

**To:** Keystone First Specialty Providers  
**Date:** February 23, 2022  
**Subject:** New AmeriHealth Caritas COMPASS<sup>SM</sup> Program – “Connecting Our Members to Premier Ancillary Services & Specialists”

**Summary:** Beginning April 1, 2022 Keystone First, in collaboration with AmeriHealth Caritas<sup>SM</sup>, will implement the AmeriHealth Caritas COMPASS<sup>SM</sup> Program (herein after known as “the program”), a referral optimization initiative that will give referring Primary Care Providers (PCPs) information about specialists’ performance as measured by established and objective quality and efficiency performance measures. AmeriHealth Caritas is a separate company that provides provider performance ratings for referral optimization. Initially, the program will assess the performance of specialist providers, but ancillary service providers will be included in a later phase.

At Keystone First, our mission is to help people get care, stay well, and build healthy communities. To help achieve that mission, we are committed to providing members access to effective, efficient, and quality services. The program is designed to support that objective.

This program, which is voluntary for PCPs and specialists, strives to increase member access to high-performing specialists by:

1. Twice per year, calculating the quality and efficiency of specialists’ performance based upon established and objective quality and efficiency performance measures,
2. Using that information to rank specialists in our provider network by a defined set of episode categories,
3. Assigning a score to in-network specialist providers who meet the minimum number of episodes to participate in the program based on their ranked performance against their peers and,
4. Sharing the scores of providers who are participating in the program with PCPs (and specialists) in the form of a Referral Guide for each episode category, broken down by provider specialty and hospital referral region (HRR).

#### **What are episode categories?**

The episode categories used in the program have condition-specific definitions that group the entire range of care used to treat a clinical condition for a specific time period across the continuum of care. The episode categories are defined by PROMETHEUS Analytics<sup>®</sup> and are used across the health care sector. Episode category descriptions are included in the Program Guide.

#### **What are episodes?**

An episode is a measurement of a single occurrence that meets the criteria of an episode category (e.g., an asthma episode includes services occurring 30 days prior to the date of the trigger service and lasts until the end of the study period, or until the patient’s date of death).

#### **What episode categories are being implemented?**

The initiative will be implemented for the following episode categories:

- Allergic Rhinitis/Chronic Sinusitis
- Asthma
- Bariatric Surgery
- Colonoscopy
- Depression & Anxiety
- Diabetes
- Hepatitis C
- Hypertension
- Low Back Pain
- Newborn
- Osteoarthritis
- Pregnancy
- Substance Use Disorder
- Upper GI Endoscopy

The publication of provider scores is limited to the program participating specialists providing care that meets the criteria within the aforementioned set of episode categories for each of the bi-annual reporting periods.

#### **How are provider scores calculated?**

In-network specialty providers are scored based on their ranked performance against peers meeting the episode category criteria within a HRR. HRRs are geographic delineations that use zip code area groupings to define unique healthcare market regions. After implementation, provider scores will be updated twice annually in the Referral Guide for program participating providers.

Provider scores are calculated utilizing established and objective quality and efficiency performance measures through the following steps:

1. Attribute episodes to individual specialist providers based on episode category criteria. To qualify for program participation, individual specialist providers must be attributed to five or more episodes within a 1-year reporting period for chronic episode categories and a 2-year reporting period for procedural episode categories.
2. Calculate episode case rates.
3. Apply episode-specific risk adjustment.
4. Evaluate quality performance and efficiency performance.
5. Rank provider performance against like peers within the specialist's HRR.
6. Calculate provider scores.
7. Publish scores for providers who are participating in the program.

#### **How will the Referral Guide be used?**

The Referral Guide will be a resource for PCPs who would like to access additional information to make informed referrals for their patients. The Referral Guide will be updated twice annually and will be available to both PCPs and specialists via our secure provider portal, NaviNet®. The Referral Guide will be organized by

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*NaviNet<sup>®</sup> is an independent web-based solution linking providers to Keystone First.*

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episode category, provider specialty, and HRR. Providers with performance above the network average, as compared to peers, and who are participating in the program will be indicated by a score of two and a half or more in the Referral Guide. Program-participating specialty providers with scores lower than two and a half will be listed in the Referral Guide in alphabetical order but will not have a score indicated. Specialist providers who do not meet the minimum number of attributed episodes for the episode category associated with their specialty, or who are part of an entity that has opted out of the program will not be listed in the Referral Guide.

Although PCPs will have access to the Referral Guide to aid in making referrals, they are not required to utilize the Referral Guide in their referral process.

Referrals made on the basis of the information presented in the Referral Guide should not affect a member's ability to choose who they see for in-network specialty care. Members have the right to decide the specialist from whom they ultimately receive care.

### **Can a specialist provider opt out of this program?**

Entities can opt-out of the program at the tax ID level, but individual specialists can't opt-out individually. If an entity (tax ID) in which a specialist is affiliated doesn't wish to appear in the initial Referral Guide, an entity representative must submit a written request to their Keystone First provider account executive **by March 25, 2022 which is at least seven days prior** to the Referral Guide deployment on April 1, 2022. The request must include the entity's tax name, tax ID, and acknowledgement that once the opt-out request is submitted, no individual specialists affiliated with the entity's tax ID will be listed in the Referral Guide.

Entities wanting to opt-out post-implementation must submit a request **at least 30 calendar days prior** to the next scheduled Referral Guide update, which occurs bi-annually on or about April 1 and October 1. Providers will be updated if the report publication date changes.

Once an entity has opted-out, the specialist providers affiliated with the entity's tax ID won't be included in Referral Guides unless a formal request is made by the entity in writing to participate.

**Failure to opt-out of the program is equivalent to agreeing to participate.** By agreeing to participate in the program, the entity permits Keystone First to publish the score of each specialist affiliated with the entity's tax ID as described above and in the Program Guide.

### **Questions:**

If you have questions about this communication, please contact your Provider Account Executive or Provider Services at 1-800-521-6007.

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