GEISINGER HEALTH PLAN FAMILY

Geisinger

Pay-for-Quality CY 2022 Program Manual

Introduction

The goal of the Pay-for-Quality payment is to encourage providers to exceed the quality-of-care standards for GHP Family members. The Pay-for-Quality program is available to physicians and advanced-level practitioners in primary care (i.e., Family Practice, Internal Medicine/Pediatrics, Internal Medicine, Pediatrics, Dentists 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 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 flexible enough to meet changing clinical practices and quality requirements. Pay-for-Quality payments are based on administrative data including claims for services rendered, or a result electronically submitted to Geisinger Health Plan.

Measurement Periods

Quarter 1	January 1, 2022 – March 31, 2022
Quarter 2	April 1, 2022 – June 30, 2022
Quarter 3	July 1, 2022 – September 30, 2022
Quarter 4	October 1, 2022 – December 31, 2022

Utilization of Minimum Panel Size/MCO Enrollment

All primary care provider specialties, excluding OB/GYN clinicians, 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. To be eligible the providers must accept Medicaid products and have a Promise ID.

Provider Education

All providers are notified of the P4P program via orientation within 20 days of becoming a participating provider with GHP Family. GHP has developed a manual explaining each of the measures and their associated payout, which is updated and available at www.thehealthplan.com, by calling Customer Service and requesting it, or by requesting a visit from their Provider Relations representative, who will deliver a copy and review it with the provider/office. Updates are also highlighted in the quarterly provider newsletter for providers.

Evaluation of Provider P4P Effectiveness

Evaluating provider effectiveness is done multiple ways. Identifying areas for new and continuing education of current P4P program. Reviewing policies, procedures, and workflows that can help clinicians to improve care while improving incentive pay outs. Monitoring claims issues and resubmissions and providing education on claims best practices. Measure the usage of online submission tools and reeducating low utilizers. Review/evaluate processes used to verify and audit data accuracy and completeness from the time the claim/encounter is submitted until the provider payout is made. Measuring payments for continual growth and improvement. Measurement of HEDIS and PAPM rates to analyze the improvement of care gaps completed.

Health Equity Measures

The goal of the health equity measure incentives is to aid in removing health disparities and improving health equity for our African American population.

- Prenatal Care in the First Trimester
- Postpartum Care
- Well-Child Visits in the First 30 Months of Life
- Controlling High Blood Pressure
- Comprehensive Diabetes Care: Hemoglobin A1c Poor Control – (>9.0%)

Payment Schedule

At the end of each measurement period, a roll up of each participating provider's success with the measures will be completed with a total payout calculated.

**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.*

Measurement of Provider(s) Success/Compliance

Measure	Description	Payment Amount
Comprehensive Diabetes Care (A1c Poor Control)	Up to 2 payments per member per year for A1c result < 9.0 on file by 1/15/23.	**$25.00 paid quarterly.**
Controlling High Blood Pressure	One payment per member per year based on last blood pressure reading of the year on file by 1/15/23.	**$15.00 paid in 4th quarter only.**
Child and Adolescent Well Care Visits	One payment per member per year for valid WCV visit based on claims submitted.	**$30.00 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	One payment per member per year for valid W15 6+ visits in the first 15 months and 2+ visits from 15 months	**$25.00 paid quarterly.**

from 15 months to 30 months)	to 30 months based on claims submitted.	
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.**
Postpartum Care	One payment per member per pregnancy per year for valid PPC-PP 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.**
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.**
Electronic Submission of ONAF via OPTUM web portal	One payment per quarter per pregnancy per trimester for forms submitted thru electronic OPTUM web portal.	**$10.00 paid quarterly.**
Electronic Submission of Comprehensive	Up to 2 payments per member per year for electronic submission of A1c	**$10.00 paid quarterly.**

Diabetes Care (A1c Poor Control)	result < 9.0 submitted electronically by 1/15/23.	
Electronic Submission of Controlling High Blood Pressure	One payment per member per year based on last blood pressure reading of the year submitted electronically by 1/15/23.	**$10.00 paid in 4th quarter only.**
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**
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.**
Health Equity: Comprehensive Diabetes Care (A1c Poor Control)	Up to 2 payments per African American member per year for A1c result < 9.0 on file by 1/15/23.	**$25.00 paid quarterly.**
Health Equity: Controlling High Blood Pressure	One payment per African American member per year based on last blood pressure reading of the year on file by 1/15/23.	**$15.00 paid in 4th quarter only.**
Health Equity: Child and Adolescent Well Care Visits	One payment per African American member per year for valid WCV visit based on claims submitted.	**$30.00 paid quarterly.**

Health Equity: Prenatal Care in the 1st Trimester	One payment per African American member per pregnancy per year for valid PPC-PN visit based on claims submitted.	**$25.00 paid quarterly.**
Health Equity: Postpartum Care	One payment per African American member per pregnancy per year for valid PPC-PP visit based on claims submitted.	**$25.00 paid quarterly.**

Child and Adolescent Well-Care Visits

For: Physicians and advanced practitioners who facilitate care in the following primary care areas including Family Practice, Internal Medicine/Pediatrics, Internal Medicine, and Pediatrics.

Payment: $30.00 per member per year.

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 3-21 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.

Annual Dental Visit (ages 2 – 20 years)

For: Dental Providers

Payment: New Patients – $30.00 per visit per year.
Returning patients – $15.00 per visit per year

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, and returning patients are those who received a preventive dental service in the previous calendar year and received a preventive dental service in

the measurement calendar year. Data indicating compliance with this measure will be tracked through dental visit claims.

Controlling High Blood Pressure

For: Physicians and Advanced Practice clinicians who facilitate care in the following areas: Family Practice and Internal Medicine.

Payment: $15.00 per patient per year. This measure is only paid out in the 4th Quarter based on the last compliant blood pressure reading of the year. Additional payout for African American members. See Health Equity section for reference.

Purpose: To monitor blood pressures of 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.

Exclusions: 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 systolic BP <140 mm Hg and a 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. Numerator Compliant (BP <140190): Systolic 3074F or 3075F; Diastolic 3078F or 3079F. NOT Numerator Compliant (BP>=140/90): Systolic 3077F; Diastolic 3080F. Compliance is also measured by direct electronic medical record feeds, electronic lab feeds, and other supplemental data sources including health exchange information and medical record review and abstraction.

Comprehensive Diabetes Care: Hemoglobin A1c Poor Control – (>9.0%)

For: Physicians and Advanced Practice clinicians who facilitate care in the following areas: Family Practice and Internal Medicine.

Payment: $25.00 per compliant A1c < 9, max of twice per patient per year. Additional payout for African American members. See Health Equity section.

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. This indicator is measured by claim submission with a CPT Category II code below, indicating HbA1c results: Numerator Compliant (HbA1c <9.0%) 3044F or 3045F; NOT Numerator Compliant (HbA1c >=9.0%) 3046F. Compliance is also measured by direct electronic medical record feeds, electronic lab feeds, and other supplemental data sources including health exchange information and medical record review and abstraction.

Prenatal Care in the First Trimester

For: Obsetricians, Gynecologists and Advanced Practice clinicians who facilitate care in the speciality area of Obstetrics and Gynecology. Services provided within the same practice by an eligible provider will be counted toward the visit targets.

Payment: $25.00 per patient per pregnancy. Additional payout for African American members. See Health Equity section.

Purpose: To ensure appropriate and regular maternity care management.

Description: The percentage of deliveries that resulted in a live birth(s) between October 8 of the year prior and October 7 of the measurement year, who received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

Compliant Member: Claim submission with a date of service within the first trimester or documentation identified during medical record review.

Postpartum Care

For: Obsetricians, Gynecologists and Advanced Practice clinicians who facilitate care in the speciality area of Obstetrics and Gynecology. Services provided within the same practice by an eligible provider will be counted toward the visit targets.

Payment: $25.00 per patient per pregnancy. Additional payout for African American members. See Health Equity section.

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

Description: The percentage of deliveries that resulted in a live birth(s) between October 8 of the year prior 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 Geisinger Health Plan or documentation identified during medical record review indicating the date of the postpartum visit to an OB/GYN clinician, family practitioner or other primary care provider between 7and 84 days after delivery

Well-Child Visits in the First 30 Months of Life

For: Physicians and Advanced practitioners who facilitate care in the following primary care areas including Family Practice, Internal Medicine/Pediatrics, , and Pediatrics.

Payment: $25.00 per member per year. Additional payout for African American members. See Health Equity section.

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.

Asthma Medication Ratio

For: Physicians and Advanced practitioners who facilitate care in the following primary care areas including Family Practice, Internal Medicine/Pediatrics, Internal Medicine, and Pediatrics.

Payment: $10 per member per year

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.

Lead Screening for Children

For: Physicians and Advanced practitioners who facilitate care in the following primary care areas including Family Practice, Internal Medicine/Pediatrics, Internal Medicine, and Pediatrics.

Payment: **$25.00 per patient per year**

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 lead specialist.
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 Site as measured annually: At least one lead capillary or venous lead blood test on or before the child's second birthday, as documented through administrative data including claims for a service(s) rendered, or a result electronically submitted to Geisinger Health Plan.

Plan All-Cause Readmissions (PCR) Reducing Potentially Preventable Readmissions

For: Physicians and Advanced practitioners who facilitate care in the following primary care areas including Family Practice, Internal Medicine/Pediatrics, and Internal Medicine.

Payment: **$20 per admission in denominator where a readmission did not occur if threshold is met Paid in Q4.**

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.

*Pennsylvania Performance Measure

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

For: Physicians and Advanced practitioners who facilitate care in the following primary care areas including Family Practice, Internal Medicine/Pediatrics and Pediatrics.

Payment: **$25.00 per patient per year**

Purpose: Early identification and early interventions can improve outcomes for children and when developmental delays are identified in the first 3 years of life.

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 Site as measured annually: Children screened with CPT code 96110 on or by their first, second or third birthday

*Electronic Quality Measures

Obstetrical Needs Assessment Form (ONAF)

For: Obstetricians, Gynecologists and Advanced Practice clinicians who facilitate care in the specialty area of Obstetrics and Gynecology. Services provided within the same practice by an eligible provider will be counted toward the visit targets.

Payment: $10.00 for each ONAF submitted electronically three payments will be made one per trimester. The ONAF must be completed using the online tool that can be found at obcare.optum.com. The payment is made to the clinic versus individual provider because the online process is based on clinics (TIN) tax identification number.

Comprehensive Diabetes Care: Hemoglobin A1c Poor Control – (>9.0%)

For: Physicians and Advanced Practice clinicians who facilitate care in the following areas: Family Practice and Internal Medicine.

Payment: $10.00 per compliant A1c < 9 result submitted electronically, max of twice per patient per year.

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. This indicator is measured by claim submission with a CPT Category II code below, indicating HbA1c results: Numerator Compliant (HbA1c <9.0%) 3044F or 3045F; NOT Numerator Compliant (HbA1c >=9.0%) 3046F. Compliance is also measured by direct electronic medical record feeds, electronic lab feeds, and other supplemental data sources including health exchange information and medical record review and abstraction.

Controlling High Blood Pressure

For: Physicians and Advanced Practice clinicians who facilitate care in the following areas: Family Practice and Internal Medicine.

Payment: $10.00 per patient per year for electronic submission of compliant blood pressure reading. This measure is only paid out in the 4th Quarter based on the last compliant blood pressure reading of the year.

Purpose: To monitor blood pressures of 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.

Exclusions: 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 systolic BP <140 mm Hg and a 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. Numerator Compliant (BP <140190): Systolic 3074F or 3075F; Diastolic 3078F or 3079F. NOT Numerator Compliant (BP>=140/90): Systolic 3077F; Diastolic 3080F. Compliance is also measured by direct electronic medical record feeds, electronic lab feeds, and other supplemental data sources including health exchange information and medical record review and abstraction.

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Payment: $25.00 per African American patient per pregnancy.

Purpose: To ensure appropriate and regular maternity care management.

Description: The percentage of deliveries that resulted in a live birth(s) between October 8 of the year prior and October 7 of the measurement year, who received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

Compliant Member: Claim submission with a date of service within the first trimester or documentation identified during medical record review.

Postpartum Care

For: Obsetricians, Gynecologists and Advanced Practice clinicians who facilitate care in the speciality area of Obstetrics and Gynecology. Services provided within the same practice by an eligible provider will be counted toward the visit targets.

Payment: 25.00 per African American patient per pregnancy.

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

Description: The percentage of deliveries that resulted in a live birth(s) between October 8 of the year prior 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 Geisinger Health Plan or documentation identified during medical record review indicating the date of the postpartum visit to an OB/GYN clinician, family practitioner or other primary care provider between 7and 84 days after delivery

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Payment: $25.00 per African American member per year.

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