

Frequently asked questions about the Medica Premium Program



1. What is the purpose of the Medica Premium designation program?





The Medica Premium program provides physician designations based on quality and cost efficiency criteria to help members make more informed choices for their medical care. Physicians may also use these designations when referring patients to other physicians.

2. Why is this information important?

According to a study published in The New England Journal of Medicine, “adults receive the recommended medical treatment only 55 percent of the time.”¹ Poor quality care can lead to higher complication and surgical repeat rates, unnecessary hospitalizations and a higher chance of a wrong diagnosis.

3. What are the possible Medica Premium designations?

Doctors receive one of the following designations:

Premium Designation	Displayed Explanation
Premium Care Physician 	The physician meets the Medica Premium program quality and cost-efficient care criteria.
Quality Care Physician 	The physician meets the Medica Premium program quality care criteria but does not meet the program’s cost-efficient care criteria or is not evaluated for cost-efficient care.
Not Evaluated For Premium Care 	The physician does not meet the Medica Premium program quality criteria so the physician is not eligible for a Premium designation.
Does Not Meet Premium Quality Criteria 	The physician does not meet the UnitedHealth Premium program quality criteria, so the physician is not eligible for a Premium designation.

Physician designations are determined based on a comparison of current version and previous version evaluation results.

The fact that a physician has a Does Not Meet Premium Quality Criteria or Not Evaluated For Premium Care designation does not mean that the physician does not provide quality health care services. All physicians in the Medica Network have met certain minimum credentialing requirements (separate from the Premium program).

The designation of Not Evaluated For Premium Care is given when a physician does not practice in a specialty that is evaluated by the Premium program or when a physician’s evaluation is in progress. It is also given 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 the Premium program.

4. How do I find out if my doctor received a Medica Premium designation?

You can find a doctor's designation information on mymedica.com using the "Find Physician or Facility" search. You may search for a doctor by name, location and/or specialty, or based on a particular condition/procedure.

The designations were effective on August 30, 2019. The following counties became effective on January 3, 2019 - Illinois: Bond, Calhoun, Clinton, Greene, Jersey, Macoupin, Madison, Marion, Monroe, Montgomery, Randolph, Scott, St. Clair. Missouri: Bollinger, Butler, Cape Girardeau, Carter, Casconade, Clark, Crawford, Dent, Dunkin, Franklin, Howell, Iron, Jefferson, Lewis, Lincoln, Madison, Marion, Mississippi, Montgomery, New Madrid, Oregon, Pemiscot, Perry, Phelps, Pike, Rails, Reynolds, Ripley, Scott, Shannon, St. Charles, St. Francois, St. Louis City, St. Louis County, Ste. Genevieve, Stoddard, Texas, Warren, Washington, Wayne. It may take up to a week after the effective date for designations to display in certain care provider directories, like myMedica.com

5. What are the criteria for the Medica Premium program and where did it come from?

The Premium program first uses clinical quality measures from the National Quality Forum (NQF)-endorsed measures when available for the specialties being evaluated. Additional measures are selected from or developed using published literature and information from organizations such as:

- The National Committee for Quality Assurance (NCQA)
- American Medical Association Physician Consortium for Performance Improvement® (PCPI®)
- Specialty societies relevant to a specific disease and clinical condition
- Government agencies
- Other national expert panels

From these sources, the Premium program uses relevant measures that can be evaluated using health plan claims data and that are useful in determining differences in physician performance.

Attribution methods based on health plan claims data determine which physicians are responsible for care given to patients. The Premium program compares the physician's quality measure performance to the target benchmark. When there are a sufficient number of quality measures attributed, a statistical test is applied to determine if the physician's performance is not statistically less than the target benchmark. The physician meets the Premium program quality criteria when the physician's performance is not statistically less than the target benchmark.

There are two measurements applied for the evaluation of cost efficiency: patient total cost measurement and patient episode cost measurement. The Premium program uses the cost measurement applicable to the physician's Premium specialty. For specialties measured using patient total cost, when the physician does not have a sufficient number of patients attributed, the Premium program uses the patient episode cost measurement.

Attribution methods based on health plan claims data determine which physicians are responsible for care given to patients.

The Premium program compares the physician's cost efficiency performance to a target benchmark. When there are a sufficient number of episodes and/or patients attributed, a statistical test is applied to determine if there is a statistically significant difference between the physician's performance and the benchmark. The physician meets the Medica program cost-efficient care criteria when the physician meets the Premium program quality care criteria and the physician's cost efficiency performance is statistically less than the target benchmark.

Use the link below to view the detailed methodology available to physicians, which includes information about the data, measures and statistical methods used to determine a physician's designation:

[Premium Designation Program Detailed Methodology](#)

6. What is the evaluation process for determining designations?

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

Quality evaluation: The evaluation of quality is based on an analysis of 38 months of collected paid claims for Medica members. Quality is the primary program measurement, evaluated using national standardized measures. The Premium program uses relevant measures that can be evaluated using health plan claims data and that are useful in determining differences in physician performance. 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 and Bridges to Excellence (BTE) programs.

Cost efficiency evaluation: Only doctors who meet the Medica Premium quality criteria are eligible for the cost-efficient care evaluation. 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 doctors in the same Premium specialty in the same geographic area. Relevant services include those provided by other healthcare professionals as well as facility, pharmacy and ancillary services (e.g., diagnostic tests). In order to make an “apples-to-apples” comparison, the cost efficiency evaluation accounts for the case mix of the patient that the doctor treats.

7. Who is eligible for evaluation in the program?

The Premium program evaluates more than 370,000 doctors across most states. Physicians are evaluated by the Premium program when they:

- Have an Medica Commercial fee-for-service active contract and
- Practice in a [state and county](#) included in the Premium program; and
- Practice in a primary credentialed specialty included in the Premium program. For purposes of Evaluation, multiple credentialed specialties may be combined into a single [Premium specialty](#).

Doctors who do not have enough data to be evaluated may meet the quality and/or cost efficiency criteria based on their affiliated medical group results for their Premium specialty within the same geographic area. Medical group quality and cost efficiency results are determined for each Premium specialty and geographic area combination represented within the medical group using the same methodology applied to physicians.

The Medica 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.

8. Why does the Premium Designation program designate individual doctors and not designate the group?

The Premium designation program bases its methodology on clinical information from individual doctors' health care claims. This designation also helps consumers make more informed choices for their medical care.

9. Can a doctor appeal his or her designation?

Yes, doctors have the opportunity to review and request a reconsideration of the data that was used for the Premium designation evaluation. All reconsideration requests are processed as described in the program's detailed description. A reconsideration request can change certain quality and/or cost efficiency information included in a doctor's evaluation, but the methodology itself is fixed under this program. Doctors can submit a Premium reconsideration request online via the Premium website located on UnitedHealthPremium.UHC.com.

10. Are doctors in all areas of the U.S. evaluated for the program?

The Medica Premium program is available in a majority states. [Click here](#) to see Premium program availability.

The Medica 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. 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 Medica Premium Program, you may call Medica Customer Service at the number found on your ID card from 7 a.m. - 8 p.m. CT, Monday – Friday (closed 8 – 9 a.m. Thursdays) and 9 a.m. – 3 p.m. CT, Saturday. 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 Medica, reviewing how the Medica Premium 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 Medica Premium program, in addition to registering that complaint with Medica, 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 Medica Premium Program, we solicit input and feedback from consumers, employers and physicians. We work with 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 AskMedica@medica.com.

Additional Information on the Premium 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), 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

The Medica Premium program is a resource for informational purposes only. Designations are displayed in Medica online physician directories at mymedica.com. You should always visit mymedica.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 mymedica.com for detailed program information and methodologies.

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

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