



Premium Specialty: Nephrology
 Credentialed Specialties include: Nephrology

Use this document with the UnitedHealth Premium® Program Methodology document at [UnitedHealthPremium.UHC.com](https://www.unitedhealthpremium.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(s) with syncope that had a carotid imaging test	Patient with syncope did not have a carotid imaging 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 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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Diabetes	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
Diabetes (Biguanide-Containing Medication)-Part D Medication Adherence	Patient(s) compliant with prescribed biguanide-containing medication (minimum compliance 80% or higher)	Patient was 80% or more compliant with prescribed biguanide-containing medication	Chronic Disease Care	Patient	Contact National Quality Forum or Pharmacy Quality Alliance
Diabetes (Dipeptidyl-peptidase (DPP)-4-Containing Medication)-Part D Medication Adherence (NS)	Patient(s) compliant with prescribed dipeptidyl peptidase (DPP)-4 inhibitor-containing medication (minimum compliance 80% or higher)	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)	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)	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)	Patient was 80% or more compliant with all prescribed diabetes medications	Chronic Disease Care	Patient	Contact Pharmacy Quality Alliance
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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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
Renin Angiotensin System (RAS) Antagonists-Part D Medication Adherence	Patient(s) compliant with prescribed renin-angiotensin system antagonist medication (minimum compliance 80% or higher)	Patient was 80% or more compliant with prescribed RAS antagonist medication	Chronic Disease Care	Patient	Contact National Quality Forum or Pharmacy Quality Alliance
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 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
	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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Statin Therapy for Patients with Diabetes	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
	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
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
	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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Use of Opioid Medications (coninuted)	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) and Bridges to Excellence (BTE) 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					

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