Physician Performance Monitoring

Policy Number: M20151014078

Effective Date: 12/1/2015

Sponsoring Department: Quality Management

Impacted Department(s): Quality Management; Credentialing; Benefit Administration; SIU; Informatics; Legal, Network Contracting; Reimbursement and Administration

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus; ☒Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☒PDP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual

Excluded Products within the Selected Lines of Business (LOB)

This section is intended to list specific LOB products that are excluded from adhering to this policy (due to differences in law/regulations). If not applicable, please indicate N/A.

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

Independent Health, in conjunction with a team of healthcare professionals, have developed the methodologies and procedures reflected in this policy to establish consistent criteria and thresholds to evaluate participating physician performance and institute action plans that are efficient and effective in

resolving instances of substandard services or patient care determined to be outside the professional standards of practice. Participating physicians are also subject to evaluation and review in accordance with their Participating Physician Agreements, applicable state and federal regulations and Independent Health programs to include but not limited to Quality Management, Utilization Review and Special Investigations Unit. The physician evaluation process is also designed to ensure that participating physicians are regularly informed of information maintained by Independent Health to evaluate their performance. The IPA/WNY Board has reviewed the process and procedures herein and approved them as adequate measures against stated criteria and an appropriate group of health care professionals using similar treatment modalities serving a comparable patient population in the community.

Policy:

Participating physicians are measured against the following performance measures:

- Efficiency Index
- Effectiveness Index
- Controlled Substance Utilization Index
- Generic Medication Utilization Index
- Member Complaints
- Malpractice claims history
- NYS Office of Professional Misconduct (OPMC) Licensing Restrictions and Sanctions
- Quality of Care Concerns
- SIU review and evidence of abuse or fraudulent billing
- Non-compliance to include, but not be limited to non-compliance with contract or policy, quality improvement activities, medical management, and recredentialing activities

Each measure is assigned a threshold and assigned a point value as follows:

Criteria	Description	Threshold & Points
Efficiency Index (Cost/Usage)	Utilization validated to be ≥ to 2.5 standard deviations from mean of peer group (minimum of 30 episodes of care). An episode of care is assigned to each provider responsible for at least 20% of the professional charges within the episode. The episode includes all types of services and categories; professional visits, labs, diagnostic testing, surgeries, pharmacy, inpatient, outpatient, and alternative sites.	≥ 3.5 = 10pts. ≥ 3.0 – 3.4 = 5pts. ≥ 2.5 – 2.9 = 1pt.
Effectiveness Index (Quality Measures)	Chronic and Acute Disease metrics validated to be ≥ to - 2.0 standard deviations from mean of peer group (minimum of 30 episodes of care) A physician's effectiveness index can be defined as a measurement of how the provider is performing compared to his peer group utilizing a	≥ - 3.0 = 10pts. ≥ - 2.5 – 2.9 = 5pts. ≥ - 2.0 – 2.4 = 1pt.

	set of evidence based medical rules.	
Member Complaints	Documented, reported member complaints concerning practice access, quality and service related issues. Medical Director or reviewer's findings as follows: **No issue** – unable to substantiate member complaints **Minor Issue** – service or communication with no clinical consequence **Major Issue**– service or communication with no clinical consequence but minor variance from standards of practice **Major Issue** – major variance from standards of practice regardless of clinical consequence **Major variance** with significant morbidity **Major variance** with mortality resulting	No issues found = 0.25 per issue Minor issue or variance = 1pt. Major issue = 5 pts. Additional points for variance: Major variance = 5 pts. Major variance with significant morbidity = 10 pts. Major variance with mortality = 10 pts.
Malpractice Claims History	Malpractice claims history meets threshold of 7 points as established in our Practitioner Credentialing/Recredentialing policy. Malpractice claims history is reviewed every 36 months at recredentialing and the assessment is based on a system that considers the number of open suits and the dollar amount of closed suits with payment. Points are assigned and the rating system provides a threshold* requirement that any practitioner with seven or more points meets the criteria for the PET repository.	Meet Threshold = 10 pts.
NYS and OPMC Actions	Real time notification of any license action or regulatory sanction (Note: Revocation, lapse and suspension = immediate termination)	Any license action or regulatory sanction = 10pts.
Controlled Substance Utilization Index	Validated controlled substance prescribing at variance from peer group. Utilization ≥ to 2.5 standard deviations from mean of peer group (Minimum of 300 Prescriptions measured)	≥ 3.5 = 10pts. ≥ 3.0 – 3.4 = 5pts. ≥ 2.5 – 2.9 = 1pt.
Generic Medication Utilization Index	Validated generic prescribing at variance from peer group. Utilization ≥ to - 2.5 standard deviations from mean of peer group (Minimum of 300 Prescriptions measured)	≥ - 3.5 = 10pts. ≥ - 3.0 – 3.4 = 5pts. ≥ - 2.5 – 2.9 = 1pt.
Quality of Care Concerns	Any quality concern for which the Medical Director of Quality & Disease Management determines further review is warranted, including but not limited to referral to Peer Review. In some instances, the Medical Director will work with the participating physician prior to or in lieu of presenting to Peer Review. Any of these approaches may result in points being assigned to the physician. Review may be triggered if a pattern in claims indicates a potential clinical or service issue. Quality concerns may also be called to the attention of the Medical Director of Quality &	Points assigned by Medical Director. Action taken with limitation = 10 pts. Action taken with formal education requirement/or other action = 10 pts. Communication/meet with Medical Director or Peer Review = 5pts.

	Disease Management by an outside source, another Medical Director, or an internal department such as Benefit Administration, Utilization Management, Credentialing, SIU or Pharmacy.	Case triggered for Medical Director review = 1 pt.
Special Investigations Unit (SIU)	Any review, investigation or audit by SIU. A review may be triggered for a variety of reasons, including but not limited to a tip or report from an outside source or internal department that abuse or fraud is suspected or if a particular claims pattern indicates a potential issue.	Law Enforcement Referral = 10 pts. Abuse ≥ $100,000 = 8 pts. Abuse < $100,000 = 5 pts. Preliminary Review Triggered = 1 pt.
Non-compliance	Contract or policy non-compliance to include but not be limited to: • Failure to comply with medical record requests (e.g., HEDIS, SIU, BA, etc.) • Failure to comply with meeting request or provide inquiry or complaint response • Failure to obtain pre-authorization when required and provide sufficient documentation or records when needed; provider and member initiated pre-authorizations • Failure to comply with recredentialing requests • Failure to comply with IH policy • Referring patient to non-par provider	Real time notification of any and all incidents: Each occurrence = 1 pt. 1st **re**currence in same category = 5pts. ≥ Additional **re**currences in same category = 10pts. per recurrence

The data is collected in a central repository and a profile of the physician's performance is generated to include the above defined criteria. Regular case review is performed by the Physician Evaluation Team (PET). Point values are maintained over a three year period with exception to the index measures which are based on one year of claims data and refreshed every six months. Index measures include efficiency index, effectiveness index, controlled substance utilization index, and generic medication utilization index.
The PET, chaired by the Medical Director of Quality and Disease Management, has been established to review cases, assess data and variances to determine if any further action is needed.

Upon request of a participating physician or upon identification by PET of a participating physician in need of further action, Independent Health will make the above profiling data and analysis information available to the participating physician. Such information may be summarized but shall be appropriate to the nature and amount of data and the volume and scope of services provided. If a participating physician who is identified for further action by PET believes his/her practice is too unique to be measured against the applicable peer physician population, he/she will be given the opportunity to discuss the unique nature of his/her patient population which may have a bearing on the profile measures. If a prior opportunity has not been provided, the participating physician will be given the opportunity to work with Independent Health to improve performance. In those cases where the Medical Director is recommending termination for cause, an opportunity for improvement may not be given, but the right to an appeal will be provided.

Further actions may include, but are not limited to the following:

- Education
- Education and sanction
- Imposition of withhold
- Limitations on practice
- Suspension of participation in network
- Non-renewal of participation in network
- Termination

Note: In accordance with the terms of the IPA/WNY Physician agreement, actions that may be taken against a physician's participation with Independent Health are not limited to this process.

Definitions

Participating Physician: a physician duly licensed in the state who has entered into a participating physician agreement with the IPA/WNY

PET: the Physician Evaluation Team which includes representation from multi departments within Independent Health and includes representation from the Office of the Medical Directors, Benefit Administration, Clinical Quality, Credentialing, Legal, Pharmacy, Provider Networks/Reimbursement, Provider Engagement Team, SIU and Utilization Management.

Malpractice Threshold:

- **Number of Open Suits**

  For every open suit in which a practitioner is named during the relevant recredentialing review period, one point is assessed. In addition, another two points are added if there are three or more open suits in the previous three years.

- **Dollar Amount of Closed Suits with Payment**

  The system of assessing a practitioner's malpractice history is also weighted by the number of closed suits with payment. In addition to any points accumulated due to the number of open suits, the following points are assessed for each closed suit with payment attributed to the practitioner:

Points	Payment
1	$ 50,000 – 249,999
2	250,000 – 499,999
3	500,000 – 749,999
4	750,000 – 999,999
5	1,000,000 and more

This rating system provides a threshold requirement that any practitioner with seven or more points shall be reviewed by the Health Care Quality Credentialing subcommittee.

References

Related Policies, Processes and Other Documents

Physician and Provider Limitations, Sanctions, Termination and Reporting Policy # M900600034
Practitioner Credentialing and Recredentialing Policy and Procedures #M900601322

Regulatory References

NYS: PHL 4406-d(4)
Reg. 98-1.12

Version Control

Sponsored By:
Name sponsor: Thomas Foels
Title of sponsor: Chief Medical Officer
Signature of sponsor:

Revision Date	Owner	Notes
6/1/2017	Phil Salemi	Revised
12/1/2015	Lori Pazzaglia	Revised
12/1/2016	Deb Robinson	Reviewed
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