Premium Specialty: Pulmonology
Effective Quality Care

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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Appropriate Treatment for Upper Respiratory Infection	Patient(s) 3 months-17 years of age with a diagnosis of upper respiratory infection (URI) 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	Low Value Care	Rendering	Contact National Committee for Quality Assurance
	Patient(s) 18-64 years of age with a diagnosis of upper respiratory infection (URI) 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	Low Value Care	Rendering	Contact National Committee for Quality Assurance
	Patient(s) 65 years of age and older with a diagnosis of upper respiratory infection (URI) 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	Low Value Care	Rendering	Contact National Committee for Quality Assurance
Asthma	Patient(s) that had an ambulatory visit for asthma care in last 12 reported months	Patient had an ambulatory visit for asthma care	Guideline Concordance: Chronic Disease	Patient	Synopsis
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	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
	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	Guideline Concordance: Chronic Disease	Patient	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	Guideline Concordance: Chronic Disease	Patient	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	Guideline Concordance: Chronic Disease	Patient	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	Low Value Care	Rendering	Contact National Committee for Quality Assurance

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	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	Low Value 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	Low Value 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	Low Value Care	Ordering	Contact Centers for Medicare & Medicaid Services
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	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum / Partnership for Quality Measurement
	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	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum / Partnership for Quality Measurement
	Patient(s) compliant with prescribed long-acting antimuscarinic agent (minimum compliance 80%)	Patient was 80% or more compliant with prescribed long-acting antimuscarinic agent	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
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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Medication Safety Monitoring	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
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	Guideline Concordance: Acute 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	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
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
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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Patient(s) that had appropriate spirometry testing to confirm COPD diagnosis	Patient had appropriate spirometry testing to confirm COPD diagnosis	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum / Partnership for Quality Measurement

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

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.