



Peer Comparison Report
Primary Care Provider (PCP) Practice Recommendations

Utilization Measures

Measure	Description	Practice Improvement Recommendations
Average Cost Per Patient	Sum of total direct costs for your attributed patients relative to your attributed patient count.	n/a
Emergency Department (ED) Utilization	Sum of specialty-specific ED visits for your attributed patients relative to your attributed patient count.	Consider increasing or modifying hours of availability for your practice and additional scheduling options. Provide guidance to patients on use of alternate places of service such as urgent care centers. Evaluate patient care opportunities and consider improving patient education and case management of chronic conditions.
Inpatient Admission Utilization	Sum of specialty-specific inpatient admissions to acute care hospitals for treatment categorized as medical, surgical or intensive care (ICU), for your attributed patients relative to your attributed patient count.	Focus on coordinated, collaborative care and increase use of standardized care approaches to reduce care variation. When appropriate, encourage home-based disease management programs and outpatient care, instead of hospital care.
Average Length of Stay	Sum of days associated with inpatient admissions relative to the sum of inpatient admissions.	Focus on coordinated, collaborative care and increase use of standardized care approaches to reduce care variation. When appropriate, encourage home-based disease management programs and outpatient care, instead of hospital care.

Laboratory/Pathology Utilization	Sum of specialty-specific outpatient lab/path procedures for your attributed patients relative to your attributed patient count.	Follow clinical appropriateness guidelines for laboratory and pathology procedures, and use an in-network lab. Reference labs can perform laboratory testing at a far lower cost for patient care.
Out-of-Network (OON) Laboratory/Pathology Utilization	Sum of specialty-specific out-of-network lab/path procedures relative to the sum of all lab/path procedures for your attributed patients, peer adjusted for number of patients.	Increase the proportion of your referrals to network providers. You can find a care provider on UHCprovider.com or refer patients to myuhc.com to look up network providers.
Level 4 and 5 Visit Rate	Evaluation and Management (E&M) office visits billed as either level 4 or level 5 (99204, 99205, 99214, 99215) relative to the total of E&M office visits (CPT® 99201-99205 and 99211-99215) for your patients.	Help ensure appropriate coding guidelines are followed and be cautious when relying solely on electronic health records to determine coding.
Modifier Utilization Rate	Sum of claims submitted with the modifiers 25 and 59 relative to the sum of all claims for your attributed patients.	<p>Modifier 25 indicates that a significant and separately identifiable E&M (Evaluation & Management) service was provided on the same day as a minor surgical procedure.</p> <p>Physicians often mistakenly believe that assessing the condition and deciding to perform a minor procedure qualifies as a separate E&M service if occurring on the same day.</p> <p>Consider whether the E&M service is above and beyond evaluating the site and deciding to perform the service. Modifier 59 identifies procedures and services, other than E&M services, that typically are not reported together, but are appropriate under the circumstances.</p> <p>Documentation must support the need for a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion or separate injury (or area of injury in extensive injuries) not</p>

		ordinarily encountered or performed on the same day by the same individual.
Out-of-Network (OON) Utilization	Sum of allowed dollars for out-of-network care, excluding emergency and ambulance services, relative to the number of patients attributed to the physician.	Increase the proportion of your referrals to network providers. You can find a care provider on UHCprovider.com or refer patients to myuhc.com to look up network providers.
Specialist Physician Utilization	Sum of specialist visits relative to all visits (physician and specialist) for your patients.	Manage patient care, when appropriate, and refer to specialists on a limited basis, when indicated. Evaluate the need for referrals and educate patients in your practice about use of specialty providers.
Advanced Imaging Utilization	Sum of specialty-specific advanced imaging outpatient radiology procedures for your attributed patients relative to your attributed patient count.	Advanced imaging techniques, such as CT, MRI, PET and SPECT scans, can increase both cost and risk to patients. Multiple guidelines exist to help guide the use of advanced imaging. Discuss risks of advanced imaging with your patients and help ensure you're following advanced imaging guidelines.
Non-UnitedHealth Premium Care Specialist Visit Rate	Number of specialists your attributed patients received care from who did not meet UnitedHealth Premium® program Premium Care Physician designation criteria relative to all specialists your attributed patients received care from.	Utilization of UnitedHealth Premium Care Physicians has proven to lower total cost for patients. You can find a Premium Care Physician on UHCprovider.com or refer patients to myuhc.com to look up network physicians and see their Premium designations.
Non-Advanced Imaging Radiology Utilization	Sum of specialty-specific outpatient radiology procedures for your attributed patients relative to your attributed patient count.	Follow clinical appropriateness guidelines for radiology use to reduce unnecessary procedures and cost to patients. You can find a care provider on UHCprovider.com .

Pharmacy Measures

PCP: Includes opioids, antibiotic utilization, medication adherence

Measure	Description	Practice Improvement Recommendations
<p>Prescribing Rate of High-Dose Opioids</p>	<p>Sum of members with opioid prescription claims with a total daily cumulative dose greater than 120 morphine milligram equivalent (MME) relative to the sum of members with two or more opioid prescription claims for a six-month period.</p>	<p>Reference the Centers for Disease Control and Prevention (CDC) guidelines for prescribing opioids. The CDC recommends clinicians use caution when prescribing opioids at any dose.</p> <p>Clinicians should avoid increasing dosage above 90 MME due to increased risk for motor vehicle injury, overdose and death. More information can be found at cdc.gov/drugoverdose/prescribing.</p> <p>Also, the substance use treatment help line (855-780-5955) is a confidential service provided at no cost to UnitedHealthcare members. Specialized licensed clinicians provide treatment advocate services 24 hours a day, seven days a week. These treatment advocates help guide patients through treatment options and next steps.</p>
<p>Prescribing Rate of Opioids for an Extended Duration</p>	<p>Sum of members with opioid prescription claims of at least a 135-day supply relative to the sum of members with two or more opioid prescription claims of at least a 15-day supply for a six-month period.</p>	<p>Reference the CDC guidelines for prescribing opioids. Improving the way opioids are prescribed through clinical practice guidelines can help patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse or overdose from these drugs.</p> <p>The CDC recommends frequent evaluation of the benefits and harms of continued therapy. There is very little research on the long-term benefits of opioids for treating non-cancer chronic pain. However, there's growing evidence of harms associated with such use. More information can be found at cdc.gov/drugoverdose/prescribing.</p>

<p>Prescribing Rate of Opioids in Combination with Benzodiazepines</p>	<p>Sum of members with both opioid and benzodiazepine prescription claims with 30 or more days overlap for a three-month period relative to the sum of members with two or more opioid prescription claims for a three-month period.</p>	<p>Reference guidance from the CDC and U.S. Food and Drug Administration (FDA) on prescribing opioids, which are commonly prescribed for pain, and benzodiazepines, which are commonly prescribed for anxiety.</p> <p>The FDA has issued a boxed warning – the FDA’s strongest warning – about risks associated with taking these medications at the same time. Adverse outcomes may include respiratory depression, extreme sleepiness, coma and death. The CDC recommends avoiding prescribing these medications together. More information is available at cdc.gov/drugoverdose/prescribing/ or fda.gov.</p>
<p>Antibiotic Utilization for Adult Acute Bronchitis</p>	<p>Percentage of adult patients with a diagnosis of acute bronchitis who received a prescription for an antibiotic within three days after the initiating visit.</p>	<p>The CDC’s Be Antibiotics Aware program is a national effort to help improve antibiotic prescribing and use, and to help combat antibiotic resistance. Documentation and patient resources are available at cdc.gov/features/antibioticuse/index.html.</p>
<p>Antibiotic Utilization for Acute Otitis Externa</p>	<p>Percentage of patients, ages 2 and older, with acute otitis externa who received a prescription for systemic antimicrobial therapy.</p>	
<p>Antibiotic Utilization for Pediatric Upper Respiratory Infection</p>	<p>Percentage of pediatric patients with a diagnosis of upper respiratory infection (URI) who received a prescription for an antibiotic within three days after the initiating visit.</p>	

Medication Adherence to Prescribed Diabetes Medication	Percentage of patients with less than 80% compliance to the prescribed medication treatment regimen for all diabetes medications relative to all patients prescribed select diabetes medications.	Medication non-adherence in patients leads to substantial worsening of disease, death and increased health care costs. Resources to overcome barriers for medication compliance are available at cdc.gov/grand-rounds/pp/2017/20170221-medication-adherence.html .
Medication Adherence to Biguanide-Containing Diabetes Medication	Percentage of patients with less than 80% compliance to the prescribed medication treatment regimen for biguanide class diabetes medications relative to all patients prescribed biguanide class medications.	
Medication Adherence to Sulfonylurea-Containing Diabetes Medication	Percentage of patients with less than 80% compliance to the prescribed medication treatment regimen for sulfonylurea class diabetes medications relative to all patients prescribed sulfonylurea class medications.	
Medication Adherence to Thiazolidinedione-Containing Diabetes Medication	Percentage of patients with less than 80% compliance to the prescribed medication treatment regimen for thiazolidinedione class diabetes medications relative to all patients prescribed thiazolidinedione class medications.	
Medication Adherence to Prescribed Renin Angiotensin System (RAS) Antagonist Medication	Percentage of patients with less than 80% compliance to the prescribed medication treatment regimen for RAS antagonist class medications relative to all patients prescribed RAS	

	antagonist class medications.	
Medication Adherence to Prescribed Statin Medication	Percentage of patients with less than 80% compliance to the prescribed medication treatment regimen for statin medications relative to all patients prescribed statin medications.	

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