

2015 UnitedHealth Premium® program

Frequently asked questions

The UnitedHealth Premium designation program recognizes doctors who meet standards for quality and cost efficiency. We use evidence-based medicine and national industry guidelines to evaluate quality. The cost efficiency standards are based on local market benchmarks for the efficient use of resources in providing care. A doctor's Premium designation is shown on myuhc.com® and in provider directories.

1. Why is UnitedHealthcare making changes to the Premium program?

UnitedHealthcare has long recognized the direct relationship between health care quality and successful outcomes. Our claims data has shown that, on average, physicians who meet UnitedHealth Premium criteria have lower redo rates and fewer complications – both of which can result in lower health care costs and higher quality care.

For the claims period 2010 through 2012, our claims data showed that the costs of care for orthopedic surgeons who received the Quality & Cost Efficiency designation were 26 percent lower than for other orthopedic surgeons. For the same time frame, our claims showed that cardiologists who received the Quality designation had 19 percent lower complications and 46 percent fewer redo procedures on average when performing stent placements.

When we measure cost efficiency, we look at both the physician's use of resources and the contracted costs. In 2014, we added population-based measurement in addition to episode cost. Population cost measurement looks at the total cost of care for the patient, and measures the majority of patient costs rather than only those costs associated with the specific episodes attributed to the physician.

Enhancing the Premium program to include physicians in additional specialties (Ear, Nose & Throat and Gastroenterology) and using measures

that focus on outcomes and the total cost of care, improves our ability to identify doctors who provide the most cost-efficient care. The program now covers more than 80 percent of total medical spending, and increases the savings that can be achieved by increasing the utilization of UnitedHealth Premium Tier 1 physicians.

2. What specialties are included in the UnitedHealth Premium program?

The 2015 UnitedHealth Premium program covers 27 specialty areas of medicine. The addition of two new specialties (highlighted below) is a significant enhancement – the Premium program now covers 80 percent of total medical spending.

Primary Care Specialty Areas

- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics

Other Specialty Areas

- Allergy
- Cardiology
- Cardiology – Electrophysiology
- Cardiology – Interventional
- Ear, Nose and Throat (ENT)*
- Endocrinology
- Gastroenterology*
- General Surgery
- General Surgery – Colon/Rectal
- Nephrology
- Neurology
- Neurosurgery – Spine
- Ophthalmology
- Orthopaedics – General
- Orthopaedics – Hand
- Orthopaedics – Foot/Ankle
- Orthopaedics – Hip/Knee
- Orthopaedics – Shoulder/Elbow
- Orthopaedics – Spine
- Orthopaedics – Sports Medicine
- Pulmonology
- Rheumatology
- Urology

* New specialties as of January 7, 2015.

UnitedHealth Premium program frequently asked questions

3. What kind of recognition can a doctor get in the UnitedHealth Premium designation program?

There are several possible Premium designations for a doctor. Doctors who have met the criteria for quality and/or cost efficiency could have one of these four UnitedHealth Premium designations:

UnitedHealth Premium Designation	Meets quality criteria	Meets cost efficiency criteria	UnitedHealth Premium Tier 1
Quality & Cost Efficiency	✓	✓	✓
Cost Efficiency & Not Enough Data to Assess Quality	Not enough data to measure.	✓	✓
Quality & Not Enough Data to Assess Cost Efficiency	✓	Not enough data to measure.	
Quality & Did Not Meet Cost Efficiency	✓		

These designations are shown on **myuhc.com** and in provider directories. Other possible designations include:

- Not Enough Data to Assess Quality & Did Not Meet Cost Efficiency
- Not Enough Data to Assess
- Not Evaluated
- Did Not Meet Quality & Cost Efficiency

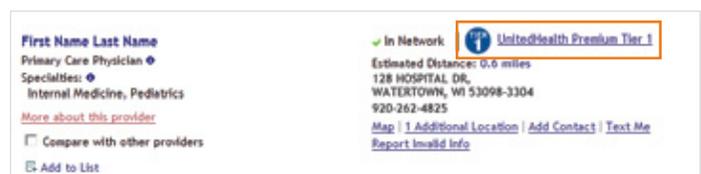
If the doctor does not have a designation, the doctor did not meet the criteria for designation under the UnitedHealth Premium program. If a doctor does not have a Premium designation, it does not mean he or she provides a lower standard of care. It could mean that the data available to us was not sufficient to include the doctor in the program. All doctors who are part of the UnitedHealthcare network must meet our credentialing requirements (separate from the Premium program).

4. What is a UnitedHealth Premium Tier 1 physician?

The UnitedHealth Premium Tier 1 symbol  to identify doctors who have been recognized for providing value.

UnitedHealth Premium Tier 1 physicians have received the Premium designation for:

- Quality & Cost Efficiency OR
- Cost Efficiency & Not Enough Data to Assess Quality



Members in health plans that offer tiered benefits may pay lower co-payments and co-insurance amounts for services provided by UnitedHealth Premium Tier 1 physicians.

UnitedHealth Premium program frequently asked questions

5. Is quality measured first in the UnitedHealth Premium evaluation?

Yes, physicians are first evaluated for quality. UnitedHealthcare has long recognized the direct relationship between health care quality and successful outcomes. Our claims data has shown that, on average, physicians who meet UnitedHealth Premium criteria have lower redo rates and fewer complications; both of which can result in lower health care costs and higher quality care.

6. How is cost efficiency evaluated?

The cost efficiency standards are based on the care provided to a patient during the entire treatment for a condition. It can include the appropriate use of diagnostic testing, prescribed medications, any related procedures and follow-up care and associated costs. The evaluation also factors in surgical redo rates and any complication-related costs.

The addition of population-based measurement looks at the total cost of care for the patient, and measures the majority of a patient's cost rather than only the costs associated with the episodes attributed to one physician. This measurement approach covers more than 80 percent of total medical spending and improves our ability to identify doctors who provide the most cost-efficient care.

7. Why should people consider a doctor's Premium designation?

From finding a doctor to evaluating treatment options to understanding the cost of care, consumers are looking for comparative information. The decision about where to get care is a personal choice. No two doctors are exactly alike and people think about many factors when choosing a physician. The Premium designation is a guide to choosing a physician, and should be used with other tools and information that can help people make more informed and confident decisions about their health care.

8. How do I find a UnitedHealth Premium Tier 1 doctor?

We make it easy to find a UnitedHealth Premium Tier 1 doctor.

Website. On myuhc.com, you can easily search for a doctor or facility in your area. In addition to the doctor's Premium designation and contact information, this practical, powerful website offers access to benefit and claims information, health and wellness information and a whole lot more.

Smart phone. Our free smart phone app, UnitedHealthcare Health4Me,[™] provides instant access to your family's important health information – anytime and anywhere. Whether you want to find a physician, check the status of a claim or speak directly with a health care professional, Health4Me is your go-to resource.

Toll-free call. Call the number on the back of your health plan ID card to speak with one of our customer care professionals.

8. Why is there a specialty listed next to the doctor's UnitedHealth Premium designation in the physician search results on myuhc.com?

Some physicians practice more than one specialty. The "UnitedHealth Premium Physician Designation" shows the specialty area that was used for the UnitedHealth Premium evaluation process. The "Specialty" column may provide a more complete listing of the physician's specialty or specialties.

10. Where is the UnitedHealth Premium program available?

The UnitedHealth Premium program is available in 160 markets across 42 states. To find out if the Premium program is available in your area, visit myuhc.com or call the number on the back of your health plan ID card.

UnitedHealth Premium program frequently asked questions

11. Where can I find more information about the UnitedHealth Premium program?

For more information, visit UnitedHealthPremium.com.

Or, go to myuhc.com and click on “Find Physician or Facility” on the right hand side of the screen. You can also call the number on the back of your health plan ID card.



The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com®. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

Only individual physicians that meet UnitedHealth Premium designation criteria, or physicians in designated specialties who are part of medical groups that meet UnitedHealth Premium criteria for group practices and who have sufficient claims data for analysis, may be designated. All physicians that contract with UnitedHealthcare have met credentialing requirements. Regardless of designation, plan enrollees have access to physicians in the UnitedHealthcare network as described in their benefit plan. Specialties for which there are no quality guidelines currently established in the program are excluded from evaluation and are noted as such.

The assessment result “Not Enough Data to Assess” 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 designation program, which includes only health plan claims associated with specific program measures and relevant to the physician’s designated specialty. In some cases, there may not be enough data to complete the analytic process from a statistical standpoint.

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