



Operations Bulletin 08-10

Date: December 2010

To: Primary Care Physicians

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

Over the last five years, Geisinger Health Plan's¹ Physician Quality Summary (PQS) program has rewarded primary care practices with more than \$25 million in incentive payments. As a result, Members have benefited from the quality preventive and chronic care services you have provided. Thank you for all your hard work.

As we move into a new decade marked by health care reform and increasing demands from patients, employers and regulators, we are looking for more effective ways to reward primary care providers. We must also balance this with reduced reimbursement from Medicare and greater accountability to employer groups who cannot afford to absorb higher premiums.

Therefore, we have refocused the PQS program on outcome-driven measures; removing some previous criteria to concentrate on more tangible metrics that will allow your busy practice to achieve maximum rewards.

Under the previous PQS program, some practices saw a 10-15 percent increase in revenue by addressing specific measures. Our goal is to provide you with the resources needed to ensure that patients get recommended services, helping you boost your PQS scores and generate more income.

The new PQS program period starts in January giving you the full calendar year of 2011 to reach program metrics. Measurement categories are defined on the following pages:

Category	Description	Percentage of Total Score
I. Acute/Chronic Illness	5 acute/chronic care HEDIS measures	25%
II. Preventive Health	9 preventive health HEDIS measures	25%
III. Pharmacy Management	8 medication HEDIS measures	25%
IV. Emergency Care Management	Emergency Department Utilization	15%
V. Efficiency of Care	Comparison of cost calculations	10%
Total		100%

¹ *Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. shall be collectively referred to herein as "Health Plan."*

Geisinger Health Plan

2011 PQS Program Measurement Categories

I. Acute/Chronic Illness

1. Cholesterol management (LDL screening) for patients after a cardiovascular event
2. HbA1c level screening in Members with diabetes
3. Diabetes lipid testing
4. Diabetes eye examinations
5. Strep testing for children with pharyngitis

II. Preventive Health

1. Breast cancer screening
2. Cervical cancer screening
3. Well-care child visits (3rd, 4th, 5th or 6th year of life)
4. Childhood immunizations (including pneumovax, influenza, and Hep A)
5. Adolescent well visits
6. Adolescent immunizations
7. Colorectal screening
8. Glaucoma screening
9. Chlamydia screening

III. Pharmacy Management

1. Appropriate use of asthma controller medications for people with asthma (e.g., inhaled corticosteroids)
2. Annual monitoring (blood test) for patients on specific persistent medications (ACEs and ARBs; dignoxin, diuretics, and anticonvulants)
3. Avoidance of antibiotic treatment in adults with acute bronchitis
4. Avoidance of use of high risk medications in the elderly
5. Generic medication utilization
6. Medication adherence for Asthma, Cholesterol, Hypertension, and Diabetes
7. ACE/ARBs use in diabetics with hypertension for reno-protection

IV. Emergency Care Management

This measure is the emergency room visit rate per 1000 Members, calculated at the practice/site level. In keeping with the nature of primary care, our goal is to prevent unnecessary use of the emergency room. Though not always avoidable, excessive emergency room use can be an early indicator of inadequate medical management and/or limited access to necessary care. To balance this measure appropriately, urgent care visits and emergency room visits that lead to a hospital admission are excluded.

V. Efficiency of Care

This measure is derived from a physician's Efficiency Index, which is based on the expected cost for his or her practice. The expected cost is calculated using the physician's actual mix of Episode Treatment Groups (ETGs) and the peer group's average cost for each of those ETGs.

Geisinger Health Plan 2011 PQS Program Additional Information

Removed from the PQS Program

The following measures were removed effective January 1, 2011:

- Member access
- Voluntary PCP switches
- Extended office hours
- Board certification
- Medical care concerns

These items are no longer part of the reimbursement program of PQS. However, we will continue to monitor and/or require each as applicable.

Program Eligibility Standards

1. Primary care physicians (PCPs) must remain active during the entire measurement period
2. PCPs must have sufficient Membership to qualify
3. Public reporting of your star rating on our Web site at www.thehealthplan.com is required
4. Sufficient data in two of the three heaviest weighted measures is required. Those measures are acute/chronic care, preventive care, and pharmacy management.

New Program Payout Standards

The new measurement period will follow the calendar year, beginning in January and ending in December 2011. Due to the time required to collect and analyze data, payout for this measurement period will occur in September of the following year. For example: January 1 to December 31, 2011 is the first measurement period, generating a payout in September 2012.

Payments for remaining measurement periods under the previous methodology will be distributed as scheduled in April 2011, October 2011, and April 2012. These payments will be at the former payout rate of \$2 and \$4 per Member per month (PMPM).

To encourage a focus on quality health care services, reimbursement for the new PQS program has been raised to \$2 and \$5 PMPM. For a three-star practice, payout will be calculated at \$5 PMPM for every eligible Member month. For two-star practices, reimbursement will be calculated at the \$2 PMPM rate. As in the original PQS program, no reward payout will be given for one-star sites. Separate reimbursement for evaluation and management services provided to PPO Members will be eliminated. Those dollars will be reallocated into the three star reimbursement.

Geisinger Health Plan will:	Reporting Period	Payout Period
Generate semi-annual reimbursement for	Calendar year 2009 HEDIS efforts in	October 2010 (<i>Paid</i>)
Generate semi-annual reimbursement for	Calendar year 2009 HEDIS efforts in	April 2011
Generate semi-annual reimbursement for	Calendar year 2010 HEDIS efforts in	October 2011
Generate semi-annual reimbursement for	Calendar year 2010 HEDIS efforts in	April 2012
(New Program) Generate annual reimbursement for	Calendar year 2011 PQS measures in	September 2012

New Program Measurement Methodology

A full description of the program measurement methodology is outlined in the updated PQS Manual, which will soon be available online at www.thehealthplan.com. Primary care providers must remain participating with all product lines during the measurement period. Each Member is important to your overall success, which means you could be eligible for PQS incentives with as little as one (1) Member per measure. PQS payment is based on your overall physician star rating and membership subscribing to the Health Plan's gatekeeper HMO, PPO, Gold, and TPA plans.

Program Learning Sessions

We encourage you to attend a PQS learning session for a better understanding of the changes to the PQS Program and how your Provider Relations Representative can assist you in meeting these quality standards. Register early for the 1 hour webinar sessions by contacting Janette Daniel at 800-876-5357 option 0 or 570-271-8762 or by email at jedaniel@thehealthplan.com. You will receive a power point presentation and webinar/conference bridge instructions after registration.

- Wednesday, January 5 at noon and 4:00 p.m.
- Wednesday, January 12 at noon and 4:00 p.m.
- Wednesday, January 19 at noon and 4:00 p.m.
- Wednesday, January 26 at noon and 4:00 p.m.

Frequently asked questions and a quick reference grid will soon be posted under PQS information on our Web site, www.thehealthplan.com. Other resources, like our Member Health Alert tool, are also available online to assist you in achieving the maximum star rating and reward possible.

This Operations Bulletin amends the Participating Provider Guide Dev. 10/08. If you have any questions regarding this communication, please contact your Provider Relations Representative at the applicable telephone number listed below.

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

Scranton: (800) 350-6486
(570) 808-2300

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

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