Premium Specialty: Gastroenterology

Credentialed Specialties Include: Gastroenterology, Hepatology-Liver Disease

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 Gastroenterology 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
Colonoscopy - Diagnostic	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
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
Dilation of Esophagus	Patient(s) without advanced imaging (e.g., CT, MRI) or upper endoscopy within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) or upper endoscopy within 180 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
Endoscopic Retrograde Cholangiopancreatography - with Stent	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

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Endoscopic Retrograde Cholangiopancreatography - without Stent	Patient(s) without advanced imaging (e.g., cholangiography) between 90 to 365 days after Endoscopic Retrograde Cholangiopancreatography (ERCP)	Patient did not have a restudy procedure within 90 and 365 days after Endoscopic Retrograde Cholangiopancreatography (ERCP)	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
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	Synopsis
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	Synopsis
	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	Synopsis
	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	Synopsis
Lower Gastrointestinal Endoscopy	Patient(s) without advanced imaging (e.g., CT, MRI) or colonoscopy within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) or colonoscopy within 180 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

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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
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

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Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Risk Of Continued Opioid Use	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
Upper Gastrointestinal Endoscopy	Patient(s) without advanced imaging (e.g., CT, MRI) or upper endoscopy within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) or upper endoscopy within 180 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
Upper Gastrointestinal Endoscopy - Non-Variceal Bleeding	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
Upper Gastrointestinal Endoscopy - Variceal Bleeding	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
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

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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

Important Notes

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