

SPECIALIST PERFORMANCE INITIATIVE

FREQUENTLY ASKED QUESTIONS – FOR SPECIALISTS

Specialist Performance Initiative

Q: What is the difference between the Specialist Performance Initiative (SPI) and Specialist Efficiency Initiative (SEI)?

A: The intent and purpose of SPI remains consistent with the goals of SEI. The name change was a result of the conversations we had with multiple SEI providers, and a desire to create the distinction between the old and new methodologies with this release. In addition, based on future plans for SPI, we also wanted to ensure the name reflects that this information is not merely about cost efficiency nor is it meant to label providers as “good” or “bad.” Rather SPI should serve as a tool to help providers in the clinical decision-making process and an indicator of the value of the care our members receive. Much of the information provided through SPI will be consistent with what was included in SEI, but with additional insights, details, and including significantly more specialty types.

Q: What is Highmark’s Specialist Performance Initiative?

A: Highmark’s Specialist Performance Initiative (SPI) is a cost performance profile tool to help physician groups monitor care cost. SPI includes the following specialties:

Cardiology	Neurology
Dermatology	Ophthalmology*
Endocrinology	Orthopedics
Gastroenterology	Psychology*
General Surgery*	Pulmonology*
Gynecology*	Rheumatology*
Nephrology*	Urology*

**Specialties are new for SPI*

In addition to the physician-based lists, orthopedics will also have a sub-list to highlight chiropractors, and the psychology lists will feature physicians and non-physicians as well.

Specialists are a critical part of effective care delivery for patients, so we feel it is important to share this cost information with you in a clear, useful, and transparent manner to allow you to have more meaningful insights on all facets of your care delivery through a value-based lens.

Q: Why is Highmark broadening the scope of SPI?

A: We continuously evaluate our value-based initiatives to ensure their span of influence across Highmark's market. We are broadening the scope of SPI so it impacts a larger collection of specialists, especially those most utilized by Highmark members. All eligible specialists will be ranked with their peers based on observed to expected (O/E) performance scores within various clinical condition categories.* Peer groupings are based on clinical practice and credentialing. These more compressive specialist profiles will provide actionable comparison data of the relative cost of care among providers who practice in the same region and specialty.

Additionally, PCPs in True Performance are measured on delivering high quality and keeping the overall costs of care down. Referrals to specialists are an important component of both. PCPs have asked us to share individual provider-level information to show them which specialists are best providing high value care and a tool to make more informed referral decisions. In addition, data shared through SPI should help specialists observe care cost and quality performance, detect variability in care delivery, and monitor adherence to care protocols. Overall, this effort aligns to Highmark's strategy to transition the market to value-based care in collaboration with providers, including providing transparent, useful, and clear information to the market.

**While all eligible specialists will receive an O/E performance score, some specialists may be excluded from the list rankings shared with third party specialists and PCPs for contractual reasons.*

Q: Why are costs for some specialties excluded?

A: The specialties listed for inclusion in SPI represent a high percentage of the 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.

Care as a result of an acute or traumatic event is not often applicable for a referral. Some care is highly specialized or there are a limited number of providers who offer it, so it is not suitable for ranking. For example, highly specific surgical care like transplants or complex or rare chronic conditions such as Cystic Fibrosis. Finally, other specialties are being evaluated through different value-based reimbursement programs. For example, cancer costs are addressed through the Highmark Cancer Collaborative.

We will continue to monitor the cost profiles of other specialties and may modify or add specialties in the future.

Q: How does SPI differ from SEI?

A: There are substantial methodology changes, including the level at which we are ranking the specialists. Although specialists were able to see how they may have impacted their former practice ranking, the rankings between the 2 versions are not comparable. The following table provides a comparison between the original and expanded report.

Component	Specialist Efficiency	Specialist Performance
Ranking Level	Rankings were done at the practice level	Rankings are at the individual physician level
Ranking Format	Efficiency ranking includes 75%+ of providers and providers are deemed “efficient” or “less efficient”	All eligible providers with O/E performance scores for at least 10 episodes in a clinical condition are included.* Performance indicators such as quartiles will be utilized to establish “benchmarks” for comparison
Lists	One list per each of the 6 specialties	Multiple lists per specialty with more defined groupings based on 52 clinical condition categories
Peer Group Definitions	All specialists were grouped together based on high-level specialization regardless of any sub-specializations	More apples-to-apples grouping, peers are grouped based on clinical practice and credentialing
PCP List	Information shared with PCPs was alphabetized, only top 75% of specialists were listed	Information shared with PCPs includes all eligible providers with O/E scores.* The O/E scores are based on the costs attributed to an entire episode and do not represent the costs for a particular specialist.

** While all eligible specialists will receive an O/E performance score, some specialists may be excluded from the list rankings shared with third party specialists and PCPs for contractual reasons.*

Q: How is an episode defined?

A: Episodes are defined by Optum's 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: How does Highmark determine market average costs?

A: Market average costs are determined by a regional average, adjusted by patient risk factors, specialty, case mix of episode types, and line of business, e.g., Commercial or Medicare Advantage.

Q: What methodology was used to determine the groupings for SPI?

A: 1. Grouping of Major Practice Categories

Optum links each Episode Treatment Group (ETG) to a Major Practice Category (MPC), which is tied to a major body system/physician specialty. All ETGs were grouped based on the MPC to which it was assigned by Optum.

2. Review of Clinical Practices

Using these groupings, we reviewed the ETGs to form sub-groups within each MPC based on clinical guidance. The subgroupings were established based on clinical practice to create groupings based on like-conditions and treatment/standards of care.

3. Data Insights

Using the clinical groupings within each MPC, we used additional data points to continue to eliminate ETGs (e.g., low volume, credentialing requirements, etc.). These final groupings were validated with small physician groups of the impacted specialties.

The final results of this process represent the 52 lists of clinical condition categories utilized in SPI.

Q: How does the ranking methodology differ for cardiology and orthopedics specialties?

A: Methodology modifications were made to accommodate for additional complexities of cardiology and orthopedics specialties.

For cardiology, we first determined whether a cardiologist has an Interventional Cardiology Credential or Electrophysiology (EP) Credential in addition to General Cardiology. We then determined if the cardiologist performed procedures frequently enough, during the past 12 months, within the scope of these categories to be compared to their peers.

For orthopedics, the O/E performance scores are a weighted average of surgical and non-surgical episodes within the same clinical condition. Initially, surgical episodes are compared to surgical ones, while non-surgical episodes are compared to non-surgical ones. These are then composited together in a weighted average to form the provider's final O/E performance score for that clinical condition.

Q: If a provider is not listed on the current rankings, what is the earliest timeframe they may be listed?

A: Lists are refreshed bi-annually. Eligible providers are excluded from the list if they fail to meet minimum denominator requirements for scoring or didn't own a sufficient number of eligible episodes during the measurement period. If a specialist's volume increases, they may be eligible for inclusion on future lists. Specialists' lists are refreshed bi-annually.

Q: With the updated methodology, is it possible for a specialist to appear on more than one list?

A: Yes. Because specialties will have multiple lists based on clinical conditions, it is possible for a specialist to appear on more than one list and have different levels of performance. In addition, if a provider practices out of multiple sites, they could appear multiple times within the same clinical condition list. Finally, if providers are credentialed in multiple specialties, they can appear on any clinical condition list under the specialties for which they are credentialed.

Q: What data is used and how is the data in SPI compiled?

A: Using claims data via a rolling 12-month look-back, each specialist is evaluated on observed total episode costs compared to market average costs, adjusted for region, a patient's risk profile, and inclusion of a procedure or surgery, producing a composite "O/E performance score." We intend to work collaboratively with providers and could make changes based on provider feedback. Our methodology is based on industry standard practice, uses industry standard tools, and has been reviewed by clinicians (both PCPs and relevant specialists).

Q: What timeframe does the data in the December 2020 report reflect?

A: The data in the December 2020 report reflects data from July 1, 2019 through June 30, 2020. The next iteration of the Specialist Performance Report will be released in July 2021 and will reflect CY2020 data. Reports will continue to be released on a bi-annual basis in January and July.

Q: Which Highmark claims are used for measurement?

A: SPI will use medical and pharmacy claims for services for Highmark Commercial, including Affordable Care Act (ACA), and Medicare Advantage members, who have continuous coverage with Highmark during the measurement period.

The Commercial line of business will not include Federal Employee Program (FEP), Children's Health Insurance Program (CHIP) or BlueCard (other Blues plans) members. Medicaid is not currently in scope for this initiative.

Q: Will the profiles be organized by region or will they show the entire state?

A: The specialist cost performance profiles will be created based on the four geographic regions in the service areas of Highmark and its affiliated health plans: Western PA, combined Central and Northeastern PA, West Virginia and Delaware. Specialists within a certain region are only compared against peers in that specific region. Please note that specialists in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties in Pennsylvania are included in both the Central/Northeastern PA and Delaware regions.

Q: Is there a quality assessment in SPI?

A: Quality indicators are inherent in episodic views of care delivery, however, there currently is not a specific quality assessment. Specialists will be provided with data on their readmissions and ED utilization, but this is purely informational and does not impact scores or ranking at this time.

There are plans to add additional quality information to SPI in the months following the cost and utilization update. Quality is an integral part of care delivery and cost data alone is not fully reflective of performance.

Q: Will SPI include any patient-level information?

A: Yes. PCPs will be able to see details of visits their attributed members had with a specialist provider and specialists will be able to see patient-level detail of the care they provided Highmark members that generated an episode.

Any patient-level cost data shared is attributed to an entire episode and does not reflect a specialist's particular costs.

Q: What information included in SPI will be shared with True Performance PCPs?

A: True Performance PCPs will receive a list containing the specialists' O/E performance scores.

We want our members to receive the highest value care possible. The rising costs of health care must be addressed as members are increasingly becoming more responsible for the cost of their care through higher deductibles and co-pays. The transparency these reports provide is essential as we move health care forward. It is our hope that encouraging an ongoing dialogue with PCPs and specialists around the total cost of care can lead to appropriate reductions in medical costs while maintaining high quality.

Q: Are PCPs being directed to refer to certain specialists?

A: No. PCPs maintain control of their referral decisions. They are not being directed or required to refer to certain specialists. Data shared through SPI is provided as a common source of information for both specialists and PCPs to be able to have clinical and data-based insights to guide them when making referrals that is both simple and comprehensive. This is simply another piece of information to help PCPs, in collaboration with their patients, make appropriate decisions around care.

Q: Are you trying to steer business to Highmark partners with the cost performance profiles?

A: No. All eligible specialists are included in the SPI if they meet minimum denominator requirements on eligible episodes during the measurement period.

Q: My practice often sees patients who are acutely ill. How will the costs of caring for those patients impact my cost performance score?

A: Data used for the cost performance score will be risk adjusted for specialists who see very sick patients.

Q: How often will SPI data be distributed?

A: This information will be shared with specialists and True Performance PCPs on a bi-annual basis in January and July. Specialists will receive the report through the Provider Facing Analytics portal. PCPs will receive their report through the Quality Blue User Interface.

Note: PCPs will continue to receive monthly reports that illustrate their referral patterns.

Q: How can I access my SPI profile?

A: SPI data can be accessed via single sign on using your NaviNet logon credentials. On the left navigation bar, select **Provider Facing Analytics**.

If you need to have a NaviNet account created, please contact your Security Officer, who will create a NaviNet account for you. This person may be the billing contact for your office/practice.

If you have a NaviNet account and need help accessing the Provider Facing Analytics link, you may submit your inquiry to SpecialistPerformance@highmark.com.

Below is an example of the landing page that specialists will see when they access their reports:



SPI data is accessible from any device, including hand-held smartphones and tablets.

Q: What resources are available to help specialists learn more about this initiative?

A: Highmark will offer a robust suite of resources to help providers learn about this initiative. Resources include an introductory letter, FAQs, educational webinars, and user guides. Highmark's goal is to keep providers highly informed of their progress and status.

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 SpecialistPerformance@highmark.com.

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