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

2020 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 share, 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 19 hospital quality measures reported by the Centers for Medicare & Medicaid Services (CMS). These measures represent three of the four scoring domains (Clinical Care, Patient- and Caregiver-Centered Experience of Care/Care Coordination, and Safety of Care) in the CMS Hospital Value-Based Purchasing (HVBP) Program for Fiscal Year 2019 and are outlined below:

Clinical Care Domain
- Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
- Heart Failure (HF) 30-Day Mortality Rate
- Pneumonia (PN) 30-Day Mortality Rate
- Complication Rate Following Total Hip/Knee Arthroplasty

Patient- and Caregiver-Centered Experience of Care/Care Coordination Domain
- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Item Care Transition
- Communication about Medicines
- Cleanliness and Quietness of Hospital Environment
- Discharge Information
- Overall Rating of Hospital

Safety of Care Domain
- Central Line-Associated Blood Stream Infection (CLABSI)
- Catheter-associated urinary tract infection (CAUTI)
- SSI – Colon Surgery
- SSI – Abdominal Hysterectomy
- Methicillin-resistant Staphylococcus Aureus (MRSA)
- Clostridium difficile Infection (CDI)
- Perinatal Care (PC)-01

1 See CMS Hospital Compare for more information on CMS HVBP Measures (https://www.medicare.gov/hospitalcompare/data/hospital-vbp.html)
Independence Blue Cross offers products directly, through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

CMS awards hospitals points for achievement (i.e., how the hospital performed compared to other hospitals) and improvement (i.e., how much a hospital has improved compared to its own previous performance) for each underlying quality measure listed above. CMS then assigns each hospital an Unweighted Normalized Score for each Domain of Care based on the points earned relative to the total eligible points, which adjusts for the number of measures on which a hospital can be assessed. These scores as published in the CMS Hospital Compare database.

Hospitals will then be ranked against all US hospitals in each of the three Domains of Care. Hospitals with Unweighted Normalized Scores at or below the National 5th percentile in two or more of the three Domains of Care (Clinical Care, Patient- and Caregiver-Centered Experience of Care/Care Coordination, and Safety of Care) shall not be eligible to participate in Tier 1.

If a hospital does not meet the standards outlined above based on the publicly available information as of October 2019, such provider will not be eligible for Tier 1 in the Keystone HMO Proactive product. Providers will be reassessed no more than once annually.

**Minimum Quality Criteria for PCPs**

The PCP Minimum Quality Criteria are based on the Quality Performance Measurement (QPM) score program performance rankings, which are a subset of Independence’s longstanding Quality Incentive Payment System (QIPS) program. QPM score program performance is measured at the PCP practice location for the applicable Keystone HMO member panel using 29 Healthcare Effectiveness Data and Information Set (HEDIS®)-based measures as set forth below.

- Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Beta Blocker Treatment after Heart Attack
- Cancer Screening: Cervical Cancer
- Diabetes: HbA1c Control <8.0%
- Diabetes: Retinal Exam
- Immunization: HPV
- Immunization: Meningococcal
- Appropriate Testing for Children with Pharyngitis
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Cancer Screening: Breast Cancer
- Cancer Screening: Colorectal Cancer
- Diabetes: Nephropathy Screening
- Immunization: HIB
- Immunization: IPV
- Immunization: MMR

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2 See CMS Hospital Compare for more information on CMS HVBP Measure Scoring ([https://www.medicare.gov/hospitalcompare/data/hospital-vbp.html](https://www.medicare.gov/hospitalcompare/data/hospital-vbp.html))

3 If a provider does not have available ratings in at least two Domains of Care, provider will be ineligible to participate in Tier 1 if it is at or below the National 5th percentile in all of the Domains of Care for which ratings are provided.

4 Providers will only be assessed on the Domains of Care for which they have available scores or ratings unless otherwise noted herein.

5 Measure list is as of Measurement Year 2020. 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.
- Immunization: VZV
- Immunization: Flu
- Immunization: Tdap
- Medication management for people with asthma
- Statin therapy for patients with cardiovascular disease and/or diabetes – dispensed
- Well-Care Visits: First 15 months
- Well-Care Visits: Adolescents

- Immunization: PCV
- Immunization: Rotavirus
- Immunization: DTaP
- Osteoporosis Management
- Statin therapy for patients with cardiovascular disease and/or diabetes – adherence
- Well-Care Visits: 3-6 Years

PCP practice locations that receive a QPM score program 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 score program percentile ranking is communicated to each office in August; in 2020 the criteria will be measured using the rankings communicated to practices in August 2020 (and, to the extent applicable, August 2019).

References
- CMS Hospital Value-Based Purchasing: www.medicare.gov/hospitalcompare/data/hospital-vbp.html
  www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937
- QIPS Program Manual:
  Log onto the NaviNet® web portal (NaviNet Open), go to Independence NaviNet Open 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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