

TACONIC IPA, INC. (“TACONICIPA”)
POLICIES AND PROCEDURES RELATED TO
CLINICAL PERFORMANCE REVIEW

1. In accordance with its Charter, the Taconic Quality Assurance Committee has the duty to review quality assurance issues; identify areas of patient care that are in need of improvement; develop and promote the adoption of best practices; and track and trend data regarding quality of care.
2. In accordance with its duties, the Quality Assurance Committee will evaluate Participating Physicians and Groups utilizing quality indicators proposed by MVP Health Plan, Inc. and subsequently approved by Taconic. The current Quality Indicators are set forth in the attached Exhibit A. Taconic may update such indicators and include additional indicators from time to time. Participating Physicians and Groups may refer to the Taconic website to obtain an up-to-date list of quality indicators being utilized by the Quality Assurance Committee.
3. In the event that the Quality Assurance Committee determines that a Participating Physician or Group is performing substantially below the performance of other physicians in similar specialties, the Quality Assurance Committee will inform the Participating Physician or Group of the deviation and offer assistance and guidance to the Participating Physician or Group on steps or methods to improve performance. The Quality Assurance Committee may also choose to monitor the Participating Physician or Group to measure improvement over time.
4. If the Quality Assurance Committee determines that a Participating Physician or Group is unwilling or unable to meet the quality standards, the Quality Assurance Committee may refer the matter to the Taconic President for further action in accordance with the Taconic current noncompliance policy.

TACONIC IPA, INC. (“TACONIC”)

EXHIBIT A
QUALITY INDICATORS

Primary Care Quality Indicators

Specialty			
<i>PCP – FP/IM</i>	Experience of Care	Preventive Composite	Diabetes Composite
<i>PCP – PEDS</i>	Experience of Care	Preventive Composite/ Immunization Composite	Adolescent Composite

Experience of Care:

Composite Medical Home Indicator: Based on subcomponents listed below around the experience of care measures. (Maximum Score is six (6) points.)

1-Personal Care and Attention: Members perception on the extent they feel the doctor/office staff listens to their questions/concerns and whether or not they would recommend the doctor/doctor’s office to family or friends. (1 point awarded if above the mean.)

2-Access via telephone: Member perception of how easy it was to get through to the practice and speak to someone who could help them when the office was open. (1 point awarded if above the mean.)

3-Access after hours: Members perception of the length of time it took for someone to return their call after hours. (1 point awarded if above the mean.)

4-Reliance on ER for non-emergent care (Lower is better): The number of ER Visits a PCP’s panel members had for conditions that would generally be treated in the office setting, reported as an ER visit rate/000 members. HMO mean is specialty specific. (1 point if below the mean, 2 points if below the goal.)

FP/IM Preventative composite: Weighted Average of Breast Cancer Screening (33%), Cervical Cancer Screening (33%) and Colorectal Screening (34%) results.

Pediatrics Preventative composite: Weighted average of the adolescent screening composite (50%) and the immunization composite (50%) results.

Diabetes Composite: Weight average of A1C<7 mg/dl (20%), LDL <100 mg/dl (20%), BMI (10%), BP 130/80 (20%), Dilated eye exam (10%), Flu Vaccine (10%) and Nephropathy (10%).

Adolescent Composite: Weighted average of BMI, Depression Screening, Drug/Alcohol, Exercise, Sexuality and Smoking Counseling (all are assigned the same weight value of 16.7%).

OB/GYN Quality Indicators

Specialty			
<i>OBGYN</i>	Communication with PCP	Mammo/Chlamydia screening rates	Prenatal Ultrasound

Communication with the PCP: The percentage of medical charts in the PCP office where we found evidence of communication from your office to the PCP office about the OB/GYN office visit within the reporting timeframe.

Mammography: The percentage of women who received a Mammogram with the reporting timeframe between age 42 and 69 who have not had a Mastectomy, and were continuously enrolled for two (2) years.

Chlamydia: The percent of women who had a screening test for Chlamydia for the reporting timeframe between 16 and 25 who are sexually active as defined by HEDIS.

Ultrasounds for normal deliveries: The number of ultrasounds performed per **live** birth.

Gastroenterology Quality Indicators

Specialty			
<i>GI</i>	Bidirectional Endoscopy	CRC screening rates	

Bidirectional Endoscopy (Colonoscopy followed by Upper GI Endoscopy or Upper GI Endoscopy followed by Colonoscopy): the number of members who had both procedures in a six (6) month time frame by the same practice and the number of members who had both procedures on the same day.

Colorectal Screening Rates: Percentage of patients aged 51 through 80 years who received one or more of the following screens for colorectal cancer: Flexible sigmoidoscopy during report year or four (4) years prior, double contract barium enema during report year or four (4) years prior or colonoscopy during report year or within timeframe of MVP’s historical claims data.

Cardiology Quality Indicators

Specialty			
<i>Cardiology</i>	LDL Testing & Control	RX – BB use post MI	RX – ACE/ARB & Brand/000

LDL Control: The percentage of members who were discharged alive for MI, CABG, PTCA or who had a diagnosis of ischemic vascular disease (“IVD”) where there was a documented LDL result below 100 mg/dl during the reporting timeframe.

LDL Testing: The percentage of members who were discharged alive for MI, CABG, PTCA or who had a diagnosis of ischemic vascular disease (“IVD”) where a LDL test was performed.

Beta Blocker therapy for CAD with Prior MI: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease and prior myocardial infarction (“MI”) who were prescribed beta-blocker therapy.

ACEI/ARB % is the percentage of Ace Inhibitors and ARBs prescribed based on the sum of the two (2) drug categories.

Brand/000 prescription rate: The number of Brand Rx’s/000 filled compared to the Plan.