

UnitedHealth Premium[®]

Version 17 methodology

Introduction

UnitedHealth Premium[®] evaluates physicians for effective quality care, efficient quality care and total cost of care. Using standardized methodologies and updated data, physicians annually receive an effective quality care score, an efficient quality care score and a total cost of care score and rating. Scores (0 to 100) and ratings (A to G) provide a comparative assessment of performance. Premium designates physicians as Premium Care who:

- Meet effective quality care and efficient quality care criteria; or
- Meet effective quality care criteria but do not have enough measures attributed to evaluate efficient quality care

The Premium Care designation is displayed in commercial provider directories and may be used by members to help make more informed choices for their medical care. Physicians may also use their evaluation details to support their efforts to provide quality care to their patients. Designations and ratings may be factors used to guide provider selection by members and referrals by physicians.

Premium Care physicians are identified in our commercial provider directories with the following icon and description. All other physicians have no designation display.

Premium Care Physician ♥♥

This physician meets the UnitedHealth Premium quality care criteria which includes safe, timely, effective and efficient care.

Please review all methodology documents at [unitedhealthpremium.uhc.com](https://www.unitedhealthpremium.uhc.com) to understand the entire Premium methodology.

Eligibility requirements

Physicians are evaluated when they meet these requirements:

- Have an active UnitedHealthcare commercial fee-for-service contract
- Practice in 1 of the credentialed specialties evaluated by the program
- Practice in a state and county included in the program

Methodology overview

Physicians are evaluated for effective quality care and efficient quality care using standardized measures.

Attribution methods based on health plan claims data determine which physicians are responsible for patient care. When enough measures are attributed, Premium scores the physician's effective quality care and efficient quality care performance. The physician meets the effective quality care criteria when the physician's score is 50 or higher. The physician meets the efficient quality care criteria when the physician's score is 25 or higher.

Premium also scores the physician's total cost of care performance and assigns the corresponding rating.

Physicians who do not have enough measures attributed for evaluation may receive scores and/or ratings based on an affiliated medical group's performance for their Premium specialty within the same geographic area. Medical groups are evaluated with the same methodology used for physicians.

We reserve the right to exclude physicians, as appropriate, including, but not limited to, situations when there may be a sanction against a physician's license or a physician has lost their license.

Effective quality care

Methodology

Premium uses clinical quality measures endorsed by the National Quality Forum (NQF) when available for the specialties being evaluated.

Additional measures are selected from or developed using published literature and information from:

- National Committee for Quality Assurance (NCQA)
- Government Agencies
- Pharmacy Quality Alliance (PQA)
- Other national expert panels

From these sources, Premium uses measures that can be evaluated using health plan claims data and are meaningful in evaluating physician performance.

Premium counts NCQA recognition programs towards effective quality care evaluation. Premium adds the greater of 25 measures or 10% of the physician's total measures as compliant to the effective quality care evaluation for physicians who have achieved recognition in 1 or more of these programs applicable to their Premium specialty.

Data used

Premium uses health plan claims data based on services provided for patients enrolled in UnitedHealthcare commercial fee-for-service, UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plan health plans (excluding members enrolled in a long-term care plan). The evaluation uses claims submitted and processed for dates of service from January 1, 2021, through February 29, 2024. Premium excludes patients who are 100 years and older, had benefits administered under a coordination of benefits process, were dual eligible for Medicare and Medicaid, received extracorporeal membrane oxygenation (ECMO) treatment or received hospice care.

Attribution methods

Measures are attributed to physicians with significant involvement in the care of the patient. The determination of significant involvement varies by the physician's role and the attribution method applicable to the measure. A single measure may be attributed to multiple physicians when appropriate.

Performance evaluation

Premium compares the physician's performance to the minimum score benchmark. The evaluation requires a minimum of 20 attributed measures among at least 5 patients across all patient populations, conditions and procedures. NCQA recognition programs, if applicable, satisfy the measure and patient minimum requirements. The physician's performance is the sum of all attributed measures where the patient meets the measure criteria.

To establish the minimum score benchmark, Premium determines the number of measures expected to be compliant at the 50th percentile. This is accomplished by first calculating the national compliance rate for each measure by unique combinations of:

- Premium specialty
- Patient population (commercial, Medicare, Medicaid)
- Condition or procedure
- Severity level (when applicable)

A minimum of 50 instances of each unique measure combination are required to calculate the national compliance rate.

Once the national compliance (or expected) rate for each measure is calculated, that rate is multiplied by the number of applicable measures attributed to the physician. This adjusts for the physician's case-mix.

The chi-square goodness of fit test (for statistical significance) and the phi coefficient (for effect size or absolute difference) are used to compare the physician's performance to the minimum score benchmark with 90% confidence. Physicians whose performance is not statistically different than the minimum score benchmark receive an effective quality care score of 50. Physicians whose performance is statistically different than the minimum score benchmark receive the score corresponding to the highest or lowest percentile at which the physician's performance is statistically higher or lower than the adjusted number of measures expected to be compliant at that level.

The physician meets the effective quality care criteria when the physician's score is 50 or higher.

Physicians who are attributed surgical complications and redo measures are evaluated in 2 steps:

- 1 The physician's performance is evaluated using only these 2 outcome measures. If the physician's score for these measures is less than 50, the physician does not meet the effective quality care criteria.
- 2 If the physician's score for these measures is 50 or higher, then all attributed measures are used to calculate the physician's score.

Efficient quality care

Methodology

There are 2 measures used to evaluate efficient quality care:

- 1 Patient annual cost
- 2 Patient episode cost

Premium uses the measure applicable to the physician's Premium specialty. For specialties measured using patient annual cost, Premium uses the patient episode cost measure when the physician does not have enough patients attributed for patient annual cost.

With these measures, Premium includes specialty-relevant conditions and procedures that can be evaluated using health plan claims data and are meaningful in evaluating physician performance.

Data used

Premium uses health plan claims data based on services provided for patients enrolled in UnitedHealthcare commercial fee-for-service, UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plan health plans (excluding members enrolled in a long-term care plan). Premium excludes patients who are 100 years and older, had benefits administered under a coordination of benefits process, were dual eligible for Medicare and Medicaid, received extracorporeal membrane oxygenation (ECMO) treatment or received hospice care.

The patient annual cost measure uses claims submitted and processed for 2 distinct calendar years: 2022 and 2023. The patient episode cost measure uses claims submitted and processed for complete episodes that started in 2022 or 2023. Premium excludes patient and episode low-cost outliers from the efficient quality care evaluation. High-cost outliers are addressed using percentile ranks to evaluate efficient quality care.

Attribution methods

For patient annual cost, patients are attributed to the physician with the most significant involvement in the care of the patient for the conditions relevant to the physician's Premium specialty for each calendar year measured. When appropriate, physicians in different specialties may be attributed the same patient for the same calendar year.

For patient episode cost, episodes are attributed to the physician with the most significant involvement with the patient for the specific condition or procedure. The determination of significant involvement varies by the physician's Premium specialty and the applicable attribution method.

Performance evaluation

Premium compares the physician's performance to a minimum score benchmark. The efficient quality care evaluation requires a minimum of 10 attributed patients for patient annual cost, or 10 attributed episodes for patient episode cost.

For patient annual cost, the physician's performance is the sum of the patient annual cost ranks. Patient annual cost is the risk-adjusted total cost per month for a patient which includes services from episodes for conditions relevant to the scope of practice for the physician's Premium specialty. Services may include those provided by other health care professionals as well as facility, pharmacy and ancillary services (e.g., diagnostic tests).

Patient annual cost is risk-adjusted by dividing the patient's total cost per month by the patient's risk score, which is based on the patient's conditions and demographic characteristics. Only patients with at least 7 months of eligibility during the year(s) used are included.

For patient episode cost, the physician's performance is the sum of patient episode cost ranks. Patient episode cost reflects a combination of resource utilization and mix. Episodes include services delivered to a patient related to a specific procedure or treatment of a condition. Services may include those provided by other health care professionals as well as facility, pharmacy and ancillary services (e.g., diagnostic tests).

Premium uses normalized costs for the efficient quality care evaluation. Normalized cost is a standardized fee schedule designed to assign uniform, consistent, nationally based costs to service lines in order to remove inherent unit cost variation.

To determine the physician's performance and adjust for the physician's case-mix, costs are put into "treatment sets" by unique combinations of:

- Premium specialty
- Condition or procedure (patient episode cost only)
- Care setting (inpatient or outpatient – patient episode cost only)
- Patient population (commercial, Medicare, Medicaid)
- Product/network
- Geographic area
- Inclusion of pharmacy cost
- Severity level (patient episode cost only)
- Risk level (patient annual cost only)

A minimum of 20 patients or episodes is required across at least 2 physicians for each treatment set.

A proportional weight is given to each treatment set based on expected cost to treat. Weighting is achieved through the duplication of each cost in a treatment set. Costs in treatment sets with higher expected costs are duplicated a greater number of times than those in treatment sets with lower expected costs. Costs are converted to percentiles, and percentiles from each weighted treatment set are combined. The combined weighted treatment set contains the cost percentiles for the physician as well as his/her peers.

Within each combined weighted treatment set, the cost percentiles are ordered from low to high and assigned a rank from 1 (lowest) to N (highest). The physician's cost percentile ranks from the combined weighted treatment set are added together to determine the sum of ranks. This is the physician's efficient quality care performance.

To establish the minimum score benchmark, Premium multiplies the physician's number of attributed patients or episodes by the median of the total patients or episodes in the related treatment sets and adjusts the result to the 75th percentile cost level (i.e., the boundary of the highest quartile of costs).

The Wilcoxon rank-sum test is used to compare the physician's performance to the minimum score benchmark with 90% confidence.

Physicians whose performance is not statistically different than the minimum score benchmark receive an efficient quality care score of 25. Physicians whose performance is statistically different than the minimum score benchmark receive the score corresponding to the lowest or highest percentile level at which the physician's performance is statistically lower or higher than the adjusted sum of ranks at that level.

The physician meets the efficient quality care criteria when the physician's score is 25 or higher.

Total cost of care

Total cost of care is evaluated with the same methodology used for efficient quality care with the following key differences:

- Premium only uses health plan claims data for patients enrolled in UnitedHealthcare commercial fee-for-service plans
- Premium uses actual allowed costs, which are the amounts paid by the health plan and the patient for the care received
- Premium uses only the most recent year for evaluation when there are enough patients or episodes attributed. When there are not enough patients or episodes attributed for the most recent year alone, both years are used.
- Premium uses a target benchmark rather than a minimum score benchmark. The target benchmark is established at the 75th percentile (i.e., boundary of highest cost quartile).

The Wilcoxon rank-sum test is used to compare the physician's performance to the target benchmark with 90% confidence.

Physicians whose performance is not statistically different than the target benchmark receive a total cost of care score of 25. Physicians whose performance is statistically different than the target benchmark receive the score corresponding to the lowest or highest percentile level at which the physician's performance is statistically lower or higher than the adjusted sum of ranks at that level.

Physicians are also assigned a total cost of care rating. Total cost of care ratings range from A to G, with A being the most cost efficient and G being the least cost efficient.

Group evaluation

Physicians who do not have enough measures attributed for evaluation may receive scores and/or ratings based on an affiliated medical group's performance.

Premium considers physicians to be affiliated with a medical group when they are included under a medical group agreement(s) with UnitedHealthcare at the time of evaluation. Groups are defined by tax identification number(s) (TINs) that operate as an integrated health care organization. A group can be composed of a single TIN or multiple TINs.

Medical groups are evaluated with the same methodology used for physicians. Evaluations are applied to the aggregate set of measures for all affiliated physicians with the same Premium specialty within the same geographic area. Group evaluation results are not publicly displayed.

Important notes about UnitedHealth Premium

The information from UnitedHealth Premium is not an endorsement of a particular physician or health care professional's suitability for the health care needs of any particular member. UnitedHealthcare does not practice medicine nor provide health care services. Physicians are solely responsible for medical judgments and treatments supplied. A Premium Care Physician designation does not guarantee the quality of health care services members will receive from a physician and does not guarantee the outcome of any health care services members will receive.

The fact that a physician doesn't have a Premium Care Physician designation doesn't mean the physician doesn't provide quality health care services. All physicians in the UnitedHealthcare Network have met certain minimum credentialing requirements. Regardless of whether a physician has received a Premium Care Physician designation, members have access to all physicians in the UnitedHealthcare Network as described under the member's benefit plan.

There are various reasons why a physician may not be designated as a Premium Care Physician. A physician may not receive a Premium Care designation because that physician has not been evaluated for a Premium Care designation. This occurs when a physician does not practice in a specialty that is evaluated by Premium, or when a physician's evaluation is in process. It also occurs when a physician does not have enough health plan claims data to be evaluated, but it is not an indicator of the total number of patients treated by the physician or the number of procedures performed by the physician. Rather, it reflects the statistical requirements of Premium, which includes only health plan claims associated with specific Premium measures and relevant to the physician's specialty. In some cases, there may not be enough data to complete the analytic process from a statistical standpoint.

UnitedHealthcare informs members that designations are intended only as a guide when choosing a physician and should not be the sole factor in selecting a physician. As with all programs that evaluate performance based on analysis of a sample, there is a risk of error. There is a risk of error in the claims data used in the evaluation, the calculations used in the evaluation, and the way Premium determined that an individual physician was responsible for the treatment of the patient's condition. **Physicians have the opportunity to review this data and submit a reconsideration request.**

UnitedHealthcare uses statistical testing to compare a physician's results to expected or normative results. There is a risk of error in statistical tests when applied to the data and a result based on statistical testing is not a guarantee of correct inference or classification. We inform members that it is important that they consider many factors and information when selecting a physician. **We also inform our members that they may wish to discuss designations with a physician before choosing him or her, or confer with their current physician for advice on selecting other physicians.**

The information contained in this document is subject to change.

Learn more

UnitedHealth Premium | unitedhealthpremium.uhc.com

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