

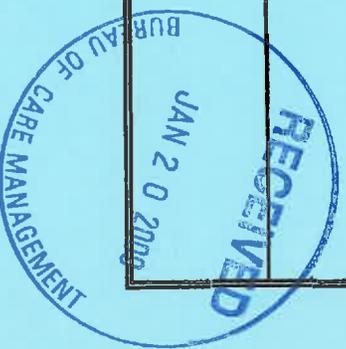
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Meyer / Hamilton Stensland</i>	DATE <i>1-15-09</i>
--	-------------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100379</i>	2. DATE SIGNED BY DIRECTOR <i>Cleared 1/27/09, see attached document.</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-28-09</i>
		<input type="checkbox"/> FOIA DATE DUE _____	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
<i>1. Beverly L. Stensland</i>	<i>1/27/09</i>		
<i>2. [Signature]</i>	<i>1/27/09</i>		
<i>3.</i>			
<i>4.</i>			



From: Beverly Hamilton
To: Brenda James
Date: 1/13/2009 4:40 pm
Subject: Fwd: 4th Annual P4P Survey

Brenda, this request needs to be logged within the agency as I am not comfortable completing independently. Thanks, Beverly

RECEIVED

JAN 14 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

JAN 14 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: "David Morris" <DMorris@medvantage.com>
To: <hamiltbv@scdhs.gov>
Date: 1/13/2009 3:17 pm
Subject: 4th Annual P4P Survey

Beverly -

I am writing on behalf of The Leapfrog Group, Integrated Healthcare Association (IHA) and Med-Vantage, Inc., sponsors of the fourth National Pay for Performance (P4P) and Incentive Survey - 2008. This message is to invite your participation in this important ongoing research. We very much appreciate your willingness to help document the key design issues and trends in P4P and incentive programs. You are contributing to a very important longitudinal data base that began in 2003 and now helps payers, purchasers, providers, and policymakers understand how these programs are evolving over time.

To complete the survey please go to
<http://survey.medvantage.com/2008p4psurvey/>
<<http://survey.medvantage.com/2008p4psurvey/>>

This year's survey has been shortened and should take about 20 minutes or less. You may take the survey online or access a print version to complete at your leisure and fax or mail back to us. I will follow up with a phone call this week to see if you'd prefer me to walk you through filling out the survey via a WebEx. Please respond by 1/30/09 to enable your responses to be included in the analysis.

Survey participants will receive a complimentary copy of the 2008 survey aggregate results when available, which we are pleased to offer as our way of saying thanks. Detailed results will be kept confidential and only accessible for research purposes.

We also want to thank our sponsors and endorser for this year's study.

Organization

2008

Sponsorship status

The Leapfrog Group

Sponsor

Integrated Healthcare Association (IHA)

Sponsor

Maine Health Management Coalition

Endorser

annie -

Please

contact s/bv

re. this out to

see if you can

get a print

version -

Thanks -

Bar

Bridges to Excellence

Endorser

National Business Coalition on Health (NBCH)

Endorser

National Committee on Quality Assurance (NCQA)

Endorser

National Quality Forum (NQF)

Endorser

Pacific Business Group on Health (PBGH)

Endorser

Massachusetts Health Quality Partners (MHQP)

Endorser

If this email has reached you in error and you are not the correct person to represent your organization's P4P programs we would be grateful if you would either forward this communication to the correct person in your organization or reply to this email with an alternate contact.

Thank you for your contributions to this work. We greatly appreciate your time, interest and consideration.

Regards, David.

David L. Morris

Vice President

Med-Vantage, Inc.

4107 Manor House Drive

Marietta, Georgia 30062

404-229-9571 Direct

DMorris@Medvantage.com <mailto:DMorris@Medvantage.com>

www.Medvantage.com



National P4P and Incentive Survey for 2008

Welcome to the fourth National Pay for Performance (P4P) and Incentive Survey for 2008. This year the survey is jointly sponsored by Med-Vantage, Inc, the Leapfrog group and IHA

We very much appreciate your willingness to help document the key design issues and trends in P4P and incentive programs. You are contributing to a very important longitudinal data base that began in 2003 and now helps payers, purchasers, providers, and policymakers understand how these programs are evolving over time.

We also want to thank our sponsors and endorsers for this year's study (see list of [national organizations](#)).

Survey participants will receive a complimentary copy of the 2008 survey results when available, which we are pleased to offer as our way of saying thanks. Detailed results will be kept confidential and only accessible for research purposes.

To make the survey completion process as easy as possible, we are pleased to offer you three options:

- I. Select 2008 Survey - Web
If you want to complete and submit the survey now on line. It takes about 15 minutes or less for each survey choice (P4P or other incentive).
- II. Select 2008 Survey - Paper/Offline
Offline - if you want to complete a hard copy of the P4P and Incentive survey at your leisure and FAX or mail it to us. Responses to the linked PDF P4P survey files can be entered and faxed to **415-814-7111**.

Responses can be mailed to:

Med-Vantage, Inc
c/o Med-Vantage 2008 P4P National Survey
111 Sutter St, 14th Fl
San Francisco, CA 94104

415-814-7100 (questions)
415-814-7111 (fax)
- III. Select 2008 Survey - Phone
If you would like to have a representative from either Leapfrog (consumer and employer incentive survey) or Med-Vantage (P4P survey) call you at a mutually convenient time to take your answers over the phone.

Pay for Performance and consumer incentive programs are two of the most important trends in health care today, and they are clearly here to stay. It is important that we understand as much as possible about how different program sponsors are approaching their design work and what seems to be working. We thank you for your contribution to this important area of research.

Dr. Peter Goldbach, Chief Executive Officer, Med-Vantage, Inc.

Leah Binder, Chief Executive Officer, The Leapfrog Group
Tom Williams, Executive Director, Integrated Healthcare Association

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Informing Choices, Promoting Engagement,
Getting Health Care Right.



2008 P4P and Incentive Survey (P4P)

General Information

* denotes a required input field.

1. Organization Name*

SC Department of Health + Human Services

2. Address PO Box 8206

1801 Main St.
Columbia, SC 29202-8206

3. Contact Name*

4. Telephone Number

5. Email Address*

GI-1. How would you classify your organization as a SPONSORING ENTITY?*

- Health plan
- Employer
- Multiple employers
- Employer-only coalition
- Regional Coalition, Collaboration or Other Consortium including multiple payers and/or provider orgs

Next

Cancel

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2008 P4P and Incentive Survey (P4P)

Survey Completed

Thank you for taking the 2008 P4P and Incentive Survey!

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Med-Vantage 2008 National P4P and Incentive Survey

Offline - if you want to complete a hard copy of the P4P and incentive survey at your leisure and FAX or mail it to us. Responses to the linked PDF P4P and incentive survey file can be entered and faxed to **415-814-7111**.

Responses can be mailed to:

Med-Vantage, Inc.
c/o Med-Vantage 2008 P4P National Survey
111 Sutter St, 14th Fl
San Francisco, CA 94104
415-814-7121 (questions)
415-814-7111 (fax)

Please choose a survey version based on your P4P or incentive program type(s):

Printed this survey

- Doctor and Hospital P4P Survey (for health plans, State Medicaid and CMS Programs)
- Purchaser/Employer Doctor and Hospital P4P Survey
- Collaborative/Cooperative Measurement Program Doctor and Hospital P4P Survey

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*Signer
Please fill
in the #'s
indicated & forward
to Meghan.
Shawna, BSAS
needs her
authorization in
1/30 so if you
could get to us
today, would
be great.*



National P4P and Incentive Survey for 2008

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We also want to thank our sponsors and endorsers for this year's study.

Organization	2008 Sponsorship status
The Leapfrog Group	Sponsor
Integrated Healthcare Association (IHA)	Sponsor
Maine Health Management Coalition	Endorser
Bridges to Excellence	Endorser
National Business Coalition on Health (NBCH)	Endorser
National Committee on Quality Assurance (NCQA)	Endorser
National Quality Forum (NQF)	Endorser
Pacific Business Group on Health (PBGH)	Endorser
Massachusetts Health Quality Partners (MHQP)	Endorser

To make the survey completion process as easy as possible, we are pleased to offer you three options:

Online via the web at <http://survey.medvantage.com/2008p4psurvey/>

If you want to complete and submit the survey now on line. It takes about 20 minutes or less for each survey choice.

Paper/offline

Offline - if you want to complete this hard copy of the survey at your leisure and FAX or mail it to us. Responses to the survey can be faxed to **415-814-7111**.

Responses can be mailed to:

Med-Vantage, Inc.

c/o Med-Vantage 2008 P4P Survey

One California Street, Suite 2800

PLEASE FAX YOUR COMPLETED SURVEY TO 415-814-7111

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2008 National P4P and Incentive Survey

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Getting Health Care Right.



San Francisco, CA 94111
415-814-7100(questions)

Phone

If you would like to have a representative from Med-Vantage call you at a mutually convenient time to take your answers over the phone. Call **415-814-7100**

Pay for Performance and consumer incentive programs are two of the most important trends in health care today, and they are clearly here to stay. It is important that we understand as much as possible about how different program sponsors are approaching their design work and what seems to be working. We thank you for your contribution to this important area of research.

Dr. Peter Goldbach, Chief Executive Officer, Med-Vantage, Inc.
Leah Binder, Chief Executive Officer, The Leapfrog Group
Tom Williams, Executive Director, Integrated Healthcare Association



ORGANIZATION: _____

ADDRESS: _____

CONTACT NAME: _____

TITLE: _____

TELEPHONE: _____

E-MAIL: _____

GV--General Health Plan Questions (Pay for Performance – Physician & Hospital)

GV-2. Which HEALTH PLAN PRODUCTS are included in your incentive program(s)? CHECK ALL THAT APPLY

- Fully insured HMO
- Fully insured POS
- Fully insured PPO
- Self-insured (ASO) HMO/POS
- Self-insured (ASO) PPO
- Consumer Directed Healthcare
- Traditional Medicare
- Medicare Advantage
- Medicaid (and/or other programs for low-income families/children)
- All covered lives
- Other (please specify): Primary Care Case Management

GV-3a. Approximately how many total covered LIVES do you have in all your health plan products? 352,000

GV-4. Using a scale from 1-5, where 1 equals NOT important and 5 equals VERY important, please rate the relative importance of the following drivers for your P4P or incentive program(s)? Leave blank those that are not applicable to you.

- 5 Improve bottom line, lower cost
 - 2 Respond to employer pressures
 - 5 Comply with regulatory or accrediting standards (e.g., NCCA, JCAHO)
 - 5 Improve patients' clinical outcomes
 - 4 Improve member experience (e.g., patient satisfaction)
 - 3 Reduce medical errors/improve patient safety
 - 4 Improve data collection and reporting from providers
 - 4 Differentiate in the market, convey positive image
 - 5 Align with other initiatives (e.g., disease management, high performance networks, consumer-directed benefit designs, consumer-directed provider report cards)
 - 5 Drive standardization of performance measures
- Other (Please describe): _____

DM—Physician P4P Main Questions

DM-0 Does your **physician P4P** program include participation in a larger cooperative or collaborative program? Please check just one answer

- No
- Yes, we use our own program and we also participate in a larger cooperative or collaborative program (please specify below)
- Yes, we use just the program of a larger cooperative or collaborative program (please specify below)

DM-0a If you checked that you participate in a cooperative or collaborative p4p program above, please specify the name of the program below:

Primary Care Case Management through South Carolina Solutions

DM-1. HOW LONG has your **physician P4P** program been in existence?

- Will be operational sometime in 2009
- Less than a year
- 1-2 years
- 3-4 years
- 5-10 years
- More than 10 years



- DM-2. At WHAT LEVEL do you assess physicians' performance? CHECK ALL THAT APPLY
- Individual physicians
 - Practice groups or sites
 - Multi-site Physician Organizations such as IPAs or staff-model medical groups

- DM-3. WHICH PHYSICIANS are eligible for your P4P program? CHOOSE ONE
- Primary care physicians (PCPs)
 - Specialists ONLY
 - Both primary care physicians and specialists

DM-4a. If you target PCP, how many PCPs are targeted by or eligible for your P4P program?
 Approximate Number of Eligible PCPs: 955

DM-4b. If you target specialists, how many specialists are targeted by or eligible for your P4P program?
 Approximate Number of Eligible PCPs: _____

- DM-5. If you target SPECIALISTS, which specialties are eligible? CHECK ALL THAT APPLY
- OB-GYN
 - Cardiology
 - Orthopedics
 - GI
 - Endocrinology
 - Pulmonology
 - Other: _____
 - Other: _____
 - Other: _____
 - Other: _____

DM-6. What performance DOMAINS are you measuring in your physician P4P program and what are their relative WEIGHTS? Please respond for your P4P cycle that includes payments either in calendar year 2008, or in the last 12 months. If you have more than one physician program, respond for the one that includes the most domains.
(Please make sure your percentages total 100%)

- 50 % -- Clinical quality (process or outcome measures)
- _____ % -- Patient safety or medical error reduction
- 30 % -- Efficiency or cost of care
- 10 % -- Patient satisfaction or experience of care
- _____ % -- Clinical health information technology adoption (EHR, e-prescribing, registries, e-lab, etc.)
- _____ % -- Administrative capability, such as electronic claims submission
- 10 % -- Member access, such as open panel or evening hours
- _____ % Other (please describe): _____

DM-7. Which of the following SOURCES did you use to develop your physician P4P measures? CHECK ALL THAT APPLY

- AMA Consortium or Specialty Societies
- AQA (Ambulatory Quality Alliance)
- CMS
- Efficiency, cost of care or utilization measures developed internally or by consultants
- Electronic medical record adoption, measures from any source
- Evidence-based medicine clinical measures developed internally or by consultants
- NCQA HEDIS[®]
- National Quality Forum
- NCQA Physician Recognition
- Patient surveys from any source including CAHPS
- Other (please describe): _____

DM-8. Do you provide some kind of APPEAL mechanism for physicians to challenge data accuracy or assigning patients accurately to physicians?

- Yes
- No



DM-9. What type of FEEDBACK mechanisms does your program use to share information on performance with physicians? CHECK ALL THAT APPLY

- Patient registry lists
- Clinical alerts
- Patient reminders
- Education materials
- Provider meetings
- Periodic reports – paper or other media
- Periodic reports - Web-based
- Provider reminders
- Other (please describe): _____
- None

DM-10. What is the FREQUENCY of any of the kinds of feedback above? CHECK ALL THAT APPLY

- Weekly
- Monthly
- Quarterly
- Semi-annually
- Annually
- Other (please describe): _____

DM-11. Do you use PUBLIC REPORTING on physician performance as part of your physician P4P program? CHECK ALL THAT APPLY

- Yes, we send reports to consumers
- Yes, we send reports to our enrollees
- Yes, we send reports to employers
- Yes, we send reports to all physicians so they can compare their performance to their peers
- Yes, we publish information in local newspapers
- Yes, we post results or scores in the provider directory on our Web site
- No
- Other: (please describe) _____



DM-12. What kinds of INDIRECT FINANCIAL INCENTIVES, if any, do you have that complement your P4P program? CHECK ALL THAT APPLY

- Tiered or high performance networks
- Administrative simplification (reduced paperwork, faster payment, referral pre-approvals)
- Provider honor roll or distinction programs
- Other (please describe): _____

DM-13. What is the SOURCE OF FUNDING for your P4P program? CHECK ALL THAT APPLY

- New money not otherwise budgeted
- Reallocation of funds from a previous incentive program
- Withholds
- Budgeted savings from expected utilization and /or cost reductions
- Pharmacy savings
- Included in annual medical expenses
- Other (please describe): _____

DM-14. What type of incentive PAYMENTS do you make to Providers? CHECK ALL THAT APPLY

- Bonus
- Payments from a withhold pool
- Differential fee schedule, paid prospectively
- Increased capitation payment, paid prospectively
- Additional reimbursement for specific tasks
- Quality grants
- Other (please describe): _____

DM-15. HOW LARGE is the financial incentive you pay?

- AVERAGE incentive payment as a percent of the physicians' total reimbursement _____ % (Example: 5%, 10%)
- (Optional) TOTAL amount paid out in incentives in the last 12 months: \$ 4,415,672.36



DM-16. How FREQUENTLY do you make P4P program pay-outs?

- Monthly
- Quarterly
- Semi-annually
- Annually
- Continuously (i.e. through a differential fee schedule or capitation payment)

DM-17. Last year, what PROPORTION of your physician network received a P4P payment?

- Primary Care: 20 %
- Specialty Care: _____ %

DM-18. How do you SCORE physician performance? CHECK ALL THAT APPLY

- Relative ranking to a peer group
- Performance above an absolute threshold (benchmark baseline)
- Relative improvement over previous reporting periods
- Other (please describe): _____

DM-19. Do you share your METHODOLOGY for calculating scores and rewards with physicians?

- Yes
- No

DM-20. Did you seek physician INPUT on the measures used or on the scoring methodology? CHECK ALL THAT APPLY

- Yes, on the measures
- Yes, on the methodology
- No

DM-21. What kinds of direct or indirect ASSISTANCE do you provide to physicians to help them all perform better?

- Educational programs on continuous quality improvement (CQI) techniques
- Tools, such as patient registries or lists of patients needing services
- Reminders sent directly to covered lives to be activated patients
- Health risk appraisals for covered lives
- Enrollment of patients in disease management programs
- Sharing of results of patients' health risk appraisals
- Sharing status or findings of disease management programs
- None
- Other (please describe): _____

DE—Physician P4P Program Evaluation Questions

DE-1. Have you evaluated this P4P program? - If answer is NO, please skip to the last question (DE-8).

- Yes
- No

DE-2. If yes, who performed the evaluation?

- Internal evaluator
- External evaluator
- Both internal and external evaluators

DE-3. Which of the following did the evaluation address:

CHECK ALL THAT APPLY

- Impact on clinical quality
- Impact on patient experience
- Impact on cost, such as financial return on investment
- Impact on physicians' investment in process improvements or IT tools
- Other (please specify): _____

DE-4. What RESULTS, if any, do you attribute to your pay-for-performance program? CHECK ALL THAT APPLY

- Performance on clinical measures has improved
- Performance on patient surveys has improved
- Cost performance has improved: either a positive Return on Investment (ROI), a net cost savings, or the trend in cost increases has slowed
- Members have shifted to high performing physicians
- Physicians have invested in QI or electronic systems
- None of the above have taken place

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- Too early to tell the effects
- Other (please specify): _____

DE-5. If you checked any of the first three boxes above, HOW MUCH improvement have you experienced since the program's inception?

- Clinical performance improved but improvement was not statistically significant
- Clinical performance improved and improvement was statistically significant
- Patient survey results improved but improvement was not statistically significant
- Patient survey results improved and improvement was statistically significant
- There has been a net cost savings
- The trend in cost increases has slowed
- The program has demonstrated a positive return on investment (ROI)

DE-6. Which measurement areas have shown the MOST improvement? Areas may include specific clinical areas such as diabetes, types of measures such as outcome measures or chronic-care measures, domains such as patient experience, or specific measures such as breast cancer screening.

- Area #1 (Please specify): Asthma Mgmt.
- Area #2 (Please specify): Diabetes
- Area #3 (Please specify): ER Usage
- Area #4 (Please specify): _____

DE-7. Which measurement areas have shown the LEAST improvement? Areas may include specific clinical areas such as diabetes, types of measures such as outcome measures or chronic-care measures, domains such as patient experience, or specific measures such as breast cancer screening.

- Area #1 (Please specify): Cholesterol lowering
- Area #2 (Please specify): Breast + Cervical cancer screening
- Area #3 (Please specify): _____
- Area #4 (Please specify): _____

DE-8. What CHANGES do you anticipate making in the program over the next 1-2 years?

- Expand program to include other products (e.g. PPO, ASO, CDH)
- Expand program to include specialists if not doing so now
- Expand program to include additional specialties
- Expand program to include hospitals if not doing so now
- Expand the scope or number of measures used
- Change the performance domains or relative weighting
- Develop a public performance report
- Tie the P4P program more closely to disease management, tiered networks, or benefit design initiatives
- Discontinue the program
- Other (please describe): Align with Enrollment/Assignments to Manage Care Entities

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HM-Hospital P4P Main Questions—asked of all respondents who have a Hospital P4P program.

HM-1. Is your Hospital P4P program part of a larger collaborative or cooperative program?

- No
 Yes (please name the program)
-

HM-1. HOW LONG has your hospital P4P Program been in existence?

- Will be operational sometime in 2009
 Less than a year
 1-2 years
 3-4 years
 5- 10 years
 More than 10 years

HM-2. What hospitals are ELIGIBLE for your program?

- General, number of hospitals: _____
 Specialty, number of hospitals: _____

HM-4. What performance DOMAINS are you measuring in your hospital P4P program and what are their relative WEIGHTS? (Please ensure that your percentages total 100%)

- _____ % -- Clinical quality (process or outcome measures)
 _____ % -- Patient safety or medical error reduction
 _____ % -- Efficiency or cost of care
 _____ % -- Utilization
 _____ % -- Patient satisfaction or experience of care
 _____ % -- Clinical health IT adoption (EHRs, registries, e-prescribing, e-lab, etc)
 _____ % -- Community service
 _____ % -- Administrative
 _____ % -- Other (please describe): _____

HM-5. Which of the following SOURCES did you use to develop your hospital P4P measures?
CHECK ALL THAT APPLY

- AHRQ Quality Indicators
- AMA Consortium or Specialty Societies
- CMS
- Efficiency, cost of care, or utilization measures developed internally or by consultants
- Electronic medical record adoption measurements (EMRs)
- Evidence-based medicine clinical measures developed internally or by consultants
- NCQA HEDIS[®]
- Hospital Quality Alliance
- JCAHO Core Measures
- Leapfrog Group Quality and Safety Measures
- National Quality Forum
- Patient surveys, such as CAHPS
- Premier Hospital Quality Incentive Demonstration
- Other (please describe): _____

HM-7. What type of FEEDBACK mechanisms do you use to share information on performance with your hospitals? CHECK ALL THAT APPLY

- Education materials
- Provider meetings
- Periodic reports
- Other (please describe): _____
- None

HM-8. What is the FREQUENCY of any of these kinds of feedback? CHECK ALL THAT APPLY

- Weekly
- Monthly
- Quarterly
- Semi-annually
- Annually

HM-9. Do you use PUBLIC REPORTING as part of your hospital P4P program? CHECK ALL THAT APPLY

- Yes, we send reports to members
- Yes, we send reports to employers
- Yes, we send reports to all hospitals so they can see their peers' performance
- Yes, we publish information in local newspapers
- Yes, we post information on our Web site
- Yes, we post results or scores in the provider directory on our Web site
- No
- Other (Please describe): _____

HM-10. What kinds of INDIRECT FINANCIAL INCENTIVES, if any, do you have that complement your hospital P4P program? CHECK ALL THAT APPLY

- Tiered or high performance networks
- Administrative simplification (reduced paperwork, faster payment)
- Hospital honor roll program
- Center of Excellence designation
- Public performance reporting
- Other (please describe): _____

HM-11. What is the SOURCE OF FUNDING for your P4P program? CHECK ALL THAT APPLY

- New money not otherwise budgeted
- Reallocation of funds from a previous incentive program
- Withholds
- Budgeted savings from expected utilization and /or cost reductions
- Pharmacy savings
- Included in annual medical expenses
- Other (please describe): _____

HM-12. What type of incentive PAYMENTS do you make to hospitals? CHECK ALL THAT APPLY

- Bonus
- Payments from a withhold pool
- Enhanced DRG payment schedule prospectively
- Additional reimbursement for specific tasks
- Payment for previously unreimbursed services
- Quality grants
- Other (please describe): _____

HM-13. HOW LARGE is the financial incentive you pay:

- AVERAGE incentive payment as a percent of the hospitals' total reimbursement _____ % (Example: 5%, 10%)
- (Optional) TOTAL amount of incentives paid: \$ _____

HM-14. How FREQUENTLY do you make P4P program pay-outs?

- Monthly
- Quarterly
- Semi-annually
- Annually
- Continuously (i.e. through an enhanced rate schedule)

- HM-15. How do you SCORE hospital performance? CHECK ALL THAT APPLY
- Relative ranking to a peer group
 - Performance above an absolute threshold (benchmark baseline)
 - Relative improvement over previous reporting periods
 - Other (please describe): _____

- HM-16. Did you seek hospitals' INPUT on the measures used or on the scoring methodology?
- Yes, on the measures
 - Yes, on the methodology
 - No

- HM-17. Last year, what percentage of your contracted hospitals received a P4P payment?
- General hospitals: _____ %
 - Specialty hospitals: _____ %

- HM-18. What kinds of direct or indirect assistance do you provide to your hospitals to help them all perform better?
- Educational programs on continuous quality improvement (CQI) techniques
 - Tools, such as patient registries
 - None
 - Other (please describe): _____

HE—Hospital P4P Program Evaluation Questions—asked only of respondents who have a Hospital P4P program

- HE-1. Have you evaluated this program? - If answer is NO, please skip to the last question (HE-8).

- Yes
- No

- HE-2. If yes, who performed the evaluation?

- Internal evaluator
- External evaluator
- Both internal and external evaluators

- HE-3. Which if the following did the evaluation address:

CHECK ALL THAT APPLY

- Impact on clinical quality
- Impact of patient experience
- Impact on cost, such as financial return on investment
- Impact on hospitals' investment in process improvements or IT tools
- Other (please specify): _____



HE-4. What results, if any, do you attribute to your pay-for-performance program? CHECK ALL THAT APPLY

- Performance on clinical measures has improved
- Performance on patient surveys has improved
- Cost performance has improved: either a positive Return on Investment (ROI), a net cost savings, or the trend in cost increases has slowed
- Consumers have shifted to high performing hospitals
- Hospitals have invested in QI or electronic systems
- None of the above have taken place
- Too early to tell the effects
- Other (please specify): _____

HE-5. If you checked any of the first three boxes above, HOW MUCH improvement have you experienced in the most important area?

- Clinical performance improved and improvement was statistically significant
- Clinical performance improved but improvement was not statistically significant
- Patient survey results improved and improvement was statistically significant
- Patient survey results improved but improvement was not statistically significant
- There has been a net cost savings
- The trend in cost increases has slowed
- The program has demonstrated a positive return on investment (ROI)

HE-6. Which measurement areas have shown the most improvement?

- Area #1 (Please specify): _____
- Area #2 (Please specify): _____
- Area #3 (Please specify): _____
- Area #4 (Please specify): _____

HE-7. Which measurement areas have shown the least improvement?

- Area #1 (Please specify): _____
- Area #2 (Please specify): _____
- Area #3 (Please specify): _____
- Area #4 (Please specify): _____

HE-8. What CHANGES do you anticipate making in the program over the next 1-2 years?

- Expand program to include other products (e.g. PPO, ASO, CDH)
- Expand program to include primary care physicians if not doing so now
- Expand program to include specialists if not doing so now
- Expand the scope or number of measures used
- Change the performance domains or relative weighting
- Develop a public performance report
- Tie the P4P program more closely to disease management, tiered networks, or benefit design initiatives
- Discontinue the program

PLEASE FAX YOUR COMPLETED SURVEY TO 415-814-7111

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Other (please describe): _____

GF-1. Based on what you have learned so far about P4P programs, what are the TWO most important RECOMMENDATIONS you would make to other organizations that are seeking to implement or to refine their existing P4P program?

- Involve providers early in the design
- Use well-established or co-authored measures
- Be willing to make changes over time
- Be clear about your ROI expectations
- Pilot the P4P measures or reporting formats before full implementation
- Use public reporting as a reputational incentive
- Use auditable data
- Mechanism for provider correction
- OTHER: _____

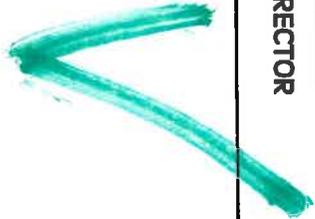
GF-2. Would you be willing to discuss your experiences further in a follow up interview with the authors of this year's report?

- Yes
- No

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Meyer</i>	DATE <i>1-15-09</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100379</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-28-09</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

From: Beverly Hamilton
To: Brenda James
Date: 1/13/2009 4:40 pm
Subject: Fwd: 4th Annual P4P Survey

Brenda, this request needs to be logged within the agency as I am not comfortable completing independently. Thanks, Beverly

RECEIVED

JAN 14 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

JAN 14 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: "David Morris" <DMorris@medvantage.com>
To: <hamiltbv@scdhhs.gov>
Date: 1/13/2009 3:17 pm
Subject: 4th Annual P4P Survey

Beverly -

I am writing on behalf of The Leapfrog Group, Integrated Healthcare Association (IHA) and Med-Vantage, Inc., sponsors of the fourth National Pay for Performance (P4P) and Incentive Survey - 2008. This message is to invite your participation in this important ongoing research. We very much appreciate your willingness to help document the key design issues and trends in P4P and incentive programs. You are contributing to a very important longitudinal data base that began in 2003 and now helps payers, purchasers, providers, and policymakers understand how these programs are evolving over time.

To complete the survey please go to
<http://survey.medvantage.com/2008p4psurvey/>
<<http://survey.medvantage.com/2008p4psurvey/>>

This year's survey has been shortened and should take about 20 minutes or less. You may take the survey online or access a print version to complete at your leisure and fax or mail back to us. I will follow up with a phone call this week to see if you'd prefer me to walk you through filling out the survey via a WebEx. Please respond by 1/30/09 to enable your responses to be included in the analysis.

Survey participants will receive a complimentary copy of the 2008 survey aggregate results when available, which we are pleased to offer as our way of saying thanks. Detailed results will be kept confidential and only accessible for research purposes.

We also want to thank our sponsors and endorsers for this year's study.

Organization

2008

Sponsorship status

The Leapfrog Group

Sponsor

Integrated Healthcare Association (IHA)

Sponsor

Maine Health Management Coalition

Endorser

Bridges to Excellence

Endorser

National Business Coalition on Health (NBCH)

Endorser

National Committee on Quality Assurance (NCQA)

Endorser

National Quality Forum (NQF)

Endorser

Pacific Business Group on Health (PBGH)

Endorser

Massachusetts Health Quality Partners (MHQP)

Endorser

If this email has reached you in error and you are not the correct person to represent your organization's P4P programs we would be grateful if you would either forward this communication to the correct person in your organization or reply to this email with an alternate contact.

Thank you for your contributions to this work. We greatly appreciate your time, interest and consideration.

Regards, David.

David L. Morris

Vice President

Med-Vantage, Inc.

4107 Manor House Drive

Marietta, Georgia 30062

404-229-9571 Direct

DMorris@Medvantage.com <mailto:DMorris@Medvantage.com>

www.Medvantage.com



National P4P and Incentive Survey for 2008

Welcome to the fourth National Pay for Performance (P4P) and Incentive Survey for 2008. This year the survey is jointly sponsored by Med-Vantage, Inc, the Leapfrog group and IHA.

We very much appreciate your willingness to help document the key design issues and trends in P4P and incentive programs. You are contributing to a very important longitudinal data base that began in 2003 and now helps payers, purchasers, providers, and policymakers understand how these programs are evolving over time.

We also want to thank our sponsors and endorsers for this year's study (see list of [national organizations](#)).

Survey participants will receive a complimentary copy of the 2008 survey results when available, which we are pleased to offer as our way of saying thanks. Detailed results will be kept confidential and only accessible for research purposes.

To make the survey completion process as easy as possible, we are pleased to offer you three options:

- I. Select 2008 Survey - Web
If you want to complete and submit the survey now on line. It takes about 15 minutes or less for each survey choice (P4P or other incentive).
- II. Select 2008 Survey - Paper/Offline
Offline - if you want to complete a hard copy of the P4P and incentive survey at your leisure and FAX or mail it to us. Responses to the linked PDF P4P survey files can be entered and faxed to **415-814-7111**.

Responses can be mailed to:

Med-Vantage, Inc
c/o Med-Vantage 2008 P4P National Survey
111 Sutter St, 14th Fl
San Francisco, CA 94104
415-814-7100 (questions)
415-814-7111 (fax)

- III. Select 2008 Survey - Phone
If you would like to have a representative from either Leapfrog (consumer and employer incentive survey) or Med-Vantage (P4P survey) call you at a mutually convenient time to take your answers over the phone.

Pay for Performance and consumer incentive programs are two of the most important trends in health care today, and they are clearly here to stay. It is important that we understand as much as possible about how different program sponsors are approaching their design work and what seems to be working. We thank you for your contribution to this important area of research.

Dr. Peter Goldbach, Chief Executive Officer, Med-Vantage, Inc.

Leah Binder, Chief Executive Officer, The Leapfrog Group
Tom Williams, Executive Director, Integrated Healthcare Association

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*Informing Choices. Rewarding Excellence.
Setting Health Care Right.*



2008 P4P and Incentive Survey (P4P)

General Information

* denotes a required input field.

1. Organization Name*

2. Address

3. Contact Name*

4. Telephone Number

5. Email Address*

GI-1. How would you classify your organization as a SPONSORING ENTITY?*

- Health plan
- Employer
- Multiple employers
- Employer-only coalition
- Regional Coalition, Collaboration or Other Consortium including multiple payers and/or provider orgs

Next

Cancel

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