

Operations Bulletin 05-08



Date: December 1, 2008

To: Participating Primary Care Providers

Re: **Important Changes to Physician Quality Summary**

We are pleased to introduce modifications to the Physician Quality Summary (PQS) that will continue to promote quality and clinical health care performance improvements. With our recent top five national ranking from U.S. News & World Report and the National Committee for Quality Assurance,¹ we continue to look for opportunities to improve quality for our members. Your efforts are key to our rankings, and PQS is one way we acknowledge your efforts. Modifications are effective January 1, 2009. The enclosed documents provide further detail about each performance measure identified in the PQS report. We also provide a full manual containing all methodology, eligibility and reporting information which is available at www.thehealthplan.com.

Modifications include:

- **The relative weight for each Service Quality measure (member access, voluntary PCP change and extended office hours) will each increase to 10%** for the October 2009 report and payment, with the exception of Satisfaction with PCP. That measure will be removed for the October 2009 report.
 - **The Clinical Care category will expand to include five (5) additional HEDIS® measures.** These measures will be monitored beginning January 2009 and payable in October 2010.
 - Chlamydia Screening in Women
 - Glaucoma Screening in Older Adults*
 - Annual Monitoring for Patients on Persistent Medications-Members on ACE Inhibitors or ARBs
 - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
 - Use of High-Risk Medications in the Elderly (one high-risk medication)*
- * measures are applicable to Gold membership only

We have evaluated these modifications thoroughly and feel these changes are necessary to continue to expand the quality and clinical health care performance of our network. We also anticipate no negative affects on the continued achievement or payout of the PQS Incentive Program.

Your individualized PQS report is accessible in a secure environment for viewing on the Health Plan's² Web site at www.thehealthplan.com. If you are not yet a registered user, go to www.thehealthplan.com, click on the "new user" button and follow the easy registration steps to log on, or contact your Provider Relations Representative for assistance. If you do not have Internet access, contact your Provider Relations Representative for a copy of your individual or site report.

We hope that you will take the opportunity to log onto the Health Plan's Web site to review your PQS report. We are interested in your feedback on the report structure and the performance measures. Please notify us of any discrepancies with regard to your demographic information or professional certification status.

¹America's Best Health Plans 2008-09 is a trademark of U.S. News and World Report.

²Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company shall be collectively referred to herein as "Health Plan".

Provider Relations Representatives are available to assist you with any questions or comments you may have related to the PQS report or the PQS Incentive Program. We look forward to discussing this report and program with you.

Danville: (800) 876-5357
(570) 271-5140

Harrisburg: (888) 281-5338
(717) 909-3340

Sayre: (800) 734-3141
(570) 888-3623

Scranton: (800) 350-6486
(570) 341-1754

State College:(888) 669-4834
(814) 238-0028



Physician Quality Summary For Primary Care Physicians

What is the Physician Quality Summary?

The Health Plan's¹ Physician Quality Summary for primary care physicians (PCPs) is designed to measure and monitor specific criteria selected by the Health Plan for each PCP with sufficient data. Adherence to these principles generally results in the delivery of high quality, medically appropriate health care services, as well as member satisfaction. Additionally, qualifying PCPs may be eligible for reimbursement through the Physician Quality Incentive Program.

Why is the Health Plan using Physician Quality Summary?

Across the country, payers are moving toward more provider reporting and accountability. This is becoming increasingly important as employers and consumers demand high quality and cost efficiency in response to rising health-care costs. Additionally, new "consumer-driven" health plans require that consumers have more information about the providers they choose from.

In response, the Health Plan has established the Physician Quality Summary to show PCP's how they perform in a variety of service and clinical criteria. To view your individual Physician Quality Summary, log on to the Health Plan's Web site, thehealthplan.com, as a registered user and click "Physician Quality Summary" to view your report.

We encourage you to log on to the provider section of thehealthplan.com to view your data. Summary data is available to the public on the Health Plan's Web page. This is useful information for customers and encourages continued best practices or performance improvement for physicians.

What health care categories and criteria have been established for inclusion in Physician Quality Summary?

Our goal with the Physician Quality Summary is to provide you with data on your performance that has been compared against benchmarks. The following pages outline the criteria used in the Summary. *Please note:* This information is also available on our Web page when you review your Physician Quality Summary Report on-line.

What will be reflected on the Web site or reports if insufficient data is available?

For ease of viewing, category scores are converted into a "star" rating system for each measure having sufficient data. If sufficient data is unavailable for any measure, the Summary on the Web page will indicate this and no star rating will be given. This is likely to occur with PCPs new to the Health Plan during the reporting periods, which don't have enough membership to generate sufficient data for some measures.

What value does Physician Quality Summary provide to my practice?

We encourage you to become familiar with the criteria and your performance versus benchmarks. We welcome your questions and hope this is a valuable resource tool for PCPs. Additionally, the Physician Quality Incentive Program which reimburses eligible PCPs for providing quality care and services above benchmark standards remains a viable incentive component for many PCP offices. Reimbursement for eligible PCPs may reach as high as \$4.00 per member per month for the reporting period and criteria listed below:

Time Period – April 2009

- Chronic illness measures
- Preventive health measures,
- Satisfaction with PCP, and
- Efficiency of care

Time Period – October 2009

- Chronic illness measures
- Preventive health measures, and
- Efficiency of care

Criteria: a PCP must have sufficient data in at least 3 out of the 4 measures above and have an overall score that places them in a Level II or III payment category.

Criteria: a PCP must have sufficient data in at least 2 out of the 3 measures above and have an overall score that places them in a Level II or III payment category.

How often will I receive the Physician Quality Summary and the Physician Quality Incentive Program Reports?

The Health Plan's Web page, www.thehealthplan.com, contains your individual and site Physician Quality Summary reports. The data posted on the Web site will remain the same until it is updated in April 2009. (Updates are scheduled for April and October each year.) The Physician Quality Incentive Program Report is generated semi-annually. *Please note:* A site or physician must remain participating during the reporting period to be eligible for reimbursement. Additionally, reimbursement is applicable to Gatekeeper Product membership for all product lines and PPO membership in the Geisinger Choice PPO with No Referral Products, Geisinger Gold Open, and Geisinger Gold Preferred.

See the sample primary care site report on the following page, which reflects each physician's individual score in each measure. The report also reflects eligible physician's Overall Quality Summary Level, as well as the incentive dollars projected according to the levels achieved in this example. The overall level achieved by each eligible PCP is used to determine if reimbursement is warranted under the Physician Quality Incentive Program.

- If the eligible PCP achieves Level III, the PCP will receive \$4.00 per member month for the reporting period.
- If the eligible PCP achieves Level II, the PCP will receive \$2.00 per member month for the reporting period.
- If the eligible PCP achieves Level I, no incentive reimbursement is awarded for the reporting period.

In addition, eligible physicians that score an overall level rating of either a II or III will also be paid for specific Evaluation and Management (E+M) procedure codes billed for Geisinger Choice PPO with No Referral Products, Geisinger Gold Open, and Geisinger Gold Preferred members. Reimbursement is \$9.00 per E+M code for a level III rating or \$5.00 per E+M code for a level II rating. Level I physicians are not eligible for reimbursement. The payments are based upon E+M codes listed below when reported on paid claims during each six-month reporting period for the applicable products listed herein:

Office/Outpatient: 99201-99215
Office/Preventative: 99381-99412
Hospital Visit: 99221-99239
Outpatient Consults: 99241-99245
Hospital Consults: 99251-99255
Newborn: 99431-99440

Observation: 99217-99220
Nursing Home: 99304-99318
Critical Care: 99289-99299
ER: 99281-99288
Rest Home: 99324-99340
Home Visit: 99341-99350



**GEISINGER HEALTH PLAN
PHYSICIAN QUALITY INCENTIVE REPORT**

Primary Care Site:
Region:
Primary Care Site Address:

Regional MD:
PNM Representative:

Physician(s) at Site:	Preventive Health Measures (3)	Chronic Health Measures (1)	Medical Care Concerns	AIMS/ADA Board Certification	Satisfactoriness with PCP (1)	Member Access	Voluntary PCP Change	Extended Office Hours	Efficiency of Care (1)	Immunization Case	Pharmaceutical Case
1) Physician A	★★	★★	★★★★	★★★★	★	★★★★	★★★★	★★★★	★★★★	★	★★
2) Physician B	★	★★★★	★★★★	★★	★	★★★★	★★	★★★★	★★★★	★	★★
<i>Ineligible</i>	N/A	N/A	★★★★	★★★★	★	★★★★	★★★★	★★★★	N/A	★	★★
3) Physician C	★	★★★★	★★★★	★★	★	★★★★	★	★	★	★	★★
4) Physician D	★	★★★★	★★★★	★★	★	★★★★	★	★	★	★	★★
<i>Ineligible</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5) Physician E	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Qualifying Physicians:	Member months used for payment calculation are between 01/01/2004 through 06/30/2004, as of 09/01/2004					Overall Quality Payment Level	Quality Summary Incentive Dollars
	HMO	TPA (2)	GOLD	PPO (2)	TOTAL		
Physician A	3,025	--	300	--	3,325	Level II	\$4,493
Physician B	902	--	290	--	1,192	Level II	\$679
Physician D	20	--	1	--	21	Level I	\$0
					3,720		\$5,171

Individual Measure Rating Categories:

- ★ Good - the physician's score equals Geisinger Health Plan's basic standards.
- ★★ Very Good - the physician's score is above Geisinger Health Plan's basic standards.
- ★★★ Excellent - the physician's score statistically significantly exceeds Geisinger Health Plan's basic standards.
- N/A Provider was not rated for this measure.

(1) - Providers are required to have sufficient data in three out of the four measures to be eligible for payment. To qualify for an individualist, the provider must have an Overall Quality Profile Score of two or three stars.
(2) - Geisinger TPA and PPO Membership may be included in the totals.

DISCLAIMER: The information is confidential. Access, copying or re-use of this information by any other person is not authorized.

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Please note: The Physician Quality Incentive Program Report will not be available on the Health Plan's Web page. Separate payment by product line will be generated for Third Party Administrated (TPA) products. Geisinger Health Plan commercial and Gold payments will be combined. Please contact your Provider Relations Representative to request measurement data and/or reimbursement reconsiderations in writing within ninety (90) days of the release of information. Requests received beyond ninety (90) days will not be considered.

Disclaimer: The information contained in this document and via the Health Plan's Web site (www.thehealthplan.com) is strictly confidential and was developed solely for presentation purposes only. Distribution or re-use of this information is prohibited. Use of the Physician Quality Summary by providers for promotional purposes must adhere to the Health Plan's advertising guidelines as described in the Health Plan's Participating Provider Guide. Any use of this information for promotional purposes must be reviewed and approved by the Health Plan Marketing Department.

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¹ Geisinger Health Plan and Geisinger Indemnity Insurance Company shall be collectively referred to as "Health Plan" in this communication.

Geisinger Health Plan's Physician Quality Summary Criteria, Effective January 1, 2009

Quality/Clinical Category	Category Description	Relative Weight	One Star Performance	Two Star Performance	Three Star Performance	Web Posting Reporting Period
Preventive health measures ^{1,2}	Includes HEDIS® specifications for breast cancer screening, cervical cancer screening, well-child visits, the combination of all childhood immunizations (except pneumovax) compliance, adolescent well-visits and colorectal screening. Results weighted based on each PCP's eligible population and compared to the Health Plan provider network peer average.	15%	PCP score < peer average minus 10% points	PCP score ≥ peer average minus 10% points but < 70%	PCP score ≥ 70%	April 2009: Calendar Year 2007 October 2009: Calendar Year 2008
Chronic illness measures ^{1,2}	Includes HEDIS® specifications for cholesterol management for patients after a cardiovascular event, use of appropriate medications for asthmatics, HbA1c level management in diabetics, appropriate treatment for children with URI, appropriate testing for children with pharyngitis, diabetic lipid testing and diabetic eye exams. Results weighted based on each PCP's eligible population and compared to the Health Plan provider network peer average.	15%	PCP score < peer average minus 10% points	PCP score ≥ peer average minus 10% points but < 80%	PCP score ≥ 80%	April 2009: Calendar Year 2007 October 2009: Calendar Year 2008
Medical care concerns	Any medical care concern brought to the Health Plan's Quality Improvement Committee. Each concern is assigned a "level" based on severity, with Level 5 the most serious. (Note: this measure <i>will not be viewable</i> on the Web page due to confidentiality concerns.)	5%	Three or more concerns at Level 3; or one or more concerns at Level 4; or one or more concerns at Level 5	One or two concerns at Level 3	No concerns documented at Level 3, 4 or 5	April 2009: Calendar Year 2008 October 2009: Fiscal Year 2009
Board certification	Written primary source verification of board certification is obtained and verified by the Health Plan's credentialing department prior to participation and at least every 3 years thereafter. Board certification considered only for the primary care specialty for which the PCP is credentialed.	5%	Not applicable	Not board certified	Board certified	April 2009: As of 12/31/2008 October 2009: As of 6/30/2009
<i>Clinical care quality category total</i>		<i>40%</i>				
Satisfaction with PCP ¹	Data from member satisfaction surveys routinely mailed through Health Plan's survey vendor to qualifying sites. To have a statistically sound score for the Provider Quality Summary, each PCP site must have at least 7 completed and returned surveys. Captured and reported at a primary care site level.	April 2009: 15% October 2009: 0%	Site score ≤ the 25 th percentile of all PCP sites in peer group	Site score between the 26 th percentile and the vendor-supplied national mean	Site score ≥ the vendor supplied national mean	April 2009: July 1, 2007 - May 29, 2008 October 2009: N/A

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² PCP must have sufficient data in at least 2 out of the 3 measures above and have an overall score that places them in a Level II or III payment category to be eligible for reimbursement.

Quality/Clinical Category	Category Description	Relative Weight	One Star Performance	Two Star Performance	Three Star Performance	Web Posting Reporting Period
Member access	A minimum of 50% of the PCPs at the site must remain open to all membership in all applicable Health Plan product lines. "Existing patients only" does not qualify.	April 2009: 5% October 2009: 10%	Site is open to all new members 2 quarters or less for the reporting period	Site is open to all new members for 3 quarters of the reporting period	Site is open to all new members for entire reporting period	April 2009: Calendar Year 2008 October 2009: Fiscal Year 2009
Voluntary PCP change	A percentage of members who request a new PCP due to member's dissatisfaction with current PCP.	April 2009: 5% October 2009: 10%	≥ 4% of members switching away	2-3% of members switching away	≤ 2% of members switching away	April 2009: Calendar Year 2008 October 2009: Fiscal Year 2009
Extended office hours	The site must provide additional office hours outside of normal business hours (9 am to 5 pm, Monday through Friday). Overlapping appointment hours are not considered in calculation of total hours. outside of normal business hours, is required.	April 2009: 5% October 2009: 10%	Multi-PCP Site: primary care site hours ≤ 45 hours per week or < 6 hours per week outside normal business hours. Solo PCP Site: primary care site hours ≤ 38 hours per week or < 4 hours per week outside normal business hours.	Multi-PCP Site: primary care site hours ≥ 45 hours but < 50 hours per week, with ≥ 6 hours per week outside normal business hours. Solo PCP Site: primary care site hours ≥ 38 hours but < 40 hours per week, with ≥ 4 hours per week outside normal business hours.	Multi-PCP Site: primary care site hours ≥ 50hours per week with ≥ 10 hours per week outside normal business hours. Solo PCP Site: primary care site hours ≥ 40hours per week with ≥ 5 hours per week outside normal business hours.	April 2009: As of 12/31/2008 October 2009: As of 6/30/2009
<i>Service quality category total</i>		30%				
Efficiency of care ^{1,2}	An economic measure comparing the PCP's treatment/ /referral expense to that of his or her peer group for members with similar diseases or conditions. Calculated by adjusting for case mix severity, then dividing the sum of each physician's actual cost by the sum of each expected cost (based on peer group average cost). Minimum of 100 closed episodes of care required.	20%	Individual score ≥ 1.1	Individual score between 1.01 – 1.09	Individual score ≤ 1.00	April 2009: Dates of service from 4/1/07-9/30/08 October 2009: Dates of service from 10/1/07-3/31/09
Emergency care	HEDIS® specifications used to compare the site's emergency room visits (site rate) rendered over 12 months. Members admitted to the hospital from the ER department or urgent care visits are excluded from the site rate.	5%	Site rate/1000 members > average rate of all sites in that primary care peer group	Site rate/1000 members ≤ average rate of all sites In that primary care peer group and > NCQA Quality Compass PA average	Site rate/1000 members ≤ NCQA Quality Compass PA average	April 2009: Calendar Year 2008 October 2009: Fiscal Year 2009
Pharmaceutical care	PCP-specific, generic drug compliance rate is a proportion of total prescriptions filled compared to the PCP's peer group.	5%	PCP score < 90% of peer rate	PCP score falls within 90 - 100% of peer rate	PCP score > 100% of peer rate	April 2009: Calendar Year 2008 October 2009: Fiscal Year 2009
<i>Value quality category total</i>		30%				

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² PCP must have sufficient data in at least 2 out of the 3 measures above and have an overall score that places them in a Level II or III payment category to be eligible for reimbursement.