Peer Comparison Reports: Methodology for Primary Care Providers

Overview
Peer comparison reports, previously known as performance reports, give an analysis of how a physician’s claims data compares with that of others in the same specialty for certain measures over a given period of time. We send reports to network physicians whose claims show trends that don’t align with expected practice patterns. Our analysis is based on national risk-adjusted peer benchmarks and is reflective of specific standards of care and Choosing Wisely® recommendations.

Our goal is to work with physicians to understand why these variations might persist and see if there are opportunities to address them as we work to enhance value for UnitedHealthcare members. It’s important for physicians who receive reports to review this information since we analyze claims data when evaluating our network. We encourage physicians and practice managers to contact us about their peer comparison reports by emailing physician_engagement@uhc.com or calling 866-270-5588.

The measures analyzed vary by specialty type. Following is some information on our analysis for physicians whose primary specialty is identified as family practice, internal medicine or pediatrics. We hope this information will be useful in supporting your efforts in improving efficiencies for your medical practice.

Methodology
Peer comparison reports for physicians whose primary specialty is family practice, internal medicine or pediatrics include an analysis of UnitedHealthcare claims data for patients attributed to your medical practice. There are two types of measures that may be included, depending on what our analysis finds: utilization measures and opioid prescription measures.

Utilization measures focus on clinical services as reflected in claims data for UnitedHealthcare Commercial members attributed to an individual physician, over a 12-month period. They include:

- **Emergency Department (ED) Utilization** – sum of visits by attributed patients to facility-based emergency departments with subsequent discharge (not admitted as inpatient) relative to your attributed patient count
- **Inpatient Admission Utilization** – sum of inpatient admissions to acute care hospitals for treatment categorized as medical, surgical or intensive care relative to your attributed patient count
- **Average Length of Stay (ALOS)** – total days associated with inpatient admissions, relative to total inpatient admissions (risk-adjusted for number of patients)
- **Laboratory/Pathology Utilization** – sum of laboratory and pathology procedures for attributed patients, whether services were provided by you or other health care professionals, relative to your attributed patient count
- **Out-of-Network (OON) Laboratory/Pathology Utilization** – sum of OON laboratory and pathology procedures relative to total number of laboratory and pathology procedures for attributed patients, whether services were provided by you or other health care professionals.
- **Level 4 and 5 Visit Rate** – sum of E&M office visits billed as level 4 or 5, relative to the total of E&M office visits for attributed patients. This includes utilization of level 4 E&M coding (CPT codes 99204, 99214) and level 5 E&M coding (CPT codes 99205, 99215), relative to total E&M office visits (CPT 99201-99205; 99211-99215).
• **Modifier Utilization Rate** – sum of all claims with modifier 25, which indicates additional significant E&M service was provided by the same physician on the same day as another service or E&M visit, and modifier 59, which denotes additional procedure or services commonly bundled together but reported separately, relative to the sum of all claims for the physician’s attributed patients

• **Out-of-Network (OON) Utilization** – total costs for out-of-network care for your attributed patients, excluding emergency and ambulance services relative to your attributed patient count

• **Specialist Physician Utilization** – number of specialist visits, as a proportion of all physician visits, for your attributed patients. It includes claims data from all other physicians who submitted office visit claims for your attributed patients. For the purpose of this measure:
  - Primary Care Physician (PCP) visit rate – the total number of office visits to your practice for your attributed patients.
  - Specialist visit rate – the total number of specialist office visits for your attributed patients.

• **Advanced Imaging Utilization** – sum of outpatient advanced imaging services provided by both your practice (direct) and all other providers (indirect) for your attributed patients relative to your attributed patient count

• **Non-Advanced Imaging Radiology Utilization** – sum of outpatient non-advanced imaging radiology services provided by both your practice (direct) and all other care providers (indirect) for your attributed patients relative to your attributed patient count

• **Tier 3 Pharmacy Utilization** – utilization of select high-cost pharmaceutical drugs identified as Tier 3 (highest cost tier) in UnitedHealthcare’s Prescription Drug List (PDL), prescribed by you

• **Other Physicians’ Tier 3 Pharmacy Utilization** – sum of Tier 3 medications prescribed by other care providers for your attributed patients, relative to all medications prescribed by other providers

Opioid prescription measures address your prescribing patterns of opioid medications for UnitedHealthcare commercial members 18 years and older. Our analysis excludes claims for members who have cancer diagnoses or are in hospice care. The following opioid measures were analyzed over a three- to six-month period of claims data:

• **Prescribing Rate of High Dose Opioids** – sum of members with opioid prescription claims with a total daily cumulative dose greater than 180 morphine milligram equivalent (MME) relative to the sum of members with two or more opioid prescription claims for a six-month period.

• **Prescribing Rate of Opioids for an Extended Duration** – sum of members with opioid prescription claims of at least a 135-days’ supply for a six month period relative to the sum of members with opioid prescription claims of at least a 15-day or greater supply for a six-month period.

• **Prescribing Rate of Opioids in Combination with Benzodiazepines** – sum of members with both opioid and benzodiazepine prescription claims with 30 or more days overlap for a three-month period relative to the sum of members with two or more opioid prescription claims for a three-month period.
Physician Criteria
Our analysis focuses on physicians of certain specialties who have active contracts with UnitedHealthcare and a minimum threshold of claims data and UnitedHealthcare members in their care. UnitedHealth Premium® Designated physicians are not individually listed in any reports.

Our analysis for primary care physicians includes physicians whose primary specialty is family practice, internal medicine or pediatrics.

Patient Attribution
- For utilization measures, patients are attributed through an algorithm designed to select the most probable physician responsible for the patient’s care. The report reflects claims data for members attributed to your practice, including claims filed when they were treated by other physicians, to capture overall utilization patterns for your attributed patients.
- For opioid prescription measures, patients are assigned to the physician identified in the claims data as the prescribing physician for the opioid pharmaceutical drugs included in the analysis.

Actions that may help lower variations
The appendix at the end of each peer comparison report includes a list of possible actions physicians may want to consider that may help improve specific measures. We hope that physicians find these suggestions helpful and that they inspire proactive steps toward enhancing value for UnitedHealthcare members.

We welcome the opportunity to talk with physicians and practice managers about individual peer comparison reports and how we might further support your efforts in reducing unwarranted variations. Our dedicated email address for peer comparison reports is physician_engagement@uhc.com. You can also call our Health Care Measurement Resource Center at 866-270-5588 to speak with representatives who have been specially trained to respond to inquiries about peer comparison data.

Important Information
UnitedHealthcare doesn’t practice medicine nor provide health care services. Physicians are solely responsible for medical judgments and treatments.

As with any analysis of a sample, there’s a risk of error. There’s a risk of error in the claims data used in the evaluation, the calculations used in the evaluation, and the method by which it’s determined that an individual physician was responsible for the treatment of the patient’s condition.

UnitedHealthcare uses statistical testing to compare a physician’s results to expected or normative results. There’s 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.

If you have questions, please email physician_engagement@uhc.com or call 866-270-5588.