GEISINGER HEALTH PLAN FAMILY

Geisinger

Pay-for-Quality 2021 Program Manual

GHP Family Pay-for-Quality Program

Program Synopsis

The goal of the Pay-for-Quality payment is to encourage and promote a focus on exceeding all quality of care standards for our GHP Family members. The Pay-for-Quality program is available to physicians and mid-level practitioners in primary care (i.e., Family Practice, Internal Medicine/Pediatrics, Internal Medicine, and Pediatrics) and Obstetrics and Gynecology. Each specialty within primary care is considered separately. The Pay-for-Quality program was designed to help GHP Family monitor the accessibility and performance of the identified providers in the Health Plan's provider network. Physicians are rewarded for scoring well on the measures outlined in this program.

The Pay-for-Quality program is not meant to be a static measurement system but must be flexible in order to meet changing clinical practices and quality requirements. Pay-for-Quality payments will be based on administrative data including claims for a service(s) rendered, or a result electronically submitted to Geisinger Health Plan.

All primary care provider specialties, excluding OB/GYN providers, must average a panel size of 50 GHP Family members or more over the quarterly measurement period to be eligible for the Pay-For-Quality payout. Provider must be accepting Medicaid product to be eligible.

Payout Schedule

Each quarter of the calendar year will be defined as a measurement period, with payout occurring within 120 days of the end of the measurement period. (example, the first quarter will be measured from 1/1/YY-3/31/YY and paid 120 days after the quarter ends, 7/31/YY)

For all metric payment methodology, please reference the table on page 10 which includes definitions and subsequent payout frequency.

In the event that the contract between GHP and the state expires, all GHP Family Pay-for-Quality incentives would cease effective the date of expiration. For computational and administrative ease, no retroactive adjustments will be made to incentive payments.

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Quality Measure Summary & Table of Contents

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The following are the measure definitions from the 2021 HEDIS® Information Guide. Continuous enrollment specifications will apply. See summary table on page 10 for the measurement incentive summary.

1. Comprehensive Diabetes Care: HbA1c Poorly Controlled (>9%)

Purpose: To monitor HbA1c levels in members with diabetes.

Description: HbA1c screening of members aged 18 to 75 with diabetes performed during the measurement year that was adequately controlled.

Compliant Member: Most recent HbA1c level is <9.0% during the measurement period.

Description	CPT Category II
Numerator compliant (HbA1c <9.0%)	3044F, 3045F
Not numerator compliant (HbA1c ≥9.0%)	3046F

* CPT Category II code 3045F indicates most recent HbA1c (HbA1c) level 7.0%–9.0% and is not specific enough to denote numerator compliance for this indicator. For members with this code, The Health Plan may use other sources (laboratory data, hybrid reporting method, etc.) to determine if the HbA1c result was <9%.

2. Controlling High Blood Pressure

Purpose: To monitor the blood pressure in members who have a diagnosis of hypertension.

Description: The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year and submitted during the measurement period. Members whose blood pressure reflects adequate control (<140/90) in the last measurement period of the calendar year will receive payment. BPs taken from an inpatient stay or ED visit, surgical procedures, diagnostic testing, or patient self-reported BPs are not acceptable.

Compliant Member: Both a representative systolic BP <140 mm Hg and a representative diastolic BP <90 mm Hg (BP in the normal or high-normal range). This indicator is measured by claim submission with a CPT Category II code below, indicating degree of blood pressure control, or an alternative method of data submission as approved by the plan.

	CPT Category II	
Description	Systolic	Diastolic
Numerator compliant (BP <140/90 mm Hg)	3074F, 3075F	3078F, 3079F
Not numerator compliant (BP ≥ 140/90 mm Hg)	3077F	3080F

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3. Asthma Medication Ratio

Purpose: To monitor the number of members with asthma who were dispensed appropriate medications.

Description: The number of members age 5-64 years of age, as of December 31st of the measurement year identified as having persistent asthma and were dispensed appropriate asthma controller medication(s).

Compliant Member: Members who remained on an asthma controller medication for at least 50 % or greater during their treatment period.

4. Child and Adolescent Well-Care Visits

Purpose: To monitor the number of child and adolescent well-care visits completed by providers within primary care.

Description: The number of children and adolescents, age 3-11 and 12-17 years of age as of December 31st of the measurement year that had a well-care visit within primary care.

Compliant Member: At least one comprehensive well-care visit with a primary care provider during the measurement year, as documented through administrative data including claims for a service(s) rendered, or a result electronically submitted to Geisinger Health Plan. The provider who renders the service does not have to be attributed to the member.

5. Annual Dental Visits (paid to the Dental Provider)

Purpose: To monitor children aged 0 to 20 years of age who receive their annual dental visit to encourage oral health.

Description: The percentage off members aged 0 – 5 years and 6 – 20 years of age who had at least one dental visit during the measurement year.

Compliant Member: One or more dental visits with a dental practitioner during the measurement year. New patients are those who have not received a preventive dental service in the previous calendar year but received a preventive dental service in the measurement calendar year. Returning patients are those who received a preventive dental service in the previous calendar year and received a preventive dental service in the current measurement calendar year. Data indicating compliance with this measure will be tracked through dental visit claims.

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6. Well-Child Visits in the First 30 Months of Life

Purpose: To monitor the number of well-care visits in the first 30 months in children who turn 15 months old during the measurement year.

Description: The number of children, age 0 to 30 months who completed 6 visits prior to 15 months and 2 visits from one day after the 15-month birthday and by the 30-month birthday.

Compliant Member: Eight comprehensive well-care visits by a primary care provider during the specified time frame of birth to 30 months when the 15 month birthday falls in the measurement year, as documented through either administrative data including claims for a service(s) rendered, or a result electronically submitted to Geisinger Health Plan. The PCP does not have to be assigned to the member.

7. Plan All-Cause Readmissions (PCR)

Purpose: To assess inpatient acute care and observation stays with discharges that resulted in a subsequent readmission to an inpatient acute care within 30 days of the initial inpatient acute care discharge.

Description: For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Compliant Site as Measured Annually: Discharges that did not result in an inpatient acute care readmission within 30 days of the initial inpatient acute care discharge.

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8. Ambulatory Care-ED Visits

Purpose: Improve ED utilization members (lower is better). Although utilizing the ED cannot always be avoided, excessive ED utilization can reflect poor medical management.

Description: An emergency department visit per 1000 members rate is calculated per primary care site. Urgent care visits and emergency department visits that turn into a hospital admission are excluded. Each site's ER visits/1000 rate is compared to the 90th percentile. Payment determinations are based on the 90th percentile. Since a rate per primary care physician is not produced, all physicians at the same primary care site are awarded the same score.

*Since a rate per primary care physician is not produced, all physicians at the same primary care site are awarded the same score.

Compliant Site as measured **annually where lower is better**:

- Primary Care site's ED visit/1000 rate above the 90th percentile = Payout
- Primary Care site's ED visit/1000 rate below the 90th percentile = No payout

9. Prenatal Care in the 1st Trimester

Purpose: To ensure appropriate and regular maternity care management.

Description: Number of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year who received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment into the organization.

Compliant Member: Claim submission with a date of service within the first trimester.

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10. Lead Screening for Children

Purpose: To capture children with lead level >5 and refer member to early intervention as well as repeat testing and connect with the Special Need Unit specialist for lead.

Description: The number of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday

Compliant Member: At least one lead capillary or venous lead blood test on or before the child's second birthday, as documented through either administrative data or claims submission.

11. Postpartum Care

Purpose: To ensure appropriate follow-up care post-delivery.

Description: Percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year who received a postpartum visit on or between 7 and 84 days after delivery.

Compliant Member: Claim submission to the Health Plan indicating the date of the postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 7and 84 days after delivery

12. Electronic Submission of Obstetrical Needs Assessment Form (ONAF)

Purpose: To ensure appropriate and regular maternity care management.

Description: Timeliness of the submission of OBNA Forms to The Health Plan electronically during the first trimester or within 42 days of enrollment into the organization, after the 28-32-week visit, and after the postpartum visit. The provider will utilize the online tool available thru Optum for this initiative at obcare.optum.com.

Compliant Member: Timely OBNA Form submitted electronically via the online tool for the first prenatal visit within the organization, the 28-32-week visit, and the postpartum visit.

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13. Developmental Screening in the First Three (3) Years of Life

Purpose: Early identification and quality early interventions services can improve outcomes for children and refer children for early intervention for education for children and refer children for early intervention for education for developmental delays that are noted.

Description: The number of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday

Compliant Member: Children screened with CPT code 96110 on or by their first, second or third birthday.

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Payout Methodology
Appendix A

Measure	Description	Payment Amount
Comprehensive Diabetes Care (A1c Poor Control) (>9%)	Up to 2 payments per member per year for A1c result < 9.0 on file by 1/15/YY.	$15.00 paid quarterly
Controlling High Blood Pressure	One payment per member per year based on last blood pressure reading of the year on file by 1/15/YY	$15.00 paid in the 4th qtr. only
Child and Adolescent Well-Care Visits	One payment per member per year for valid WCV visit based on claims submitted.	$30 paid quarterly.
Annual Dental Visits	One payment per member per year for valid ADV visit based on claims submitted.	$15.00 paid quarterly for returning patients. $30.00 paid quarterly for new patients.
Well Child Visits in the First 30 Months of Life (6+ visits in the first 15 months and 2+ visits from 15 months to 30 months)	One payment per member per year for valid W15 6+ visits based on claims submitted.	$25.00 paid quarterly.
Emergency Department Utilization	Site paid based on 90th percentile and membership assigned as of last day of reporting period. (above 90th percentile)	$5.00 paid in the 4th qtr. Only. Paid at site level.
	Site paid based on 90th percentile and membership assigned as of last day of reporting period. (below 90th Percentile)	$0.00
Prenatal Care in the 1st Trimester	One payment per member per pregnancy per year for valid PPC-PN visit based on claims submitted.	$25.00 paid quarterly.
Lead Screening for Children	One payment per member per year with one lead capillary or venous lead blood test on or before the child's second birthday.	$25.00 paid quarterly.
Postpartum Care	One payment per member per pregnancy per year for valid PPC-PP visit based on claims submitted.	$25.00 paid quarterly.
Electronic Submission of OBNA Form	One payment per quarter per pregnancy per trimester for forms submitted thru electronic OPTUM web portal.	$10.00 paid quarterly.
Asthma Medication Ratio	One payment per member age 5-64 years of age, identified as having persistent asthma and were dispensed appropriate asthma controller medication(s) and remained on it 50% or greater of the treatment period.	$10.00 paid quarterly.
Plan All Cause Readmissions	Payment for discharges without readmissions based on claims submitted. Readmissions/admissions is used to calculate rate.	Paid in 4th Qtr. Only. $20 per admission in denominator where a readmission did not occur if threshold is met.
Developmental Screening in the First Three (3) Years of Life	One payment per member per year for children screened with CPT code 96110 on or by their first, second or third birthday.	$25.00 paid quarterly

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Appendix B

Expected Number of Prenatal Care Visits for a Given Gestational Age and Month Member Enrolled in the Organization									
Month of Pregnancy Member Enrolled in the Organization									
Gestational Age in Weeks	0 - 1st month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month
28	6	5	4	3	1	1	***	***	***
29	6	5	4	3	1	1	***	***	***
30	7	6	5	4	2	1	1	***	***
31	7	6	5	4	2	1	1	***	***
32	8	7	6	5	3	2	1	***	***
33	8	7	6	5	3	2	1	***	***
34	9	8	7	6	4	3	2	1	***
35	9	8	7	6	4	3	2	1	***
36	10	9	8	7	5	4	3	1	***
37	11	10	9	8	6	5	4	2	***
38	12	11	10	9	7	6	5	3	***
39	13	12	11	10	8	7	6	4	1
40	14	13	12	11	9	8	7	5	1
41	15	14	13	12	10	9	8	6	2
42	16	15	14	13	11	10	9	7	3
43	17	16	15	14	12	11	10	8	4
NOTE: * indicate that no visits are expected**									
Example: **If the member enrolls at 4 months and delivers at 38 weeks, follow table to determine the number of PN office visits. In this case, 9 visits are needed.**									