

UnitedHealth Premium Attribution methods



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

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.

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

Patient attribution

Patient attribution is used for patient safety, guideline concordance measures, and for the patient annual cost measure. Patient attribution selects the most probable physician(s) responsible for a patient’s care within each eligible peer specialty category.

Peer specialty categories are primary care (family medicine, internal medicine, and pediatrics), obstetrics and gynecology,¹ allergy, cardiology, endocrinology, nephrology, neurology, pulmonology, and rheumatology.

Patients are attributed for two separate time periods: calendar year 2024 and calendar year 2025.

Patients are first attributed to a tax ID number (TIN) for each specialty category. Patients are then attributed to an affiliated physician within the attributed TIN. Attributing patients in this manner accounts for coordination of care across physicians in the same practice.

For the 2025 period, patients are first attributed to primary care and obstetrics and gynecology¹ based on claims from calendar year 2025. If no qualifying services are found, claims from calendar year 2024 are used. Likewise, for the 2024 period, patients are first attributed to primary care and obstetrics and gynecology based on claims from calendar year 2024. If no qualifying services are found, claims from calendar year 2023 are used. For specialists,² patients are attributed to physicians based only on claims data from the same calendar year.

Step	Family medicine	Internal medicine and pediatrics	Obstetrics and gynecology ¹	Specialists ²
1	Physical exam or preventive service Largest number of visits Tiebreaker = highest normalized cost	Physical exam or preventive service Largest number of visits Tiebreaker = highest normalized cost	Obstetric visits Largest number of visits/services Tiebreaker = highest normalized cost	Evaluation and management Largest combined number of: • Ambulatory visits AND • Supervision services Tiebreaker = highest normalized cost
2	Obstetric visits Largest number of visits/services Tiebreaker = highest normalized cost		Evaluation and management Largest combined number of: • Ambulatory visits AND • Supervision services Tiebreaker = highest normalized cost	

¹ Patients are attributed to OB-GYNs only if they are female and at least age 13.

² Specialists include allergy, cardiology, endocrinology, nephrology, neurology, pulmonology, and rheumatology.

Patient safety, guideline concordance, and outcome measure attribution

Measures are attributed to the physician(s) with significant involvement in patient care. The determination of significant involvement varies by the physician’s peer specialty and the measure type. Measures are also attributed to the TIN(s) that billed 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 TIN) or allows attribution to multiple physicians and TINs. Multiple attribution applies when more than one physician has significant involvement in patient care. This aligns with patient-centered health care models as physicians are expected to coordinate patient care.

Measure type	Attribution method	Single or multiple attribution
Patient safety	Patient: The patient’s 2025 attributed physician for applicable specialties	Multiple
	Prescribing: The physician(s) who prescribed the medication(s)	
Guideline concordance: Acute care	Rendering: The physician who saw the patient for the condition when only 1 physician was involved in the care	Single
Guideline concordance: Chronic disease	Patient: The patient’s 2025 attributed physician for applicable specialties	Multiple
Guideline concordance: Low-value care	Rendering: 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
	Ordering: The physician who ordered the test	
Guideline concordance: Pregnancy management	Patient: The patient’s 2025 attributed OB-GYN if they had 1 or more pregnancy-related visits or delivery	Single
	Rendering: 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: Preventive care	Patient: The patient’s 2025 attributed physician for applicable specialties	Multiple
Guideline concordance: Surgical care	Rendering: The physician who performed the primary procedure associated with the measure	Single
Outcomes	Rendering: 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

Patient annual cost and patient episode cost measure attribution

Patient annual cost

Patient annual cost uses the patient attribution results. Patients are attributed for each of the two separate time periods used for evaluation: calendar year 2025 and calendar year 2024. A single patient may be attributed to the same TIN and physician for both time periods. UnitedHealth Premium includes attributed patient annual cost measures only when 50% or more of the costs occurred on or after the first contact with the attributed physician or the physician’s affiliated TIN with the same peer specialty.

Patient episode cost

Episodes are first attributed to physicians with significant involvement in patient care. Episodes are then attributed to the TIN that billed the service(s) the physician attribution was based on. 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 one physician.

Episode type	Attribution method	Single or multiple attribution
Condition	Cost: The physician who was responsible for generating the highest percentage of services, based on cost, in the episode. To make sure there was significant involvement, the attributed physician must be responsible for at least 50% of the total cost of the episode.	Single
Procedure	Rendering: 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 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.

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