



Keystone HMO Proactive:
Tiered Network Product for Individuals and Small Groups

2015 Minimum Quality Criteria for Hospitals and PCPs

In addition to meeting fee-for-service cost criteria, hospitals and primary care physicians (PCP) must also meet a set of minimum quality criteria in order to participate at the Tier 1 benefit level (i.e., lowest member cost-sharing, Preferred benefit level) for Independence Blue Cross's (Independence) Keystone HMO Proactive – a tiered network product.

Minimum Quality Criteria for Hospitals

The Hospital Minimum Quality Criteria are based on a series of 35 quality process and outcomes measures, as published by the Pennsylvania Healthcare Quality Alliance (PHCQA). If a hospital does not meet the standards for **both** sub-categories outlined in this document based on the publicly available information as of April 2014, such provider will not be eligible for Tier 1 in the Keystone HMO Proactive product for 2015.¹ Provider benefit tiers will be reassessed no more than once annually.

1. Appropriate Care Measures

Appropriate Care Measures (ACM) scores report the percentage of patients who receive all of the recommended care outlined by standard practice guidelines at a given hospital. PHCQA reports an Overall Appropriate Care Measure, which is calculated based on 32 Process of Care Measures from the Centers for Medicare & Medicaid Services (CMS) in seven clinical categories², as set forth below. **Hospitals must score greater than or equal to 85 percent on the Overall ACM to be eligible to participate in Tier 1.** Any hospital that has not consented to participate in the ACM reporting initiative through PHCQA will not be eligible to participate in Tier 1, given that Independence will not be able to obtain scores in order to determine eligibility.³

Heart Attack Care

- Aspirin Prescribed at Discharge (AMI-2)
- Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival (AMI-7a)
- Primary PCI Received Within 90 Minutes of Hospital Arrival (AMI-8a)
- Statin Prescribed at Discharge (AMI-10)

Heart Failure Care

- Discharge Instructions (HF-1)
- Evaluation of LVS Function (HF-2)
- ACEI or ARB for LVSD (HF-3)

¹Providers will only be assessed on the Quality Performance Standards for which they have available scores or ratings unless otherwise noted herein.

²The measures and clinical categories that compose the Overall ACM score may be modified over time. Go to www.pahealthcarequality.org for more information on historical and future ACM calculation methodology.

³Hospitals must contact PHCQA directly to learn how to participate in this program.



Pneumonia Care

- Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital (PN-3b)
- Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients (PN-6)

Surgical Care

- Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision (SCIP-Inf-1a)
- Prophylactic Antibiotic Selection for Surgical Patients (SCIP-Inf-2a)
- Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time (SCIP-Inf-3a)
- Cardiac Surgery Patients with Controlled 6 A.M. Postoperative Blood Glucose (SCIP-Inf-4)
- Urinary Catheter Removed on POD 1 or POD 2 with Day of Surgery Being Zero (SCIP-Inf-9)
- Surgery Patients with Perioperative Temperature Management (SCIP-Inf-10)
- Surgery Patients Receiving Appropriate VTE Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery (SCIP-VTE-2)
- Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period (SCIP-Card-2)

Preventative Care

- Pneumococcal Immunization (IMM-1a)
- Influenza Immunization (IMM-2)

Stroke Care

- VTE Prophylaxis for Patients with Ischemic or Hemorrhagic Stroke (STK-1)
- Ischemic Stroke Patients Discharged on Antithrombotic Therapy (STK-2)
- Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-3)
- Thrombolytic Therapy for Ischemic Stroke Patients (STK-4)
- Antithrombotic Therapy by End of Day Two (STK-5)
- Discharged on Statin Medication (STK-6)
- Stroke Education (STK-8)
- Assessed for Rehabilitation Services (STK-10)

Venous Thromboembolism Care

- VTE Prophylaxis (VTE-1)
- Intensive Care Unit VTE Prophylaxis (VTE-2)
- VTE Patients with Anticoagulation Overlap Therapy (VTE-3)
- VTE Patients receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring (VTE-4)
- Warfarin Therapy Discharge Instructions (VTE-5)



2. 30-Day Mortality Rates

This set of measures assesses the risk of death within 30 days of hospital admission for patients receiving care for a given condition at an acute care hospital. PHCQA reports 30-day mortality rates over rolling three year periods for the following three conditions:

- Heart Attack (acute myocardial infarction)
- Heart Failure
- Pneumonia

Hospitals that are classified as “Worse than U.S. National Rate”⁴ in two or more of the three 30-Day Mortality Rate categories (Heart Attack, Heart Failure, or Pneumonia) will not be eligible to participate in Tier 1.⁵

Minimum Quality Criteria for PCPs

The PCP Minimum Quality Criteria are based on the Quality Performance Measurement (QPM) performance rankings, which are a subset of Independence’s longstanding Quality Incentive Payment System (QIPS) program. QPM performance is measured at the PCP practice location for the applicable Keystone HMO member panel using 23 Healthcare Effectiveness Data and Information Set (HEDIS®)-based measures as set forth below⁶:

- Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Beta Blocker Treatment after Heart Attack
- Cancer Screening: Breast Cancer
- Cancer Screening: Cervical Cancer
- Cancer Screening: Colorectal Cancer
- Cholesterol Management
- Diabetes: HbA1c Testing
- Diabetes: LDL-C Screening
- Diabetes: Nephropathy Screening
- Diabetes: Retinal Exam
- Immunization: DTaP
- Immunization: HIB
- Immunization: IPV
- Immunization: Meningococcal
- Immunization: MMR
- Immunization: Rotavirus
- Immunization: Tdap or Td
- Osteoporosis Management
- Persistent Asthma Care
- Spirometry Testing for COPD
- Well-Care Visits: First 15 Months
- Well-Care Visits: 3-6 Years
- Well-Care Visits: Adolescents

PCP practice locations that receive a QPM percentile ranking of less than 5 percent for the most recent two consecutive years shall not be eligible to participate in Tier 1 (i.e., lowest member cost-sharing, Preferred benefit level). The QPM percentile ranking is communicated to each office in July; in 2015 the criteria will be measured using the rankings communicated to practices in July 2014 (and, to the extent applicable, July 2013).

⁴ In order to be classified as “Worse than the U.S. National Rate” by CMS, the lower bound of the interval estimate (i.e., confidence interval) around the risk adjusted mortality measure score for a hospital in a given category must be above the national crude mortality rate for that category.

⁵ If a provider does not have available ratings in all three conditions, provider will be ineligible to participate in Tier 1 if it is classified as “Worse than U.S. National Rate” in all of the conditions for which ratings are provided.

⁶ Measure list is as of Measurement Year 2013. The number of measures used to assign PCP Office Percentile Rank within Specialty varies by specialty and may be different in past and future years.



References

- **PHCQA:** www.pahealthcarequality.org
- **CMS:** www.hospitalcompare.hhs.gov/data/rcd/30-day-measures.aspx
- **QIPS Program Manual:** Log onto the NaviNet[®] web portal, go to Independence NaviNet Plan Central, and navigate to the Current Publications section to view and download the *QIPS Program Manual* for the applicable measurement year.

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