

Premium Specialty: Neurology					
Effective Quality Care					
Additional UnitedHealth Premium® methodology documents are located on <a href="https://unitedhealthpremium.uhc.com">unitedhealthpremium.uhc.com</a> .					
Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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 Pharmacy Quality Alliance
Back Pain	Patient(s) 18-64 years 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
	Patient(s) 65-75 years 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
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>
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 / Partnership for Quality Measurement
Epilepsy	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>
	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>
Head Imaging for Uncomplicated Headache	Patient(s) with uncomplicated headache that did not have imaging studies	Patient with uncomplicated headache did not have imaging studies	Low Value Care	Rendering	<a href="#">Synopsis</a>

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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
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 for migraine prophylaxis (minimum compliance 80%)	Patient was 80% or more compliant with prescribed beta-blocker-containing medication for migraine prophylaxis	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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>
	Patient(s) taking lithium that had a serum calcium test in last 12 reported months	Patient taking lithium had a serum calcium 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
Multiple Sclerosis	Patient(s) taking S1P receptor modulators that had serum ALT or AST test in last 12 reported months	Patient taking S1P receptor modulators had a serum ALT or AST test	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
	Patient(s) taking S1P receptor modulators that had a CBC with differential in last 12 reported months	Patient taking S1P receptor modulators had a complete blood count test with differential	Guideline Concordance: Chronic Disease	Patient	<a href="#">Synopsis</a>
Risk Of Continued Opioid Use	Patient(s) age 18-64 years who were opioid-naïve 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-naïve 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-naïve 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-naïve 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
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 Quality Forum / Partnership for Quality Measurement

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 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 Quality Forum / Partnership for Quality Measurement
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

## 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.**