

# MMS Overview- GIC Plans 2013-14

HEALTH PLAN	HNE (2013-2014 Plan Year)	HPHC (2013-2014 Plan Year)	Tufts Health Plan (2013-2014 Plan Year)	UniCare (2013-2014 Plan Year)	Fallon (2013-2014 Plan Year)	NHP (2013-2014 Plan Year)
<b>Product</b>	HMO POS	HMO PPO	HMO POS PPO	Basic Community Choice Medicare Extension	FCHP Direct Care FCHP Select Care	HMO
<b>Physician Tiers</b>	Yes- 3 Tiers	Yes- 3 Tiers	Yes- 3 Tiers	Yes- 3 Tiers	Yes- 3 Tiers	Yes- 3 Tiers
<b>Primary Care Tiering</b>	Not tiered; assigned a tier 1 designation	Not tiered; assigned a tier 1 designation	Not tiered; assigned a tier 1 designation	Not tiered; assigned a tier 1 designation	Not tiered; assigned a tier 1 designation	Not tiered; assigned a tier 1 designation
<b>Specialties Tiered on Cost &amp; Quality</b>	Cardiology Endocrinology ENT/Otolaryngology Gastroenterology OB/GYN Orthopedics Pulmonology Rheumatology	Cardiology (medical) Endocrinology Neurology OB/GYN Otolaryngology Pulmonary disease Rheumatology	Cardiology (non-interventional only) Endocrinology Obstetrics & Gynecology Otolaryngology Pulmonology Rheumatology	(Pending Information from the Plan)	Allergy Cardiology Immunology Neurology Urology	Cardiology Endocrinology Otolaryngology Gastroenterology OB/GYN Orthopedic Surgery Pulmonology Rheumatology
<b>Specialties Tiered on Cost Only</b>	Gastroenterology General surgery Orthopedics	Allergy/immunology Dermatology Gastroenterology General surgery Ophthalmology Orthopedic Surgery	Dermatology Gastroenterology Neurology Ophthalmology Orthopedics (including orthopedic hand surgeons) Surgery (general, including vascular surgeons) Urology	(Pending Information from the Plan)	Gastroenterology Hematology & Oncology Orthopedic Surgery Podiatry	(Pending Information from the Plan)
<b>Specialties Not Tiered or Insufficient Data</b>	Assigned a Tier 2 Co-Payment	Assigned a Tier 2 Co-Payment	Assigned a Tier 2 Co-Payment  Examples Include: Electrophysiologists, Interventional cardiologists, Mohs surgeons, Glaucoma specialists	Assigned a Tier 2 Co-Payment	Assigned a Tier 2 Co-Payment	Assigned a Tier 2 Co-Payment
<b>Quality Measures used for Tiering</b>	Each physician's quality performance was scored by Resolution Health, Inc. (RHI) as either A, B or C, or flagged as having too few observations.  A physician is judged on 30 or more quality of care observations in order to receive a quality designation. Starting in fiscal year 2014, if there is a 90% chance that the provider is in the top third of providers in his specialty, he will be given a designation of tier A for quality. If there is a 90% or greater chance that the provider is among the lowest third of providers in his specialty for quality then the provider will be designated as tier C for quality. Where quality observations are available, a provider must be designated in tier A or B to then have the final tiering based on cost-efficiency. Any provider who is in tier C for quality will automatically be placed in tier 3 for final tiering status.	Each physician's quality performance was scored by Resolution Health, Inc. (RHI) as either A, B or C, or flagged as having too few observations. If the quality designation assigned by RHI was "C", the provider was placed in Tier 3. All other providers were evaluated on a cost-efficiency basis	Resolution Health, Inc. (RHI) has incorporated the methodology and created Quality Designations for all physicians with sufficient data. This year methodology only includes quality measures from the RHI dataset. This change was made to improve consistency within the Clinical Performance Improvement Initiative health plans. Physicians are either given an "A", "B", or "C" designation. Physicians with a Quality Designation of "C" were considered below the threshold and were designated as Tier 3. Physicians who have a Quality Designation of "A" or "B" were moved on to the 2nd threshold.	In FY 2010, RHI and the GIC refined the approach to the assessment of physician practice quality, and that approach continues for FY 2014. The approach builds upon the calculation of a physician's raw quality score, as done this year and in prior years, and employs advanced statistical modeling to adjust that score to account for the following factors: • The specific composition of a physician's mix of measures, compared to the composition attributed to his/her peer group (measure effect) • The differences in the likelihood that a physician's patients will comply with care recommendations made by his/her physicians, controlling for various patient characteristics (patient effect), and • The relative number of opportunities available in the data for evaluating a given physician (sample size effect)	For physician quality measurement, Mercer retained Resolution Health Inc. (RHI) to apply specialty-specific patient quality measures to the aggregated database and to produce physician quality performance data. Nine new quality measures were added to this year's Clinical Performance Improvement (CPI) Initiative. RHI used an advanced statistical model developed by a leading biostatistician at Johns Hopkins University to calculate the probability that each physician's quality results fell within selected percentile ranges of his/her peers. The statistical model takes into account the mix of quality measures, and the volume of observations. (Note: for allergy/immunology and urology, FCHP used aggregate unadjusted quality scores. For gastroenterology, hematology/oncology, orthopedics and podiatry physicians were measured on efficiency alone.)	RHI (Resolution Health Inc. - Claims Data)
<b>Cost Measures used for Tiering</b>	A 'Buffer' zone is also being incorporated into the GIC's base methodology for FY2014. Physicians whose cost-efficiency score was close to, but below, either the Tier 1 or the Tier 2 cut-point were moved up to the better tier if they met certain criteria. Specialists without quality scores were moved up a tier if their cost-efficiency scores were higher (worse) than, but within 0.005 points of the cut-point. An additional step was applied to specialists with quality scores whose efficiency scores fell between the 20th and 30th percentiles. If he or she had a quality designation of 'A', they were moved from Tier 2 Tier 1.	The cost-efficiency score is a performance index calculated as a ratio of the responsible physician's actual attributed costs to average costs for the peer group when treating the same mix of conditions.  Mercer compared a physician's actual costs to his/her peer group's (specialty's) average cost for each episode. Mercer then summed the physician's actual costs for all episodes that met inclusion criteria and the peer group average costs for those same episodes. The ratio of these costs is a physician's cost efficiency score. So, for example, a cost-efficiency score of 0.85 implies that the physician is 15% more cost efficient than his/her peers. Mercer calculated efficiency scores based on neutral prices to eliminate differences in unit prices across health plans.	The cost-efficiency score is provided by Mercer Human Resource Consulting (Mercer) in conjunction with their analytics subcontractor VIPS, Inc. (VIPS). These claims data have been case-mix and severity adjusted to create valid peer comparisons that take into account the differences in patient mix for each doctor. The cost-efficiency data were derived from medical and pharmacy claims dated January 2009 – December 2011. Claims were valued at allowed cost. Only last versions of the claims were included; non-duplicate denied claims were also included to show all services rendered, but were valued at zero dollars allowed.  For more information: <a href="http://www.tuftshealthplan.com/providers/pdf/navigator_specialist_tiering_methodology_nov_2012.pdf">http://www.tuftshealthplan.com/providers/pdf/navigator_specialist_tiering_methodology_nov_2012.pdf</a>	ETG is compared to the average resource use by same specialty physicians, for the same weighted mix of ETGs. In other words, the analysis seeks to answer the question: how did this physician compare to his or her peers, within the same specialty, in terms of average resource use for managing the same set of conditions? The answer to this question is expressed as a ratio (i.e., the e-score) with a physician's proxy-priced, actual resource use estimate for a given set of ETGs serving as the numerator, and his or her specialty's proxy-priced, average resource use estimate for the same set of ETGs serving as the denominator. Beginning this year, these data will also be severity adjusted so that the resource use comparison will take into account the complexity of the patients being treated by the physician. A combined e-score of 1.00, then, indicates that a physician's resource use for the weighted mix of ETGs that he or she treated was the same as the average resource use demonstrated by fellow specialists, for the same mix of episodes, over the same time period. As part of our ongoing efforts to make the assessment process as fair and accurate as possible, starting last year we eliminated ETGs of questionable	Symmetry's Episode Treatment Group (ETG) model was applied to build consistent treatment episodes, and uniform fee schedules were used to normalize cost data across all provider groups and all health plans. For this year's CPI Initiative, ETG version 7.6 is used. This version adjusts efficiency scores to reflect the increased cost of patients based on the severity of their illnesses. In addition, for the surgical specialties OB/GYN, otolaryngology, orthopedic surgery, hematology/oncology, ophthalmology, urology and podiatry, separate cost norms were established to distinguish between those episodes with particular kinds of treatment, and those without those kinds of treatment. Using this data, an efficiency score was calculated for each physician. The efficiency score is the division of a physician's actual episode expenses (normalized) by the expected expenses for the same mix of episodes. Expected expenses are the average episode cost of all physicians within the same specialty, thereby comparing physicians to like physicians. Catastrophic cases and outlier episodes are excluded from all efficiency calculations.	Episode Treatment Groups (ETGs) relative cost to peers using claims data
<b>Physician Co-Pay by Tier</b>	• Tier 1 Level Copayment: TBD • Tier 2 Level Copayment: TBD • Tier 3 Level Copayment: TBD	• Tier 1 Level Copayment: TBD • Tier 2 Level Copayment: TBD • Tier 3 Level Copayment: TBD	• Tier 1 Level Copayment: TBD • Tier 2 Level Copayment: TBD • Tier 3 Level Copayment: TBD	• Tier 1 Level Copayment: TBD • Tier 2 Level Copayment: TBD • Tier 3 Level Copayment: TBD	• Tier 1 Level Copayment: TBD • Tier 2 Level Copayment: TBD • Tier 3 Level Copayment: TBD	• Tier 1 Level Copayment: TBD • Tier 2 Level Copayment: TBD • Tier 3 Level Copayment: TBD
<b>Copays for Physicians with Insufficient Data (Quality &amp; Cost)</b>	Physicians with fewer than 30 episodes of care in the CPI initiative data were deemed to have insufficient data and were assigned a Tier 2 level copayment	Physicians with fewer than 30 episodes of care in the CPI initiative data were deemed to have insufficient data and were assigned a Tier 2 level copayment	Physicians with insufficient quality and cost-efficiency data are assigned a Tier 2 level copayment.	Physicians with insufficient quality and cost-efficiency data are assigned a Tier 2 level copayment.	Physicians with insufficient quality and cost-efficiency data are assigned a Tier 2 level copayment.	Physicians with insufficient quality and cost-efficiency data are assigned a Tier 2 level copayment.

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<b>Physician Tier Methodology</b>  <b>(based on claims data from 2009-2011)</b>	<p>HNE employs a statistical model that quantifies the uncertainty around a point estimate of the quality of care delivered by a particular physician (the "physician effect") while controlling for biases related to a) the mix of quality measures that applied to the physician's patients (the "measure effect"); b) the behavior of a physicians' patients, each of whom has a particular likelihood of complying with his/her physician's recommendations (the "patient effect"); and c) the effect of the number of observations for a particular physician available in the GIC database (the "sample size effect").</p>	<p>Each individual specialist's performance was compared with his or her peers practicing in the same specialty. For those specialties where both quality and cost-efficiency measures were used for tiering, each specialist was evaluated first on quality of care delivered. Each physician's quality performance was scored by Resolution Health, Inc. (RHI) as either A, B or C, or flagged as having too few observations.</p> <p>If the quality designation assigned by RHI was "C", the provider was placed in Tier 3. All other providers were evaluated on a cost-efficiency basis. If a provider's cost-efficiency assignment was Tier 2, but the quality designation was "A" and the cost-efficiency score placement was within 10% of the Tier 1 cut-off point, the provider was re-assigned to Tier 1. For those specialties where quality designations could not be used, tiers were determined on the basis of cost-efficiency scores only. Providers in the thirteen specialties, with a minimum of 30 episodes in the Mercer All-Payer data, were tiered per the above methodology.</p>	<p>For those specialties where both quality and cost-efficiency measures were used for tiering, each specialist was evaluated first on quality of care delivered.</p> <p>Each physician's quality performance was scored by Resolution Health, Inc. (RHI) as either A, B or C, or flagged as having too few observations. If the quality designation assigned by RHI was "C", the provider was placed in Tier 3. If a provider's assignment was Tier 2 but the quality designation was "A" and the price-adjusted cost-efficiency score placement was within 10% of the Tier 1 cut-off point, the provider was re-assigned to Tier 1. For those specialties where quality designations could not be used, tiers were determined on the basis of price-adjusted cost-efficiency scores only.</p> <p>Physicians who did not have 30 completed qualifying episodes attributed to them were excluded from the process.</p>	<p>Relative probability is used to place physicians into one of three categories – the lowest third of the curve ("C"); the middle third of the curve ("B"); or the upper third of the curve ("A").</p> <ul style="list-style-type: none"> <li>• If a physician's results indicate a 90% or greater probability of belonging to the highest category ("A"), he or she receives a Quality Designation of "A."</li> <li>• If a physician's results indicate a 90% or greater probability of belonging to the lowest category ("C"), he or she receives a Quality Designation of "C."</li> <li>• All other physicians receive a Quality Designation of "B."</li> </ul> <p>The use of 90% or greater probability for an "A" or "C" Quality Designation is an enhancement from prior years when the probability benchmark used was 75%.</p>	<p>Fallon used a statistical model that quantifies the uncertainty around a point estimate of the quality of care delivered by a particular physician (the "physician effect") while controlling for biases related to a) the mix of quality measures that applied to the physician's patients (the "measure effect"); b) the behavior of a physicians' patients, each of whom has a particular likelihood of complying with his/her physician's recommendations (the "patient effect"); and c) the effect of the number of observations for a particular physician available in the GIC database (the "sample size effect").</p> <p>The model's output is a probability distribution around a point estimate of the quality of care delivered by a particular physician. For example, say, for a particular physician, that the point estimate of 0.7 (his or her quality score) is our best estimate of the likelihood that this physician will comply with relevant quality measures after controlling for the "measure effect," the "patient effect" and the "sample size effect."</p> <p>However, there is a chance that the physician's "true" quality score is less than 0.7, and a chance that this physician's "true" quality score is greater than 0.7. There is more than one way to take account statistically of the uncertainty around a point estimate of the quality of care delivered by a particular physician, and more than one way to use that information to place physicians into a particular performance "tier." In this program a physician is assigned to the best (A) or worst (C) quality tier only if the physician's score has a probability of at least 90% of being in that tier.</p>	<p>For specialty physicians the individual quality and efficiency scores obtained from the GIC consultants are utilized to determine the tier and are applied without modifications. A statistical model is applied that quantifies the uncertainty around a point estimate of the quality of care delivered by physician ("physician effect") while controlling A) a mix of quality measures that applied to the physicians' patients ("measurement effect"), B) the behavior of a physician's patients compliance (the "patient effect") and C) the effect of the number of observations for a particular physician available in the GIC database ("the sample size") effect.</p>
<b>Formal Appeals Process</b>	<p>Yes, please visit the MMS website:  <a href="http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171">http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171</a></p>	<p>Yes, please visit the MMS website:  <a href="http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171">http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171</a></p>	<p>Yes, please visit the MMS website:  <a href="http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171">http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171</a></p>	<p>Yes, please visit the MMS website:  <a href="http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171">http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171</a></p>	<p>Yes, please visit the MMS website:  <a href="http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171">http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171</a></p>	<p>Yes, please visit the MMS website:  <a href="http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171">http://www.massmed.org/AM/Template.cfm?Section=Tiering_and_Pay_for_Performance&amp;TEMPLATE=/CM/HTMLDisplay.cfm&amp;CONTENTID=33171</a></p>