

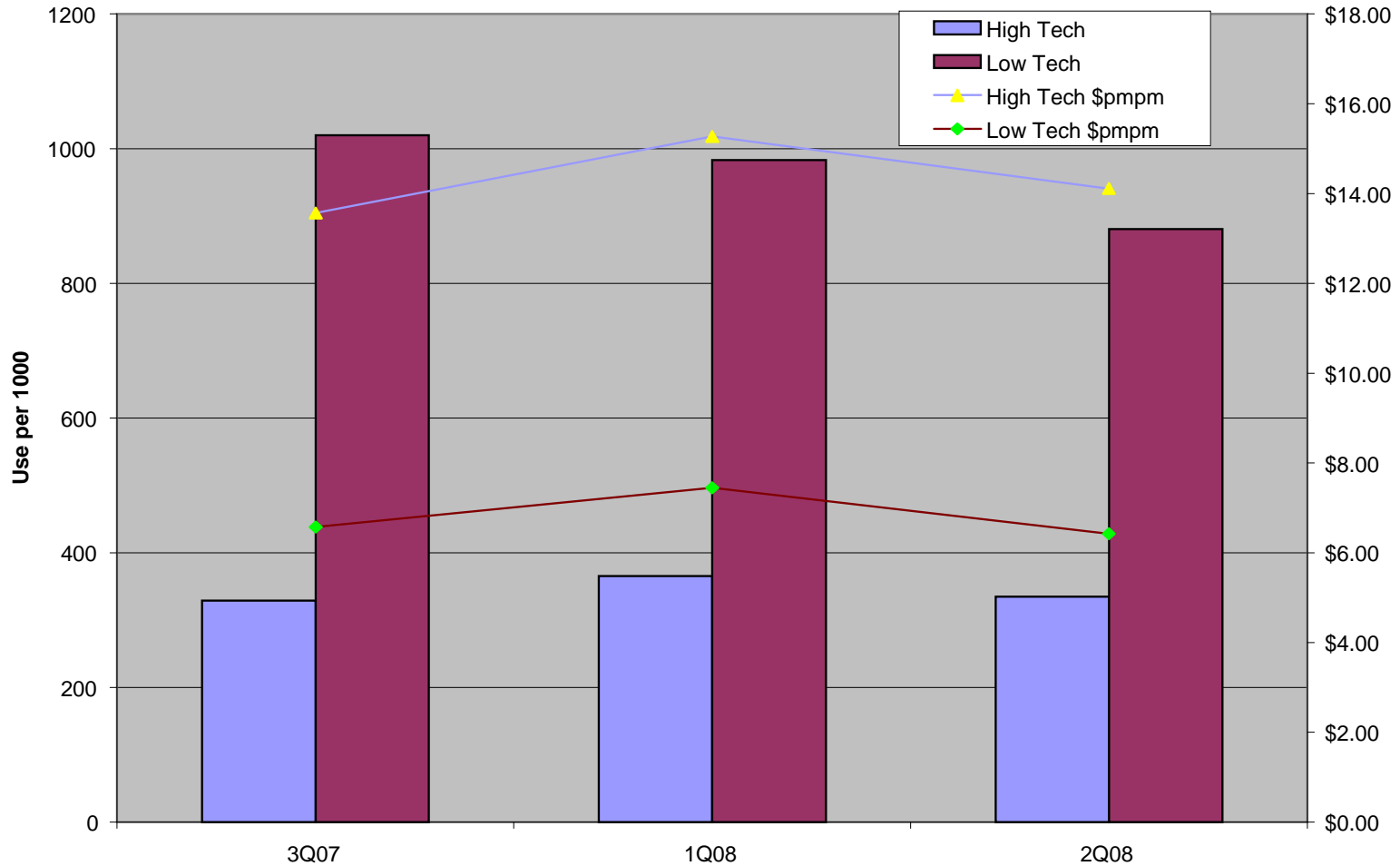
Radiology Management Initiative PGIP Quarterly Meeting

December 5, 2009

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Diagnostic Imaging Use and Cost (Standard Cost PMPM) Trend 3Q07 - 2Q08



Strategies Undertaken by POs

- Collaborate with radiologists to ensure use of appropriate modalities
- Engage specialists (cardiologists) in reviewing requests for cardiac procedures
- Target specific areas for intervention:
 - Referrals and use by ED physicians
 - Low back pain
 - High-tech modalities
 - Abdominal CT
 - Brain imaging (CT, MRI)



2009 Incentive Design

Objective:

- Promote appropriate use of diagnostic imaging services
- Reduce redundancy of service and members' unnecessary exposure to radiation

Components:

- 20% - Participation
- 80% - Performance



Participation

- Use of BCBSM data and reports to identify and develop strategies to promote appropriate use of diagnostic imaging services:
 - Completion of progress report outlining successes and challenges in working with radiology initiative
- Use of Radiology Management Program:
 - Compliance with AIM pre-authorization process for high tech radiology
 - Use of AIM website for pre-authorization of high tech radiology



Performance

- Assess physician organization's standard cost pmpm for radiology against an established benchmark.
- Reward POs for maintaining standard cost pmpm at or above benchmark and for improvement toward benchmark.
- Benchmark will be set at the performance of physician organizations that account for 20% of attributed members.
- Benchmark will be adjusted by trend.



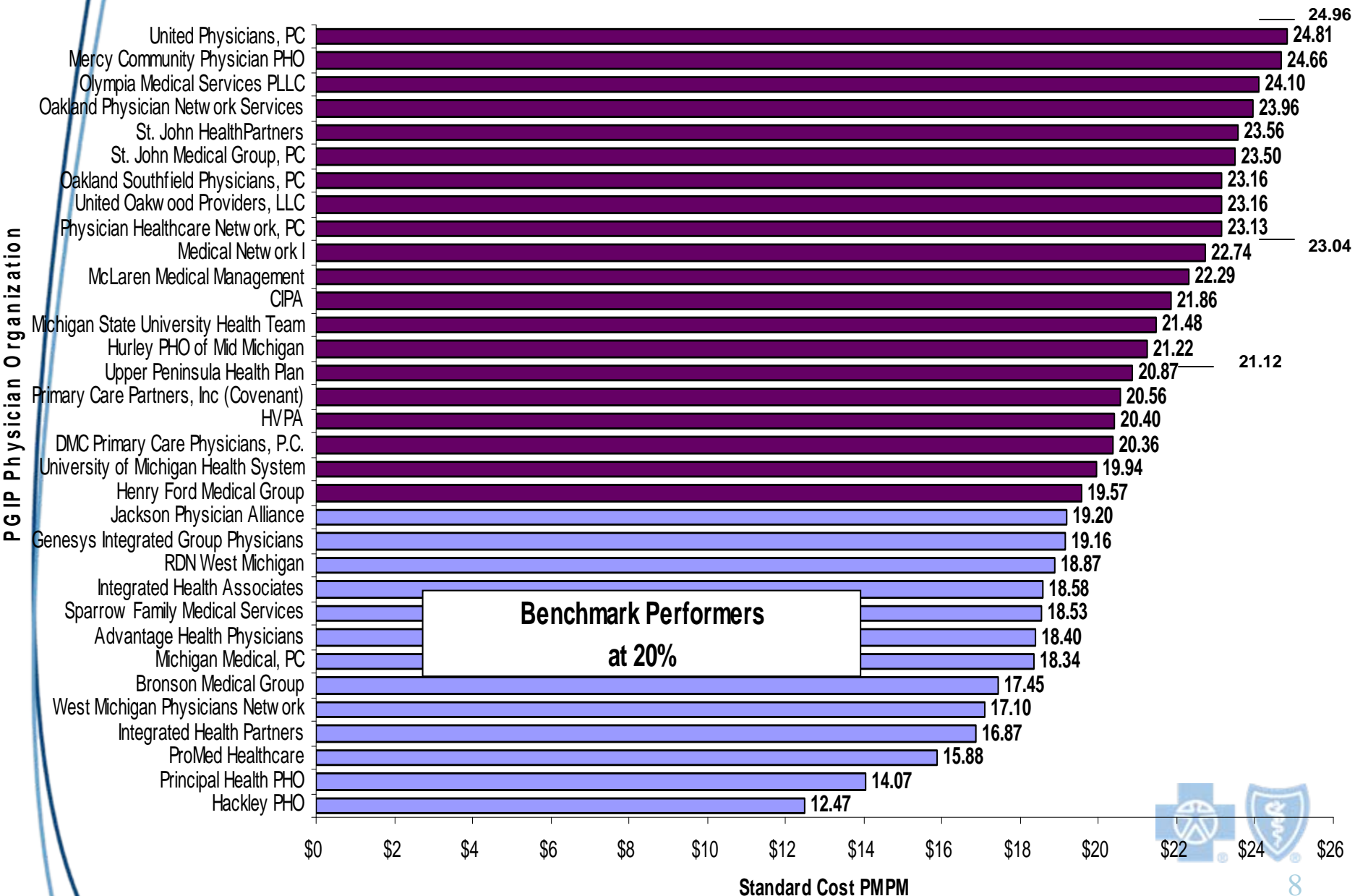
Incentive Design – Setting the Benchmark

Benchmark - \$19.20 pmpm
(Calendar year 2007 data)

1) At or Below Benchmark	13 Groups
2) 0 – 10% of Benchmark	6 Groups
3) 11 – 20% of Benchmark	5 Groups
4) 21 – 30% of Benchmark	9 Groups



2007 PGIP Risk Adjusted Overall Radiology Initiative Standard Cost PMPM for Adults (18-64) Attributed to a PGIP PCP



Incentive Scores

Group	Performance Score	Improvement Score	Total Score
1	1.0	0.0	1.0
2	0.8	0.2: improvement = 2-5%	1.0
		0.0: improvement of < 2%	0.8
3	0.0	1.0: improvement of >5%	1.0
		0.5: improvement = 2.5-5%	0.5
		0.0: improvement of < 2.5%	0.0
4	0.0	1.0: improvement of =>10%	1.0
		0.5: improvement of => 5%	0.5
		0.0: improvement of < 5%	0.0



Issues

- Time period of data for benchmark setting
- Measurement time period
- Constraints of BCBSM data and reports
- Majority of services ordered by specialists and non-PGIP physicians

BCBSM Clinical Leader:	Tom Ruane, MD
Initiative Manager:	Sandy Reoma, MHSA, FACHE
Analytic Support:	Amanda Harrier, MPH
PGIP Representatives:	Steve Thiry, MD, IHA Steve Yuill, MD, IHP

