

# UnitedHealth Premium Patient and cost outlier exclusions



Additional UnitedHealth Premium® methodology documents are located on [unitedhealthpremium.uhc.com](https://unitedhealthpremium.uhc.com).

## Overview

Premium excludes certain patients and cost outliers in the effective quality care, efficient quality care and total cost of care evaluations.

## Patient exclusions

Premium excludes patients from evaluation when during the evaluation period, they:

- Were dually enrolled in Medicare and Medicaid
- Were enrolled in a Medicaid long-term care plan
- Had benefits administered under a coordination of benefits process
- Were actively treated for cancer
- Received a transplant
- Received extracorporeal membrane oxygenation (ECMO treatment)
- Received hospice care

Premium excludes patients when they fall outside the following age ranges:

| Premium specialty                      | Commercial patients | Medicare patients | Medicaid patients |
|--|---------------------|-------------------|-------------------|
| Allergy                                | 0-100               | 65-100            | 0-100             |
| Cardiology                             | 3-100               | 65-100            | 3-100             |
| Ear, nose and throat                   | 0-100               | 65-100            | 0-100             |
| Endocrinology                          | 3-100               | 65-100            | 3-100             |
| Family medicine                        | 0-100               | 65-100            | 0-100             |
| Gastroenterology                       | 3-100               | 65-100            | 3-100             |
| General surgery                        | 3-100               | 65-100            | 3-100             |
| Internal medicine                      | 0-100               | 65-100            | 0-100             |
| Nephrology                             | 3-100               | 65-100            | 3-100             |
| Neurology                              | 3-100               | 65-100            | 3-100             |
| Neurosurgery,<br>orthopedics and spine | 3-100               | 65-100            | 3-100             |
| Obstetrics and<br>gynecology           | 13-100              | 65-100            | 13-100            |
| Pediatrics                             | 0-21                | Not included      | 0-21              |
| Pulmonology                            | 3-100               | 65-100            | 3-100             |
| Rheumatology                           | 3-100               | 65-100            | 3-100             |
| Urology                                | 3-100               | 65-100            | 3-100             |

## **Cost outlier exclusions**

### **Patient annual cost**

#### **Removing low outliers**

Patients with an annual cost (before risk-adjustment) below the Premium specialty-specific low-trim point are removed. Low-trim points are calculated for each Premium specialty for patients with and without pharmacy costs included. All remaining patient annual costs (after risk-adjustment) are ordered from low to high within the treatment set and converted to percentiles. Patient annual costs within the treatment set at or below the 2.5th percentile are removed.

#### **Addressing high outliers**

Patient annual costs are removed when the patient's risk score falls below the specified low-risk score threshold for the physician's Premium specialty. This is done to remove risk-adjusted costs that are significantly higher than the weighted-average risk-adjusted cost for the Premium specialty. High patient annual cost outliers are further addressed using percentiles. Converting costs to a uniform scale effectively caps any remaining high outliers, since no cost can have a percentile greater than 99.9999.

### **Patient episode cost**

#### **Removing low outliers**

Episodes with a cost less than the episode-specific low-trim point are removed. Low-trim points are calculated for each episode category, which is the combination of the condition or procedure, treatment (e.g., with or without surgery/active treatment) and severity level. Every episode category is evaluated to determine the minimum-level critical procedures or activities. These can vary from a low-level established office visit to a Diagnosis-Related Group (DRG) code for a hospital admission.

All remaining patient episode costs are ordered from low to high within their respective treatment set and converted to percentiles. Patient episode costs within the treatment set at or below the 2.5th percentile are removed.

#### **Addressing high outliers**

High episode-cost outliers are addressed using percentiles. Converting costs to a uniform scale effectively caps any high outliers, since no cost can have a percentile greater than 99.9999.

## 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.**

**Learn more**

**UnitedHealth Premium | [unitedhealthpremium.uhc.com](https://unitedhealthpremium.uhc.com)**

9700 Health Care Lane, MN017-W700, Minnetonka, MN 55343