COST CONTAINMENT AND QUALITY IMPROVEMENT EFFORTS
APPENDIX II
UnitedHealthcare Insurance Company
Small Group Rate Filing Effective 1/1/2027

We recognize that the rising cost of healthcare is one of the most serious challenges facing Americans today. UnitedHealthcare has risen to meet this challenge through innovative solutions that address both medical cost and quality of care. We believe that helping our members get the best care is the best way we can address cost.

The cost containment and quality improvement initiatives are ongoing efforts with increasing focus on efficiently delivering quality care to members. With advancements in medical sciences and technology, these programs are also evolving with time. Due to changing nature of these programs, it is very difficult to quantify the savings in most cases.

Nonetheless, there are some programs for which the savings can be isolated from other factors impacting the claim cost. One example of such programs is "Value-based benefit design". Depending upon the benefit design, the savings for this program could range from 1% to 2%.

There are no significant new programs that are introduced in the market since the last approved rate filing. However, there are numerous existing programs, as listed in the previous filings. We are continuing to monitor these programs and manage the member care efficiently and effectively.

Some of the examples are as below:

Reducing errors, hospital-acquired infections and other adverse events

Adverse events may contribute to poor patient safety outcomes. Therefore, member complaints about providers and reported adverse events are tracked and trended by the centralized Quality of Care and Service department. Types of adverse events which are reviewed include: medication errors, surgical errors, clinical procedural errors, complication, or infection, unscheduled return to surgery, unexpected trauma occurring during treatment, unexpected death, unplanned readmission within 15 to 30 days. Trended data is reported semiannually. Corrective actions are taken as needed including but not limited to peer review and provider sanctions. These actions address all UHC populations including the Oregon small group market.

Value-based benefit design

Within the filed products for 2027, UHIC includes plan designs that encourage consumers to utilize high-value services that produce better health, which is the definition of value-based benefit design used to respond to this question. Our Choice Plus product includes plan variations that offer employers and members savings related to both benefit design and network offering.