Premium Specialty: Cardiology
Effective Quality Care

Additional UnitedHealth Premium® methodology documents are located on unitedhealthpremium.uhc.com.

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Atrial Fibrillation	Patient(s) at high risk for thromboembolism who are currently taking warfarin, an oral thrombin inhibitor, or an oral factor Xa inhibitor	Patient at high risk for thromboembolism had warfarin, or an oral thrombin inhibitor, or an oral factor Xa inhibitor medication dispensed	Guideline Concordance: Chronic Disease	Patient	Synopsis
	Patient(s) compliant with prescribed oral factor Xa inhibitor (minimum compliance 80%)	Patient was 80% or more compliant with prescribed oral factor Xa inhibitor medication	Guideline Concordance: Chronic Disease	Patient	Synopsis
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	Low Value Care	Ordering	Contact Centers for Medicare & Medicaid Services
Cerebral Vascular Accident and Transient Cerebral Ischemia (Stroke)	Patient(s) compliant with prescribed clopidogrel (minimum compliance 80%)	Patient was 80% or more compliant with prescribed clopidogrel medication	Guideline Concordance: Chronic Disease	Patient	Synopsis
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 / Partnership for Quality Measurement
Congestive Heart Failure	Patient(s) currently taking an ACE-inhibitor or acceptable alternative	Patient had an ACE-inhibitor or acceptable alternative medication dispensed	Guideline Concordance: Chronic Disease	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	Guideline Concordance: Chronic Disease	Patient	Synopsis
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	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) that had at least 2 HbA1c tests in last 12 reported months	Patient had at least 2 HbA1c tests in last 12 reported months	Guideline Concordance: Chronic Disease	Patient	Synopsis

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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
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 / Partnership for Quality Measurement
Diagnostic Cardiac Catheterization - Normal Cardiac Anatomy	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without advanced imaging (e.g., CT, MRI) within 365 days after the assessed procedure	Patient did not have a restudy procedure within 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
Diagnostic Cardiac Catheterization - Transapical	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without advanced imaging (e.g., CT, MRI) within 365 days after the assessed procedure	Patient did not have a restudy procedure within 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
Diagnostic Cardiac Catheterization- Congenital Defects	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
Head Imaging for Uncomplicated Headache	Patient(s) with uncomplicated headache that did not have imaging studies	Patient with uncomplicated headache did not have imaging studies	Low Value Care	Rendering	Synopsis
Hyperlipidemia	Patient(s) compliant with prescribed bempedoic acid-containing medication (minimum compliance 80%)	Patient was 80% or more compliant with prescribed bempedoic acid-containing medication	Guideline Concordance: Chronic Disease	Patient	Synopsis
Implantable Device - Defibrillator	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Implantable Device - Pacemaker	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
Percutaneous Coronary Intervention	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Percutaneous Coronary Intervention	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without advanced imaging (e.g., CT, MRI) within 365 days after the assessed procedure	Patient did not have a restudy procedure within 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
Percutaneous Coronary Intervention - During Myocardial Infarction	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
Persistence of Beta-Blocker	Patient(s) hospitalized with an acute myocardial infarction (AMI) persistently taking a beta-blocker for six months after discharge	Patient hospitalized with acute myocardial infarction (AMI) had persistent beta-blocker medication therapy for six months after discharge	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum / Partnership for Quality Measurement
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 / Partnership for Quality Measurement
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

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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 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
	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 / Partnership for Quality Measurement
Therapeutic Cardiac Ablation	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
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 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 Quality Forum / Partnership for Quality Measurement
	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 Quality Forum / Partnership for Quality Measurement

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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

Recognition Programs

UnitedHealth Premium counts National Committee for Quality Assurance (NCQA) recognition programs towards effective quality care evaluation. Premium adds the greater of 25 measures or 10% of the physician's total measures as compliant to the effective quality care evaluation for physicians who have achieved recognition in one or more of these programs applicable to their Premium specialty.

NCQA Recognition Programs

Diabetes

Heart/Stroke

Important notes about UnitedHealth Premium

The information from UnitedHealth Premium is not an endorsement of a particular physician or health care professional's suitability for the health care needs of any member. UnitedHealthcare does not practice medicine nor provide health care services. Physicians are solely responsible for medical judgments and treatments.

A Premium Care Physician designation does not guarantee the quality, or the outcome of any health care services members receive. The fact that a physician does not have a Premium Care Physician designation does not mean 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 described in 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 designation because that physician has not been evaluated. This occurs when a physician does not practice in a specialty or market that is evaluated by Premium, or the physician's evaluation is in process. This also occurs when there are not enough measures, patients, and or episodes attributed to the physician for evaluation. This is not an indicator of the total number of patients treated by the physician, or the number of procedures performed by the physician.

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. Members are encouraged to discuss designations with a physician before choosing them or consult with their current physician(s) for advice on selecting other physicians.

As with all programs that evaluate performance based on evaluation of a sample, there is a risk of error. There is a risk of error in the claims data used and in the way patient care is attributed to physicians. UnitedHealth Premium uses statistical testing to compare a physician's performance to benchmarks. 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. Physicians have the opportunity to review the data and evaluation results and may submit requests for changes and or corrections.

The information contained in this document is subject to change.