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

2017 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 23 hospital quality measures reported by the Centers for Medicare & Medicaid Services (CMS). These measures represent three of the four scoring domains (Clinical Process of Care, Patient Experience of Care, and Outcome of Care) in the CMS Hospital Value-Based Purchasing (HVBP) Program for Fiscal Year 2016 and are outlined below:¹

Clinical Process of Care Domain
- Heart attack patients given fibrinolytic medication within 30 minutes of arrival (AMI-7a)
- Pneumonia patients given the most appropriate initial antibiotic(s) (PN-6)
- Surgery patients who were taking heart drugs called beta blockers before coming to the hospital who were kept on the beta blockers during the period just before and after their surgery (SCIP-Card-2)
- Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery (SCIP-VTE-2)
- Surgery patients who are given the right kind of antibiotic to help prevent infection (SCIP-Inf-2)
- Surgery patients whose preventive antibiotics are stopped at the right time (within 24 hours after surgery) (SCIP-Inf-3)
- Surgery patients whose urinary catheters were removed on the first or second day after surgery (SCIP-Inf-9)
- Patients assessed and given influenza vaccination (IMM-2)

Patient Experience of Care for the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) Domain
- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Pain Management
- Cleanliness and Quietness of Hospital Environment
- Communication about Medicines
- Discharge Information
- Overall Rating of Hospital

¹See CMS Hospital Compare for more information on CMS HVBP Measures.
Outcome of Care Domain

- Acute Myocardial Infarction (AMI) 30-Day Mortality Rate (MORT-30-AMI)
- Heart Failure (HF) 30-Day Mortality Rate (MORT-30-HF)
- Pneumonia (PN) 30-Day Mortality Rate (MORT-30 PN)
- Complication/Patient safety for selected indicators (AHRQ Composite [PSI-90])
  - PSI 03 - Pressure Ulcer
  - PSI 06 - Iatrogenic Pneumothorax
  - PSI 07 - Central Venous Catheter-Related Bloodstream Infections
  - PSI 08 - Postoperative Hip Fracture
  - PSI 12 - Perioperative Pulmonary Embolism or Deep Vein Thrombosis
  - PSI 13 - Postoperative Sepsis
  - PSI 14 - Postoperative Wound Dehiscence
  - PSI 15 - Accidental Puncture or Laceration
- Central Line-Associated Blood Stream Infection (CLABSI)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Surgical site infection (SSI)
  - Colon Surgery
  - Abdominal Hysterectomy

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.² These scores as published in the CMS Hospital Compare database.

Hospitals will then be ranked against all U.S. 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 Process of Care, Patient Experience of Care, and Outcome of Care) shall not be eligible to participate in Tier 1.³

If a hospital does not meet the standards outlined above, based on the publicly available information as of November 2016, such provider will not be eligible for Tier 1 in the Keystone HMO Proactive product.⁴ Providers will be reassessed no more than once annually.

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²See CMS Hospital Compare for more information on CMS HVBP Measure Scoring
³If a provider does not have available ratings in all three 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.
⁴Providers will only be assessed on the Domains of Care for which they have available scores or ratings unless otherwise noted herein.
Minimum Quality Criteria for PCPs

The PCP Minimum Quality Criteria are based on the Quality Performance Measure (QPM) score program 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 26 Healthcare Effectiveness Data and Information Set (HEDIS®) based measures as set forth below.5

- Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Beta Blocker Treatment after Heart Attack
- Cancer Screening: Breast Cancer
- Cancer Screening: Cervical Cancer
- Cancer Screening: Colorectal Cancer
- Diabetic Care: HbA1c Testing
- Diabetic Care: HbA1c Control < 8.0%
- Diabetic Care: Nephropathy Screening
- Diabetic Care: Retinal Exam
- Immunization: IPV
- Immunization: Meningococcal
- Immunization: MMR
- Immunization: Rotavirus
- Immunization: Tdap
- Immunization: HiB
- Immunization: HPV
- Osteoporosis Management
- Medication management for people with asthma
- 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 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 2017 the criteria will be measured using the rankings communicated to practices in August 2016 (and, to the extent applicable, August 2015).

5 Measure list is as of measurement year 2017. 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

- **CMS Hospital Value-Based Purchasing:**
  

  [www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937](http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937)

- **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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