



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 using evidence-based, medical society, and national industry standards with transparent methodology and robust data sources to evaluate physicians across up to [16 Premium specialties representing 47 sub-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 evaluation uses population cost and/or episode cost measurement as appropriate, depending on the specialty being assessed. Population cost measurement is used for primary care physicians and for select specialty physicians. The cost efficiency standards rely on local market benchmarks for cost-efficient care.

For more information on the UnitedHealth Premium program, go to UnitedHealthPremium.com.

- 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.

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

- 3) **What are the possible UnitedHealth Premium designations?**
 Doctors receive one of the following designations:

Premium Designation	Description
Premium Care Physician 	The physician meets the criteria for providing quality and cost-efficient care.
Quality Care Physician 	The physician meets the criteria for providing quality care and does not have enough claims data to be evaluated for cost-efficient care.
	The physician meets the criteria for providing quality care and does not meet the criteria for cost-efficient care.
Quality Not Evaluated 	The physician's specialty is not evaluated or the physician's evaluation is in process.
	The physician does not have enough claims data to be evaluated for quality, so the physician is not eligible for the cost-efficient care designation.
Does Not Meet Quality 	The physician does not meet the criteria for providing quality care so the physician is not eligible for the cost-efficient care designation.

The fact that a physician has a Quality Not Evaluated or a Does Not Meet Quality

designation does not mean that the physician does not provide quality health care services. All physicians in the UnitedHealthcare Network have met certain minimum credentialing requirements (separate from the Premium program).

The designation of "Quality Not Evaluated" is given when a physician does not practice in a specialty that is evaluated by the Premium program. 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 UnitedHealth Premium designation?

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

The designation status results for all states, with the exception of the Medica network doctors, were posted in March 2017. The designation status for Medica network doctors in Minnesota, North Dakota, South Dakota and portions of Western Wisconsin were posted in April 2015.

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

The UnitedHealth Premium designation program 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.

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 50th percentile performance for all physicians measured. Quality measures for inpatient procedures are risk adjusted by 3MTM APR DRG severity of illness level.

There are two measurements used for the assessment of cost efficiency: population cost measurement and episode cost measurement. The physician's

specialty determines whether population cost measurement is used. Population cost measurement requires a minimum of 10 patients. Population cost measurement evaluates the total cost of care for the physician's patients and applies appropriate risk adjustment methodology. Episode cost measurement requires a minimum of 10 medical and/or surgical cases. Both medical and surgical cases can be used to calculate the 10 total cases. 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' costs must be statistically lower than the highest cost quartile (measured in the same specialty in the same geographic area) to meet the cost efficiency criteria.

6) **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, and those for whom we do not have sufficient claims data to assess quality, 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®.

Cost efficiency designation: Only physicians who meet the UnitedHealth Premium quality criteria and those for whom we do not have sufficient claims data to assess quality are eligible for the cost efficiency assessment. 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 case mix of the patient that the doctor treats.

7) **Who is eligible for evaluation in the program?**

Only individual physicians that meet UnitedHealth Premium designation quality criteria for that specialty, physicians for whom we do not have sufficient claims data to assess quality, and physicians that are part of medical groups that meet UnitedHealth Premium criteria for group practices in that specialty may receive the Quality designation. Physicians in a particular group may be evaluated on an aggregate, not an individual, basis. Therefore, a physician in an eligible group practice who does not have enough data on his or her own may qualify for designation if his or her specialty in that group met the Quality and/or 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.

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 and personally appropriate physician 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 correct facts that are used in the methodology, but the methodology itself is fixed under this NCQA accredited program. Doctors can submit a Premium reconsideration request online via the Premium website located on UnitedHealthcareOnline.com.

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

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

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) **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 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.

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 UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com® and oxfordhealth.com. You should always visit myuhc.com or oxfordhealth.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 program information and methodologies.

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

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.