

UnitedHealth Premium Version 19 methodology



Additional UnitedHealth Premium® methodology documents are located on unitedhealthpremium.uhc.com.

Introduction

UnitedHealth Premium evaluates physicians for quality of care, efficiency of care, and cost of care. Using standardized methodologies and updated data, physicians receive ratings and ranks that provide a comparative assessment of performance. Premium designates physicians as Premium Care if they:

- Meet quality of care and cost of care criteria; or
- Meet quality of care criteria but cannot be rated for cost of care

The Premium Care designation is displayed in commercial provider directories and may be used by members to help make more informed choices for their medical care. Physicians may also use their evaluation details to support their efforts to provide quality care to patients. Designations, ratings, and ranks may be factors used to guide provider selection by members and referrals by physicians.

Premium Care Physicians are identified in our commercial provider directories with the following icon and description.

♥♥ Premium Care Physician

This physician meets the UnitedHealth Premium quality care criteria which includes safe, timely, effective, and efficient care.

Eligibility requirements

Physicians are evaluated when they:

- Have an active UnitedHealthcare commercial fee-for-service contract
- Practice in one of the peer specialties evaluated by the program
- Practice in a state and county included in the program

Methodology overview

Physicians are evaluated for quality of care, efficiency of care, and cost of care using standardized measures.

Attribution methods based on health plan claims data determine which physicians are responsible for patient care. When enough measures are attributed, Premium separately rates and ranks the physician's quality of care, efficiency of care, and cost of care performance. The physician meets criteria when the physician's rating meets or exceeds the target benchmark.

Physicians who do not have enough measures attributed for evaluation may receive ratings and ranks based on an affiliated tax ID number's (TIN) performance for their peer specialty within the same peer geography. TINs are evaluated with the same methodology used for physicians.

We reserve the right to exclude physicians, as appropriate, including, but not limited to, situations in which there may be a sanction against a physician's license, or a physician has lost their license.

Quality of care

Methodology

Premium uses clinical quality measures endorsed by the Partnership for Quality Measurement (PQM), when available, for the peer specialties being evaluated.

Additional measures are selected from or developed using published literature and information from the following sources:

- The National Committee for Quality Assurance (NCQA)
- Government agencies
- Pharmacy Quality Alliance (PQA)
- Other national expert panels

From these sources, Premium uses measures that can be evaluated using health plan claims data.

Premium counts NCQA recognition programs toward the quality of care evaluation. Premium adds the greater of 25 measures or 10% of the physician's total measures as compliant to the quality of care evaluation for physicians who have achieved recognition in the Patient-Centered Medical Home, Patient-Centered Specialty Practice, and/or Diabetes programs.

Data used

Premium uses claims data based on services provided for patients enrolled in UnitedHealthcare commercial fee-for-service, UnitedHealthcare® Medicare Advantage, and UnitedHealthcare Community Plan health plans. The evaluation uses claims submitted and processed for dates of service from January 1, 2023–March 31, 2026.

Attribution methods

Measures are attributed to physicians with significant involvement in the care of the patient. The determination of significant involvement varies by the physician's role and the attribution method applicable to the measure. A single measure may be attributed to multiple physicians when appropriate.

Performance evaluation

Premium compares the physician's performance to a target benchmark. The evaluation requires a minimum of 20 attributed measures among at least 5 patients across all patient populations, conditions, and procedures. NCQA recognition programs, if applicable, satisfy the measure and patient minimum requirements. The physician's performance is the sum of all attributed measures where the measure criteria are satisfied.

To establish the target benchmark, Premium determines the number of measures expected to be compliant at the 50th percentile. This is accomplished by first calculating the national compliance rate for each measure by unique combinations of:

- Peer specialty
- Patient population (commercial, Medicare, Medicaid)
- Condition or procedure
- Severity level (when applicable)

A minimum of 50 instances of each unique measure combination is required to calculate the national compliance rate.

Once the national compliance rate for each measure is calculated, that rate is multiplied by the number of applicable measures attributed to the physician. This adjusts for the physician's case mix.

The chi-square goodness of fit test (for statistical significance) and the phi coefficient (for effect size or absolute difference) are used to compare the physician's performance to the target benchmark with 90% confidence. Physicians whose performance is not statistically different than the target benchmark receive a quality of care rating of Meets Benchmark. Physicians whose performance is statistically different than the target benchmark receive a rating of Exceeds Benchmark or Below Benchmark depending on the direction of the difference.

The physician meets the quality of care criteria when the physician's rating meets or exceeds the target benchmark.

Physicians who are attributed surgical complications and redo outcome measures are evaluated in two steps:

- 1 The physician's performance is evaluated using only these two outcome measures. If the physician's rating for these measures is Below Benchmark, the physician does not meet the quality of care criteria.
- 2 If the physician's rating for these measures is Meets Benchmark or Exceeds Benchmark, then all attributed measures are used to calculate the physician's rating

Physicians are also assigned a quality of care rank. Ranks range from A to G, with A being higher quality and G being lower quality.

Efficiency of care

Methodology

There are two measures used to evaluate efficiency of care:

- 1 Patient annual cost
- 2 Patient episode cost

Premium uses the measure applicable to the physician's peer specialty. For peer specialties measured using patient annual cost, Premium may use the patient episode cost measure when the physician does not have enough patients attributed for patient annual cost.

With these measures, Premium includes specialty-relevant conditions and procedures that can be evaluated using health plan claims data.

Data used

Premium uses claims data based on services provided for patients enrolled in UnitedHealthcare commercial fee-for-service, UnitedHealthcare Medicare Advantage, and UnitedHealthcare Community Plan health plans.

The patient annual cost measure uses claims submitted and processed for two distinct calendar years, 2024 and 2025. The patient episode cost measure uses claims submitted and processed for complete episodes that started in 2024 or 2025.

Attribution methods

For patient annual cost, patients are attributed to the physician with the most significant involvement in the patient's care for conditions relevant to the physician's peer specialty for each calendar year measured. When appropriate, the same patient for the same calendar year may be attributed to physicians in different peer specialties.

For patient episode cost, episodes are attributed to the physician with the most significant involvement in the patient's care for the specific condition or procedure. The determination of significant involvement varies by the physician's peer specialty and the applicable attribution method.

Performance evaluation

Premium compares the physician's performance to a target benchmark. The efficiency of care evaluation requires a minimum of 10 attributed patients for patient annual cost, or 10 attributed episodes for patient episode cost.

For patient annual cost, the physician's performance is the sum of the patient annual cost ranks. Patient annual cost is the risk-adjusted total cost per month for a patient that includes services from episodes for conditions relevant to the scope of practice for the physician's peer specialty. Services may include those provided by other health care professionals as well as facility, pharmacy, and ancillary services (e.g., diagnostic tests).

Patient annual cost is risk-adjusted by dividing the patient's total cost per month by the patient's risk score, which is based on the patient's conditions and demographic characteristics. Only patients with at least 7 months of eligibility during the year(s) used are included.

For patient episode cost, the physician's performance is the sum of patient episode cost ranks. Episodes include services delivered to a patient related to a specific condition or procedure. Services may include those provided by other health care professionals as well as facility, pharmacy, and ancillary services (e.g., diagnostic tests).

Premium uses normalized costs for the efficiency of care evaluation. Normalized costs are based on a standardized fee schedule designed to assign uniform, consistent, nationally based costs to service lines to remove inherent unit cost variation.

To determine the physician's performance and adjust for the physician's case mix, costs are put into "treatment sets" by unique combinations of:

- Peer specialty
- Condition or procedure (patient episode cost only)
- Care setting (inpatient or outpatient – patient episode cost only)
- Patient population (commercial, Medicare, Medicaid)
- Product/network
- Peer geography
- Inclusion of pharmacy cost
- Severity level (patient episode cost only)
- Risk level (patient total cost only)

A minimum of 20 patients or episodes is required across at least two physicians to create a treatment set.

A proportional weight is given to each treatment set based on expected cost to treat. Weighting is achieved through the duplication of costs in a treatment set. Costs in treatment sets with higher expected costs are duplicated a greater number of times than those in treatment sets with lower expected costs. Costs are converted to percentiles, and percentiles from each weighted treatment set are combined. The combined weighted treatment set contains cost percentiles for the physician as well as their peers.

Within each combined weighted treatment set, the cost percentiles are ordered from low to high and assigned a rank from 1 (lowest) to N (highest). The physician's cost ranks from the combined weighted treatment set are added together to determine the sum of ranks. This is the physician's efficiency of care performance.

To establish the target benchmark, Premium multiplies the physician's number of attributed patients or episodes by the median of the total patients or episodes in the related treatment sets and adjusts the result up to the 75th percentile.

The Wilcoxon rank-sum test is used to compare the physician's performance to the target benchmark with 90% confidence.

Physicians whose performance is not statistically different than the target benchmark receive an efficiency of care rating of Meets Benchmark. Physicians whose performance is statistically different than the target benchmark receive a rating of Exceeds Benchmark or Below Benchmark depending on the direction of the difference.

The physician meets the efficiency of care criteria when the physician's rating meets or exceeds the target benchmark.

Physicians are also assigned an efficiency of care rank. Ranks range from A to G, with A being higher efficiency and G being lower efficiency.

Cost of care

Cost of care is evaluated with the same methodology used for efficiency of care with the following key differences:

- Premium only uses health plan claims data for patients enrolled in UnitedHealthcare commercial fee-for-service plans
- Premium uses actual allowed costs, which are the amounts paid by the health plan and the patient for the care received
- Premium uses only the most recent year for evaluation when there are enough patients or episodes attributed. When there are not enough patients or episodes attributed from the most recent year alone, both years are used.

The Wilcoxon rank-sum test is used to compare the physician's performance to the target benchmark with 90% confidence.

Physicians whose performance is not statistically different than the target benchmark receive a cost of care rating of Meets Benchmark. Physicians whose performance is statistically different than the target benchmark receive a rating of Exceeds Benchmark or Below Benchmark depending on the direction of the difference.

Physicians who do not have enough patients or episodes attributed for evaluation may receive a cost of care rating and rank based on their efficiency of care performance.

The physician meets the cost of care criteria when the physician's rating meets or exceeds the target benchmark.

Physicians are also assigned a cost of care rank. Ranks range from A to G, with A being lower cost and G being higher cost.

TIN evaluation

Physicians who do not have enough measures attributed for evaluation may receive ratings and ranks based on an affiliated TIN's performance for their peer specialty within the same peer geography.

Premium considers a physician to be affiliated with a TIN when they are included under an active contract with UnitedHealthcare at the time of evaluation. When a physician is affiliated with more than one TIN, Premium uses the ratings and ranks of the TIN under which the physician billed the most management and surgery services in the most recent two years.

TINs are evaluated with the same methodology used for physicians. TIN evaluation results are not publicly disclosed.

Important notes about UnitedHealth Premium

The information from UnitedHealth Premium is not an endorsement of a particular physician or health care professional's suitability for the health care needs of any member. UnitedHealthcare does not practice medicine nor provide health care services. Physicians are solely responsible for medical judgments and treatments.

A Premium Care Physician designation does not guarantee the quality or the outcome of any health care services members receive. The fact that a physician does not have a Premium Care Physician designation does not mean the physician does not 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 described in 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 designation because that physician has not been evaluated. This occurs when a physician does not practice in a specialty or market that is evaluated by Premium, or the physician's evaluation is in process. This also occurs when there are not enough measures, patients, and/or episodes attributed to the physician for evaluation. This is not an indicator of the total number of patients treated by the physician, or the number of procedures performed by the physician.

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. Members are encouraged to discuss designations with a physician before choosing them or consult with their current physician(s) for advice on selecting other physicians.

As with all programs that evaluate performance based on evaluation of a sample, there is a risk of error. There is a risk of error in the claims data used and in the way patient care is attributed to physicians. UnitedHealth Premium uses statistical testing to compare a physician's performance to benchmarks. 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. Physicians have the opportunity to review the data and evaluation results and may submit requests for changes and/or corrections.

The information contained in this document is subject to change.

Learn more

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