



Frequently asked questions about the UnitedHealth Premium® Designation Program

1)

What is the purpose of the UnitedHealth Premium designation program?

To recognize that not all health care is created equal, UnitedHealthcare created the UnitedHealth Premium program. The program evaluates physicians and facilities using evidence-based, medical society, and national industry standards with transparent methodology and robust data sources to evaluate physicians across [21 specialties](#) to advance safe, timely, effective, efficient, equitable and patient-centered care.

The quality criteria come from evidence-based medicine standards and national guidelines published by clinical societies, and input from leading physicians practicing in specialty areas. The cost-efficiency criteria are based on patient care provided over an entire procedural episode of care, including use of diagnostic testing, the procedure itself and follow-up care. Total treatment costs are compared to market standards.

For more information on the UnitedHealth Premium designation program and how it can help you find a doctor, go to [UnitedHealthPremium.com](#).

2)

Why is this information important?

According to a study in The New England Journal of Medicine, "adults receive the recommended medical treatment only 55 percent of the time."¹ The risks of not getting the care you need are potentially very serious. Poor quality care can lead to higher complication and surgical repeat rates, unnecessary hospitalizations and a higher chance of a wrong diagnosis.

To help you make informed choices about your health care, the UnitedHealth Premium program recognizes and provides you with information about which physicians and facilities meet quality and cost efficiency guidelines.

¹ Asch, Steven M. et al. The New England Journal of Medicine. 2006 March 16; 354: 1147-1156.

3)

How do I find out if my physician received a UnitedHealth Premium designation?

You can find a physician's designation information on [myuhc.com](#) under the Physician and Facility Search. You may search for a physician by name, location and/or specialty, or based on a particular [condition/procedure](#).

Doctors who have met the criteria for quality and/or cost efficiency could have one of these four UnitedHealth Premium designations:

- Quality & Cost Efficiency
- Cost Efficiency & Not Enough Data to Assess Quality
- Quality & Not Enough Data to Assess Cost Efficiency
- Quality & Did Not Meet Cost Efficiency

The designation status for Medica network physicians in Minnesota, North

Dakota, South Dakota and portions of Western Wisconsin was posted in October 2012. The designation status for network physicians in Connecticut, Delaware, Pennsylvania, New Jersey, New York and Rhode Island was posted in December 2012. The east coast portions of Connecticut, New Jersey and New York impacted by Hurricane Sandy were last updated in January 2013. The designation status results for all other states, with the exception of those noted above, were posted in January 2014. The new UnitedHealth Premium Tier 1 symbol is used in all states effective January 2014.

4) What is a UnitedHealth Premium Tier 1 physician?

New in 2014, we are introducing the UnitedHealth Premium Tier 1 symbol  to identify doctors who have been recognized for providing value.

UnitedHealth Premium Tier 1 physicians have received the Premium designation for Quality & Cost Efficiency.

Members in health plans that offer tiered benefits may pay lower co-payments and co-insurance amounts for services provided by UnitedHealth Premium Tier 1 physicians.

5) What kind of recognition can a physician receive under the UnitedHealth Premium designation program?

There are several possible displays for a physician's designation. Designations are displayed in the physician search results on myuhc.com.

Quality & Cost Efficiency

The care provider has met guidelines for providing quality and cost-efficient care. For quality, care providers must meet national industry standards of care. For cost efficiency, care providers must meet local market benchmarks for the cost-efficient use of resources in delivering care.

Quality & Not Enough Data to Assess Cost Efficiency

The care provider has met guidelines for providing quality care. For quality, care providers must meet national industry standards of care. The care provider did not have enough health plan claims data to be evaluated for cost efficiency. For cost efficiency, a minimum number medical or surgical cases are required to determine if the care provider has met the cost efficiency criteria.

Quality & Did Not Meet Cost Efficiency

The care provider has met guidelines for providing quality care. For quality, care providers must meet national industry standards of care. The care provider has not met guidelines for cost-efficient care. For cost efficiency, care providers must meet local market benchmarks for the cost-efficient use of resources in delivering care.

Not Enough Data to Assess Quality & Did Not Meet Cost Efficiency

The care provider did not have enough health plan claims data to be evaluated for quality. For quality, a minimum number of patients and a minimum number of medical or surgical cases are required to determine if the care provider has met the quality criteria. The care provider has not met guidelines for cost-efficient care. For cost efficiency, care providers must meet local market benchmarks for the cost-efficient use of resources in delivering care.

Not Enough Data to Assess

The care provider did not have enough health plan claims data to be evaluated for the UnitedHealth Premium designation. For quality and cost efficiency, a minimum number of patients and a minimum number of medical or surgical cases are required to determine if the care provider has met the quality and cost efficiency criteria.

Not Evaluated

The UnitedHealth Premium program does not currently evaluate care providers in this specialty, or the care provider's evaluation is in process.

Did Not Meet Quality & Cost Efficiency

The care provider has not met guidelines for providing quality care. For quality, care providers must meet national industry standards of care. If care providers do not meet the quality criteria, they are not eligible for the cost-efficiency designation.

- 6) What is the difference in the "Premium Quality and Cost Efficiency" and the "Specialty" columns shown in the physician search results on myuhc.com?**

The "Premium Quality and Cost Efficiency" column displays the specialty area that the UnitedHealth Premium program used in its evaluation process. Sometimes, these two columns display a different specialty. The "Specialty" column may provide a more detailed listing of the physician's specialty or specialties.

- 7) What are the criteria for the UnitedHealth Premium program and where did it come from?**

The UnitedHealth Premium designation program for physicians uses criteria and measures based on evidence-based, medical society, and national industry performance measurements from organizations such as the National Quality Forum (NQF®), the Ambulatory Quality Alliance (AQA®), the National Committee for Quality Assurance (NCQA), and the American College of Cardiology®. Practically speaking, evidence-based guidelines are those standards, based on science, which define how a patient should be treated to receive optimal care for his or her condition.

As part of the evaluation, physicians must be board certified in their primary specialty. A physician's quality designation is determined by comparing the number of times his/her patients received recommended care with a benchmark number, based on the UnitedHealthcare national rate of the same recommended care for each quality measure.

Doctors specializing in the treatment of more complex diseases that involve surgical procedures (i.e., implantation of a stent for coronary artery disease, a pacemaker placement, or removal of a vertebra from the lower back) are measured for such services as the use and timing of diagnostic testing, follow-up care, complications and repeat surgeries for the same medical condition. This information is then compared to other doctors in the same specialties who perform these procedures.

Sufficient data for the quality assessment is defined as a minimum of 5 unique patients and 20 quality measure opportunities across all conditions or procedures. "Opportunities" are the number of times a measurement criterion

could have been met. In order to meet the quality criteria, physicians must perform at a level that meets or exceeds the equivalent of the 75th percentile performance for all physicians measured. Quality measures for inpatient procedures are risk adjusted by 3MR APR DRG severity of illness level.

For cost efficiency, a minimum of 10 medical cases (episodes of care) or 10 procedure or surgical cases (procedure episodes) is required. Episodes include all services delivered to a patient (including those of other physicians or clinicians) related to a specific procedure or treatment of a condition. Physicians must perform at a level that meets or exceeds the median performance for all physicians (measured in the same specialty for the same types of episodes in the same geographic area) in order to meet the cost efficiency criteria.

8) What is the evaluation process for determining designations?

Designation is a two-stage process. First, a physician is evaluated for quality. Those that meet the quality guidelines are then evaluated for cost efficiency.

Quality designation: The evaluation of quality is based on an analysis of 38 months of collected paid claims for UnitedHealthcare members compared to national quality standards. The Premium program also counts several non-claims based programs towards quality designation for the specialties appropriate to each program. These include National Committee for Quality Assurance (NCQA) recognition programs, Bridges to Excellence (BTE) programs, and American Board of Internal Medicine (ABIM) Practice Improvement Modules®.

Physicians who demonstrate that they meet or exceed quality criteria, as measured against national quality standards, receive a quality designation.

Cost efficiency designation: Only physicians who receive the UnitedHealth Premium designation for quality are eligible for designation for the cost efficiency of the care they provide. Cost efficiency is based on factors such as the use and price of diagnostic testing, prescribed medications, procedures and follow-up care in comparison to other physicians in the same specialty in the same geographic area. In order to make an "apples-to-apples" comparison, the cost efficiency assessment accounts for the types and severity of patients' conditions that the particular doctor treats.

Physicians who meet the quality criteria and are more cost efficient, in comparison to local market specialty-specific benchmarks, receive a cost efficiency designation.

9) What if a physician doesn't have enough claims to be evaluated?

A physician who has met the quality criteria and has a star by his or her name, but does not have enough claims data to be assessed for cost efficiency would be displayed as follows:

Quality & Not Enough Data to Assess Cost.

A physician who did not have enough health plan claims data to be evaluated for quality and cost efficiency for the UnitedHealth Premium designation will display as follows:

Not Enough Data to Assess.

10) Who is eligible for evaluation in the program?

Only individual physicians that meet UnitedHealth Premium designation quality criteria for that specialty, or physicians that are part of medical groups that meet UnitedHealth Premium criteria for group practices in that specialty, may receive the Premium quality of care designation. Physicians in a particular group may be evaluated on an aggregate, not an individual, basis. Therefore, a physician in a eligible group practice who has insufficient data on his or her own may qualify for designation if his or her specialty in that group met the quality or quality and cost efficiency designation criteria.

The UnitedHealth Premium program includes specialties that have national quality standards that can be evaluated using paid claims data. [Click here](#) to see a complete list of all specialties and conditions.

11) Why does the Premium Designation program designate individual physicians and not designate the group?

The Premium designation program based its methodology on clinical information from individual physician's health care claims. The program was developed to assist individual physicians in their continuous practice improvement. This design also helps consumers make more informed and personally appropriate physician choices for their medical care.

12) Can a Physician appeal their designation?

Yes, physicians have the opportunity to review and request a reconsideration of the data that was used for the Premium designation assessment. All reconsideration requests are processed as described in the program's detailed description. A reconsideration request can correct facts that are used in the methodology, but the methodology itself is fixed under this NCQA accredited program. Physicians can submit a Premium reconsideration request online via the Premium website located on UnitedHealthcareOnline.com.

13) Are physicians in all areas of the U.S. evaluated for the program?

The UnitedHealth Premium program is available in 148 markets in 41 states. If you would like a complete listing of the available markets, please email PremiumProgram@uhc.com. [Click here](#) to see a map of the Premium program locations.

14) Who do I contact if I have a question, feedback, or a complaint about the program?

If you have questions or a complaint about the UnitedHealth Premium designation program, you may call Customer Care at the number found on the back of your ID card from 8:00 a.m. - 8:00 p.m. ET, Monday-Friday.

The National Committee for Quality Assurance (NCQA) is an independent not-for-profit organization that uses standards, clinical performance measures and member experience to evaluate the quality of health plans. NCQA serves as an independent ratings examiner for UnitedHealthcare, reviewing how the UnitedHealth Premium designation program meets criteria required by the State of New York. The NCQA Ratings Examiner Report provides information on how health plans in New York evaluate physicians in their networks for quality and cost efficiency. You can view the report by visiting <http://nyrxreport.ncqa.org/Overview.aspx>.

If you have a complaint about the UnitedHealth Premium designation

program, in addition to registering that complaint with UnitedHealthcare, you may also register your complaint with the NCQA by writing to customersupport@ncqa.org or to NCQA Customer Support, 1100 13th Street NW, Suite 1000, Washington, DC 20005.

As part of the development of the UnitedHealth Premium program, we solicit input and feedback from consumers, employers and physicians. We have established national and local physician advisory committees, and we gain additional input from surveys and meetings with physicians, consumers and employers. Such input and feedback is incorporated into the program on an ongoing basis. If you would like to provide feedback on the program, please email PremiumProgram@uhc.com.

Additional Information on the Premium Designation Program

If you have questions about program methodology (including a complete list of measures used to evaluate physicians, measure specifications, how patients are attributed to physicians, how the program considers measurement error and measure reliability, and how outlier cases are handled) or would like a copy of the detailed program methodology, please email PremiumProgram@uhc.com.

If you have questions about *program logistics* (including the number or percentage of physicians that have results in your area, and the percentage of payments made to physicians based on performance) or you would like to provide feedback on the program, please send an email to PremiumProgram@uhc.com.

Important Notes about the Program

Premium designations are a guide

The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com®. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed information and methodologies.

Only individual physicians that meet UnitedHealth Premium designation criteria, or physicians in designated specialties who are part of medical groups that meet UnitedHealth Premium criteria for group practices and who have sufficient claims data for analysis, may be designated. All physicians that contract with UnitedHealthcare have met credentialing requirements. Regardless of designation, plan enrollees have access to physicians in the UnitedHealthcare network as described in their benefit plan. Specialties for which there are no quality guidelines currently established in the program are excluded from evaluation and are noted as such.

The assessment result “Not Enough Data to Assess” 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 the Premium designation program, which includes only health plan claims associated with specific program measures and relevant to the physician’s designated specialty. In some cases, there may not be enough data to complete the analytic process from a statistical standpoint.

[Click here](#) to see a complete list of the specialties and medical conditions measured.

All UnitedHealthcare contracted doctors, regardless of designation status, remain part of the UnitedHealthcare network. The UnitedHealth Premium designation program is not a separate network or a network within a network.