

Peer Comparison Reports

Frequently Asked Questions

Overview

The Peer Comparison Report program is part of our commitment to improving health care services, health outcomes and overall cost of care for our members.

These reports show physicians how their practice compares to other physicians in our network. Our analysis is based on national risk-adjusted and/or severity-adjusted peer benchmarks, specific standards of care and Choosing Wisely® recommendations.

The report shows areas where a physician's practice pattern is better than the benchmark, and in other areas, where there may be some room for improvement. Physicians can refer to our practice recommendations for help closing those gaps.

Frequently Asked Questions

Program Overview

Who receives peer comparison reports?

Peer comparison reports are sent to physicians whose paid claims data shows patterns that vary significantly from expected practice patterns. Our analysis is based on national risk-adjusted and/or severity-adjusted peer benchmarks. Physicians must also:

- Practice in one of the [specialties](#) listed in the respective methodology document
- Meet the minimum threshold of patients and paid claims data
- Have an active Participation Agreement with UnitedHealthcare

Why do UnitedHealth Premium-designated physicians receive peer comparison reports?

Peer comparison reports are meant to complement the UnitedHealth Premium® program. The Premium program designates physicians based on specific quality and cost-efficiency criteria. Peer comparison reports drill down into a specific set of utilization and/or specialty-specific procedural measures. It's possible that a physician who meets Premium program criteria for quality and cost efficiency may show variations from expected practice patterns for specific utilization and/or specific procedural measures. We want to make physicians aware of these variations so we can work together to address them. For more information about the Premium program, go to UnitedHealthPremium.UHC.com.

Key Points

Peer comparison reports show how a physician's practice patterns compare to other physician's practice patterns in our network.

The report includes a variety of measures, including emergency department utilization, out-of-network referrals and opioid prescribing patterns.

The goal is to work with physicians to understand why they vary from their peers in certain areas and to offer practice improvement suggestions.

Accessing Reports

How can I access my peer comparison report?

Peer comparison reports are housed online in Document Vault on Link. If you already use Link, sign in and click on the Document Vault tile. In the My Documents area of the Document Vault home page, you'll see a Peer Comparison Reports folder. Look for a document with your last name and MPIN (e.g., SMITH_123456_PCR_Report_APR_2019). Click the link to open the document or click the download icon to save it to your computer.

What if I'm not using Link?

In order to access Link self-service tools, including Document Vault, you need an Optum ID connected to the tax ID number of your organization. Go to UHCprovider.com/newuser to get started.

What if I can't access my peer comparison report?

You need access to Patient Eligibility and Benefits in Link to view these reports. Please contact your organization's password owner or ID administrator if you need access. You can go to UHCprovider.com/newuser and click "Find My Password Owner/ID Administrator."

How will I know if I've received a peer comparison report?

We'll mail physicians a letter letting them know how to access their report online in the My Documents section of their Document Vault home page. Practice managers will receive a summary in the mail of the practice's comparison report information, as outlined in the care provider's agreement.

Measures and Data Analysis

What measures are included in the reports, and how are they chosen?

Reports may include utilization measures and/or specialty-specific procedural measures. Both are analyzed at the individual physician level. We chose these measures because they can be used with administrative claims data that reflects utilization and frequency of procedures. Go to UHCprovider.com/peer for more information about specific measures.

What data is used to create the reports?

We analyze paid claims data for UnitedHealthcare members who had a sufficient window of coverage to satisfy the criteria for a particular measure, even if they no longer have coverage at the time the report is generated. Claims data provides detailed information about the type, quantity and cost of services patients receive.

How are benchmarks determined?

Our analysis is based on national risk-adjusted and/or severity-adjusted peer benchmarks to account for variables that might affect expected practice patterns such as the health status of a physician's patients. We compare patient claims data for physicians in the same specialty.

How are specialties categorized?

Physician specialties are based on the physician's primary specialty reported to UnitedHealthcare. For example, our analysis for obstetricians and gynecologists includes physicians whose primary specialty is obstetrics, gynecology, or obstetrics and gynecology. In some cases, even though physicians may practice a secondary sub-specialty such as infertility, maternal/fetal medicine or reproductive endocrinology, the physician's primary specialty is the basis for the data in the report.

Attributed Patients

How are patients attributed to physicians?

For utilization measures, rules of patient attribution are used to associate a patient's overall care to the responsible physician. Patients are attributed to one eligible physician per specialty based on an algorithm designed to attribute the patient to the appropriate physician responsible for the patient's care measures. Patient assignments are specific to each measure and may include the prescribing physician or physician responsible for the patient's care. For procedural measures, patients are assigned to the physician identified in the claims data as the responsible physician for the procedures included in the analysis.

Why is claims data from other physicians included in my analysis when my attributed patients receive medical care from other physicians?

Total per-patient claims data reflects a more accurate overall picture of how a patient's health, including chronic conditions, is being managed.

Does my report include data from patients who are no longer in my care?

Because peer comparison reports rely on historical claims data, there's a chance that some of the data included may be for former patients. This information is still statistically important and helps us identify trends in practice patterns.

Does the analysis take into account higher costs due to more complex patients?

Yes. We understand that some patients have medical complexities that require more health care resources. Patient data is risk-adjusted for utilization measures using the Optum® Symmetry® Episode Risk Groups® (ERGs®) retrospective risk score. This tool predicts current and future health care usage for patients based on illness burden and risk. The tool uses medical and pharmacy claims information and demographic variables. Benchmarks are established based on health plan data, physician specialty and patient risk level based on ERGs (mean risk = 1.0), and the presence or absence of pharmacy benefits.

Program Benefits

What are the benefits of the peer comparison report program?

The program is part of our commitment to improving health care services, health outcomes and overall cost of care for both our members and our care providers. Each report has information about areas where a physician's practice is doing well and where there may be some room for improvement. The report also shows how a practice compares to other physicians in our network. Physicians can refer to our [practice recommendations](#) for help closing those gaps.

What happens after I receive my report?

We'll continue to monitor claims data and may send you updated reports. You can refer to our [practice recommendations](#) for help closing those gaps. We're also available to talk about ways we can support you and your practice.

What happens if my variations don't improve?

We'll work with you and your practice manager to understand and support your efforts to improve health care services, health outcomes and overall cost of care for our members.

Contact Information

Who do I contact if I think the data in my report is incorrect?

If you'd like to discuss the specific data in your peer comparison report, you can email physician_engagement@uhc.com.

Who do I contact if I have questions?

Email physician_engagement@uhc.com if you have questions about your peer comparison report.

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