

SPECIALIST EFFICIENCY REPORT (SER) QUALITY ASSESSMENT

FREQUENTLY ASKED QUESTIONS – FOR SPECIALISTS

Q: What is the Highmark SER Quality Assessment?

A: Highmark is adding a Quality Assessment to the SER to complement the established Cost Efficiency score and provide greater insights to help **cardiologists, orthopedic specialists, gastroenterologists, neurologists, and endocrinologists** monitor quality as well as care cost, effective July 2019. **Dermatologists** are not included in the Quality Assessment at this time. **The SER Quality Assessment is for informational purposes only.** Specialists are a critical part of effective care delivery for patients, so we feel it is important to share quality and cost information with you in a clear, useful, and transparent manner to allow you to have more insights regarding your performance.

Q: Why is Highmark introducing the SER Quality Assessment?

A: The SER Quality Assessment component provides a more accurate assessment of the value of the care. The SER Quality Assessment will provide **cardiologists, orthopedic specialists, gastroenterologists, neurologists, and endocrinologists** with a more comprehensive view of how they compare to their peers in terms of quality rather than on cost alone. It will also provide PCPs in our True Performance value-based reimbursement program with additional information to help them make more informed referral decisions.

Q: What will the SER Quality Assessment measure?

A: Using claims data via a rolling 12-month look-back, the SER Quality Assessment will evaluate **cardiologists, orthopedic specialists, gastroenterologists, and neurologists** on All-Cause Readmissions and Emergency Department (ED) Utilization. **Endocrinologists** will be evaluated on ED Utilization only. **Dermatologists** are not included at this time. In addition to these “scored” metrics used for the evaluation under the SER Quality Assessment, **cardiologists, orthopedic specialists, gastroenterologists, neurologists, and endocrinologists** will have a variety of specialty-specific profiled metrics. Profiled metrics are for information only and are not included in the evaluation under the SER Quality Assessment.

Q: What are the profiled metrics that will be provided as a part of the SER Quality Assessment?

A: The profiled metrics for each specialty are outlined below. Dermatologists are excluded at this time.

Cardiology	Endocrinology	Gastroenterology	Neurology	Orthopedics
<ul style="list-style-type: none"> Statin therapy for people with cardiovascular disease Cardiac Stress Testing Controlling High Blood Pressure* 	<ul style="list-style-type: none"> Medical attention for nephropathy Statin use for persons with diabetes Comprehensive Diabetes Care: Retinal Screening HbA1c Controlled <9 Osteoporosis Management in Women who had a Fracture 	<ul style="list-style-type: none"> Colorectal Cancer Screening 	<ul style="list-style-type: none"> Imaging for Carotid Arteries Imaging for Uncomplicated Headache 	<ul style="list-style-type: none"> High-dosage opioid therapy Imaging for low back pain

* To be added in 2020 due to lack of historic data availability.

Q: Why are endocrinologists excluded from All-Cause Readmissions evaluation?

A: Endocrinologists are not included in the All-Cause Readmissions evaluation due to lack of volume.

Q: How will specialist practices be compared on the SER Quality Assessment?

A: Specialty-specific data on All-Cause Readmissions and ED Utilization metrics are presented. **Cardiologists, orthopedic specialists, gastroenterologists, neurologists, and endocrinologists** are compared to their peers. Performance is represented as pass (greater than 25th percentile) or fail (bottom 25th percentile). The SER Quality Assessment pass/fail scores do not impact overall SER (O/E) Observed/Expected scoring.

Performance thresholds are set by specialty and are not impacted by the region in which the specialist practices (Pennsylvania, Delaware, or West Virginia). Cost efficiency data will remain regional.

Q: How were the metrics chosen for the SER Quality Assessment?

A: The chosen metrics are supported by nationally recognized, evidence-based guidelines from the National Committee for Quality Assurance, Centers for Medicare and Medicaid Services, as well as numerous medical societies. All-Cause Readmissions and ED Utilization also align with the quality assessment in Highmark’s True Performance program for PCPs.

Q: What are the criteria for calculating the metrics for the SER Quality Assessment?

A: Eligible population for metric denominators is determined using ranked episode attribution logic. Your practice must have a minimum denominator of 10 episodes to be scored on the ED metric. Your practice must have a minimum denominator of 10 admissions to be scored on the Readmissions metric. Scores will only be supplied on scored metrics with denominators ≥ 10 . Scores are calculated at the individual metric level and percentile color is also assigned on an individual metric-basis.

Q: How is an episode defined?

A: Episodes are defined by an Episode Treatment Group (ETG[®]). An ETG evaluates costs by grouping claims that are considered part of an episode of care (diagnosis, treatment and conclusion) related to a patient's medical condition. An ETG incorporates all clinically relevant inpatient, outpatient, post-acute, professional, and ancillary services, as well as prescription medications.

Q: Which Highmark claims are used for measurement?

A: The SER will use medical claims for services received by Highmark Commercial and Medicare Advantage members who have continuous coverage with Highmark during the measurement period. Members of the Federal Employees Health Benefits Program (FEP) are excluded.

Q: Why are only certain specialties being measured?

A: **Cardiologists, orthopedic specialists, gastroenterologists, neurologists, and endocrinologists** provide the highest percentage of the non-cancer specialty care that our members receive and therefore present the best opportunity to enhance both our members' health and the value of the care our members receive. We will continue to monitor the SER and the SER Quality Assessment and will modify or add specialties as needed in the future.

Q: Will the SER Quality Assessment include any other information?

A: Yes. Your practice will also receive data on whether or not your patients are attributed to a PCP.

Q: How often will I receive my SER Quality Assessment and how will I access it?

A: Your practice will receive quality reporting on a bi-annual basis, starting July 2019. The SER Quality Assessment will be included in your secure, encrypted, and password-protected SER materials that are accessible to you online through a Highmark SER portal.

Q: I don't have a SER account. How can I get one?

A: If you have not already created an SER account, please contact your assigned Provider Account Liaison or Clinical Transformation Consultant for assistance. If you do not have an assigned contact you may submit your inquiry to SpecialistSEI@highmark.com.

Q: Will PCPs also receive the SER Quality Assessment information?

A: Beginning in January 2020, PCPs who participate in True Performance will receive a simplified version that will include the scored metric information only. These PCPs will be able to view thresholds and color percentile coding for **cardiologists, orthopedic specialists, gastroenterologists, neurologists, and endocrinologists.**

Q: How can I contact Highmark if I have questions or feedback?

A: Your Highmark Clinical Transformation Consultant or Provider Account Liaison can address your questions or feedback. You can also contact us at SpecialistSEI@highmark.com.

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