

Premium Specialty: Pediatrics					
Effective Quality Care					
Additional UnitedHealth Premium® methodology documents are located on unitedhealthpremium.uhc.com .					
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	Synopsis
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	Synopsis
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	Synopsis
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 / Partnership for Quality Measurement
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
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
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	Synopsis

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Asthma Medication Ratio	Patient(s) between the ages of 5 and 11 with an asthma medication ratio >= 0.50 during the report period	Patient had an asthma medication ratio >= 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 >= 0.50 during the report period	Patient had an asthma medication ratio >= 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 >= 0.50 during the report period	Patient had an asthma medication ratio >= 0.50	Guideline Concordance: Chronic Disease	Patient	Contact National Committee for Quality Assurance
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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
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
	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
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
	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

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 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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
	Patient(s) 2 years old at the end of the report period that had two influenza immunizations by the 2nd birthday	Patient had two influenza immunizations by the 2nd birthday	Guideline Concordance: Preventive Care	Patient	Contact National Quality Forum / Partnership for Quality Measurement

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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
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
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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
Diabetes	Patient(s) that had at least 2 HbA1c tests in last 12 reported months	Patient had at least 2 HbA1c tests in last 12 reported months	Guideline Concordance: Chronic Disease	Patient	Synopsis
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	Synopsis
	Patient(s) compliant with prescribed lamotrigine (minimum compliance 80%)	Patient was 80% or more compliant with prescribed lamotrigine	Guideline Concordance: Chronic Disease	Patient	Synopsis
	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	Synopsis
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
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	Synopsis
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 / Partnership for Quality Measurement

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Immunizations for Adolescents	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 / Partnership for Quality Measurement
	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 / Partnership for Quality Measurement
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
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	Synopsis
	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	Synopsis
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

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
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 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
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
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 Opioid Medications	Patient(s) 18 years or older without an average morphine milligram equivalent (MME) ≥ 90 mg/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
Well Child Visits in the First 30 Months of Life	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
	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 / Partnership for Quality Measurement
Recognition Programs					
UnitedHealth Premium counts National Committee for Quality Assurance (NCQA) recognition programs towards effective quality care evaluation. Premium adds the greater of 25 measures or 10% of the physician's total measures as compliant to the effective quality care evaluation for physicians who have achieved recognition in one or more of these programs applicable to their Premium specialty.					
NCQA Recognition Programs					
Diabetes					

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.