



2008

## PHYSICIAN QUALITY INCENTIVE PLAN

**GOLD CHOICE**



**2008**

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**QUALITY VERSUS  
CLINICAL OUTCOMES**

**The overall goal of an incentive plan is:**

- to reward providers for the outstanding care you provide for our members who, due to the nature of the program, can be more time consuming, less compliant, and overall more challenging than the general population, and
- to encourage a seamless system of care by improving the quality assurance activities that providers are required to participate in anyway



Unlike other incentive plans that have a performance based pay plan, the focus is on Quality Assurance activities which indirectly benefits the member in that we can better measure the care they are receiving.

This model does not force providers to compromise the care they give our members as it is a quality versus clinical outcomes based measurement.



**Credentialing**

In order to ensure, in accordance with Article 44 of the Public Health Law, that all persons providing care and services for GOLD CHOICE membership satisfy all applicable licensing, certification or qualification requirements under New York State law, providers are required to complete a written application process. This includes documentation to support the primary verification sources, and that documentation is received in a timely manner.

Provider sites will be awarded 5 points for a complete new provider application including all signatures and documents. Maximum points awarded is 25 per site per year. Incomplete applications will be returned as "unprocessed"

**Recredentialing**

To assure documentation is received in a timely manner so there is no interruption in care for members.

Providers will receive 1 point per requested document with the required timeframe (via fax or mail). Because recredentialing requests are a Quality Assurance requirement 1 point will be deducted after the third request and for each month until the document is received. If the document is not received within 3months the provider's panel will be closed.



**Electronically Submitted Encounter Data**

To assure data is received in a timely manner for reporting purposes incentives will be offered

Provider will be awarded 5 points per quarter for encounter data via email, disk or travel drive. As this a quality assurance requirement if no encounter data received by two weeks after the of the quarter and there is no attestation that there were no Gold Choice encounters, 3 points will be deducted each quarter. If no data is received after three consecutive quarters capitation payments will be withheld.

## PROVIDER RELATIONS

### Educational In-Services

Initially, the in-service is performed to provide an overview of the medical record standards of care, clinical studies, clinical guidelines for STD/HIV/Lead poisoning/CTHP, credentialing, contracts, and the case management protocols. Addition in-services are scheduled to keep site abreast of any changes and train new staff.

Provider sites will be awarded 5 points for each educational in-service that is scheduled with a provider office. Potential points is 15 per year (3 in-services per office per year maximum).



### Contract related Correspondences

To assure documentation is received in a timely manner so there is no interruption in care for members incentives will be offered.

Provider will be awarded 2 points for each contract or addendum returned after the first request. Two points will be deducted for each document not received each month until document is received. If not received within three months Gold Choice may elect to terminate the agreement.

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Contact us

|                          |          |
|--------------------------|----------|
| Member Services.....     | 898-5966 |
| Provider Relations.....  | 898-5763 |
| Case Management.....     | 898-5875 |
| SMI Care Management..... | 898-5540 |

COMING SOON!

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## Reimbursement and Reports

Financial rewards and potential earnings are based on panel size (number of providers at each site) and number of members assigned to each site. The 2008 budget is funded through the administrative fee charged to providers. Because we have been notified by the New York State Department of Health Bureau of Managed Care financing that the current Medicaid capitation rates for Gold Choice will be extended through June 30, 2009, and we have not been able to give providers a cap increase for 7 years, we wish to offer rewards to providers who serve our membership.

Providers will be paid at the site level (to agent with whom the agreement is with) for quality assurance activities and targets as described in this guide. No specific payment will be made that is an inducement to reduce or limit medically necessary services furnished to Gold Choice member. This incentive arrangement means any payment under which a contractor may receive additional funds over and above the capitation rates they are paid.

All providers are eligible to participate and eligibility for incentive rewards is tied to specific membership based on PCP assignment, number of providers at a given site, and standards of care as outlined in the Gold Choice QAP.

Providers are reimbursed quarterly separate from monthly capitation payment. A report of which indicators were measured and how the amount was tallied will be included. Criteria based assessment is ongoing i.e. points are recorded as they are received in an Access Database. The dollar amount each provider receives is based on number of patients served and compliance with guidelines and criteria.

## Hospitalization Data Exchange

In order to ensure proper coordination of care provider will be encouraged to notify Gold Choice when one of its members has an ER or inpatient hospital event. We identify members who utilize the emergency room on a quarterly basis as a function of QA. This is done in order to determine if primary care and counseling linkages are necessary so the member can obtain preventative care on a regular basis instead of using the ER or to ensure proper follow up is coordinated.

Providers will be given 1 point for each notification of ER or inpatient hospital stay for each Gold Choice member. Providers can use the Gold Choice form or their own and it can be faxed or mailed. Potential points earned is dependent on number of members assigned to PCP who have an ER or inpatient visit reported to them.

### Chart Request

In order to measure standards and performance goals for participating providers they are rated on the Medical Record Review Standards as outlined in the QAP.

Gold Choice will reward the provider site 5 points for every requested chart received within the requested timeframe. Because chart reviews are a Quality Assurance requirement 5 points will be deducted each time a RN Case Manager must travel to your site for review.



### Diabetes Telephonic Case management Request

In order to better coordinate care for Diabetic members identified and placed in Gold Choice case management it is necessary to have open communication with the assigned PCP. Gold Choice has a mechanism in place that identifies members with Diabetes and works to coordinate with the PCP as well as other ancillary providers in order to reach certain goals regarding the member's illness.

Providers will be given 1 point for each PSA related to Diabetes Telephonic Case Management returned.



### SMI (Seriously Mentally Ill) Case Management Request

In order to better coordinate primary health and ancillary services care for SMI members who are identified by the Office of Mental Health and are enrolled with the Single Point of Entry Program, it is necessary to have open communication with the assigned PCP.

Providers will be given 1 point for every PSA related to SMI Telephonic Case Management returned.



### Roster Fax Back

Due to the transient nature of this population it is necessary to make every effort to keep current information on members.

Providers earn .25 point for each Gold Choice member whose information (address and/or phone number) is updated using information provided on the monthly provider roster. Roster can be faxed or mailed back monthly. Potential points earned is dependent on number of members assigned to PCP who have an address of phone number change.

### Gold Choice Quality Incentive Plan Report

Quarter 1 of 2008

UB FAMILY MEDICINE -- UB Family Medicine

|   | Totals | Amount |
|---|--------|--------|
| <b>Physician Self-Assessments (PSA)</b>                       |        |        |
| Annual Clinical Study:  | 0      | \$0.00 |
| Annual Appointment Availability:                              | 0      | \$0.00 |
| Child/Teen Health Plus Guidelines:                            | 0      | \$0.00 |
| Other Quality Assurance and Improvement Activities:           | 0      | \$0.00 |
| <b>Clinical Measure Scores:</b>                               |        |        |
| Diabetes Telephonic Case Management -Diabetes:                | 0      | \$0.00 |
| SMI (Seriously Mental Ill) Case Management Requests:          | 0      | \$0.00 |
| Hospitalization Data Exchange:                                | 0      | \$0.00 |
| Information Fax Back:   | 0      | \$0.00 |
| Chart Request:  | 0      | \$0.00 |
| RN Case Manager Chart Review Visit:                           | 0      | \$0.00 |
| Educational In-Services:                                      | 0      | \$0.00 |
| <b>Credentialing and Contracts</b>                            |        |        |
| Complete New Provider Application:                            | 0      | \$0.00 |
| Recredentialing Documentaion On-Time:                         | 0      | \$0.00 |
| Recredentialing Documentation not recieved after 3rd request: | 0      | \$0.00 |
| Contract or Addendum On-Time:                                 | 0      | \$0.00 |
| Contract or Addendum not received:                            | 0      | \$0.00 |
| Electronically Submitted Encounter Data:                      | 0      | \$0.00 |

Total Amount: \$0.00

## MEMBER CARE MANAGEMENT

### Integrated Care Coordination Management

Because Gold Choice is a partially capitated program we do not receive information regarding any ancillary services. In order to better assess if appropriate coordination of services is being given to members with the goal of clinical linkages; to monitor and encourage service delivery we will offer incentives for providers who give us care coordination information. This information will be used for the Chronic Disease Case Management program, Mammography Case Management program, and to monitor if specified standards of care are being adhered to.

Once the information is received the information will be put in the member's electronic and paper file so that if the member is in or will become a case management file the information is available for the case manager.

Providers will receive .25 point value for each care coordination form is received via fax or mail, for one of our members. Providers can use the Gold Choice triplicate form provided or the information can be given on the providers script pad as long as the referring provider ID information is included.



### Clinical Measure Scores:

In order to determine if guidelines for C/THP, Lead screening, HIV screening, STD screening are being adhered to (if not a referred service) an analysis of primary care encounter data will be performed. A list of the specific diagnostic codes will be provided to all providers prior to measurement.

Providers will be given .25 points for each ICD-9-CM diagnostic

## Physician Self-Assessment (PSA)

Physician self-assessments (PSA) are an effective and inexpensive alternative to assess guideline adherence for standards of care as outlined in the Gold Choice QAP. It also serves as a useful tool to improve physician knowledge of best practices as documented in current guidelines.

Providers will receive points for completing the assessment and returning it within required time-frames. PSA's are validated annually by auditing charts for 10% of the members for whom the information was requested and comparing data provided.



Annual Clinical Study (Chronic Kidney Disease for 2008) - 2 points for every PSA returned within the required timeframe

Annual Appointment Availability PSA - 1 point for every PSA returned within the required timeframe

Child/Teen Health Plus Guidelines PSA-1 point for every PSA returned within the required timeframe

