

UnitedHealth Premium[®] Program Attribution Methods

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

Overview

Attribution methods based on health plan claims data determine which physicians are responsible for care given to patients. Different attribution methods are used for each of the following measure types used in the Premium methodology:

Measure type	Attribution method	Measure type	Attribution method
Quality		Cost efficiency	
Acute condition care	• Rendering	Patient total cost	• Patient
Chronic disease care	• Patient	Patient episode cost	• Cost • Rendering
Diagnostic care	• Ordering		
Patient safety care	• Patient • Prescribing		
Pregnancy management care	• Patient • Rendering		
Preventive care	• Patient		
Surgical care	• Rendering		

Patient attribution

Patient attribution is used for select quality measures and for the patient total cost measure. Patient attribution is based on a hierarchy of services to select the most probable physician(s) responsible for a patient's care within each eligible specialty category. Specialty categories are Primary Care Physician (PCP), Obstetrician-gynecologist (OB-GYN*), Allergy, Cardiology, Ear Nose and Throat, Endocrinology, Gastroenterology, Nephrology, Neurology, Pulmonology, Rheumatology and Urology.

Patients are first attributed to physicians for 2 separate time periods: calendar year 2019 and calendar year 2018. A patient may only be attributed to 1 physician in each specialty category for each time period. Multiple attributions align with patient-centered health care models, as physicians are expected to coordinate patient care. These patients are also attributed to the group (in each specialty category for each time period) that billed the service(s) the physician attribution was based on. If more than 1 group billed for the services, the patient is attributed to the group that billed the largest number of services. This may result in a single patient being attributed to multiple groups and/or multiple Premium specialties within the same group. However, a patient may only be attributed to 1 group in each specialty category for each time period.

For the 2019 time period, patients are first attributed to PCPs and OB-GYNs based on claims from calendar year 2019. If no qualifying services are found, then claims from calendar year 2018 are used. For the 2018 time period, patients are first attributed to PCPs and OB-GYNs based on claims from calendar year 2018. If no qualifying services are found, then claims from calendar year 2017 are used. Patients are attributed to physicians in other specialty categories based only on claims data from the same calendar year as the attribution time period.

Step	Type of service	PCP ¹	OB-GYN ²	Specialists ³
1	Physical exam or assessment	Most recent: <ul style="list-style-type: none"> Preventive service or physical exam OR Ambulatory visit + medical exam diagnosis Tiebreaker = Largest number of services	Most recent: <ul style="list-style-type: none"> Preventive service or physical exam OR Ambulatory visit + medical exam diagnosis Tiebreaker = Largest number of services	
2	Evaluation and management	Largest combined number of: <ul style="list-style-type: none"> Ambulatory visits AND Supervision services Tiebreaker = Most recent service	Largest combined number of: <ul style="list-style-type: none"> Ambulatory visits AND Supervision services Tiebreaker = Most recent service	Largest combined number of: <ul style="list-style-type: none"> Ambulatory visits AND Supervision services Tiebreaker = Most recent service
3	Obstetric visits	Largest combined number of: <ul style="list-style-type: none"> Ambulatory visits AND Supervision services Tiebreaker = Most recent service	Obstetric codes are included in exam or assessment step above	

*Patients are attributed to OB GYNs only if they are females and at least 12 years old

¹ PCP includes internal medicine, family medicine, and pediatrics

² OB-GYN includes obstetrics and gynecology

³ Specialists include Allergy; Cardiology; Ear, Nose and Throat; Endocrinology; Gastroenterology; Nephrology; Neurology; Pulmonology; Rheumatology and Urology

Quality measure attribution

Quality measures are attributed to physicians and groups with significant involvement in the care of the patient. Quality measures are first attributed to the physician(s) with significant involvement in the care of the patient. The determination of significant involvement varies by the physician's role and the type of quality measure as noted in the table below. Quality measures are also attributed to the group(s) that billed, ordered or prescribed the service(s) the physician attribution was based on.

The following table shows the attribution method(s) applicable to each measure type and whether the method limits attribution to a single physician (and group) or allows attribution to multiple physicians and groups. Multiple attributions apply when more than 1 physician provides care to a patient. This aligns with patient-centered health care models as physicians are expected to coordinate patient care.

[Click here](#) to view attribution methods by specific measure.

Measure type	Attribution method	Single or multiple attribution
Acute condition care	Rendering — The physician who saw the patient for the condition when only one physician was involved in the care	Single
Chronic disease care	Patient — The patient's 2019 attributed physician for applicable specialties	Multiple
Diagnostic care	Ordering — The physician who ordered the test	Single

Measure type	Attribution method	Single or multiple attribution
Patient safety care	Prescribing —The physician(s) who prescribed the medication(s)	Multiple
	Patient —The patient’s 2019 attributed physician for applicable specialties	Multiple
Pregnancy management care	Patient —The patient’s 2019 attributed OB-GYN if they had one or more pregnancy related visits or delivery	Single
	Rendering —The physicians, other than the attributed OB-GYN, with two or more pregnancy-related visits with at least one during the first two trimesters	Multiple
Preventive care	Patient —The patient’s 2019 attributed physicians in applicable specialties	Multiple
Surgical care	Rendering —The physician who performed the primary procedure associated with the quality measure	Single

Cost efficiency measure attribution

Patient total cost

Patient total cost measurement uses the patient attribution results to attribute patient costs to physicians. Patients are attributed to physicians and groups for each of the 2 separate time periods used for evaluation: calendar year 2019 (using the 2019 patient attribution result) and calendar year 2018 (using the 2018 patient attribution result). A single patient may be attributed to the same physician for both time periods.

Patient episode cost

Episodes are first attributed to physicians with significant involvement in the care of the patient. Episodes are then attributed to the group that billed the service(s) the physician attribution was based on. If more than 1 group billed for the services, the episode is attributed to the group that generated the highest percentage of services, based on normalized cost. The determination of significant involvement varies by the type of episode as noted in the table below.

The following table shows the attribution method applicable to each episode type. Each episode is only attributed to 1 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 normalized cost, in the episode. To make sure there was significant involvement, the attributed physician must be responsible for at least 50% of the total normalized 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 the UnitedHealth Premium Program

The information from the UnitedHealth Premium program is not an endorsement of a particular physician or health care professional's suitability for the health care needs of any particular member. UnitedHealthcare does not practice medicine nor provide health care services. Physicians are solely responsible for medical judgments and treatments supplied. A Premium Care Physician or Quality Care Physician designation does not guarantee the quality of health care services members will receive from a physician and does not guarantee the outcome of any health care services members will receive.

Likewise, the fact that a physician has a Not Evaluated for Premium Care or a Does Not Meet Premium Quality Criteria designation does not mean that 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 further described under the member's benefit plan.

The designation of "Not Evaluated for Premium Care" is given when a physician does not practice in a specialty that is evaluated by the Premium program, or when a physician's evaluation is in process. It is also given when a physician does not have enough health plan claims data to be evaluated, but it is not an indicator of the total number of patients treated by the physician or the number of procedures performed by the physician. Rather, it reflects the statistical requirements of the Premium program, which includes only health plan claims associated with specific Premium program measures and relevant to the physician's specialty. In some cases, there may not be enough data to complete the analytic process from a statistical standpoint.

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. As with all programs that evaluate performance based on analysis of a sample, there is a risk of error. There is a risk of error in the claims data used in the evaluation, the calculations used in the evaluation, and the way the Premium program determined that an individual physician was responsible for the treatment of the patient's condition. **Physicians have the opportunity to review this data and submit a reconsideration request.** UnitedHealthcare uses statistical testing to compare a physician's results to expected or normative results. 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. We inform members that it is important that they consider many factors and information when selecting a physician. **We also inform our members that they may wish to discuss designations with a physician before choosing him or her, or confer with their current physician for advice on selecting other physicians.**

The information contained in this Attribution Methods document is subject to change.

Learn more

[UnitedHealthPremium.UHC.com](https://www.unitedhealthcare.com/premium)

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