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. Quality measures are attributed to physicians in applicable specialties. The following chart lists the safe, timely, and effective quality 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 Performance Evaluation Example for Safe, Timely and Effective Quality Measures and Attribution Methods documents to learn more.

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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	Safety	Prescribing	Contact National Quality Forum
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	Guideline Concordance: Chronic Disease	Patient	Synopsis
Diabetes	Patient(s) with a diagnosis of diabetic nephropathy, proteinuria, or chronic renal failure currently taking an ACE-inhibitor or angiotensin receptor blocker	Patient with diabetic nephropathy, proteinuria, or chronic renal failure had an ACE-inhibitor or angiotensin receptor antagonist medication dispensed	Guideline Concordance: Chronic Disease	Patient	Synopsis
	Patient(s) compliant with prescribed ACE-inhibitor-containing medication (minimum compliance 80%)	Patient was 80% or more compliant with prescribed ACE-inhibitor-containing medication	Guideline Concordance: Chronic Disease	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	Guideline Concordance: Chronic Disease	Patient	Synopsis
	Patient(s) 18-75 years of age that had a HbA1c test in last 12 reported months	Patient had a HbA1C test	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Diabetes	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	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
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	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
Kidney Health Evaluation for Patients with Diabetes	Patient(s) 18-64 years with diabetes that had kidney health evaluation in last 12 reported months	Patient with diabetes had kidney evaluation	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
	Patient(s) 65-74 years with diabetes that had kidney health evaluation in last 12 reported months	Patient with diabetes had kidney evaluation	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
	Patient(s) 75-85 years with diabetes that had kidney health evaluation in last 12 reported months	Patient with diabetes had kidney evaluation	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
Medication Safety Monitoring	Older adult patients who had an accidental fall or hip fracture who did not use an antiepileptic, nonbenzodiazepine hypnotic, SSRI, SNRI, antipsychotic, benzodiazepine, or tricyclic antidepressant after the incident	Patient with an accidental fall or hip fracture did not have an antiepileptic, nonbenzodiazepine hypnotic, SSRI, SNRI, antipsychotic, benzodiazepine, or tricyclic antidepressant medication dispensed after the incident	Safety	Prescribing	Contact National Quality Forum
	Older adult patients with dementia who did not use an antipsychotic, benzodiazepine, tricyclic antidepressant, nonbenzodiazepine hypnotic or anticholinergic agent after the earliest record of dementia	Patient with dementia did not have an antipsychotic, benzodiazepine, tricyclic antidepressant, nonbenzodiazepine hypnotic or anticholinergic agent dispensed after the earliest record of dementia	Safety	Prescribing	Contact National Quality Forum
	Older adult patients with chronic kidney disease who did not use 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 non-steroidal anti-inflammatory drug (NSAID) dispensed after the earliest record of chronic kidney disease	Safety	Prescribing	Contact National Quality Forum
Osteoporosis Management	Patient(s) compliant with prescribed oral bisphosphonate (minimum compliance 80%)	Patient was 80% or more compliant with prescribed oral bisphosphonate medication	Guideline Concordance: Chronic Disease	Patient	Synopsis

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Osteoporosis Management	Women 67-85 years 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	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
Renin Angiotensin System (RAS) Antagonists-Part D Medication Adherence	Patient(s) compliant with prescribed RAS antagonist medication (minimum compliance 80% or higher) (Medicare only)	Patient was 80% or more compliant with prescribed RAS antagonist medication	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
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	Safety	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 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	Safety	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	Safety	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	Safety	Prescribing	Contact National Committee for Quality Assurance
Statin Therapy for Patients with Cardiovascular Disease	Men 21-75 years 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	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
	Women 40-75 years 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	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
	Men 21-75 years with statin adherence (proportion of days covered) at least 80% during the treatment period	Patient was 80% or more compliant with prescribed statin medication	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Statin Therapy for Patients with Cardiovascular Disease	Women 40-75 years with statin adherence (proportion of days covered) at least 80% during the treatment period	Patient was 80% or more compliant with prescribed statin medication	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
Statin Therapy for Patients with Diabetes	Patient(s) 40-75 years with diabetes that received a statin medication	Patient with diabetes had a statin medication dispensed	Guideline Concordance: Chronic Disease	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	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
Statins-Part D Medication Adherence	Patient(s) compliant with prescribed statin medication (minimum compliance 80% or higher) (Medicare only)	Patient was 80% or more compliant with prescribed statin medication	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
Use of Contrast Material in CT	Patient(s) with an abdomen 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)	Low Value Care	Ordering	Contact Centers for Medicare & Medicaid Services
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 from the same drug class dispensed	Safety	Prescribing	Contact National Committee for Quality Assurance
	Patients 67 years and older who did not receive two or more of the same high-risk medications except for appropriate diagnosis in the last 12 reported months	Patient did not have two or more of the same high-risk medications except for the appropriate diagnosis dispensed	Safety	Prescribing	Contact National Committee for Quality Assurance
Use of Opioid Medications	Patient(s) 18 years or older without an average morphine milligram equivalent (MME) >= 90mg/day during the treatment period	Patient did not have an average morphine equivalent dose >= 90 mg/day	Safety	Prescribing	Contact National Committee for Quality Assurance
Use Of Opioids From Multiple Providers	Patient(s) 18 years or older that did not fill opioid prescriptions from four or more different prescribers	Patient did not have opioid medications from four or more different prescribers dispensed	Safety	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 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

Important Notes

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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 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. The fact that a physician doesn't have a Premium Care Physician designation doesn't mean the physician doesn't 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. There are various reasons why a physician may not be designated as a Premium Care Physician. A physician may not receive a Premium Care designation because that physician has not been evaluated for a Premium Care designation. This occurs 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 also occurs 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 document is subject to change.

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.