Virginia.
- Increase \$\$ to pharmacy (FFS & VBC based on % HRA performance completions) + add network support \$.

UHC HRA Program Overview

Key Measures of Success:

1. Pharmacies receive compensation for # of HRAs completed at a minimum rate of \$25 per HRA using the UHC DSNP HRA 14 question survey.
2. HRA Completion Performance Table is below:

Table 1. Completion Performance Table

% of HRAs Collected (By Market)		Price Per Completion
0%	10%	\$ 25.00
10.01%+	20%	\$ 35.00
20.01%+	30%	\$ 40.00
30%+		\$ 45.00

Separately, and in addition, each Market is eligible to be paid a Data Facilitation Fee equal to fifty cents (**\$0.50**) per each member sent by a respective Market for outreach.”

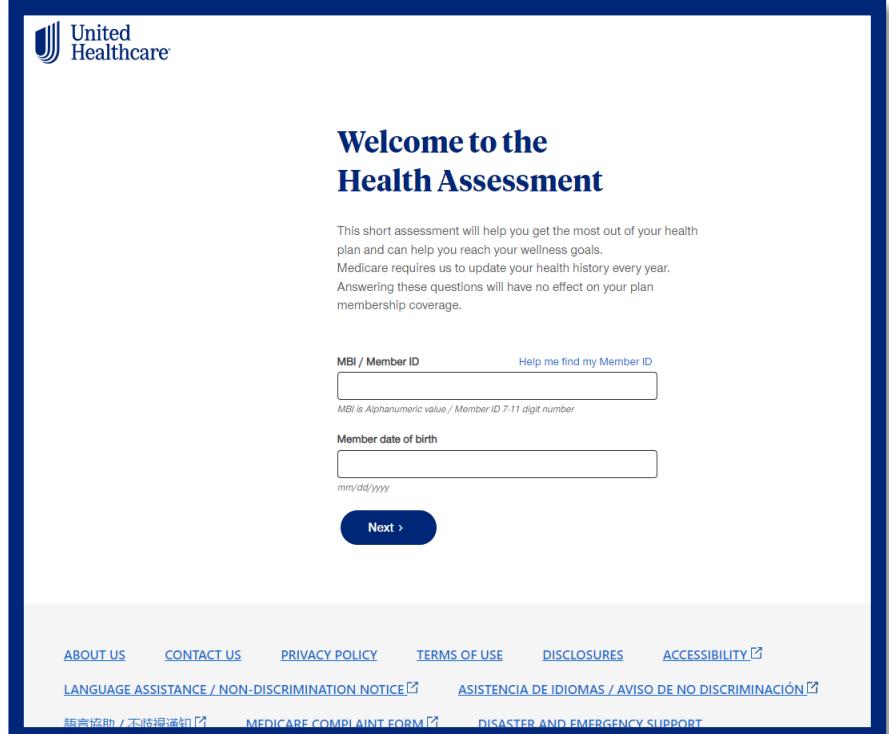
Instructions for Submitting UHC HRA's

1. Open the 'Welcome to the Health Assessment' UHC HRA Portal

<https://member.uhc.com/medicare/health-assessment/agent#/>

2. Enter MBI/Member ID and Member DOB from your Patient Eligibility List. If MBI returns an error, try the **MBI / SUBSCRIBER ID**.

3. Do not enter leading spaces before the **MEMBER ID**, **SUBSCRIBER ID** or **MEMBER DATE OF BIRTH** FIELDS. The record will not be found if leading spaces are detected.



United Healthcare

Welcome to the Health Assessment

This short assessment will help you get the most out of your health plan and can help you reach your wellness goals. Medicare requires us to update your health history every year. Answering these questions will have no effect on your plan membership coverage.

MBI / Member ID [Help me find my Member ID](#)

MBI is Alphanumeric value / Member ID 7-11 digit number

Member date of birth

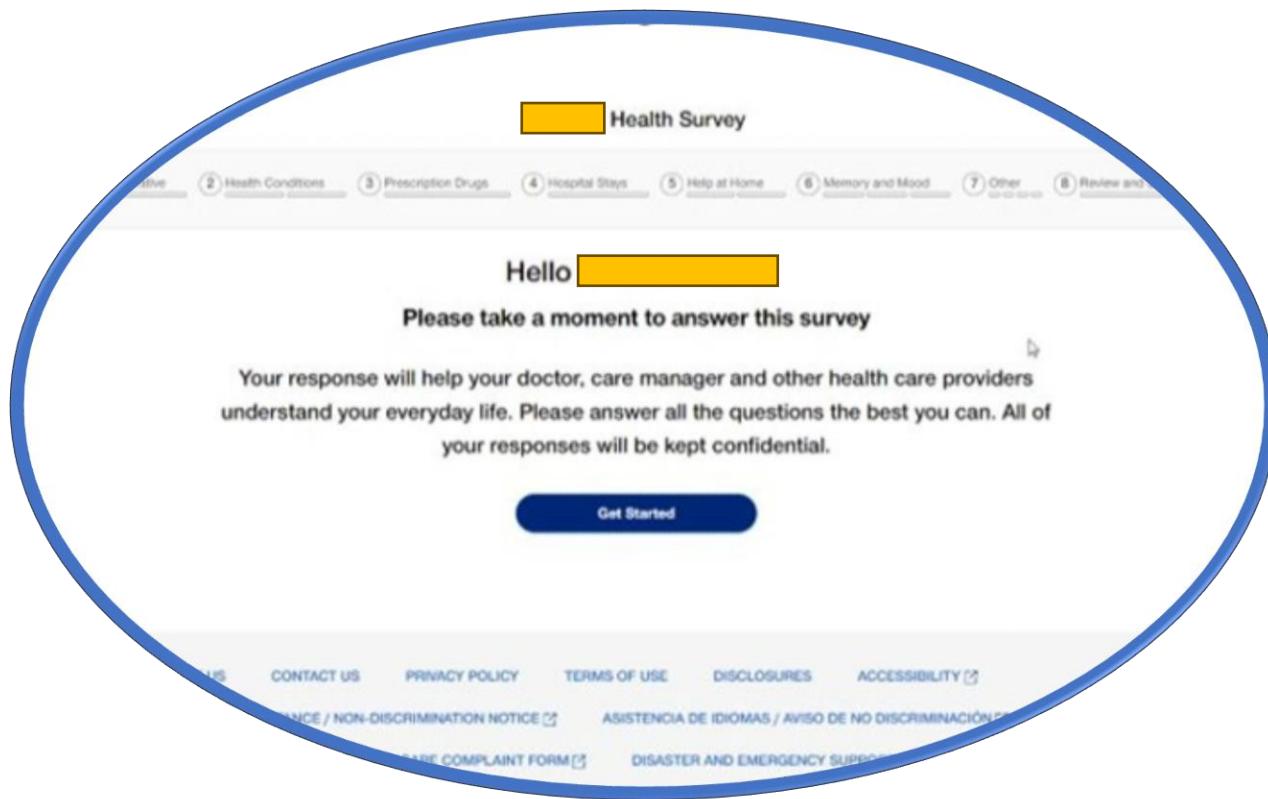
mm/dd/yyyy

[Next >](#)

[ABOUT US](#) [CONTACT US](#) [PRIVACY POLICY](#) [TERMS OF USE](#) [DISCLOSURES](#) [ACCESSIBILITY](#) [LANGUAGE ASSISTANCE / NON-DISCRIMINATION NOTICE](#) [ASISTENCIA DE IDIOMAS / AVISO DE NO DISCRIMINACIÓN](#) [DISASTER AND EMERGENCY SUPPORT](#)

Instructions for Submitting UHC HRA's

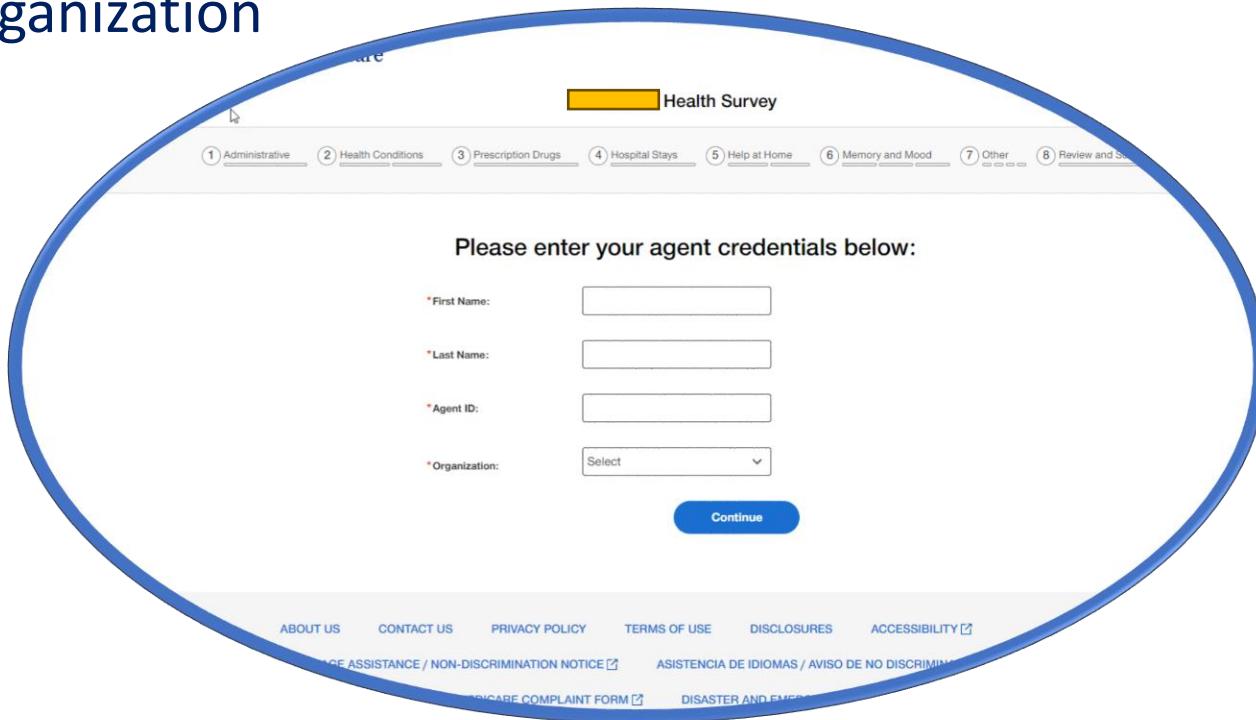
1. Click “Get Started” to begin the survey.



Instructions for Submitting UHC HRA's

1. Enter your Agent Credentials.

- First Name and Last Name
- Agent ID or Unique Identifier
- Organization



The image shows a screenshot of a web page titled "Health Survey". At the top, there is a navigation bar with eight tabs: 1. Administrative, 2. Health Conditions, 3. Prescription Drugs, 4. Hospital Stays, 5. Help at Home, 6. Memory and Mood, 7. Other, and 8. Review and Submit. Below the navigation bar, a large blue oval highlights a section of the page. Inside this highlighted area, the text "Please enter your agent credentials below:" is displayed. Below this text are four input fields: "First Name" (with a red asterisk), "Last Name" (with a red asterisk), "Agent ID" (with a red asterisk), and "Organization" (with a red asterisk and a dropdown arrow). At the bottom of this section is a blue "Continue" button. At the very bottom of the page, there is a footer with links: ABOUT US, CONTACT US, PRIVACY POLICY, TERMS OF USE, DISCLOSURES, and ACCESSIBILITY. Below these, there are links for "AGE ASSISTANCE / NON-DISCRIMINATION NOTICE" and "ASISTENCIA DE IDIOMAS / AVISO DE NO DISCRIMINACIÓN". At the bottom right, there are links for "HICARE COMPLAINT FORM" and "DISASTER AND EMERGENCY".

Attestation and Training

1. **Agent attests** that they understand the process, criteria, and requirements for HRA completion.
2. **Agent attests** that they have completed the required Special Needs Plan (SNP) Model of Care (MOC) Training.
3. If agent has not completed the SNP MOC Training within the calendar year, **they can complete the training prior to completing the HRA with a member.**

Health Assessment Attestation

• A Health Assessment is a short survey that helps the health plan assess a member's health needs.

• Health Assessments are conducted within 90 days of enrollment, and annually within 365 days of the previous completed health assessment. Additional health assessments may be completed with a change in health status.

• Health Assessments are used to assess each member for the needs related to medical conditions, psychosocial status, functional status, cognitive ability and mental health.

• Information collected from the Health Assessment is used to develop an Individualized Care Plan (ICP) which is shared with the member's providers.

• Completion of the Special Needs Model of Care Training (SNP MOC) is required to complete the Health Assessment. (see link on page if training hasn't been completed).

I Agree or I Understand the above information regarding Health Assessments.

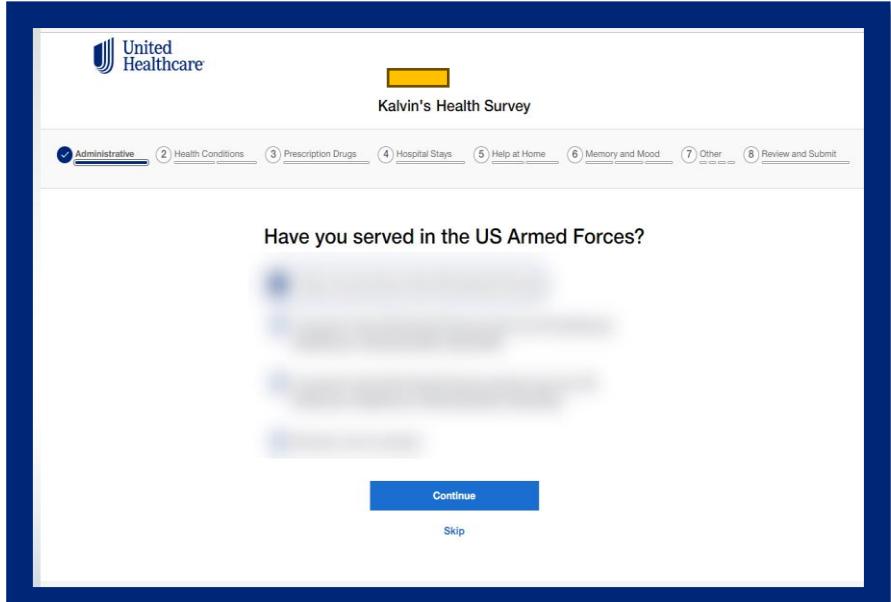
Continue [Special Needs Plan Model of Care Provider Training](#)



Moving through the Survey

1. The member's name will appear at the top of the survey.
2. As you move through the survey, the category of the question will be highlighted.
3. Select "Skip" if the member declines to answer the question.
4. Select "Continue" to move to the next question.

NOTE: Some members are eligible for an initial + annual HRA. This is indicated in a column on the eligibility file **"Has 1/Needs 2"**. The HRA may be completed in the same month, but not the same day.



United Healthcare

Kalvin's Health Survey

1 Administrative 2 Health Conditions 3 Prescription Drugs 4 Hospital Stays 5 Help at Home 6 Memory and Mood 7 Other 8 Review and Submit

Have you served in the US Armed Forces?

Continue

Skip

UHC HRA – RSA 2024 Questionnaire

RSA 2024



Have you served in the U.S. Armed Forces?

- I have not served in the U.S. Armed Forces
- I served in the U.S. Armed Forces and use VA (Veteran's Affairs) benefits
- I served in the U.S. Armed Forces and do not use VA benefits
- I choose not to answer

Current Health Conditions

Are you getting medical treatment for any of the following health conditions? Choose all that apply.

- Asthma/COPD
- Cancer
- Diabetes (sugar diabetes) or too much sugar in your blood
- End stage renal disease (kidney failure)
- Heart attack or heart problems
- Heart failure or enlarged heart
- High blood pressure
- Mental health condition (anxiety, depression, schizophrenia, bipolar disorder)
- Obesity
- Stroke
- Other
- None

Social Needs

In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

- Yes
- No

For help finding community resources in your area, call 211.

Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? Choose all that apply.

- Yes, it has kept me from medical appointments or from getting my medications
- Yes, it has kept me from non-medical meetings, appointments, work or from getting things that I need
- No
- I choose not to answer this question

© 2023 United HealthCare Services, Inc. All rights reserved.



What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station or in a park)

In the past year, have you been unable to get any of the following when you really needed them? Choose all that apply.

- Clothing
- Employment
- Internet
- Medicine or health care
- Phone
- Social or community engagement (examples: visiting or talking on the phone with friends and family, going to church or club meetings)
- Utilities (electric, gas, and water)
- None

Are you confident using a computer, tablet or phone for health care visits or finding information?

- Yes
- No
- I don't use a computer, tablet or phone

Prescription Medications

How many different prescription and over-the-counter medications do you take each day?

- 0
- 1 to 7
- 8 or more

Hospital Stays

In the past year, how many times have you stayed overnight as a patient in the hospital?

- 0
- 1 time
- 2-3 times
- 4 or more times

© 2023 United HealthCare Services, Inc. All rights reserved.

UHC HRA – RSA 2024 Questionnaire

Help at Home

Do you need help with any of the following daily activities? Choose all that apply.

- Bathing
- Eating
- Getting dressed
- Grooming
- Managing finances
- Mobility (moving around)
- Setting up and taking medications
- Transfers (moving from bed to chair)
- Using the restroom
- I do not need help

Based on your response to the previous question, do you have the help you need with daily activities?

- I get all the help I need
- I need more help

Who helps with your daily activities? Choose all that apply.

- Spouse or partner
- Guardian
- Family
- Friend
- Paid caregiver
- Other
- I do not need help

Do you provide care to someone else who needs help?

- Yes
- No

In the past year, have you fallen, felt unsteady or worried about falling?

- Yes
- No

© 2023 United HealthCare Services, Inc. All rights reserved.



How would you describe your physical pain over the last year?

- No pain (0)
- Mild pain (1–3)
- Moderate pain (4–6)
- Severe pain (7–10)

Memory and Mood

Over the last year, have you had daily problems with your thinking or memory?

- Yes
- No

Over the last two weeks, how often have you been bothered by little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

Over the last two weeks, how often have you been feeling down, depressed or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

Other

Do you have personal, spiritual or cultural preferences that may affect your health care choices (examples: diet preferences, gender of your health care provider or medical treatment)?

- Yes
- No

Has alcohol or drug use made it difficult for you to work, keep relationships or meet goals?

- Yes
- No

For help quitting alcohol or drugs, call 1-855-780-5955.

© 2023 United HealthCare Services, Inc. All rights reserved.

HRA Completions, Invoicing and Payment Process

1. CPESN receives a monthly report from UHC of the previous month's HRA completions.
2. Managing Network Facilitators will send participating pharmacies a list of HRA completions for review.
3. Pharmacies have 3 business days to reconcile the previous months completions and report any discrepancies.
4. CPESN uses the completion report to invoice UHC.
5. Invoices are submitted to UHC before the end of the month.
6. UHC has 30 days to pay CPESN after invoice is received.
7. Once CPESN receives funds from UHC, funds are dispersed to pharmacies (usually < 2 weeks).

Payment Email Notification

1. Payment voucher email notifications are sent to the primary contact indicated in the pharmacy's financial banking information profile.

CPESN USA, LLC
110 Donmoor Ct
Garner NC 27529
United States
invoices@communitycarenc.org

Paid To	Remittance Note	AMOUNT
[REDACTED]	Payment will be credited to your bank account after 2 - 3 banking days.	\$150.00

Payor	Payor Reference Number	Payment Date
CPESN	00000826/132	11/21/2023

Invoice Number	Description	Amount Due	Payment Amount
Bill # [REDACTED] -UHC NC HRA H5253 2023-08	UHC NC HRA H5253 2023-08	\$150.00	\$150.00
Amount			\$150.00

For inquiries, email invoices@communitycarenc.org

Best Practices for Completing HRA's

- Print the RSA 2024 - Final 4.13.2023 pdf and deploy several places within your workflow.
- Complete HRA's during sync / adherence packaging calls.
- Complete HRA's as early in the month as possible to allow time to address issues before the end of the month deadline.
- Keep track of call attempts/completions in the way that works best for you and your staff (excel doc, printed doc, etc.). This proof will confirm completed HRA's when reconciling before the invoicing deadline.
- Use your software documentation system to trigger you and put notes in the patient profile.
- Prioritize patients with due dates approaching first.
- Submit answers on HRA site as soon as survey is completed. Realtime submissions are important and strongly recommended.
- Always use the most recent list sent by your Managing Network Facilitator. Disregard any previous month's list. **Example:** Do not use March's list in April, even if the April list has not been received yet.
- Anyone in the pharmacy help complete the surveys.

Reporting Issues when completing UHC HRA's

1. If you have issues submitting an HRA for a member, use the JotForm link below.

<https://forms.cpesn.com/23345554652056>

- This secure form is designed to streamline the reporting of UHC HRA Digital Platform HRA submission issues to the UHC HRA Support Team.

2. Responses are securely transmitted to UHC 2x's per week

- Issues are addressed by UHC HRA Support Team in batches. They will respond to your issue in order for you to complete the HRA before the last day of the month.
- Please **do not wait** until the last days of the month to report an issue. All HRA's need to be submitted **successfully** by or before the last day of the month to minimize payment delays and member duplication issues during the next month.



QUESTION[?]S