



UnitedHealth Premium[®] Program

Frequently asked questions

1. What is the purpose of the UnitedHealth Premium program?


The UnitedHealth Premium program provides physician designations based on safe, timely, effective and efficient quality care criteria to help members make more informed choices for their medical care. Physicians may also use these designations when referring patients to other physicians.

2. Why is this information important?

According to a study published in The New England Journal of Medicine, “adults receive the recommended medical treatment only 55 percent of the time.”¹ Poor quality care can lead to higher complication and surgical repeat rates, unnecessary hospitalizations and a higher chance of a wrong diagnosis.

3. How can I know if a physician is designated?

Beginning fall of 2023, there is one designation for physicians—Premium Care Physician. Premium Care Physicians meet the UnitedHealth Premium quality care criteria which includes safe, timely, effective and efficient care. They are featured in our medical care directories with the two blue heart icon as shown below. All other physicians have no designation displayed.

Premium Designation	Displayed Explanation
Premium Care Physician 	This physician meets the UnitedHealth Premium quality care criteria which includes safe, timely, effective and efficient care.

Physician designations are determined based on a comparison of current version and previous version assessment results.

The fact that a physician does not have a Premium Care Physician 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 (separate from the Premium program).

No designation 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 progress. There is also no designation 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.

4. How do I find out if my doctor received a UnitedHealth Premium designation?

You can find a doctor’s designation information on myuhc.com. You may search for a doctor by name, location and/or specialty, or based on a particular condition/procedure.

The designations are effective on September 1, 2023

It may take up to a week after the effective date for designations to display in certain care provider directories, like myuhc.com.

¹ Asch, Steven M. et al. The New England Journal of Medicine. 2006 March 16; 354: 1147-1156.

5. What are the criteria for the UnitedHealth Premium program and where did it come from?

The Premium program first uses clinical quality measures from the National Quality Forum (NQF) - Endorsed measures when available for the specialties being evaluated. Additional measures are selected from or developed using published literature and information from organizations such as:

- The National Committee for Quality Assurance (NCQA)
- American Medical Association Physician Consortium for Performance Improvement® (PCPI®)
- Specialty societies relevant to a specific disease and clinical condition
- Government agencies
- Other national expert panels

From these sources, the Premium program uses relevant measures that can be evaluated using health plan claims data and that are useful in determining differences in physician performance.

Attribution methods based on health plan claims data determine which physicians are responsible for care given to patients. The Premium program compares the physician's safe, timely, and effective quality care performance to the target benchmark.

When there are a sufficient number of safe, timely and effective quality care measures attributed, the Premium program compares the physician's performance to a target benchmark. The physician meets the Premium program safe, timely and effective quality care criteria when the physician's performance is not statistically lower than the target benchmark.

There are two measurements applied for the evaluation of efficient care: patient total cost measurement and patient episode cost measurement. The Premium program uses the efficient quality care measurement applicable to the physician's Premium specialty. For specialties measured using patient total cost, when the physician does not have a sufficient number of patients attributed, the Premium program uses the patient episode cost measurement.

Attribution methods based on health plan claims data determine which physicians are responsible for care given to patients. The Premium program compares the physician's efficient quality care performance to a target benchmark. When there are a sufficient number of episodes and/or patients attributed, a statistical test is applied to determine if there is a statistically significant difference between the physician's performance and the benchmark. The physician meets the Premium program efficient quality care criteria when the physician's performance is not statistically higher than the target benchmark.

Use the link below to view the detailed methodology available to physicians, which includes information about the data, measures and statistical methods used to determine a physician's designation:

- [UnitedHealth Premium Program Detailed Methodology](#)

6. What is the evaluation process for determining designations?

Physicians are first evaluated for safe, timely and effective care using national standardized measures. They are then evaluated for efficient care using 2 measures: patient total cost and/or patient episode cost.

Safe, timely and effective quality care evaluation: The evaluation of safe, timely and effective quality care is based on an analysis of 38 months of collected paid claims for UnitedHealthcare members and is assessed using national standardized measures. The Premium program uses relevant measures that can be assessed using health plan claims data and that are useful in determining differences in physician performance. The Premium program also counts several non-claims based programs towards quality designation for the specialties appropriate to each program. These include National Committee for Quality Assurance (NCQA) recognition programs.

Efficient quality care evaluation: Efficient quality care is based on factors such as the use and price of diagnostic testing, prescribed medications, procedures and follow-up care in comparison to other doctors in the same Premium specialty in the same geographic area. Relevant services include those provided by other healthcare professionals as well as facility, pharmacy and ancillary services (e.g., diagnostic tests). In order to make an "apples-to-apples" comparison, the efficient quality care evaluation accounts for the case mix of the patient that the doctor treats.

7. Who is eligible for evaluation in the program?

The Premium program evaluates nearly 400,000 doctors across most states. Physicians are evaluated by the Premium program when they:

- Have an active UnitedHealthcare commercial fee-for-service contract
- Practice in a **state and county** included in the Premium program; and
- Practice in a primary credentialed specialty included in the Premium program. For purposes of evaluation, multiple credentialed specialties may be combined into a single **Premium specialty**.

Doctors who do not have enough data to be evaluated may meet the criteria based on their affiliated medical group results for their Premium specialty within the same geographic area. Medical group results are determined for each Premium specialty and geographic area combination represented within the medical group using a similar methodology applied to physicians.

The UnitedHealth Premium program includes specialties that have national standardized quality measures that can be evaluated using paid claims data.

8. Why does the Premium program designate individual doctors and not designate the group?

The Premium program bases its methodology on clinical information from individual doctors' health care claims. Doing this takes into account the differences in care provided by doctors in the same group and gives each doctor their own individual designation. This designation also helps consumers make more informed choices for their medical care.

9. Can a doctor appeal his or her designation?

Yes, doctors have the opportunity to review and request reconsideration of the data that was used for the Premium evaluation. All reconsideration requests are processed as described in the program's detailed description. A reconsideration request can change certain information included in a doctor's evaluation, but the methodology itself is fixed under this NCQA accredited program. Doctors can submit a Premium reconsideration request online via the Premium website located on UnitedHealthPremium.UHC.com.

10. Are doctors in all areas of the U.S. evaluated for the program?

The UnitedHealth Premium program is available in a majority states. [Click here](#) to see Premium program availability.

11. Who do I contact if I have a question, feedback, or a complaint about the program?

If you have questions, feedback or a complaint on the program, please email PremiumProgram@uhc.com. You may call Customer Care at the number found on your ID card.

As part of the development of the UnitedHealth Premium program, we solicit input and feedback from consumers, employers and physicians. We have established national and local physician advisory committees, and we gain additional input from surveys and meetings with physicians, consumers and employers. Such input and feedback is incorporated into the program on an ongoing basis.

If you have a complaint about the UnitedHealth Premium program, in addition to registering that complaint with UnitedHealthcare, you may also register your complaint with the NCQA by writing to customersupport@ncqa.org or to NCQA Customer Support, 1100 13th Street NW, Suite 1000, Washington, DC 20005.

The National Committee for Quality Assurance (NCQA) is an independent not-for-profit organization that uses standards, clinical performance measures and member experience to evaluate the quality of health plans. NCQA serves as an independent ratings examiner for UnitedHealthcare, reviewing how the UnitedHealth Premium program meets criteria required by the State of New York. The NCQA Ratings Examiner Report provides information on how health plans in New York evaluate physicians in their networks for quality and cost efficiency. You can view the report by visiting <http://nyrxreport.ncqa.org/Overview.aspx>.

Additional Information on the Premium Program

If you have questions about program methodology (including a complete list of measures used to evaluate physicians, measure specifications, how patients are attributed to physicians, how the program considers measurement error and measure reliability, and how outlier cases are handled), please email PremiumProgram@uhc.com.

If you have questions about program logistics (including the number or percentage of physicians that have results in your area, and the percentage of payments made to physicians based on performance) or you would like to provide feedback on the program, please send an email to PremiumProgram@uhc.com.