

# Premera Premier Provider program

## SUMMARY AND FAQ

For Providers

### About the program

<b>What is the purpose of the program?</b>	The Premera Premier Provider program evaluates contracted physician, physician assistant, and nurse practitioner performance in terms of quality and cost efficiency across 12 specialties, including primary care and pediatrics. The program measures and identifies high-performance providers with a goal of transparency in assisting Premera members in making well-informed choices about their healthcare. Premera aims to recognize high-performance providers throughout its products and services and navigate members to high quality and cost-efficient care, based on national and industry standards.
<b>Why does Premera believe this program is important?</b>	Premera has accelerated its efforts to deploy value-based products and solutions to the market, both locally and nationally. This acceleration is fueled by the Premera purpose of improving customers' lives by making healthcare work better. The Premier Provider program uses evidence-based medicine and industry best practices to engage members and providers, so members receive the care they need while avoiding care that is ineffective or wasteful.
<b>What are the eligibility criteria for designation?</b>	Providers may receive a high-performance designation if they meet the following requirements: <ul style="list-style-type: none"><li>• Located in the Washington market served by Premera</li><li>• Contracted with Premera commercial line of business</li><li>• Practicing and board certified within one of the 12 assessed specialties</li><li>• Meets minimum volume requirements for completed episodes of care</li><li>• Statistically higher performance on elements of quality and/or cost efficiency than their peers, as measured by national and industry standards.</li></ul>

<p><b>What do the designations mean?</b></p>	<p>The program consists of the following designations:</p> <ul style="list-style-type: none"> <li>• <b>High-Performance Designated Provider</b> Provider excels compared to their peers in both quality and cost-efficiency standards</li> <li>• <b>Quality Designated Provider</b> Provider exceeds quality standards compared to their peers, but does not meet full requirements to be designated in cost</li> <li>• <b>Cost-Efficiency Designated Provider</b> Provider exceeds cost-efficiency standards compared to their peers, but does not meet full requirements to be designated in quality</li> <li>• <b>Not Designated/Evaluated</b> Provider does not meet quality and/or cost standards or a provider does not have enough data to be evaluated</li> </ul>
<p><b>What is the evaluation process for determining designation?</b></p>	<p>To determine quality and cost-efficiency performance, the following five step approach is used:</p> <ol style="list-style-type: none"> <li>1. <b>Care Episodes</b> Condition-based episodes of care are created</li> <li>2. <b>Quality and Cost Efficiency</b> Quality compliance, outcomes, and cost efficiency of an episode of care is measured</li> <li>3. <b>Peer Groups</b> Providers are segmented into peer groupings of the episode of care</li> <li>4. <b>Attribution</b> Providers are attributed to episodes of care</li> <li>5. <b>Evaluate</b> The relative performance of a provider to their peer group is measured</li> </ol> <p>Detailed methodologies for calculating quality and cost-efficiency performance are provided in our Premera Premier Provider program methodology whitepaper.</p>

## Specifics

<b>How do I find out if I received designation status?</b>	<p>Provider designations are available on Premera provider directories and search tools. If a provider is designated, the appropriate designation (High Performance, Quality, and/or Cost Efficiency) accompanies the provider information available to Premera members.</p> <p>Providers and health systems work directly with their Premera assigned provider network executive(s) on performance reporting and improvement opportunities.</p>
<b>What if I practice at multiple locations?</b>	<p>When a provider practices in multiple locations, they are designated separately per location.</p>
<b>Does Premera designate systems?</b>	<p>Currently, the Premier Provider program designates individual providers and does not designate at the practice or health system level.</p>
<b>Why did Premera choose these specialties?</b>	<p>The specialties evaluated are supported by national and industry standards for quality and account for more than 60% of healthcare spend, based on Premera claims data, in the commercial line of business.</p>
<b>Why is this program just applicable for Washington?</b>	<p>Premera uses commercial claims data and Heritage network rates for contracted providers as a baseline for measuring performance. As Washington is a primary service area covered by Premera, there are robust data available for measurement in these areas. Currently, the program is not expanding its measurement to include non-Premera contracted providers.</p>
<b>What went into the quality measure selection process?</b>	<p>The quality measurement performance approach is anchored in evidence-based medicine and procedure outcomes. The quality measures selected for the Premera Premier Provider program are based on national and industry standards, clinical significance, existing Premera value-based contracts and products, and metrics important to local population health priorities.</p>

<p><b>What does Premera do with the performance results?</b></p>	<p>Premera integrates provider designation statuses and performance data into provider directories and member navigation tools.</p> <p>The performance results are socialized with providers to align on quality and cost-efficiency status and to work together on performance improvement opportunities.</p>
<p><b>Do these results effect my reimbursement?</b></p>	<p>At this time, Premera will not be altering reimbursement based on program results.</p>
<p><b>How do I get attributed to members that impact my performance?</b></p>	<p>For quality performance, providers attribute to acute and chronic quality measures triggered by a claim with a member eligible for a quality measure. For preventative measures, members are attributed to providers based on having at least two (2) Evaluation and Management (E&amp;M) visits in the program measurement period (24 months).</p> <p>For cost-efficiency performance, providers attribute to episodes of care with the highest management or surgical allowed cost.</p> <p>Multiple providers in different specialties may be attributed to a single member with multiple episodes for the same calendar year.</p>
<p><b>How can I learn about how to improve my performance?</b></p>	<p>Performance reporting can be requested through your assigned provider network executive(s). Premera partners with providers on understanding their performance and opportunities for improvement.</p>
<p><b>What portions of this program are public?</b></p>	<p>Provider designations are available on Premera provider directories and search tools.</p> <p>The Premera Premier Provider program webpage provides publicly available information on the program including a program overview, the full program methodology, a printable program summary, frequently asked questions, and program contact form.</p>
<p><b>Is this program related to Medicare Stars?</b></p>	<p>As the program is currently focused on the commercial line of business, the quality performance metrics are not related to Medicare Stars ratings.</p>

<b>Who do I contact if I have a question, feedback, or would like to request designation reconsideration?</b>	Contact your assigned Premera provider network executive(s) or use the contact form on the Premier Provider program webpage:  <a href="https://www.premera.com/wa/provider/premier-provider-program">https://www.premera.com/wa/provider/premier-provider-program</a>
<b>Where can I find more information on the program?</b>	For additional program assistance, please contact your Premera provider network executive(s).