

Premium Specialty: Cardiology

Credentialed Specialties include: Cardiac Diagnostic, Cardiology, Cardiovascular Disease, Clinical Cardiac Electrophysiology and Interventional Cardiology

Use this document with the UnitedHealth Premium® Program Methodology document at [UnitedHealthPremium.UHC.com](https://www.unitedhealthcare.com/UnitedHealthPremium.UHC.com). Please review all of the methodology documents to understand the entire Premium methodology.

We evaluate quality using national standardized measures. The following chart lists the measures we use to evaluate physicians in the cardiology Premium specialty by condition or procedure. These measures apply to our UnitedHealthcare commercial, UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plan patient populations, unless otherwise noted.

Please view the [Quality Evaluation Example](#) and [Attribution Methods](#) documents to learn more.

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Abdomen CT Use of contrast Material	Patient(s) with an abdominal CT test performed that had "combined studies" (with and without contrast material)	Patient(s) with an abdominal CT test performed that did not have combined studies (with and without contrast material)	Diagnostic Care	Ordering	Contact National Quality Forum or Centers for Medicare & Medicaid Services
Annual Monitoring for Patients on Persistent Medications	Adult patient(s) persistently taking angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) who received a serum potassium AND serum creatinine within the last 12 reported months	Patient persistently taking angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) had a serum potassium AND serum creatinine test	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance
	Adult patient(s) persistently taking diuretics who received a serum potassium AND serum creatinine within the last 12 reported months	Patient persistently taking diuretics had a serum potassium AND serum creatinine	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance
Atrial Fibrillation	Patient(s) at high risk for thromboembolism who are currently taking warfarin, or an oral thrombin inhibitor, or an oral factor Xa inhibitor	Patient at high risk for thromboembolism had warfarin, or an oral thrombin inhibitor, or an oral factor Xa inhibitor medication dispensed	Chronic Disease Care	Patient	Synopsis
	Patient(s) compliant with prescribed oral factor Xa inhibitor (minimum compliance 80%)	Patient was 80% or more compliant with prescribed oral factor Xa inhibitor medication	Chronic Disease Care	Patient	Synopsis
Cardiac imaging for Preoperative Risk Assessment for Non-Cardiac; Low-Risk Surgery	Patients of low-risk who received a cardiac imaging 30 days prior to a non-cardiac, low-risk surgery	Patient of low-risk did not have cardiac imaging 30 days prior to a non-cardiac, low-risk surgery	Diagnostic Care	Ordering	Contact National Quality Forum or Centers for Medicare & Medicaid Services

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Carotid Imaging for Syncope	Patient with syncope had a carotid imaging test	Patient with syncope had a carotid imaging test	Diagnostic Care	Ordering	Synopsis
Cerebral Vascular Accident & Transient Cerebral Ischemia (Stroke)	Patient(s) compliant with prescribed clopidogrel (minimum compliance 80%)	Patient was 80% or more compliant with prescribed clopidogrel medication	Chronic Disease Care	Patient	Synopsis
	Patient(s) with a recent acute cerebral ischemic event that had a carotid Doppler or head/neck angiography test in last 12 reported months	Patient with an acute cerebral ischemic event had a carotid Doppler or head/neck angiography test	Diagnostic Care	Ordering	Synopsis
Concurrent Use of Opioids and Benzodiazepines	Patient(s) who did not have concurrent use of prescription opioids and benzodiazepines	Patient did not have prescription opioid and benzodiazepine medications concurrently dispensed	Patient Safety Care	Prescribing	Contact National Quality Forum or Pharmacy Quality Alliance
Coronary Artery Catheterization - Diagnostic	180 Day Redo: Measures whether patients did not have a redo procedure within 180 days after surgery	Patient did not have a redo procedure within 180 days after the procedure	Surgical Care	Rendering	Synopsis
	Major Restudy: Measures whether the patients did not have a major restudy	Patient did not have a restudy procedure within 365 days after the procedure	Surgical Care	Rendering	Synopsis
Coronary Artery Catheterization with Drug Stent	180 Day Redo: Measures whether patients did not have a redo procedure within 180 days after surgery	Patient did not have a redo procedure within 180 days after the procedure	Surgical Care	Rendering	Synopsis
	181 to 365 Day Redo: Measures whether patients did not have a redo procedures between 181 and 365 days after surgery	Patient did not have a redo procedure within 181 and 365 days after the procedure	Surgical Care	Rendering	Synopsis
	Major Restudy: Measures whether the patients did not have a major restudy	Patient did not have a restudy procedure within 365 days after the procedure	Surgical Care	Rendering	Synopsis
Coronary Artery Catheterization with Non-Drug Stent	180 Day Redo: Measures whether patients did not have a redo procedure within 180 days after surgery	Patient did not have a redo procedure within 180 days after the procedure	Surgical Care	Rendering	Synopsis
	181 to 365 Day Redo: Measures whether patients did not have a redo procedures between 181 and 365 days after surgery	Patient did not have a redo procedure within 181 and 365 days after the procedure	Surgical Care	Rendering	Synopsis

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Coronary Artery Catheterization with Non-Drug Stent (continued)	Major Restudy: Measures whether the patients did not have a major restudy	Patient did not have a restudy procedure within 365 days after the procedure	Surgical Care	Rendering	Synopsis
Coronary Artery Disease	Patient(s) compliant with prescribed beta-blocker-containing medication (minimum compliance 80%)	Patient was 80% or more compliant with prescribed beta-blocker-containing medication	Chronic Disease Care	Patient	Synopsis
Diabetes	Patient(s) 18 - 75 years of age that had a HbA1c test in last 12 reported months	Patient had a HbA1c test	Chronic Disease Care	Patient	Contact National Quality Forum or National Committee for Quality Assurance
	Patient(s) 18 - 75 years of age that had annual screening for nephropathy or evidence of nephropathy	Patient had annual screening for nephropathy or evidence of nephropathy	Chronic Disease Care	Patient	Contact National Quality Forum or National Committee for Quality Assurance
	Patients had an HBA1C result value less than 8.0%	Patient had an HbA1c result value less than 8.0% on the most recent lab result	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance
	Patients had an HBA1C result value of 9.0% or lower	Patient had an HbA1c result value of 9.0% or lower on the most recent lab result	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance
	Patient(s) compliant with prescribed ACE-inhibitor-containing medication (minimum compliance 80%)	Patient was 80% or more compliant with prescribed ACE-inhibitor-containing medication	Chronic Disease Care	Patient	Synopsis
	Patient(s) compliant with prescribed angiotensin receptor blocker-containing medication (minimum compliance 80%)	Patient was 80% or more compliant with prescribed angiotensin receptor blocker-containing medication	Chronic Disease Care	Patient	Synopsis
	Patient(s) with a diagnosis of diabetic nephropathy, proteinuria, or chronic renal failure currently taking an angiotensin converting enzyme (ACE) inhibitor or angiotensin II receptor antagonist	Patient with diabetic nephropathy, proteinuria, or chronic renal failure had an ACE inhibitor or angiotensin receptor antagonist medication dispensed	Chronic Disease Care	Patient	Synopsis

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Diabetes (Biguanide-Containing Medication)-Part D Medication Adherence	Patient(s) compliant with prescribed biguanide-containing medication (minimum compliance 80% or higher) (Medicare only)	Patient was 80% or more compliant with prescribed biguanide-containing medication	Chronic Disease Care	Patient	Contact Pharmacy Quality Alliance
Diabetes (Dipeptidyl-peptidase (DPP)-4-Containing Medication)-Part D Medication Adherence	Patient(s) compliant with prescribed dipeptidyl peptidase (DPP)-4 inhibitor-containing medication (minimum compliance 80% or higher) (Medicare only)	Patient was 80% or more compliant with prescribed dipeptidyl peptidase (DPP)-4 inhibitor-containing medication	Chronic Disease Care	Patient	Contact Pharmacy Quality Alliance
Diabetes (Sulfonylurea-Containing Medication)-Part D Medication Adherence	Patient(s) compliant with prescribed sulfonylurea-containing medication (minimum compliance 80% or higher) (Medicare only)	Patient was 80% or more compliant with prescribed sulfonylurea-containing medication	Chronic Disease Care	Patient	Contact Pharmacy Quality Alliance
Diabetes (Thiazolidinedione-Containing Medication)-Part D Medication Adherence	Patient(s) compliant with prescribed thiazolidinedione-containing medication (minimum compliance 80% or higher) (Medicare only)	Patient was 80% or more compliant with prescribed thiazolidinedione-containing medication	Chronic Disease Care	Patient	Contact Pharmacy Quality Alliance
Diabetes Medications-Part D Medication Adherence	Patient(s) compliant with all prescribed diabetes medications (minimum compliance 80% or higher) (Medicare only)	Patient was 80% or more compliant with all prescribed diabetes medications	Chronic Disease Care	Patient	Contact Pharmacy Quality Alliance
Implantable Device Defibrillator	180 Day Redo: Measures whether patients did not have a redo procedure within 180 days after surgery	Patient did not have a redo procedure within 180 days after the procedure	Surgical Care	Rendering	Synopsis
	181 to 365 Day Redo: Measures whether patients did not have a redo procedures between 181 and 365 days after surgery	Patient did not have a redo procedure within 181 and 365 days after the procedure	Surgical Care	Rendering	Synopsis
Implantable Device Pacemaker	180 Day Redo: Measures whether patients did not have a redo procedure within 180 days after surgery	Patient did not have a redo procedure within 180 days after the procedure	Surgical Care	Rendering	Synopsis
	181 to 365 Day Redo: Measures whether patients did not have a redo procedures between 181 and 365 days after surgery	Patient did not have a redo procedure within 181 and 365 days after the procedure	Surgical Care	Rendering	Synopsis

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Invasive Therapeutic Electrophysiology (Ablation)	180 Day Redo: Measures whether patients did not have a redo procedure within 180 days after surgery	Patient did not have a redo procedure within 180 days after the procedure	Surgical Care	Rendering	Synopsis
	Patient did not have a complication related to the procedure	Patient did not have a complication related to the procedure	Surgical Care	Rendering	Synopsis
Medication Safety Monitoring	Elderly patient(s) with dementia who did not take an antiemetic; antipsychotic; benzodiazepine; tricyclic antidepressant; H2 receptor antagonist; nonbenzodiazepine hypnotic or anticholinergic agent after the earliest record of dementia	Patient with dementia did not have an antipsychotic, benzodiazepine, tricyclic antidepressant, H2 receptor antagonist, nonbenzodiazepine hypnotic or anticholinergic agent dispensed after the earliest record of dementia	Patient Safety Care	Patient or Prescribing	Contact National Quality Forum or National Committee for Quality Assurance
	Elderly patients who had an accidental fall or hip fracture who did not take an anticonvulsant; nonbenzodiazepine hypnotic; SSRI; antiemetic; antipsychotic; benzodiazepine; or tricyclic antidepressant after the incident	Patient with an accidental fall or hip fracture did not have an anticonvulsant, nonbenzodiazepine hypnotic, SSRI, antipsychotic, benzodiazepine, or tricyclic antidepressant medication dispensed after the incident	Patient Safety Care	Patient or Prescribing	Contact National Quality Forum or National Committee for Quality Assurance
	Elderly patients with chronic kidney disease who did not take a Cox-2 selective or nonaspirin nonsteroidal anti-inflammatory drug (NSAID) after the earliest record of chronic kidney disease	Patient with chronic kidney disease did not have a Cox-2 selective or nonaspirin nonsteroidal anti-inflammatory drug (NSAID) dispensed after the earliest record of chronic kidney disease	Patient Safety Care	Patient or Prescribing	Contact National Quality Forum or National Committee for Quality Assurance
Persistence of Beta-Blocker	Patient(s) hospitalized with an acute myocardial infarction (AMI) persistently taking a beta-blocker for six months after discharge	Patient hospitalized with acute myocardial infarction (AMI) had persistent beta-blocker medication therapy for six months after discharge	Chronic Disease Care	Patient	Contact National Quality Forum or National Committee for Quality Assurance
Renin Angiotensin System (RAS) Antagonists-Part D Medication Adherence	Patient(s) compliant with prescribed renin-angiotensin system antagonist medication (minimum compliance 80% or higher) (Medicare only)	Patient was 80% or more compliant with prescribed RAS antagonist medication	Chronic Disease Care	Patient	Contact National Quality Forum or Pharmacy Quality Alliance
Statin Therapy for Patients with Cardiovascular Disease	Men 21 - 75 years of age with cardiovascular disease that received a high or moderate-intensity statin medication	Patient with cardiovascular disease had a high or moderate-intensity statin medication dispensed	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Statin Therapy for Patients with Cardiovascular Disease	Women 40 - 75 years of age with cardiovascular disease that received a high or moderate-intensity statin medication	Patient with cardiovascular disease had a high or moderate-intensity statin medication dispensed	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance
	Men 21 - 75 years of age with statin adherence (proportion of days covered) at least 80% during the treatment period	Patient was 80% or more compliant with prescribed statin medication	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance
	Women 40 -75 years of age with statin adherence (proportion of days covered) at least 80% during the treatment period	Patient was 80% or more compliant with prescribed statin medication	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance
Statin Therapy for Patients with Diabetes	Patient(s) with statin adherence (proportion of days covered) at least 80% during the treatment period	Patient was 80% or more compliant with prescribed statin medication	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance
	Patient(s) 40 - 75 years of age with diabetes that received a statin medication	Patient with diabetes had a statin medication dispensed	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance
Statins-Part D Medication Adherence	Patient(s) compliant with prescribed statin medication (minimum compliance 80% or higher).	Patient was 80% or more compliant with prescribed statin medication	Chronic Disease Care	Patient	Contact National Quality Forum or Pharmacy Quality Alliance
Use of Contrast Material in CT	Patient(s) with a thorax CT test that did not have combined studies (with and without contrast material)	Patient did not have a thorax CT test using combined studies (with and without contrast material)	Diagnostic Care	Ordering	Contact Centers for Medicare & Medicaid Services
Use of High Risk Medications in the Elderly	Patient(s) 66 years of age and older who did not receive two or more of the same high-risk medication in the last 12 reported months	Patient did not have a high-risk medication dispensed	Patient Safety Care	Patient or Prescribing	Contact National Quality Forum or National Committee for Quality Assurance
	Patients 66 years of age and older who did not receive one or more high-risk medications in the elderly in the last 12 reported months	Patient did not have two or more of the same high-risk medications dispensed	Patient Safety Care	Patient or Prescribing	Contact National Quality Forum or National Committee for Quality Assurance

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Use of Opioid Medications	Patient(s) 18 years and older who did not have an average morphine equivalent dose (med) > 120 mg/day during the treatment period	Patient did not have an average morphine equivalent dose greater than 120 mg/day	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
	Patient did not have opioid medications from four or more different prescribers dispensed	Patient did not have opioid medications from four or more different prescribers dispensed	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 18 - 64 years who were opioid-naive and were prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation.	Patient(s) age 18 - 64 years who were opioid-naive and were prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation.	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 65 years and older who were opioid-naive and were prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation.	Patient(s) age 65 years and older who were opioid-naive and were prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation.	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 18 - 64 years who were opioid-naive and were prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation.	Patient(s) age 18 - 64 years who were opioid-naive and were prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation.	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 65 years and older who were opioid-naive and were prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation.	Patient(s) age 65 years and older who were opioid-naive and were prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation.	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
Recognition Programs					
The Premium program also counts National Committee for Quality Assurance (NCQA) recognition programs towards quality assessment. The Premium program adds the greater of 25 measures or 10 percent of the physician's total measures (whichever is larger) as compliant to the quality assessment for physicians who have achieved recognition in one or more of these programs applicable to their Premium specialty.					
National Committee for Quality Assurance					
Diabetes Heart/Stroke					

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