Premium Specialty: Obstetrics and Gynecology

Credentialed Specialties Include: Gynecology, Obstetrics, Obstetrics and Gynecology

Use this document with the UnitedHealth Premium® Program Methodology document at UnitedHealthPremium.UHC.com. Please review all of the methodology documents to understand the entire Premium methodology.

We evaluate quality using national standardized measures. Quality measures are attributed to physicians in applicable specialties. The following chart lists the safe, timely, and effective quality measures we use to evaluate physicians in the Obstetrics and Gynecology Premium specialty by condition or procedure. These measures apply to our UnitedHealthcare commercial, UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plan patient populations, unless otherwise noted.

Please view the Quality Performance Evaluation Example for Safe, Timely and Effective Quality Measures and Attribution Methods documents to learn more.

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Breast Cancer - Part I	Breast cancer patient(s) without evidence of metastases that had an annual mammogram	Patient had an annual mammogram	Guideline Concordance: Chronic Disease	Patient	Synopsis
Breast Cancer Screening	Patient(s) 52-74 years that had a screening mammogram in last 27 reported months	Patient had a screening mammogram	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
Cautery of Cervix	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Cervical Cancer Screening	Women that had appropriate screening for cervical cancer	Patient had screening for cervical cancer	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Women that had appropriate screening for cervical cancer	Patient had screening for cervical cancer	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Cesarean Section - Global	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
Cesarean Section - Delivery Only	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
Child and Adolescent Well Child Visits	Patient(s) 12-17 years that had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	Patient had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	Guideline Concordance: Preventive Care	Patient	Contact National Committee for Quality Assurance
	Patient(s) 18-21 years that had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	Patient had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	Guideline Concordance: Preventive Care	Patient	Contact National Committee for Quality Assurance
Chlamydia Screening	Patient(s) 16-20 years that had a chlamydia screening test in last 12 reported months	Patient had a chlamydia screening test	Guideline Concordance: Preventive Care	Patient	Contact National Committee for Quality Assurance
	Patient(s) 21-24 years that had a chlamydia screening test in last 12 reported months	Patient had a chlamydia screening test	Guideline Concordance: Preventive Care	Patient	Contact National Committee for Quality Assurance
Concurrent Use of Opioids and Benzodiazepines	Patient(s) did not have concurrent use of prescription opioids and benzodiazepines	Patient did not have prescription opioid and benzodiazepine medications concurrently dispensed	Safety	Prescribing	Contact National Quality Forum
Conization of Cervix	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Depression	Patient(s) with major depression who start an antidepressant medication that remained on treatment for at least 12 weeks (effective acute phase treatment)	Patient with major depression who started an antidepressant medication and remained on treatment for at least 12 weeks (effective acute phase treatment)	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Depression	Patient(s) with major depression who start an antidepressant medication that remained on treatment for at least 6 months (effective continuation phase treatment)	Patient with major depression who started an antidepressant medication and remained on treatment for at least 6 months (effective continuation phase treatment)	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
Episiotomy	Women that did not have an episiotomy	Patient did not have an episiotomy	Low Value Care	Rendering	Synopsis
Excision of Ovary and Ovarian Duct	Patient(s) without advanced imaging (e.g., CT, MRI) within 365 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a restudy procedure within 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without post-procedure complications within 30 days of the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
Excision of Uterine Myoma	Patient(s) without advanced imaging (e.g., CT, MRI) within 365 days after the assessed procedure	Patient did not have a restudy procedure within 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Hysterectomy	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
Hysterectomy - with Repair	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
Hysteroscopy - with Treatment	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Hysteroscopy - with Treatment	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Immunizations for Adolescents	Patient(s) 13 years old at the end of the report period that had three HPV vaccinations at least 14 days apart, or two HPV vaccinations at least 146 days apart between their 9th and 13th birthdays	Patient had three HPV vaccinations at least 14 days apart or two HPV vaccinations at least 146 days apart between the 9th and 13th birthdays	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
Medication Safety Monitoring	Older adult patients who had an accidental fall or hip fracture who did not use an antiepileptic, nonbenzodiazepine hypnotic, SSRI, SNRI, antipsychotic, benzodiazepine, or tricyclic antidepressant after the incident	Patient with an accidental fall or hip fracture did not have an antiepileptic, nonbenzodiazepine hypnotic, SSRI, SNRI, antipsychotic, benzodiazepine, or tricyclic antidepressant medication dispensed after the incident	Safety	Prescribing	Contact National Quality Forum
	Older adult patients with dementia who did not use an antipsychotic, benzodiazepine, tricyclic antidepressant, nonbenzodiazepine hypnotic or anticholinergic agent after the earliest record of dementia	Patient with dementia did not have an antipsychotic, benzodiazepine, tricyclic antidepressant, nonbenzodiazepine hypnotic or anticholinergic agent dispensed after the earliest record of dementia	Safety	Prescribing	Contact National Quality Forum
	Older adult patients with chronic kidney disease who did not use a Cox-2 selective or nonaspirin NSAID after the earliest record of chronic kidney disease	Patient with chronic kidney disease did not have a Cox-2 selective or nonaspirin non-steroidal anti-inflammatory drug (NSAID) dispensed after the earliest record of chronic kidney disease	Safety	Prescribing	Contact National Quality Forum
Migraine Headache	Patient(s) compliant with prescribed antiepileptics for migraine prophylaxis (minimum compliance 80%)	Patient was 80% or more compliant with prescribed antiepileptic medication for migraine prophylaxis	Guideline Concordance: Chronic Disease	Patient	Synopsis
	Patient(s) compliant with prescribed beta-blocker-containing medication (minimum compliance 80%)	Patient was 80% or more compliant with prescribed beta-blocker-containing medication	Guideline Concordance: Chronic Disease	Patient	Synopsis

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
MRI Lumbar Spine For Low Back Pain	Patient(s) with a lumbar spine MRI and low back pain diagnosis on the imaging claim that have claims-based evidence of antecedent conservative therapy	Patient with a lumbar spine MRI and low back pain diagnosis had antecedent conservative therapy	Low Value Care	Ordering	Contact Centers for Medicare & Medicaid Services
Non-Recommended Cervical Cancer Screening in Adolescent Females	Patient(s) 16-20 years of age that did not have a cervical cancer screening (cervical cytology or HPV test) in the last 12 reported months	Patient did not have a non-recommended cervical cancer screening test (cervical cytology or HPV test)	Low Value Care	Patient	Contact National Committee for Quality Assurance
Osteoporosis Management	Patient(s) compliant with prescribed oral bisphosphonate (minimum compliance 80%)	Patient was 80% or more compliant with prescribed oral bisphosphonate medication	Guideline Concordance: Chronic Disease	Patient	Synopsis
	Women 67-85 years who were treated or tested for osteoporosis within six months of a fracture	Patient was treated or tested for osteoporosis within six months of a fracture	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
Pregnancy Management	Pregnant women that had hepatitis B surface antigen (HBsAg) testing	Pregnant patient had a hepatitis B surface antigen (HBsAg) test	Guideline Concordance: Pregnancy Management	Rendering	Synopsis
	Pregnant women less than 25 years of age that had gonorrhea screening	Pregnant patient had gonorrhea screening	Guideline Concordance: Pregnancy Management	Rendering	Synopsis
Prenatal and Postpartum Care	Women that received postpartum care (excluding bundled postpartum services)	Patient received postpartum care (excluding bundled postpartum services)	Guideline Concordance: Pregnancy Management	Patient	Contact National Committee for Quality Assurance
	Women that received a prenatal visit (excluding bundled prenatal services)	Patient received a prenatal visit (excluding bundled prenatal services)	Guideline Concordance: Pregnancy Management	Patient	Contact National Committee for Quality Assurance
Removal of Ovary and Ovarian Duct	Patient(s) without advanced imaging (e.g., CT, MRI) within 365 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a restudy procedure within 365 days after the assessed procedure	Outcomes	Rendering	Synopsis

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Removal of Ovary and Ovarian Duct	Patient(s) without post-procedure complications within 30 days of the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
Risk Of Continued Opioid Use	Patient(s) age 18-64 years who were opioid-naive and were not prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation	Patient did not have opioid medication for 15 or more days during the first 30 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 65 years and older who were opioid-naive and were not prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation	Patient did not have opioid medication for 15 or more days during the first 30 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 18-64 years who were opioid-naive and were not prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation	Patient did not have opioid medication for 31 or more days during the first 62 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 65 years and older who were opioid-naive and were not prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation	Patient did not have opioid medication for 31 or more days during the first 62 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance
Stress Incontinence Repair	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Use of Contrast Material in CT	Patient(s) with an abdomen CT test performed that did not have "combined studies" (with and without contrast material)	Patient did not have an abdomen CT test using combined studies (with and without contrast material)	Low Value Care	Ordering	Contact Centers for Medicare & Medicaid Services
Use of High-Risk Medications in Older Adults	Patients 67 years and older who did not receive two or more of the same high-risk medications from the same drug class in the last 12 reported months	Patient did not have two or more of the same high-risk medications from the same drug class dispensed	Safety	Prescribing	Contact National Committee for Quality Assurance
	Patients 67 years and older who did not receive two or more of the same high-risk medications except for appropriate diagnosis in the last 12 reported months	Patient did not have two or more of the same high-risk medications except for the appropriate diagnosis dispensed	Safety	Prescribing	Contact National Committee for Quality Assurance
Use of Opioid Medications	Patient(s) 18 years or older without an average morphine milligram equivalent (MME) >= 90mg/day during the treatment period	Patient did not have an average morphine equivalent dose >= 90 mg/day	Safety	Prescribing	Contact National Committee for Quality Assurance
Use Of Opioids From Multiple Providers	Patient(s) 18 years or older that did not fill opioid prescriptions from four or more different prescribers	Patient did not have opioid medications from four or more different prescribers dispensed	Safety	Prescribing	Contact National Committee for Quality Assurance
Vaginal Delivery	Patient(s) with a vaginal delivery and instrumentation used that did not have third or fourth degree obstetric trauma	Patient with vaginal delivery and instrumentation used did not have third or fourth degree obstetric trauma	Outcomes	Rendering	Contact Agency for Healthcare Research and Quality
	Patient(s) with a vaginal delivery and no instrumentation used that did not have third or fourth degree obstetric trauma	Patient with vaginal delivery and no instrumentation used did not have third or fourth degree obstetric trauma	Outcomes	Rendering	Contact Agency for Healthcare Research and Quality

Recognition Programs

The Premium program also counts National Committee for Quality Assurance (NCQA) recognition programs towards quality assessment. The Premium program adds the greater of 25 measures or 10 percent of the physician's total measures (whichever is larger) as compliant to the quality assessment for physicians who have achieved recognition in one or more of these programs applicable to their Premium specialty.

National Committee for Quality Assurance

Diabetes

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Important Notes

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