Physician Quality Summary

Primary Care Pay-for-Performance Program
CY 2024 PQS program manual

Geisinger

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Introduction

Your patients need quality care centered around them. That's why we at Geisinger Health Plan (GHP) continuously enhance our provider network — to give the communities we serve the best care possible. One way we do that is through an enhanced, simplified structuring of our Medicare, Commercial, CHIP and TPA incentive program. We can offer better transparency while rewarding primary care providers for the exceptional care you provide our members.

Primary Care Program definitions

1. **Continuous Enrollment (CE):** The amount of time a member must be enrolled for eligibility in a HEDIS® measure. The CE period can vary, but typically it covers the entire measurement year. One gap in the enrollment period is allowed, but it cannot exceed 45 days.
2. **HEDIS:** Healthcare Effectiveness Data and Information Set is a set of measures for which Geisinger Health Plan is held accountable by NCQA.
3. **Measurement Year:** The HEDIS definition of the main period of time for the event or diagnosis to occur to place a member into a measure eligible population. Typically, the measurement year is the calendar year before the year when the final HEDIS results are produced.
4. **NaviNet:** Geisinger Health Plan's Pay-for-Performance Program manual and performance documentation are available to participants via the NaviNet® portal.
5. **NCQA:** National Committee for Quality Assurance is the accrediting body for Managed Care Organizations, which sets the standards and measures that GHP must abide by and collect, respectively.

PQS Program participation requirements

Primary care providers or coverage PCPs in the following specialties with at least one member month as of the last day of the current measurement period are eligible for participation in PQS.

Eligible primary care specialties:

- Family practice
- Internal medicine
- General practice
- Pediatrics

Eligible lines of business:

- Commercial
- Medicare
- CHIP

Continuous enrollment and benefit restrictions apply.

Member must be made compliant to be eligible for payment.

Measurement periods

Quarter 1	Jan. 1 – March 31, 2024	**Quarter 3**	July 1 – Sept. 30, 2024
Quarter 2	April 1 – June 30, 2024	**Quarter 4**	Oct. 1 – Dec. 31, 2024

Quarterly payouts will be made to the provider to which the member is attributed as of the most recent period available at the time of payout. Payment amounts will be based upon the grid below.

For details on the attribution methodology, see Appendix A.

Refer to our HEDIS Information Guide for details about each of the measures below

Quick reference chart

Measure	Description	Payment amount
Well-Child Visits in the First 30 Months of Life (W30)	One payment per member per year for valid W30 (5+ visits in the first 15 months and 2+ visits from 15 months to 30 months). Payments occur quarterly.	$25.00
Child and Adolescent Well Care Visits (WCV)	One payment per member per year for valid WCV visit based on claims submitted. Payments occur quarterly.	$30.00
Kidney Health Evaluation for Patients With Diabetes (KED)	Members 18 – 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ration (uACR) during the measurement year. The uACR may be identified by both a quantitative urine albumin test and a urine creatinine test <=4 days apart, or by a uACR.	$20.00
Childhood Immunization Status (CIS)	One payment per member per year for children turning 2 as of Dec. 31 who completed Combo 10. Payments occur quarterly.	$50.00
Immunizations for Adolescents (IMA)	One payment per member per year for adolescents turning 13 years of age as of Dec. 31 who completed Combo 2. Payments occur quarterly.	$50.00

Measure	Description	Payment amount
Chlamydia Screening in women (CHL)	One payment per member per year for members16–24 as of Dec. 31 who are identified as sexually active and have been tested for chlamydia. Payments occur quarterly.	$50.00
Eye Exam for Patients with Diabetes (EED)	One payment per member per year for members 18–75 as of Dec. 31 who are diabetic must be screened for diabetic retinopathy. Payments occur quarterly.	$25.00
Electronic submission of Glycemic Status Assessment for Patients with Diabetes (GSD)	One payment per member per year for members 18–75 who are identified as diabetic, must have at least 1 A1c below 9 (last A1c of year with result). Paid in 4th quarter only.	$25.00
Cervical Cancer Screening (CCS)	One payment per member per year for women 24–64 as of Dec. 31 must be screened for for cervical cancer. Payments occur quarterly.	$30.00
Adult Annual Wellness Visit (AWV)	One payment per member per year for 1 completed Medicare Annual Wellness visit. Payments occur quarterly.	$25.00
Chlamydia Screening in women (CHL)	One payment per member per year for members16–24 as of Dec. 31 who are identified as sexually active and have been tested for chlamydia. Payments occur quarterly.	$50.00
Colorectal Cancer Screening (COL)	One payment per member per year for members 45–75 as of Dec. 31, must have appropriate colorectal cancer screening completed. Payments occur quarterly.	**Differs by type of screening:**
Colonoscopy	Every 10 years per member	$125.00
Fitkit	Every year per member	$10.00
Cologuard	Every 3 years per member	$30.00

Measure	Description	Payment amount
Breast Cancer Screening (BCS)	One payment per quarter per year for women 52–74 must have a mammogram between October, 2 years prior to the current year, through Dec. 31 of current year. Payments occur quarterly. Transgender population is included.	$25.00
Readmissions (PCR)	Payments for discharges without readmissions based on claims submitted. Paid in 4th quarter only. Readmissions/admissions is used to calculate rate.	$20.00
Prescribed Statin Therapy (SPC/SPD)	SPC – One payment per year for males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were prescribed statin therapy. Paid in 4th quarter only. SPD – One payment per year for members 40–75 years of age during the measurement year with diabetes who do not have clinical ASCVD and were prescribed statin therapy. Paid in 4th quarter only. The member threshold for providers to be eligible within the measure will be set at 10 patients.	**For both SPC and SPD:** Providers with at least 85% patient compliance will receive $30.00 per compliant member Providers with at least 90% patient compliance will receive $60.00 per compliant member
Emergency Department Visit (EDU)	Site paid based on 90th percentile and membership assigned as of last day of reporting period (above 90th percentile). Paid in 4th quarter only, paid at site level.	$5.00

Appendix A

MedInsight PCP attribution

MedInsight's standard attribution algorithm reviews 24 months of data. Each member is attributed to the PCP with the most visits and, in the case of a tie, to the PCP with the most recent visit. Note that urgent care services are excluded from consideration.

Description of MSSP attribution methodology

Medicare Shared Savings Program (MSSP) uses a two-step process to assign a member to an accountable care organization (ACO). To be assigned to an ACO, the member must receive at least one primary care service from a physician within the ACO. If the member receives primary care services from more than one ACO, the assigning process compares the proportion of primary care services (measured in terms of allowed charges) provided to a member by different ACOs and assigns the member to the ACO with the highest proportion.

1. In the first step, a member is assigned to an ACO when they receive a greater proportion of primary care services from PCPs within the ACO as compared to other ACOs.
2. PCPs are defined as those physicians with one of four specialty designations — internal medicine, general practice, family practice or geriatric medicine — or those who provide services furnished in a federally qualified health center (FQHC) or rural health clinic (RHC).
3. If a member does not receive primary care services from any PCP, either inside or outside of the ACO, then the member is assigned to an ACO when they receive a greater proportion of primary care services from specialist physicians and certain non-physician practitioners (nurse practitioners, clinical nurse specialists, and physician assistants) within the ACO as compared to other ACOs.

The following table lists the Evaluation and Management (E&M) codes (Table A) used in our standard PCP attribution algorithm. We have noted the E&M codes used in the MSSP method with an asterisk (*). The MSSP method uses E&M codes for services delivered in various inpatient facility settings. We used Milliman's Health Cost Guidelines (HCG) Grouper code sets, our review of other source documents, and clinical and actuarial judgment to develop the list of E&M codes in Table A.

Appendix B

MedInsight PCP attribution

Table A – Evaluation and Management (E&M) visit codes for PCP attribution (updated 2021)

Procedure code	Description	Procedure code	Description
99201*	Office/outpatient visit new	99354*	Prolonged e&m/psyctx serv o/p
99202*	Office/outpatient visit new	99355*	Prolonged e&m/psyctx serv o/p
99203*	Office/outpatient visit new	99358	Prolonged service w/o contact
99204*	Office/outpatient visit new	99359	Prolonged service w/o contact add
99205*	Office/outpatient visit new	99361	Med Conf by phy w/interd team
99211*	Office/outpatient avisit est	99381	Int pm e/m new pat infant
99212*	Office/outpatient visit est	99382	Int pm e/m new pat 1-4 yrs
99213*	Office/outpatient visit est	99383	Prev visit new age 5-11
99214*	Office/outpatient visit est	99384	Prev visit new age 12-17
99215*	Office/outpatient visit est	99385	Prev visit new age 18-39
99241	Office Consultation	99386	Prev visit new age 40-64
99242	Office Consultation	99387	Init pm e/m new pat 65+ yrs
99243	Office Consultation	99392	Prev visit est age 1-4
99244	Office Consultation	99393	Prev visit est age 5-11
99245	Office Consultation	99394	Prev visit est age 12-17
99271	Conf Cons for new or est pt	99395	Prev visit est age 18-39
99272	Conf Cons for new or est pt	99396	Prev visit est age 40-64
99273	Conf Cons for new or est pt	99397	Per pm reeval est pat 65+ yr
99274	Conf Cons for new or est pt	99401	Preventive counseling indiv
99275	Conf Cons for new or est pt	99402	Preventive counseling indiv
99341*	Home visit, new patient	99403	Preventive counseling indiv
99342*	Home visit, new patient	99404	Preventive counseling indiv
99343*	Home visit, new patient	99411	Preventive counseling group
99344*	Home visit, new patient	99412	Preventive counseling group
99345*	Home visit, new patient	99420	Health risk assessment test
99347*	Home visit, est patient	99429	Unlisted preventive service
99348*	Home visit, est patient	99499	Unlisted e&m service
99349*	Home visit, est patient		
99350*	Home visit, est patient		