It’s not easy to choose a health care plan. The details can be complex and confusing and you want to be sure you’re choosing a plan from a company you can rely on. At UnitedHealthcare, we’re always working to make our plans even better. Read on to learn why you can have confidence in AARP® Medicare Advantage plans from UnitedHealthcare.

**Our AARP plans are accredited by industry organizations.**

AARP plans are insured by UnitedHealthcare and are accredited by the National Committee for Quality Assurance (NCQA), a private nonprofit organization that is dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance.¹

**We’re committed to patient safety.**

The National Patient Safety Foundation defines “patient safety” as “the prevention of health care errors, and the elimination or the reduction of patient injury caused by health care errors.”² At UnitedHealthcare, we work to help prevent health care errors through our commitment to educating members and doctors, and through our support for evidence-based medicine. We believe that members who have better information can make better decisions about their health.

For example, our prescription drug plans provide up-to-date information to network pharmacists that can help them determine how a medication might interact with other medications you take.

UnitedHealthcare also works with the hospitals in our network to help improve patient safety. The Leapfrog Group Hospital Quality and Safety Survey evaluates hospital performance based on quality and safety practices shown to affect patient safety.

UnitedHealthcare works with the Leapfrog Group and encourages our network hospitals to report to the Leapfrog Group Hospital Quality and Safety Survey.

For more information about patient safety, go online to the following websites:

**Leapfrog Group:**

www.leapfroggroup.org

**Joint Commission Patient Safety:**

http://www.jointcommission.org/topics/patient_safety.aspx

**Agency for Healthcare Research and Quality:**

www.ahrq.gov
The Leapfrog Group Hospital Quality and Safety Survey evaluates hospital performance based on four quality and safety practices shown to affect patient safety:

- Computerized Physician Order Entry system (CPOE) – Staff members use computers to order medications, tests and procedures, and the computer system automatically checks the order for potential errors or problems
- Intensive Care Unit (ICU) staffing – ICUs are staffed by doctors and other health care professionals who have special training in critical care
- Evidence-based hospital referrals – Referrals are generally made to specialty doctors and hospitals that have experience with certain complicated conditions
- Leapfrog Safe Practices Score – Hospitals that create procedures for avoiding medical mistakes while you’re in the hospital earn high Leapfrog Safe Practices Scores

Evidence-based clinical practice guidelines.

UnitedHealthcare uses evidence-based clinical practice guidelines from nationally recognized sources to guide its quality and health management programs. These guidelines are also available as a resource for our network providers. But all care decisions are made by you and your doctor.

The Executive Medical Policy Committee at UnitedHealthcare reviews and approves our clinical practice guidelines. The guidelines are reviewed annually, or whenever they change or as new clinical guidelines become available.

We have clinical practice guidelines for the following conditions:

- Acute myocardial infarction (heart attack, unstable heart)
- Asthma
- Bipolar
- Cardiovascular disease (heart disease)
- Cholesterol management
- Chronic heart failure
- Chronic obstructive pulmonary disease
- Chronic stable angina
- Depression
- Diabetes
- Hypertension (high blood pressure)
- Oncology
- Preventive services
- Substance use disorders, treatment of patients

You can request a paper copy of any of our clinical guidelines by calling the Customer Service number on the back of your member ID card.

How we evaluate new technologies.

We want to make sure that medical tests and treatments are safe and effective for our members. At UnitedHealthcare, two groups are responsible for reviewing clinical evidence and deciding which tests and treatments will be covered: Clinical Support Services and the Executive Medical Policy Committee.

The Executive Medical Policy Committee is made up of the following members:

- UnitedHealthcare medical directors with a range of different clinical specialties and subspecialties
- Clinical Support Services staff members
- Leaders from our Legal Services, Consumer Affairs and Medical Claims Review departments
- Guest physician specialists as needed

This committee reviews published clinical evidence information from government regulatory agencies and nationally accepted consensus statements to determine the safety and effectiveness of new technologies and treatments. The committee’s decisions are used to create medical policies that help UnitedHealthcare medical directors, care managers, claims reviewers and others make informed and consistent determinations about which tests and medical treatments should be covered by UnitedHealthcare plans.
Our Quality Improvement Program may help improve your health care experience.

We’re proud of the plans we offer. But we’re always working to make them even better. Our Quality Improvement Program helps us do that. The Quality Improvement Program:

• Works with your doctor and other health care providers to coordinate the information and care options that may work best for you
• Reminds and assists in scheduling the care and preventive screenings you may need through various outreach efforts. In addition, it addresses any barriers in getting the services you may need
• Provides information about the health outcomes and satisfaction of our members and participating physicians and office managers, and suggests ways to improve

UnitedHealthcare also offers preventive health programs with information and resources for help with depression, alcohol and drug abuse and addiction. For more information, call the Behavioral Health phone number on the back of your member ID card.

We’re pleased to report that many of our quality measures have continued to improve year over year:

The top measures with the highest level of improvement in 2016 are:

• Colorectal Cancer Screening
• Comprehensive Diabetes Care: Monitoring for Neuropathy
• Care of the Older Adult: Medication Review & Pain Assessment

We also routinely measure the quality of our customer service:

• We want to be sure you get the help you may need when you call Customer Service, so we measure wait times for our customer service calls. Our goal is to answer every call in 30 seconds or less and we continually train our staff so they can provide even better service to you

• The doctors and other health care professionals in our network have the proper credentials and qualifications. On average, the credentialing process is completed within 32 days

If you would like a paper copy of our Quality Improvement Program, call 1-877-699-5710, TTY 711, 8 a.m. to 8 p.m. local time, 7 days a week.

How medical coverage decisions are made.

Medical coverage decisions are based on members’ coverage under their benefit plan and whether the care and service is appropriate for the conditions. UnitedHealthcare follows Medicare coverage guidelines when making coverage decisions.

The staff at UnitedHealthcare and the licensed professionals who make these decisions are not offered financial incentives to encourage inappropriate underutilization of care, services, or deny health care coverage to members.
Your satisfaction is very important to us. Please tell us how we’re doing.

Your opinion matters to us. Every year UnitedHealthcare participates in a consumer satisfaction survey called the Consumer Assessment of Healthcare Providers and Systems (CAHPS). This survey asks you to rate the services provided by your health plan and your overall health care experience.

The Centers for Medicare & Medicaid Services (CMS) uses these results to monitor the quality of your health plan. CMS assigns health plans a Star Rating from one to five, with five stars being an excellent rating. This rating is based in part on members’ responses to this survey.

We encourage you to take the time to complete the survey so we can continue to improve and strive for excellence in getting you the health care coverage and services that you may need. Your feedback will help us provide the level of quality you deserve in a health plan.

In addition, you can always let us know how we can improve specific plan experiences such as:

- Communications about your benefits or health topics
- Customer service
- Getting approval for services or procedures
- Understanding how the plan pays your doctors and other health care providers
- Finding out which pharmacies you can use, which drugs are covered and how much you’ll pay for them
- Knowing which doctors, hospitals or other facilities you can use

To tell us how we can improve your experience, or if you have any questions, simply call the Customer Service number on the back of your member ID card.

How we protect your information.

At UnitedHealthcare, your privacy is important to us. We have policies and procedures in place to protect the confidentiality of your information. Please refer to your Evidence of Coverage document for more information about protecting your personal health information.

1www.ncqa.org.


AARP® Medicare Complete® Plans carry the AARP name. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan’s contract renewal with Medicare.

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