

**Premium Specialty: Family Medicine**

**Credentialed Specialties Include: Family Practice, General Practice, Preventive Medicine**

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 Family Medicine 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
Acute Otitis Externa	Patient(s) 2 years of age and older with acute otitis externa who were not prescribed systemic antimicrobial therapy	Patient with acute otitis externa did not have a systemic antimicrobial medication dispensed	Low Value Care	Rendering	<a href="#">Synopsis</a>
Acute Otitis Media	Patient(s) on antibiotic therapy with acute otitis media that received amoxicillin, a first line antibiotic	The first antibiotic medication patient received for acute otitis media was amoxicillin trihydrate	Guideline Concordance: Acute Care	Rendering	<a href="#">Synopsis</a>
Acute Sinusitis	Patient(s) treated with an antibiotic for acute sinusitis that received a first line antibiotic	The first antibiotic medication patient received for acute sinusitis was a first line antibiotic medication	Guideline Concordance: Acute Care	Rendering	<a href="#">Synopsis</a>
Adherence to Non-Infused Biologic Medications Used to Treat Rheumatoid Arthritis	Patient(s) compliant with all prescribed non-infused biologic medications used to treat rheumatoid arthritis (minimum compliance 80% or higher)	Patient was 80% or more compliant with all prescribed non-infused biologic medications used to treat rheumatoid arthritis	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
Adherence to Non-Infused Disease-Modifying Agents Used to Treat Multiple Sclerosis	Patient(s) compliant with all prescribed non-infused disease-modifying agents used to treat multiple sclerosis (minimum compliance 80% or higher)	Patient was 80% or more compliant with all prescribed non-infused disease-modifying agents used to treat multiple sclerosis	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Antipsychotic Medication Management	Patient(s) with schizophrenia, schizoaffective disorder or bipolar disorder taking an antipsychotic medication who were screened for diabetes during the report period	Patient with schizophrenia, schizoaffective disorder or bipolar disorder taking an antipsychotic medication was screened for diabetes	Safety	Patient	Contact National Quality Forum
	Patient(s) with schizophrenia or schizoaffective disorder who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period	Patient with schizophrenia or schizoaffective disorder was 80% or more compliant with prescribed antipsychotic medication	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
Appropriate Testing for Pharyngitis	Patient(s) 3-17 years of age who were treated with an antibiotic for pharyngitis that had a Group A streptococcus test	Patient treated with an antibiotic for pharyngitis had a Group A streptococcus test	Guideline Concordance: Acute Care	Rendering	Contact National Committee for Quality Assurance
	Patient(s) 18-64 years of age who were treated with an antibiotic for pharyngitis that had a Group A streptococcus test	Patient treated with an antibiotic for pharyngitis had a Group A streptococcus test	Guideline Concordance: Acute Care	Rendering	Contact National Committee for Quality Assurance
	Patient(s) 65 years of age or older who were treated with an antibiotic for pharyngitis that had a Group A streptococcus test	Patient treated with an antibiotic for pharyngitis had a Group A streptococcus test	Guideline Concordance: Acute Care	Rendering	Contact National Committee for Quality Assurance
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	<a href="#">Synopsis</a>

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Asthma Medication Ratio	Patient(s) between the ages of 5 and 11 with an asthma medication ratio $\geq$ 0.50 during the report period	Patient had an asthma medication ratio $\geq$ 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 $\geq$ 0.50 during the report period	Patient had an asthma medication ratio $\geq$ 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 $\geq$ 0.50 during the report period	Patient had an asthma medication ratio $\geq$ 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 $\geq$ 0.50 during the report period	Patient had an asthma medication ratio $\geq$ 0.50	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
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	<a href="#">Synopsis</a>
	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	<a href="#">Synopsis</a>
Attention Deficit Hyperactivity Disorder (ADHD)	Patient(s) with an outpatient, intensive outpatient or partial hospitalization follow-up visit with a prescribing provider during the 30 days after the initial ADHD prescription	Patient had an outpatient, intensive outpatient or partial hospitalization follow-up visit with a prescribing provider during the 30 days after the initial ADHD prescription	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
	Patient(s) with an outpatient, intensive outpatient or partial hospitalization follow-up visit with a prescribing provider during the 30 days after the initial ADHD prescription, and two follow-up visits during the 31 days through 300 days after the initial ADHD prescription	Patient had an outpatient, intensive outpatient or partial hospitalization follow-up visit with a prescribing provider during the 30 days after the initial ADHD prescription and two follow-up visits during the 31-300 days after the initial ADHD prescription	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
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

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
Back Pain	Patient(s) with uncomplicated low back pain that did not have imaging studies	Patient with uncomplicated low back pain did not have imaging studies	Low Value Care	Rendering	Contact National Committee for Quality Assurance
Breast Cancer - Part I	Breast cancer patient(s) without evidence of metastases that had an annual mammogram	Patient had an annual mammogram	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
Breast Cancer Screening	Patient(s) 52-74 years that had a screening mammogram in last 27 reported months	Patient had a screening mammogram	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
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	<a href="#">Synopsis</a>
Cervical Cancer Screening	Women that had appropriate screening for cervical cancer	Patient had screening for cervical cancer	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Women that had appropriate screening for cervical cancer	Patient had screening for cervical cancer	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
Child and Adolescent Well Child Visits	Patient(s) 3-11 years that had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	Patient had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	Guideline Concordance: Preventive Care	Patient	Contact National Committee for Quality Assurance

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Child and Adolescent Well Child Visits	Patient(s) 12-17 years that had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	Patient had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	Guideline Concordance: Preventive Care	Patient	Contact National Committee for Quality Assurance
	Patient(s) 18-21 years that had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	Patient had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in the last 12 reported months	Guideline Concordance: Preventive Care	Patient	Contact National Committee for Quality Assurance
Childhood Immunizations	Patient(s) 2 years old at the end of the report period that had four DTaP immunizations by their 2nd birthday	Patient had four DTaP immunizations by the 2nd birthday	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Patient(s) 2 years old at the end of the report period that had three polio vaccinations by their 2nd birthday	Patient had three polio immunizations by the 2nd birthday	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Patient(s) 2 years old at the end of the report period that had a measles, mumps and rubella (MMR) immunization between their 1st and 2nd birthday	Patient had a measles, mumps and rubella (MMR) immunization between the 1st and 2nd birthdays	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Patient(s) 2 years old at the end of the report period that had three Hib immunizations by their 2nd birthday	Patient had three Hib immunizations by the 2nd birthday	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Patient(s) 2 years old at the end of the report period that had three hepatitis B immunizations by their 2nd birthday	Patient had three hepatitis B immunizations by the 2nd birthday	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Patient(s) 2 years old at the end of the report period that had a varicella immunization between their 1st and 2nd birthday	Patient had a varicella immunization between the 1st and 2nd birthdays	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Patient(s) 2 years old at the end of the report period that had four pneumococcal conjugate immunizations by their 2nd birthday	Patient had four pneumococcal conjugate immunizations by the 2nd birthday	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Patient(s) 2 years old at the end of the report period that had one hepatitis A immunization between their 1st and 2nd birthday	Patient had a hepatitis A immunization between the 1st and 2nd birthdays	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Childhood Immunizations	Patient(s) 2 years old at the end of the report period that had the required number of rotavirus immunizations by their 2nd birthday	Patient had the required number of rotavirus immunizations by the 2nd birthday	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
Chlamydia Screening	Patient(s) 16-20 years that had a chlamydia screening test in last 12 reported months	Patient had a chlamydia screening test	Guideline Concordance: Preventive Care	Patient	Contact National Committee for Quality Assurance
	Patient(s) 21-24 years that had a chlamydia screening test in last 12 reported months	Patient had a chlamydia screening test	Guideline Concordance: Preventive Care	Patient	Contact National Committee for Quality Assurance
Chronic Obstructive Pulmonary Disease	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	<a href="#">Synopsis</a>
	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
	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
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	<a href="#">Synopsis</a>
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	<a href="#">Synopsis</a>
Depression	Patient(s) with major depression who start an antidepressant medication that remained on treatment for at least 12 weeks (effective acute phase treatment)	Patient with major depression who started an antidepressant medication and remained on treatment for at least 12 weeks (effective acute phase treatment)	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Depression	Patient(s) with major depression who start an antidepressant medication that remained on treatment for at least 6 months (effective continuation phase treatment)	Patient with major depression who started an antidepressant medication and remained on treatment for at least 6 months (effective continuation phase treatment)	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
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	<a href="#">Synopsis</a>
	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	<a href="#">Synopsis</a>
	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	<a href="#">Synopsis</a>
	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
Epilepsy	Patient(s) compliant with prescribed lamotrigine (minimum compliance 80%)	Patient was 80% or more compliant with prescribed lamotrigine	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
	Patient(s) compliant with prescribed racetam derivatives for epilepsy (minimum compliance 80%)	Patient was 80% or more compliant with prescribed racetam derivative medication	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
	Patient(s) compliant with prescribed carbamazepine or derivatives (minimum compliance 80%)	Patient was 80% or more compliant with prescribed carbamazepine or derivatives	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
Episiotomy	Women that did not have an episiotomy	Patient did not have an episiotomy	Low Value Care	Rendering	<a href="#">Synopsis</a>

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Follow-Up After ED Visit For People With Multiple High-Risk Chronic Conditions	Patient(s) between the ages of 18 and 64 with an ED visit and multiple high-risk chronic conditions that had a follow-up visit within 7 days	Patient with multiple high-risk chronic conditions had a follow-up visit within 7 days of an emergency department visit	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
	Patient(s) age 65 years and older with an ED visit and multiple high-risk chronic conditions that had a follow-up visit within 7 days	Patient with an ED visit and multiple high-risk chronic conditions had a follow-up visit within 7 days	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
Hepatitis C	Patient(s) with cirrhosis that had a liver imaging test in last 6 reported months	Patient with cirrhosis had a liver imaging test	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
Immunizations for Adolescents	Patient(s) 13 years old at the end of the report period that had the meningococcal vaccine by their 13th birthday	Patient had a meningococcal vaccine between the 11th and 13th birthdays	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Patient(s) 13 years old at the end of the report period that had the Tdap vaccine by their 13th birthday	Patient had a diphtheria, tetanus and pertussis (Tdap) vaccine between the 10th and 13th birthdays	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Patient(s) 13 years old at the end of the report period that had three HPV vaccinations at least 14 days apart, or two HPV vaccinations at least 146 days apart between their 9th and 13th birthdays	Patient had three HPV vaccinations at least 14 days apart or two HPV vaccinations at least 146 days apart between the 9th and 13th birthdays	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
Inflammatory Bowel Disease	Patient(s) compliant with prescribed tumor necrosis factor inhibitor (minimum compliance 80%)	Patient was 80% or more compliant with prescribed tumor necrosis factor inhibitor medication	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
	Patient(s) taking methotrexate, sulfasalazine, mercaptopurine, or azathioprine that had a CBC in last 3 reported months	Patient taking methotrexate, sulfasalazine, mercaptopurine, or azathioprine had a complete blood count (CBC) test	Safety	Patient	<a href="#">Synopsis</a>
	Patient(s) taking methotrexate, azathioprine or mercaptopurine that had serum ALT or AST test in last 6 reported months	Patient taking methotrexate, azathioprine or mercaptopurine had a serum ALT or AST test	Safety	Patient	<a href="#">Synopsis</a>
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



Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Kidney Health Evaluation for Patients with Diabetes	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
Lead Screening in Children	Patient(s) 2 years old at the end of the report period that had at least one capillary or venous blood test on or before their 2nd birthday (Medicaid only)	Patient had a capillary or venous blood test for lead by the 2nd birthday	Guideline Concordance: Preventive Care	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
	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
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Patient(s) 1-11 years who had two or more antipsychotic medications and had blood glucose and cholesterol testing during the report period	Patient had two or more antipsychotic medications and had blood glucose and cholesterol testing	Safety	Patient	Contact National Committee for Quality Assurance
	Patient(s) 12-17 years who had two or more antipsychotic medications and had blood glucose and cholesterol testing during the report period	Patient had two or more antipsychotic medications and had blood glucose and cholesterol testing	Safety	Patient	Contact National Committee for Quality Assurance

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Patient(s) 1-11 years who had two or more antipsychotic medications and had blood glucose testing during the report period	Patient had two or more antipsychotic medications and had blood glucose testing	Safety	Patient	Contact National Committee for Quality Assurance
	Patient(s) 12-17 years who had two or more antipsychotic medications and had blood glucose testing during the report period	Patient had two or more antipsychotic medications and had blood glucose testing	Safety	Patient	Contact National Committee for Quality Assurance
	Patient(s) 1-11 years who had two or more antipsychotic medications and had cholesterol testing during the report period	Patient had two or more antipsychotic medications and cholesterol testing	Safety	Patient	Contact National Committee for Quality Assurance
	Patient(s) 12-17 years who had two or more antipsychotic medications and had cholesterol testing during the report period	Patient had two or more antipsychotic medications and cholesterol testing	Safety	Patient	Contact National Committee for Quality Assurance
Migraine Headache	Patient(s) compliant with prescribed antiepileptics for migraine prophylaxis (minimum compliance 80%)	Patient was 80% or more compliant with prescribed antiepileptic medication for migraine prophylaxis	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
	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	<a href="#">Synopsis</a>
Monitoring of Persistent Medications	Patient(s) taking lithium that had a lithium level in last 6 reported months	Patient taking lithium had a lithium level test	Safety	Patient	<a href="#">Synopsis</a>
MRI Lumbar Spine For Low Back Pain	Patient(s) with a lumbar spine MRI and low back pain diagnosis on the imaging claim that have claims-based evidence of antecedent conservative therapy	Patient with a lumbar spine MRI and low back pain diagnosis had antecedent conservative therapy	Low Value Care	Ordering	Contact Centers for Medicare & Medicaid Services
Non-Recommended Cervical Cancer Screening in Adolescent Females	Patient(s) 16-20 years of age that did not have a cervical cancer screening (cervical cytology or HPV test) in the last 12 reported months	Patient did not have a non-recommended cervical cancer screening test (cervical cytology or HPV test)	Low Value Care	Patient	Contact National Committee for Quality Assurance
Non-Recommended PSA-Based Screening in Older Men	Patient(s) 70 years and older did not have a prostate-specific antigen (PSA)-based screening test in the last 12 reported months	Patient did not have a non-recommended prostate-specific antigen (PSA)-based screening test	Low Value Care	Patient	Contact National Committee for Quality Assurance

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Osteoporosis Management	Patient(s) compliant with prescribed oral bisphosphonate (minimum compliance 80%)	Patient was 80% or more compliant with prescribed oral bisphosphonate medication	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
	Women 67-85 years who were treated or tested for osteoporosis within six months of a fracture	Patient was treated or tested for osteoporosis within six months of a fracture	Guideline Concordance: Chronic Disease	Patient	Contact National Quality Forum
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
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	<a href="#">Synopsis</a>
Pregnancy Management	Pregnant women that had hepatitis B surface antigen (HBsAg) testing	Pregnant patient had a hepatitis B surface antigen (HBsAg) test	Guideline Concordance: Pregnancy Management	Rendering	<a href="#">Synopsis</a>
	Pregnant women less than 25 years of age that had gonorrhea screening	Pregnant patient had gonorrhea screening	Guideline Concordance: Pregnancy Management	Rendering	<a href="#">Synopsis</a>
Prenatal and Postpartum Care	Women that received postpartum care (excluding bundled postpartum services)	Patient received postpartum care (excluding bundled postpartum services)	Guideline Concordance: Pregnancy Management	Patient	Contact National Committee for Quality Assurance
	Women that received a prenatal visit (excluding bundled prenatal services)	Patient received a prenatal visit (excluding bundled prenatal services)	Guideline Concordance: Pregnancy Management	Patient	Contact National Committee for Quality Assurance
Prostate Cancer	Patient(s) that had a prostate specific antigen test in last 12 reported months	Patient had a prostate specific antigen test	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
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
Rheumatoid Arthritis	Patient(s) compliant with prescribed hydroxychloroquine (minimum compliance 80%)	Patient was 80% or more compliant with prescribed hydroxychloroquine	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Rheumatoid Arthritis	Patient(s) compliant with prescribed methotrexate (minimum compliance 80%)	Patient was 80% or more compliant with prescribed methotrexate medication	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
	Patient(s) compliant with prescribed subcutaneous tumor necrosis factor inhibitor (minimum compliance 80%)	Patient was 80% or more compliant with prescribed subcutaneous tumor necrosis factor inhibitor medication	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
	Patient(s) taking methotrexate, sulfasalazine, or leflunomide that had a CBC in last 3 reported months	Patient taking methotrexate, sulfasalazine, or leflunomide medication had a complete blood count (CBC) test	Safety	Patient	<a href="#">Synopsis</a>
	Patient(s) taking methotrexate, sulfasalazine, or leflunomide that had serum ALT or AST test in last 3 reported months	Patient taking methotrexate, sulfasalazine or leflunomide medication had a serum ALT or AST test	Safety	Patient	<a href="#">Synopsis</a>
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

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
Transitions of Care	Patient(s) 18-64 years of age that had patient engagement (e.g., office visits, visits to the home, telehealth) within 30 days after discharge	Patient had patient engagement within 30 days after discharge	Safety	Patient	Contact National Committee for Quality Assurance
	Patient(s) 65 years of age or older that had patient engagement (e.g., office visits, visits to the home, telehealth) within 30 days after discharge	Patient had patient engagement within 30 days after discharge	Safety	Patient	Contact National Committee for Quality Assurance
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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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 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
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
Vaginal Delivery	Patient(s) with a vaginal delivery and instrumentation used that did not have third or fourth degree obstetric trauma	Patient with vaginal delivery and instrumentation used did not have third or fourth degree obstetric trauma	Outcomes	Rendering	Contact Agency for Healthcare Research and Quality
	Patient(s) with a vaginal delivery and no instrumentation used that did not have third or fourth degree obstetric trauma	Patient with vaginal delivery and no instrumentation used did not have third or fourth degree obstetric trauma	Outcomes	Rendering	Contact Agency for Healthcare Research and Quality
Well Child Visits in the First 30 Months of Life	Patient(s) that had six or more well-child visits with a PCP during the first 15 months of life	Patient had six or more well-child visits with a PCP during the first 15 months of life	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum
	Patient(s) age 30 months that had two well-child visits with a PCP between ages 15 months and 30 months	Patient had two well-child visits with a PCP between ages 15 months and 30 months	Guideline Concordance: Preventive Care	Patient	Contact National Committee for Quality Assurance

### Recognition Programs

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

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

The information from the UnitedHealth Premium program is not an endorsement of a particular physician or health care professional's suitability for the health care needs of any particular member. UnitedHealthcare does not practice medicine nor provide health care services. Physicians are solely responsible for medical judgments and treatments supplied. A Premium Care Physician designation does not guarantee the quality of health care services members will receive from a physician and does not guarantee the outcome of any health care services members will receive. The fact that a physician doesn't have a Premium Care Physician designation doesn't mean the physician doesn't 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 further described under 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 Premium Care designation because that physician has not been evaluated for a Premium Care designation. This occurs when a physician does not practice in a specialty that is evaluated by the Premium program, or when a physician's evaluation is in process. It also occurs 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, which includes only health plan claims associated with specific Premium program measures and relevant to the physician's specialty. In some cases, there may not be enough data to complete the analytic process from a statistical standpoint. 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. As with all programs that evaluate performance based on analysis of a sample, there is a risk of error. There is a risk of error in the claims data used in the evaluation, the calculations used in the evaluation, and the way the Premium program determined that an individual physician was responsible for the treatment of the patient's condition. Physicians have the opportunity to review this data and submit a reconsideration request. UnitedHealthcare uses statistical testing to compare a physician's results to expected or normative results. 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. We inform members that it is important that they consider many factors and information when selecting a physician. We also inform our members that they may wish to discuss designations with a physician before choosing him or her, or confer with their current physician for advice on selecting other physicians. The information contained in this document is subject to change.

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.