High Performance Network Provider FAQ's

Q: Why has AvMed developed the High Performance Network (HPN)?

A: The HPN designation program is aimed at supporting a more conscious/consumer driven approach to selecting healthcare services. Our objective is to provide a tool for members to use that will help them in selecting physicians identified as being efficient in delivering quality care.

Q: What does receiving the HPN designation mean for my practice?

A: The HPN designation means that your practice has met or exceeded the quality and cost efficiency benchmarks for your specialty.

- HPN Designated Physicians: AvMed Medicare members who seek care from our HPN-designated physicians will have lower out-of-pocket cost share responsibilities or no co-pay.
- Non-HPN Designated Physicians: Medicare members will be responsible for a higher co-payment when seeking care from a non-HPN designated physicians.

Q: How can members identify if a physician is designationed HPN?

A: Providers with the HPN designation are listed in AvMed's Medicare provider directory, and online, with this identifying symbol (▲).

Q: If a physician is non-HPN, will they still be able to see Medicare members?

A: Non-HPN designated physicians will retain an active Medicare network status and can continue to render services to all eligible Medicare members.

Q: How are physicians evaluated for HPN determination?

A: AvMed evaluates solo practitioners (i.e., a physician), single specialty group practices, and multi-specialty group practices. Evaluation of physicians was conducted on both clinical effectiveness (quality) and cost efficiency (cost) dimensions:

- Quality of Care: AvMed uses both proprietary and National Quality Forum (NQF) endorsed measures to determine quality performance. AvMed used quality measure data from the prior calendar year through the first quarter of the current year (for the upcoming year's designation), to ensure that an appropriate number of care opportunities are assigned to the physician being measured, making the data statistically significant. Physicians are assigned care opportunities if they encounter an AvMed member that falls into the population for a particular quality measure (e.g., Diabetes). Physicians are marked as achieving care opportunities for that population if they fulfill the clinical requirements (i.e., treatment) for that measure.

- Cost Efficiency: Physicians are evaluated on the basis of AvMed's "episode efficiency rating" tool which looks at how efficiently the managing physician handles an episode of care. The tool accounts for continuous enrollment (24 months of enrollment) and normalizes data based on diagnosis information, excluding outlier cases.

Q: Are all specialties evaluated?

A: No. For 2019, AvMed focused on 15 specialties.

Cardiology
Endocrinology
Gastroenterology
General Surgery
Interventional Cardiology
Nephrology
Neurology
OB/GYN
Oncology
Orthopedic Surgery
Otolaryngology
Pain Management
Pulmonology
Rheumatology
Urology

Q: How often are physicians reviewed for the HPN designation?

A: Physicians are reviewed and designated on an annual basis.

Q: Can I obtain the criterion used to measure my clinical effectiveness (quality) and cost efficiency (cost) performance?

A: Yes. You may request to review the criterion used to determine your designation and your performance relative to that criterion. Please contact us via email at hpn@avmed.org.

Q: Can I request a re-evaluation of my designation and can the results of a re-evaluation change my designation?

A: Yes. You may request a re-evaluation of your designation and your designation will be amended if a re-evaluation determines that you meet the criteria for HPN designation. All requests should be sent in writing with supporting documentation by email to **hpn@avmed.org** or by mail to:

AvMed HPN Appeals
c/o Geoff Todd
Director
Collaborative Care Networks
9400 S. Dadeland Blvd., Suite
315 Miami, FL 33156

Designation Criteria FAQ

Q: What data set was used to determine the current HPN designees?

A: AvMed uses a minimum of nine to twelve months combined Medicare and Commercial episodes and claims information for the following reasons:

- Total episode length (the point from which an illness started and has been successfully treated) typically takes between 3 to 6 months. This length of time, combined with the necessary time period it takes to capture claims experience, necessitates that the overall data set be complete for at least 9 to 12 months prior to evaluation.

- Episodes for chronic care conditions are assigned to physicians on a calendar year basis. Using a time period of less than a calendar year would create data integrity issues in terms of assessing episode cost.

Q: What is an "episode" and how is it assigned?

A: An episode represents the entire course of treatment specific to a patient's presented symptom(s). Our proprietary system assigns episodes to the physician with the greatest level of involvement in evaluating and managing a patient or across the entire course of treatment for a specific patient's particular illness. Also, note that:

- An episode also includes treatment costs from settings outside of the physician office. For instance, technical or facility costs relating to an inpatient stay that occurred during an episode would be included in the overall cost per episode.

- An episode is not necessarily assigned to the panel the member belongs to.

The number of episodes assigned to a physician is directly related to the extent that they are evaluating and managing the patient's course of treatment, not to the number of different services they provide as part of that treatment.

Q: How is cost efficiency determined?

A: The cost efficiency assessment for a particular physician is conducted relative to their peer physicians. These peer comparisons include:

- Other physicians within the same specialty, treating AvMed Medicare and Commercial members in the South Florida region over the same time span.
- An adjustment for treatment complexity, severity of patient illness and overall patient health condition.
- An adjustment to exclude outlier episodes, which would skew overall peer comparisons.

AvMed evaluated solo practitioners, single specialty group practices, and multi-specialty group practices against the following cost efficiency criteria:

- Episodes of care = 30 or greater
- Efficiency index = .95 or less (rounded to the nearest 100^{th}).

Note: For more details regarding the cost efficiency criteria used to determine the HPN designations, please refer to the ***'2019 HPN Cost Efficiency Criteria'*** document posted in AvMed's online provider web portal.

Q: What quality criteria is used to determine who receives an HPN designation?

A: AvMed's Medical Management and Quality Improvement departments, with guidance from Truven Health Analytics, identified both proprietary and National Quality Forum endorsed measures relevant for most profiled specialties.

Note: For a listing of the approved quality measures used to determine the HPN designations, please refer to the ***'2019 HPN Quality Criteria'*** document posted in AvMed's online provider web portal.

Q: What additional circumstances affect a physician's HPN designation and may lead to a reclassification?

A: The following examples cite specific circumstances where new and existing physicians move in and out of AvMed's Provider Network. These changes may affect their assigned HPN designation within the same calendar year.

I. Scenarios where physician keeps or receives HPN designation

1. Physician moving from an HPN group into another HPN group
2. Physician moves from a non-HPN group into an HPN group
3. New physician joins an HPN designated group
4. New physician joins AvMed network in a specialty that has not been profiled for HPN**

**Placed in the lower cost-share category, which is currently equivalent to HPN designation for the current Benefit Year.

II. Scenarios where physician keeps non-HPN designation

1. Physician moves from a non-HPN group into another non-HPN group

III. Scenarios where physician does not receive HPN designation

1. Physician moves from an HPN group to a non-HPN group
2. New physician joins a non-HPN designated group
3. New physician joins AvMed network in a specialty profiled for HPN

Notes:

- The above referenced scenarios apply to physicians with both single and multiple active affiliations. AvMed will evaluate each active affiliation according to current policies regarding changes to provider network for HPN designation.
- The above-referenced scenarios may apply to either solo practitioners or group practices. Group practices may be single or multi-specialty. Note, when joining a multi-specialty group practice the new physician's designation will be based on the group's designation for the physician's specialty.