



Premium Specialty: Gastroenterology

Credentialed Specialties include: Digestive Diseases, Endoscopy, Gastroenterology and Hepatitis - Liver Disease

Use this document with the UnitedHealth Premium® Program Methodology document at 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 family medicine 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
Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac; Low-Risk Surgery	Patients of low-risk who did not receive 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
Carotid Imaging for Syncope	Patient with syncope did not have a carotid imaging test	Patient with syncope did not have a carotid imaging test	Diagnostic Care	Ordering	Synopsis
Colonoscopy - 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
	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
Colonoscopy with Treatment	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
Colonoscopy with Treatment (Continued)	Patient did not have a complication related to the procedure	Patient did not have a complication related to the procedure	Surgical Care	Rendering	Synopsis
	Patient did not have a restudy within 180 days.	Patient did not have a restudy procedure within 180 days after the procedure	Surgical Care	Rendering	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
Dilation of Esophagus	Patient did not have a restudy within 180 days.	Patient did not have a restudy procedure within 180 days after the procedure	Surgical Care	Rendering	Synopsis
ERCP with Treatment	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
	Major Restudy: Measures whether the patients did not have a major restudy within 90 to 365 days	Patient did not have a restudy procedure within 90 and 365 days after the procedure	Surgical Care	Rendering	Synopsis
Head Imaging for Syncope	Patient(s) with syncope that had a head imaging test	Patient with syncope did not have a head imaging test	Diagnostic Care	Ordering	Synopsis
Head Imaging for Uncomplicated Headache	Patient(s) with a headache that had a head imaging test	Patient with a headache did not have a head imaging test	Diagnostic Care	Ordering	Synopsis
Hepatitis C	Patient(s) with cirrhosis that had a liver imaging test in last 12 reported months	Patient with cirrhosis had a liver imaging test	Chronic Disease Care	Patient	Synopsis
Inflammatory Bowel Disease	Patient(s) compliant with prescribed tumor necrosis factor inhibitor (minimum compliance 80%)	Patient was 80% or more compliant with prescribed tumor necrosis factor inhibitor medication	Chronic Disease Care	Patient	Synopsis
	Patient(s) taking methotrexate, sulfasalazine, mercaptopurine, or azathioprine that had a CBC in last 3 reported months	Patient taking methotrexate, sulfasalazine, mercaptopurine, or azathioprine had a complete blood count (CBC) test	Chronic Disease Care	Patient	Synopsis

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Inflammatory Bowel Disease (Continued)	Patient(s) taking methotrexate; azathioprine or mercaptopurine that had serum alanine aminotransferase (ALT) or aspartate aminotransferase (AST) test in last 6 reported months	Patient taking methotrexate, azathioprine or mercaptopurine had a serum ALT or AST test	Chronic Disease Care	Patient	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
Medication Safety Monitoring	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
Upper GI Endoscopy With Treatment no Bleeding	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
	Patient did not have a restudy within 180 days.	Patient did not have a restudy procedure within 180 days after the procedure	Surgical Care	Rendering	Synopsis
Upper GI Endoscopy With Treatment with Bleeding	Patient did not have a complication related to the procedure	Patient did not have a complication related to the procedure	Surgical Care	Rendering	Synopsis
	Patient did not have a restudy within 180 days.	Patient did not have a restudy procedure within 180 days after the procedure	Surgical Care	Rendering	Synopsis
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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Use of Contrast Material in CT	Patient(s) with an abdominal CT test performed that did not have combined studies (with and without contrast material)	Patient did not have an abdomen 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 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
	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 a high-risk medication dispensed	Patient Safety Care	Patient or Prescribing	Contact National Quality Forum or National Committee for Quality Assurance
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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