

Physician performance evaluation/profiling: How to challenge your profile or designation by a health plan



In 2008 Colorado passed the first of its kind law on physician designation programs by health plans which affords physicians certain rights with these designations and seeks to improve these programs.

1. **Carefully monitor health plan communications** – Colorado law requires certain timeframes for the notification, review and appeal processes of a health plan physician performance designation program. Plans must inform you about how they are addressing these issues. ***Plans must also inform you of any change in your designation 45 days before publishing a new designation.*** Remember to keep records of all of your communications with the plan.
2. **When you receive your designation** – Carefully review the details of the plan's program. Based upon the information that you received from the plan, ask yourself whether or not you understand how the designation program actually works. ***Make sure you do not miss any deadlines.***

Things to consider:

- Review your contract – Does the insurer have the right to profile you and possibly restrict patient access to you? Does the contract specify the appeal mechanism or other physician rights with respect to profiling or tiering?
- Does the program have both quality and cost components and do you understand how the performance measures for each are applied?
- Were you designated as an individual doctor or as a member of a group (i.e. tax identification number)?
- Did you receive the correct specialty designation?

If you have questions, then contact the plan's designation representative (*not customer service*). *If at any time you are confused or need further information, then request a face-to-face meeting with a representative of the health plan.*

3. **Request and review a description of the designation program methodology and your summary data** – By law health plans in Colorado must provide this information to you within 45 days of your written request. Carefully review this information to determine if the summary is an appropriate reflection of your practice. Don't let the data overwhelm you.

Things to consider:

- Look first at where you are an outlier and start there.
- How were the performance measures applied to your data?
- Was a risk adjustment applied to your data given your patient population?
- What was the reporting period for the data and what was going on at your practice at that time (e.g. transitioning a new partner or physician assistant)?

If you are satisfied, go no further. If you are not satisfied proceed to step four.

4. **Request and review complete methodology and all data** – By law health plans in Colorado cannot withhold this information because of trade secrets. Complete methodology and data must be sent to you within 30 days of your written request. This information must contain sufficient detail so that you can verify it against your own records (e.g. patient name, date of birth, date of service, charge attributed to that episode). ***Be prepared to spend a sufficient amount of your time to evaluate the data to determine if an appeal is necessary.***

Things to do:

- Start first at where you are an outlier.
- Audit your data against selected patient charts, ensuring that one or two complicated patients aren't skewing results.

If you are satisfied, go no further. If you are not satisfied proceed to step five.

5. **Request an appeal** – Make sure that you file a formal appeal in writing (use the CMS checklist to assist you in the appeals process). To support your appeal you can:
 - a. Submit your own data; or
 - b. Identify flaws in the health plan's data; or
 - c. Identify unique attributes that would have affected the outcome of the designation.
 By law health plans in Colorado must:
 - a. Complete the appeal within 45 days of receiving your request;
 - b. Not publish a designation that is under appeal; and
 - c. Provide you with a face-to-face meeting to discuss the appeal. You have the opportunity to be assisted by someone familiar with your data (e.g. practice administrator or consultant).
6. **Prepare for the next round of designations** – If you will not receive the designation this year, ask the health plan to advise you as to steps your practice can take to obtain the designation in the future. Get involved. Suggest more appropriate quality measures if you feel the health plan is using standards that don't apply to your specialty.
7. **Share your practice results with the entire staff** – Make them aware of how and why your practice is being evaluated. Ask your staff to track patient questions about the designation and look to see if your designation is affecting your patient volume for that particular health plan.
8. **Be prepared to answer your patients' questions about your designation** – Show your patients you care and educate them about physician profiling activities. Request a poster for display in your office from the Colorado Medical Society/American Medical Association explaining how health plans are using physician-profiling systems. By law Colorado health plans must inform their members that designation information is only a guide and should not be a sole factor in choosing a physician, that it has a risk of error and should be discussed with a physician.
9. **Contact your medical societies** – Let them know if you were successful or unsuccessful in reconciling your rating, and if these programs are affecting your practice. If you believe that a health plan is not providing you with the necessary information or is treating you unfairly, then please contact Marilyn Rissmiller at the Colorado Medical Society at Marilyn_Rissmiller@cms.org.