

## Methodology Changes for 2020

The MVP Health Care® Provider Excellence Program scoring methodology for measuring provider performance will be periodically updated as industry standards advance and physician feedback is obtained. Program updates reflect MVP’s commitment to continuous development to our program. Changes to MVP’s Provider Excellence Program methodology for 2020 are outlined below:

Methodology	2020 Change/Enhancement	Details/Rationale
1.4 Provider Scoring Assessment Period	Quality is assessed based on Healthcare Effectiveness Data and Information Set (HEDIS) performance from January 1, 2019 through December 31, 2019. Cost efficiency is assessed based on dates of service from January 1, 2017 through December 31, 2019.	MVP uses the most recent data available to assess provider performance.
2.1 Specialty Types Assessed Using Scoring Methodology	Pediatrics is now included as a specialty assessed in the 2020 analysis.	MVP expanded the analysis to additional specialties in the primary care setting to provide additional support to provider groups and drive transparency in the delivery of high quality, cost effective care.
2.3 Scoring Application by Line of Business	Based on provider feedback, MVP added Administrative Services Only (ASO) members with full pharmacy benefits to the analysis.	The addition of ASO members with full pharmacy benefits provides an increase in measurement sample size and additional insight into the patient population for groups with a large ASO member base.
4.1 Quality Measure Sets	<p>MVP removed the following quality measures for Cardiology:</p> <ul style="list-style-type: none"> <li>• Annual Monitoring for Patients on Persistent Medications – ARB-ACE</li> <li>• Annual Monitoring for Patients on Persistent Medications – Diuretics</li> </ul>	Measures were removed from the assessment were retired by NCQA HEDIS.

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	<p>MVP added the following measures for Cardiology:</p> <ul style="list-style-type: none"> <li>• Persistence of Beta-Blocker Treatment after a Heart Attack</li> </ul> <p>MVP also added the following measures for Pediatrics:</p> <ul style="list-style-type: none"> <li>• Childhood Immunization Status</li> <li>• Adolescent Immunization Status</li> <li>• Adolescent Well Visits</li> <li>• Well-Child Visits in the First 15 Months of Life</li> <li>• Well-Child ages 3-6</li> <li>• Medication Management for People with Asthma 50% Days Covered (ages 5-18)</li> <li>• Follow-up Care for Children Prescribed ADHD Medications -- Initiation Phase</li> <li>• Follow-up Care for Children Prescribed ADHD Medications -- Continuation and Maintenance Phase</li> <li>• Metabolic Monitoring for Children and Adolescents on Antipsychotics</li> </ul>	<p>NCQA HEDIS measures were added to each respective specialty based on clinical relevance and appropriateness.</p>
<p>5.1 Cost Efficiency Measure Set</p>	<p>Base ETGs removed by specialty:</p> <p><b>Cardiology:</b> 206900, 387000, 387200, 387500, 387600, 388700, 389000, 389800, 780000</p> <p><b>Family Medicine:</b> 162300, 163900, 164300, 164900, 169900, 206900, 239000, 239700, 316000, 316400, 316800, 353600, 386800, 387100, 390300, 390600, 402000, 404900, 439800, 473500, 473800, 474900, 475300, 521800, 522000, 587800, 589500, 602400, 633200, 667000, 667600, 668700, 668901, 668902, 668905, 669007, 712203, 712204, 714801, 714804, 714812, 779000, 779300, 780000, 780100</p> <p><b>Gastroenterology:</b> 164500, 474000, 475400, 475500, 476000, 476100, 476300, 477100, 477600, 477800, 521600, 522500, 522700, 780000</p> <p><b>Internal Medicine:</b> 130100, 162300, 163900, 164900, 169900, 206900, 239000, 239700, 316000, 316400, 316800, 353600, 386800, 387100, 390300, 390600, 402000, 404900, 439800, 473500, 473800, 474900, 475000, 475300, 521800, 522000, 587800,</p>	<p>ETGs were removed based on low volume of episodes captured within each specialty to allow for more accurate assessment on higher volume services.</p>

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	<p>589500, 633900, 667000, 667600, 668700, 668901, 668902, 668905, 669007, 712203, 712204, 714801, 714804, 714812, 779000, 779300, 780100</p> <p><b>OB/GYN:</b> 130600, 239700, 589500, 602400, 748000, 780000</p> <p><b>Orthopedics:</b> 164600, 316500, 317700, 318300, 318400, 668901, 668902, 668904, 668905, 669001, 669002, 669003, 669004, 669005, 669006, 669009, 669010, 711112, 711903, 711904, 711905, 711906, 711908, 711910, 711912, 712201, 712204, 712205, 712212, 713900, 714100, 714312, 714501, 714502, 714503, 714504, 714505, 714506, 714512, 714612, 714812, 714901, 714902, 714903, 714904, 714905, 714906, 714908, 714911, 714912, 715112, 779700, 779800, 780000, 780100, 821000</p>	
5.4 Attribution Methodology for Cost Efficiency Scoring	The attributed provider is now defined as the physician that incurs a majority of the total management and surgical costs included in an episode of care (as opposed to the physician that incurred 51% or more of the total cost of an episode of care, excluding pharmacy, ancillary, and facility costs).	This methodology change simplified episode attribution, increasing understanding of how episodes are assigned for cost efficiency evaluation.
7.0 Providing Program Feedback	Participating Providers and customers (consumers and purchasers) can now provide feedback by completing the consumer survey on MVPs Provider Excellence Program webpage at <a href="http://mvphealthcare.com/providers/excellenceprogram/">mvphealthcare.com/providers/excellenceprogram/</a> .	MVP added an additional mechanism for reporting program feedback.
8.0 Process for Physicians to Request Correction and Reconsideration	MVP will provide notification to providers at least 45 days prior to taking action. Providers that wish to request consideration to their scores must do so within 60 days of receiving their initial notification. This timeframe will be included on the provider's initial notification letter.	By establishing a timeframe for requests, MVP can ensure that all requests are addressed in a timely manner and minimal changes will be made to publicly reported information during the program year.