



Peer Comparison Reports: Specialty Physician Methodology

Overview

UnitedHealthcare Peer Comparison Reports (formerly Performance Reports) provide physicians with actionable information to help deliver better care, better health outcomes and better costs to patients.

How it works

To generate these reports, we analyze claims data to identify variations from risk-adjusted peer benchmarks reflective of specific standards of care and Choosing Wisely® recommendations. We then take that information and:

- Inform physicians whose paid claims data varies from expected practice patterns
- Leverage utilization measures or pharmacy measures
- Work collaboratively to improve value for UnitedHealthcare members by helping align the services they receive with evidence-based standards of care
- Identify focused areas for improvement
- Offer suggested actions to help reduce variations

Peer Comparison Reports may include data for certain key measures, as reported from UnitedHealthcare claims data for patients attributed to a physician's practice. Some measures vary by specialty type. Reports may include utilization measures or pharmacy measures or both.

Specialties

The following are the specialties included in our analysis:

Allergy: Includes physicians whose primary specialty is identified as allergy or allergy and immunology.

Cardiology: Includes physicians whose primary specialty is identified as cardiology, cardiac diagnostic, interventional cardiology, cardiac electrophysiology or cardiovascular diseases.

Dermatology: Includes physicians whose primary specialty is identified as dermatology.

Endocrinology: Includes physicians whose primary specialty is identified as endocrinology, diabetes and endocrinology, or diabetes and metabolism.

ENT: Includes physicians whose primary specialty is identified as ear, nose and throat, including otolaryngology, otology, pediatric otolaryngology, laryngology, rhinology, or head and neck surgery.

Gastroenterology: Includes physicians whose primary specialty is identified as gastroenterology, endoscopy, hepatology-liver disease and digestive diseases.

General Surgery: Includes physicians whose primary specialty is identified as general surgery, abdominal surgery, colon and rectal surgery, and proctology.

Nephrology: Includes physicians whose primary specialty is identified as nephrology.

Neurology: Includes physicians whose primary specialty is identified as neurology, neurology and psychiatry, or neuromuscular disease.

Neurosurgery, Orthopedics & Spine: Includes physicians whose primary specialty is identified as neurosurgery, orthopedics and spine (NOS), including neurological surgery, orthopedic surgery, sports medicine, back and spine surgery, shoulder surgery, hand surgery and knee surgery.

Obstetrics/Gynecology: Includes physicians whose primary specialty is identified as obstetrics or gynecology.

Pulmonology: Includes physicians whose primary specialty is identified as pulmonology or pulmonary medicine.

Rheumatology: Includes physicians whose primary specialty is identified as rheumatology.

Urology: Includes physicians whose primary specialty is identified as urology.

Utilization measures

Utilization measures focus on specialty-specific clinical services as reflected in claims data for UnitedHealthcare commercial, Medicare Advantage and Medicaid members **attributed to an individual physician** for a 12-month period. Utilization measures may include:

- **Emergency Department (ED) Utilization:** Sum of visits for attributed patients to facility-based emergency departments with subsequent discharge (not admitted as inpatient) relative to your attributed patient count.
- **Inpatient Admission Utilization:** Sum of specialty-specific inpatient admissions for attributed patients to acute care hospitals for treatment categorized as medical, surgical or intensive care relative to your attributed patient count.
- **Average Length of Stay (ALOS) for Inpatient Admissions:** Sum of days associated with inpatient admissions relative to the sum of inpatient admissions.
- **Level 4 and 5 Evaluation and Management (E&M) Visit Rate:** Sum of E&M office visits billed as level 4 or 5 relative to the total of E&M office visits for attributed patients. This includes utilization of level 4 E&M coding (CPT® codes 99204, 99214) and level 5 E&M coding (CPT codes 99205, 99215) relative to total E&M office visits (CPT 99201-99205; 99211-99215).
- **Level 4 and 5 Evaluation and Management (E&M) Office Consultation Rate:** Sum of E&M office consultations billed as level 4 or 5 relative to the total of E&M office consultations for attributed patients. This includes utilization of level 4 and level 5 E&M coding (CPT codes 99244, 99245) relative to total E&M office consultations (CPT codes 99241-99245).
- **Modifier Utilization Rate:** Sum of claims submitted with the modifiers 25 and 59 relative to the sum of all claims for your attributed patients.
- **Procedure Modifier Utilization Rate:** Sum of claims with the modifiers 24, 50, 51, 58 and 76 relative to the sum of all claims for your attributed patients.

- **Specialty-Specific Diagnostic Utilization:** Sum of select specialty-specific diagnostic procedures, such as electrocardiogram, nasal endoscopy, upper gastrointestinal endoscopy and colonoscopy, visual field examinations, allergy testing, various respiratory tests and vascular study, relative to total number of attributed patients.

Pharmacy measures

Opioid prescription measures address your prescribing patterns of opioid medications for UnitedHealthcare commercial, Medicare Advantage and Medicaid members age 18 and older. Members with cancer diagnoses and in hospice care were excluded. The following opioid measures were selected for primary care, over a six- to 12-month period:

- **Prescribing Rate of High-Dose Opioids:** 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 12-month period for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.
- **Prescribing Rate of Opioids for an Extended Duration:** Sum of members with opioid prescription claims of at least a 135-day supply for a six-month period relative to the sum of members with opioid prescription claims of at least a 15-day or greater supply for a six-month period for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.
- **Prescribing Rate of Opioids in Combination with Benzodiazepines:** Sum of members with both opioid and benzodiazepine prescription claims with 30 or more days overlap for a 12-month period relative to the sum of members with two or more opioid prescription claims for a 12-month period for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

Physician criteria

Our analysis focuses on physicians of certain specialties who are currently contracted with UnitedHealthcare and have a minimum threshold of claims data and UnitedHealthcare members in their care.

Patient attribution

- **For utilization measures**, patients are attributed through an algorithm designed to select the most probable physician responsible for the patient's care. The report reflects claims data for members attributed to your practice, including claims filed when they were treated by other physicians, to capture overall utilization patterns for your attributed patients.
- **For opioid prescription measures**, patients are assigned to the physician identified in the claims data as the prescribing physician for the opioid pharmaceutical drugs included in the analysis.

Important information

UnitedHealthcare does not practice medicine nor provide health care services. Physicians are solely responsible for medical judgments and treatments.

As with any 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 method by which it is determined that an individual physician was responsible for the treatment of the patient's condition.

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.

Questions?

We welcome the opportunity to talk with physicians and practice managers about individual Peer Comparison Reports and how we might further support your efforts in reducing unwarranted variations. Our dedicated email address for Peer Comparison Reports is physician_engagement@uhc.com.

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