

PHYSICIAN TIERING 2009-2010

For UniCare State Indemnity Plan/Basic, PLUS
and Community Choice Members

Frequently Asked Questions about Physician Tiering

How does physician tiering work?

Under the Plan's physician tiering program, Massachusetts physicians are assigned to tiers based on an evaluation of various quality measures and cost-efficiency measures. The Plan has three tiers for physicians: Tier 1, Tier 2 and Tier 3. You pay different office visit copays, based on the physician's tier level and whether the physician is a primary care physician or a specialty care physician. **(Please note you are not required to choose a primary care physician.)** You will pay lower office visit copays when you use physicians assigned to Tier 1 or Tier 2 than with physicians assigned to Tier 3.

Based on the evaluation of the quality and efficiency measures, as compared to their peers in the same specialties on these measures, individual physicians are assigned to one of three tiers, as described below. The names of the tiers have been assigned by the Group Insurance Commission (GIC) for use uniformly across all of its participating health plans.

- **Tier 1***** (Excellent) – Tier 1 physicians are those who met or exceeded the quality assessment threshold established for all physicians, and ranked at the highest level of cost-efficiency, as compared to their peers according to our scoring system. Tier 1 is designed to acknowledge the high performance of these physicians in terms of both quality and cost-efficiency measures, as determined by the available data.
- **Tier 2**** (Good) – Tier 2 physicians are those who demonstrate good practice patterns. They have met or exceeded the quality assessment threshold established for all physicians, and have met the cost-efficiency threshold established by the Plan, but did not achieve scores as high as Tier 1 physicians.
- **Tier 3*** (Standard) – Tier 3 physicians are those who did not meet the quality threshold established for all physicians, or they did not meet the cost-efficiency threshold established by the Plan, or both.

Note: For a variety of reasons, many physicians did not have sufficient data available during the data collection period to allow us to assess their quality and/or cost-efficiency. Some may lack sufficient data with regard to the quality measures and/or the cost-efficiency measures. These physicians are placed in the category of Not Tiered/Insufficient Data (NT/ID). You can see these physicians for a \$30 copay.



For all UniCare non-Medicare options within the UniCare State Indemnity Plan, you pay the lowest office visit copay when you use Tier 1 physicians in Massachusetts. When you use physicians that are not based in Massachusetts, you will pay a \$30 copay.

For details on how we evaluate physicians based on our quality and cost-efficiency performance standard, see pages 3-4.

The methodology used in this tiering process uses claims data submitted by the health care providers. The use of claims data has certain limitations, and we recognize that this model is not the only model that may be used to evaluate either quality or cost-efficiency. In making decisions about choosing health care providers, there may be other information available to you that relates to the quality of care you receive, some of which may be subjective in nature.

What office visit copay do I pay when I see a Massachusetts physician?

The chart below shows the office visit copays we have assigned to each physician tier for our Basic, PLUS and Community Choice plan options. These copays apply to Massachusetts physicians only. Please note that there is no requirement to select a primary care physician (PCP) under any of these plans.

Tier Level & Physician Type	Basic Members: Office Visit Copay	PLUS Members: Office Visit Copay	Community Choice Members: Office Visit Copay
Tier 1 (excellent): Primary care physicians ***P Specialty care physicians ***S	\$15	\$15	\$15
	\$20	\$25	\$25
Tier 2 (good): Primary care physicians **P Specialty care physicians **S	\$30	\$30	\$30
	\$30	\$30	\$30
Tier 3 (standard): Primary care physicians *P Specialty care physicians *S	\$35	\$35	\$35
	\$40	\$45	\$45

NOTE: Primary care physicians are pediatricians, and physicians specializing in family medicine, general medicine and/or internal medicine. Some primary care physicians may also be specialty care physicians and, if so, may be considered as specialists in the determination of their tier and copay assignments. This means you will pay the office visit copay for the type of practice the physician has been designated to, regardless of whether you see the physician for a primary care or specialty care visit.



What is my office visit copay if I see a physician outside of Massachusetts?

When you see any physician outside of Massachusetts, you pay a \$30 copay.

What is my office visit copay if I use a Massachusetts physician who is not included in the online Physician Tier Listing or the printed Provider Listing?

When you see any physician who is not included in the Plan's online Physician Tier Listing or printed Provider Listing, you pay a \$30 copay.

How does the Plan determine the tier level for each physician?

As part of the GIC's Clinical Performance Improvement (CPI) Initiative, we have access to a large and robust database that enables us to evaluate how physicians within the same specialty use health care resources to manage similar conditions. Using this model, we develop an "efficiency rating" for each physician that indicates how efficiently he/she uses resources as compared to his/her colleagues in the same specialty.

Some physicians who treat a condition use more resources than other physicians treating the same condition. We have adopted benchmarks for efficient use of resources, and we have rated the cost-efficiency of individual providers based on those benchmarks.

Using the same database, our process evaluates, on a comparative basis, how well providers perform with respect to certain generally-accepted and evidence-based practice guidelines that we use in our model. (Of course, each patient is unique and while even the optimal way is appropriate for most patients, it may not be suitable for all patients.) We use the database to determine the extent to which each physician complies with the guidelines that we believe are generally representative of these optimal practices. Through this process, we assign a comparative quality rating for the physician. We evaluate the quality of each provider against performance benchmarks we have adopted for determining physician quality. For details on how physicians have been evaluated, please see the following information.

How Physicians Were Evaluated

Each health plan offered by the GIC provided anonymous claims data, for their members in Massachusetts, to a leading independent consultant selected by the GIC. The data were compiled into a database that provides information on treatment provided by Massachusetts physicians in various practice specialties such as general surgery, internal medicine and cardiology, among others.

How does the Plan evaluate a physician's quality?

We used this database to evaluate how well providers comparatively performed with respect to certain generally-accepted, evidence-based practice guidelines that we selected related to quality. These guidelines suggest that most patients should be treated in a manner consistent with these

practice guidelines. The database enables us to look at different practice guidelines to evaluate how each physician's practice complies with the guidelines that are appropriate to his/her specialty. The result is a score that reflects the number of times the physician complied with the guideline. The higher the score, the more compliant the physician has been with the practice guidelines relative to his/her peers.

Each physician's quality score can then be compared to the average quality score for his/her specialty. That is, how well does the doctor comply with the guidelines as compared to all physicians in his/her specialty treating the same condition(s). In addition, we use a sophisticated statistical model that begins with the physician's compliance with quality measures, but then adjusts that score to take into account other factors that influence the assessment, such as the difficulty of the measure and patient compliance. This model determines a comparative quality designation for each physician that is used as one part of the process to determine the tier designation.

How does the Plan evaluate a physician's cost-efficiency?

We used the same database to evaluate the types and relative cost of resources that physicians used in the treatment of various medical and surgical conditions, by specialty. For each specialist, resources were determined from the database, adjusted to remove geographic, market and cost structure variations, and compared to the comparative resource use for his/her specialty. For example, we compare the resources (and their cost) used by a particular pediatrician in treating a sinus infection to the resources used by all pediatricians treating this same condition.

We then developed an efficiency score for each physician, based on his/her use of resources and the cost of those resources for the conditions he/she has treated, as compared to the average for all physicians within the same specialty treating that same mix of conditions. We compare this efficiency score to the performance standard we have set as part of the process we have established to assign a physician to a tier.

The Value of Working with Such a Large Database – This evaluation process is quite complex. Because there is such a large pool of data, it is helpful in determining the average amount of resources used by physicians in treating various conditions and in getting a more robust comparison across individual physicians. We also use the database to derive what we believe is a valid comparison of physicians with respect to compliance with the selected practice guidelines. The analysis demonstrates that physicians in the same specialty can vary broadly in their use of resources while managing similar conditions and/or in their compliance with practice guidelines.

For more detailed explanations about the assignment of doctors to tiers and the methods used to determine the efficiency and quality scores of the physicians, please visit our website at www.unicarestatplan.com > "Members" > "Forms and Documents." You can also call UniCare Customer Service at (800) 442-9300 to request this information.

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