

UnitedHealth Premium[®] Patient annual cost

Use this document with the UnitedHealth Premium[®] methodology documents at unitedhealthpremium.uhc.com. Please review all methodology documents to understand the entire Premium methodology.

Overview

Patient annual cost is the risk-adjusted total cost per month for a patient for a 1-year period. This includes services from episodes for conditions relevant to the scope of practice for the physician's Premium specialty. Patient annual cost is risk adjusted by dividing the patient's total cost per month by the patient's risk score, which is based on the patient's conditions and demographic characteristics.

Only patients with at least 7 months of eligibility during calendar years 2022 and/or 2023 are included.

Episodes of care

Patient annual cost includes services from relevant episodes identified by Symmetry[®] Episode Treatment Groups[®] (ETG[®]), which group patients' medically consistent illnesses and severities to the same ETG. ETG builds treatment episodes that incorporate inpatient, outpatient, professional and ancillary services, including pharmaceutical services. Once treatment for an episode starts, ETG continues to collect all clinically relevant information until an absence of treatment is detected. That means all appropriate procedural and cost information is collected and assigned to 1 treatment episode.

Relevant conditions

There are 2 methods used to determine if costs from an eligible treatment episode should be included. The method used depends on the episode and the physician's specialty.

- Always include: Costs from an eligible treatment episode for an attributed patient regardless of the attributed physician's level of involvement in the treatment of the patient's condition
- Include if involved: Costs from an eligible treatment episode for an attributed patient only when the attributed physician is responsible for at least 50% of the costs

Annual cost

Annual cost is calculated by adding the costs incurred across all included treatment episodes for a patient for the attributed physician separately for calendar years 2022 and 2023. Costs are included from both complete and incomplete treatment episodes. For total cost of care, only the most recent year is used when there are enough patients attributed for evaluation. When there are not enough patients attributed for total cost of care for the most recent year alone, both years are used. For efficient quality care evaluation both years are always used.

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 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 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 Premium, 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 Premium, which includes only health plan claims associated with specific Premium 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 Premium 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 them, or confer with their current physician for advice on selecting other physicians.

The information contained in this document is subject to change.

Learn more

UnitedHealth Premium | [unitedhealthpremium.uhc.com](https://www.unitedhealthpremium.uhc.com)

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