

# UnitedHealth Premium Program Attribution methods

Use this document with the UnitedHealth Premium® Program Methodology document at [UnitedHealthPremium.uhc.com](https://UnitedHealthPremium.uhc.com). Please review all methodology documents to understand the entire Premium program methodology.

## Overview

Attribution methods based on health plan claims data determine which physicians are responsible for patient care. The following attribution methods are used for each measure type used in the Premium methodology.

Measure type	Attribution method
Safety	Patient Prescribing
Guideline concordance: Preventive care	Patient
Guideline concordance: Acute care	Rendering
Guideline concordance: Chronic disease	Patient
Guideline concordance: Pregnancy management	Patient Rendering
Guideline concordance: Surgical care	Rendering
Outcomes	Rendering
Low value care	Rendering Ordering
Patient total cost	Patient
Patient episode cost	Cost Rendering

## Patient attribution

Patient attribution is used for select safe, timely and effective quality care measures and for the patient total cost measure. Patient attribution is based on a hierarchy of services to select the most probable physician(s) responsible for a patient's care within each eligible specialty category. Specialty categories are primary care (family medicine, internal medicine, and pediatrics), obstetrics and gynecology<sup>1</sup>, allergy, cardiology, ear nose and throat, endocrinology, gastroenterology, nephrology, neurology, pulmonology, rheumatology and urology.

<sup>1</sup> Patients are attributed to OB-GYNs only if they are female and at least age 12

Patients are attributed to physicians for 2 separate time periods: calendar year 2021 and calendar year 2022. A patient may be attributed to 1 physician in each specialty category for each period. Multiple attribution aligns with patient-centered health care models, as physicians are expected to coordinate patient care.

Patients are also attributed to the group that billed the service(s) the physician attribution was based on. If more than 1 group billed for the services, the patient is attributed to the group that billed the largest number of services. This may result in a single patient being attributed to multiple groups and/or multiple Premium specialties within the same group. However, a patient may only be attributed to 1 group in each specialty category for each period.

For the 2022 period, patients are first attributed to primary care and obstetrics and gynecology based on claims from calendar year 2022. If no qualifying services are found, then claims from calendar year 2021 are used. Likewise, for the 2021 period, patients are first attributed to primary care physicians and obstetrics and gynecology based on claims from calendar year 2021. If no qualifying services are found, then claims from calendar year 2020 are used. For specialists<sup>2</sup>, patients are attributed to physicians based only on claims data from the attribution period.

Step	Family medicine	Internal medicine and pediatrics	Obstetrics and gynecology <sup>1</sup>	Specialists <sup>2</sup>
1	<b>Physical exam or preventive service</b> Largest number of visits Tiebreaker = Most recent preventive service	<b>Physical exam or preventive service</b> Largest number of visits Tiebreaker = Most recent preventive service	<b>Obstetric visits</b> Largest number of visits/services Tiebreaker = Most recent visit/service	<b>Evaluation and Management</b> Largest combined number of: <ul style="list-style-type: none"> <li>Ambulatory visits</li> <li>Supervision services</li> </ul> Tiebreaker = Most recent visit/service
2	<b>Obstetric visits</b> Largest number of visits/services Tiebreaker = Most recent visit/service		<b>Evaluation and Management</b> Largest combined number of: <ul style="list-style-type: none"> <li>Ambulatory visits</li> <li>Supervision services</li> </ul> Tiebreaker = Most recent visit/service	

<sup>1</sup> Patients are attributed to OB-GYNs only if they are female and at least age 12.

<sup>2</sup> Specialists include allergy; cardiology; ear, nose and throat; endocrinology; gastroenterology; nephrology; neurology; pulmonology; rheumatology; and urology.

## Safe, timely and effective quality care measure attribution

Safe, timely and effective quality care measures are attributed to the physician(s) with significant involvement in patient care. The determination of significant involvement varies by the physician's specialty and the measure type. Measures are also attributed to the group(s) that billed, ordered or prescribed the service(s) on which the physician attribution was based.

The following table shows the attribution method(s) applicable to each measure type and whether the method limits attribution to a single physician (and group) or allows attribution to multiple physicians and groups. Multiple attribution applies when more than 1 physician has significant involvement in patient care. This aligns with patient-centered health care models as physicians are expected to coordinate patient care.

[Click here](#) to view attribution methods by specific measure.

Measure type	Attribution method	Single or multiple attribution
Safety	<b>Patient:</b> The patient's 2022 attributed physician for applicable specialties	Multiple
	<b>Prescribing:</b> The physician(s) who prescribed the medication(s)	
Guideline concordance: Preventive care	<b>Patient:</b> The patient's 2022 attributed physician for applicable specialties	Multiple
Guideline concordance: Acute care	<b>Rendering:</b> The physician who saw the patient for the condition when only 1 physician was involved in the care	Single
Guideline concordance: Chronic disease	<b>Patient:</b> The patient's 2022 attributed physician for applicable specialties	Multiple
Guideline concordance: Pregnancy management	<b>Patient:</b> The patient's 2022 attributed OB-GYN if they had 1 or more pregnancy-related visits or delivery	Single
	<b>Rendering:</b> The physicians, other than the attributed OB-GYN, with 2 or more pregnancy-related visits with at least 1 during the first 2 trimesters	Multiple
Guideline concordance: Surgical care	<b>Rendering:</b> The physician who performed the primary procedure associated with the measure	Single
Outcomes	<b>Rendering:</b> The physician who saw the patient for the condition when only 1 physician was involved in the care or the physician who performed the primary procedure associated with the measure	Single
Low-value care	<b>Rendering:</b> The physician who saw the patient for the condition when only 1 physician was involved in the care or the physician who performed the primary procedure associated with the measure	Single
	<b>Ordering:</b> The physician who ordered the test	

## Efficient quality care measure attribution

### Patient total cost

Patient total cost measurement uses the patient attribution results to attribute patient costs to physicians and groups. Patients are attributed for each of the 2 separate time periods used for evaluation: calendar year 2022 (using the 2022 patient attribution result) and calendar year 2021 (using the 2021 patient attribution result). A single patient may be attributed to the same physician and group for both time periods. We include attributed patient total cost measures only when 50% or more of the normalized costs occurred on or after the first contact with the attributed physician or the physician's affiliated TIN with the same Premium specialty.

### Patient episode cost

Episodes are first attributed to physicians with significant involvement in patient care. Episodes are then attributed to the group that billed the service(s) the physician attribution was based on. If more than 1 group billed for the services, the episode is attributed to the group that generated the highest percentage of services, based on normalized cost. The determination of significant involvement varies by the type of episode. The following table shows the attribution method applicable to each episode type. Each episode is only attributed to 1 physician.

Episode type	Attribution method	Single or multiple attribution
Condition	<b>Cost:</b> The physician who was responsible for generating the highest percentage of services, based on normalized cost, in the episode. To make sure there was significant involvement, the attributed physician must be responsible for at least 50% of the total normalized cost of the episode.	Single
Procedure	<b>Rendering:</b> The physician who performed the primary procedure. Performing the primary procedure constitutes significant involvement and therefore no cost percentage threshold is applied.	Single

## Important notes about the UnitedHealth Premium Program

The information from the UnitedHealth Premium program 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 further 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 the Premium program, 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 the Premium program, which includes only health plan claims associated with specific Premium program 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 the Premium program 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.

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