

Premium Specialty: Endocrinology

Credentialed Specialties include: Endocrinology, Diabetes, and Metabolism

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 endocrinology 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
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
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 had a carotid imaging test	Diagnostic Care	Ordering	Synopsis
Concurrent Use of Opioids and Benzodiazepines	Patient(s) with 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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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 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
	Patient(s) 18 - 75 years of age with lab results that have evidence of poor diabetic control, defined as the most recent HbA1c result value greater than 9.0%.	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) 18 - 75 years of age with lab results with most recent 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
	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 ACE inhibitor or angiotensin receptor blocker (ARB)	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) (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 (NS)	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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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 National Quality Forum or 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
Medication Safety Monitoring	Elderly patients with dementia who took an 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 took an anticonvulsant, nonbenzodiazepine hypnotic, SSRI, 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 took a Cox-2 selective or nonaspirin 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
Osteoporosis Management	Patient(s) compliant with prescribed oral bisphosphonate (minimum compliance 80%)	Patient was 80% or more compliant with prescribed oral bisphosphonate medication	Chronic Disease Care	Patient	Synopsis
	Women 67 - 85 years of age who were treated or tested for osteoporosis within six months of a fracture	Patient was treated or tested for osteoporosis within six months of a fracture	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 RAS 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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Simultaneous use of brain CT and sinus CT	Patient(s) with a brain CT test performed that had a sinus CT on the same day at the same facility.	Patient with a brain CT test performed did not have a sinus CT on the same day at the same facility	Diagnostic Care	Ordering	Contact Centers for Medicare & Medicaid Services
Statin Therapy for Patients with Cardiovascular Disease	Men 21 - 75 years of age with cardiovascular disease that received a high-intensity 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
Statin Therapy for Patients with Cardiovascular Disease	Women 40 - 75 years of age with cardiovascular disease that received a high-intensity 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) 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
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
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 an abdomen CT test performed that had “combined studies” (with and without contrast material) (commercial only)	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 Committee for Quality Assurance
	Patients 66 years of age and older who did not receive one or more 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 Committee for Quality Assurance

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Use of Opioid Medications	Patient(s) 18 years of age or older that filled opioid prescriptions from four or more different prescribers	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) 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(s) age 18 - 64 years who were opioid-naive and were not prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation	Patient did not have 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
Use of Opioid Medications (continued)	Patient(s) age 65 years and older who were opioid-naive and were not prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation	Patient did not have 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 not prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation	Patient did not have 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 not prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation.	Patient did not have 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					

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Co. of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company, or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC) or its affiliates.

© 2021 United HealthCare Services, Inc.