## Premium Specialty: Cardiology

**Credentialed Specialties Include: Cardiac Diagnostic, Cardiology, Cardiovascular Disease, Clinical Cardiac Electrophysiology, Interventional Cardiology**

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 Cardiology 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 |
|---|---|---|---|---|---|
| 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 |
| 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 |



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| Condition/Procedure | Measure | Compliance Criteria | Measure Type | Attribution Method | Source |
|---|---|---|---|---|---|
| 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 |
| | 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 |
| Diagnostic Cardiac Catheterization - Normal Cardiac Anatomy | 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 |
| | 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 |
| Diagnostic Cardiac Catheterization - Transapical | 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 |



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| Condition/Procedure | Measure | Compliance Criteria | Measure Type | Attribution Method | Source |
|---|---|---|---|---|---|
| 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 |
| 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 |
| 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 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 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 |
| 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 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 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 |
| 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 |



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| Condition/Procedure | Measure | Compliance Criteria | Measure Type | Attribution Method | Source |
|---|---|---|---|---|---|
| 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 |
| Percutaneous Coronary Intervention | 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 |
| | 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 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 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 |
| 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 |



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| Condition/Procedure | Measure | Compliance Criteria | Measure Type | Attribution Method | Source |
|---|---|---|---|---|---|
| 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 |
| 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 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 |
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| 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 |
| Heart/Stroke |

Important Notes

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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.