Premium Specialty: Pulmonology

Credentialed Specialties include: Pulmonary Medicine

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. Quality measures are attributed to physicians in applicable specialties. The following chart lists the measures we use to evaluate physicians in the Pulmonology 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
Appropriate Treatment for Upper Respiratory Infection	Patient(s) 3 months to 17 years of age with a diagnosis of upper respiratory infection that did not have a prescription for an antibiotic on or within three days after the initiating visit.	Patient with a diagnosis of upper respiratory infection (URI) did not have a prescription for an antibiotic on or within three days after the initiating visit	Acute Condition Care	Rendering	Contact National Committee for Quality Assurance
	Patient(s) 18-64 years of age with a diagnosis of upper respiratory infection that did not have a prescription for an antibiotic on or within three days after the initiating visit.	Patient with a diagnosis of upper respiratory infection (URI) did not have a prescription for an antibiotic on or within three days after the initiating visit	Acute Condition Care	Rendering	Contact National Committee for Quality Assurance
	Patient(s) 65 years of age and older with a diagnosis of upper respiratory infection that did not have a prescription for an antibiotic on or within three days after the initiating visit.	Patient with a diagnosis of upper respiratory infection (URI) did not have a prescription for an antibiotic on or within three days after the initiating visit	Acute Condition Care	Rendering	Contact National Committee for Quality Assurance
Asthma	Patient(s) that did not have an asthma related emergency department encounter in last 12 reported months.	Patient did not have an asthma related emergency department encounter	Acute Condition Care	Patient	Contact National Committee for Quality Assurance
Asthma Medication Ratio	Patient(s) between the ages of 5 and 11 with an asthma medication ratio >= 0.50 during the report period.	Patient had an asthma medication ratio >= 0.50	Patient Safety	Prescribing	Contact National Committee for Quality Assurance

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Asthma Medication Ratio	Patient(s) between the ages of 12 and 18 with an asthma medication ratio >= 0.50 during the report period.	Patient had an asthma medication ratio >= 0.50	Patient Safety	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) between the ages of 19 and 50 with an asthma medication ratio >= 0.50 during the report period.	Patient had an asthma medication ratio >= 0.50	Patient Safety	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) between the ages of 51 and 64 with an asthma medication ratio >= 0.50 during the report period.	Patient had an asthma medication ratio >= 0.50	Patient Safety	Prescribing	Contact National Committee for Quality Assurance
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Patient(s) 3 months to 17 years of age with a diagnosis of acute bronchitis/bronchiolitis that did not have a prescription for an antibiotic on or within three days after the initiating visit.	Patient with a diagnosis of acute bronchitis/bronchiolitis did not have a prescription for an antibiotic on or within three days after the initiating visit	Acute Condition Care	Rendering	Contact National Committee for Quality Assurance
	Patient(s) 18-64 years of age with a diagnosis of acute bronchitis/bronchiolitis that did not have a prescription for an antibiotic on or within three days after the initiating visit.	Patient with a diagnosis of acute bronchitis/bronchiolitis did not have a prescription for an antibiotic on or within three days after the initiating visit	Acute Condition Care	Rendering	Contact National Committee for Quality Assurance
	Patient(s) 65 years of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not have a prescription for an antibiotic on or within three days after the initiating visit.	Patient with a diagnosis of acute bronchitis/bronchiolitis did not have a prescription for an antibiotic on or within three days after the initiating visit	Acute Condition Care	Rendering	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 Centers for Medicare & Medicaid Services
Chronic Obstructive Pulmonary Disease	Patient(s) compliant with prescribed long-acting antimuscarinic agent (minimum compliance 80%).	Patient was 80% or more compliant with prescribed long-acting antimuscarinic agent	Chronic Disease Care	Patient	Synopsis

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Chronic Obstructive Pulmonary Disease	Patient(s) 40 years of age and older with COPD exacerbation that received a systemic corticosteroid within 14 days of the hospital or ED discharge.	Patient with COPD exacerbation had a systemic corticosteroid medication dispensed within 14 days after hospital or ED discharge	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance
	Patient(s) 40 years of age and older with COPD exacerbation that received a bronchodilator within 30 days of the hospital or ED discharge.	Patient with COPD exacerbation had a bronchodilator medication dispensed within 30 days after hospital or ED discharge	Chronic Disease Care	Patient	Contact National Committee for Quality Assurance
Concurrent Use of Opioids and Benzodiazepines	Patient(s) 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
Congestive Heart Failure	Patient(s) currently taking an ACE-inhibitor or acceptable alternative.	Patient had an ACE-inhibitor or acceptable alternative medication dispensed	Chronic Disease Care	Patient	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
Medication Safety Monitoring	Older adult patients with dementia did not use an antipsychotic, benzodiazepine, tricyclic antidepressant, non-benzodiazepine hypnotic, or anticholinergic agent after the earliest record of dementia.	Patient with dementia did not have an antipsychotic, benzodiazepine, tricyclic antidepressant, non-benzodiazepine hypnotic, or anticholinergic agent dispensed after the earliest record of dementia	Patient Safety Care	Patient	Contact National Committee for Quality Assurance
Pneumonia	Adult(s) with community-acquired bacterial pneumonia who have a chest X-ray.	Patient with community-acquired bacterial pneumonia had a chest X-ray	Acute Condition Care	Rendering	Synopsis
Risk Of Continued Opioid Use	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 opioid medication for 15 or more days during the first 30 days following initial opioid treatment	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Risk Of Continued Opioid Use	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 opioid medication for 15 or more days during the first 30 days following initial opioid treatment	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 opioid medication for 31 or more days during the first 62 days following initial opioid treatment	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 opioid medication for 31 or more days during the first 62 days following initial opioid treatment	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
Use of High-Risk Medications in Older Adults	Patients 67 years and older who did not receive two or more of the same high-risk medications from the same drug class in the last 12 reported months.	Patient did not have two or more of the same high-risk medications dispensed	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
	Patients 67 years and older who did not receive two or more of the same high-risk medication except for appropriate diagnosis in the last 12 reported months.	Patient did not have two or more of the same high-risk medications dispensed	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
Use of Opioid Medications	Patient(s) 18 years or older who did not have an average morphine milligram equivalent >= 90mg/day during the treatment period.	Patient did not have an average morphine equivalent dose greater than or equal to 90 mg/day	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
Use Of Opioids From Multiple Providers	Patient(s) 18 years or older that did not have opioid prescriptions from four or more different prescribers filled.	Patient did not have opioid medications from four or more different prescribers dispensed	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance

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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% 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 Recognition Programs
Heart / Stroke

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