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## PPO Performance Reporting

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## What Organizations Should Report Quality Information?

HMOs  
PPOs  
Indemnity/Fee For Service  
Workers' Comp  
UM Companies

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## Types of Quality Measures

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### Structure

- Does the organization have the capacity to deliver quality care?

### Process

- Does the organization operate in a manner that promotes quality care?

### Outcome

- Does the organization actually provide quality care?

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## Tools For Measuring Quality Of Health Care Systems

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### Accreditation

- URAC, JCAHO, NCQA

### Performance report

- Standard and non-standard
- Clinical or administrative performance
- Plan-level or provider-level performance

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## External Standards for PPO Quality

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### State Regulation:

- 23 states require QM Program
- 29 states have access requirements
- 18 states require credentialing
- 26 states require grievance and appeal program

### Quality Reporting:

Federal Employee Health Benefits Program  
Medicare + Choice

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## Structural Differences in MCOs that Affect Reporting

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- Use of primary care providers
- Open versus closed network
- Availability of enrollment information
- Differences in benefits, co-pay, deductible
- Allocation of premium dollars (risk)
- Access to claims, pharmacy, lab data
- Ability to influence provider behavior

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## Data Issues That Influence Reporting

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- Sources of data: administrative, encounter, medical record, pharmacy, lab
- Linkages (patient ID, provider ID)
- Access to data
- Data on non-users (enrollment)
- Accuracy – Accurate/consistent use of CPT, ICD9
- Auditing of reports

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## Patient Priorities for Quality

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- Access to care
- Coordination of care
- Information, communication and education
- Respect for values, preferences and needs
- Emotional support
- Good experiences: wait times, office staff respect, coordination of tests, procedures and follow up

source: Picker Institute

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## Employer Priorities for Quality Data

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Claim turnaround time/claim accuracy  
Telephone response/abandonment  
ID card/certificate, information distribution  
Access to care  
Network access  
Cost/utilization reports  
grievance resolution  
HEDIS quality of care data  
Credentialing

source: Deloitte and Touche  
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## Current Approaches to PPO Accountability

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- » Accreditation
- » Administrative/Service Reporting
- » UM / CM Reporting
- » Patient Reported Performance (surveys)
- » Clinical Data
- » Contracts and Performance Guarantees

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## Issues in PPO Performance Measurement

- Who wants performance information, and who pays for it?
- Are performance reports meaningful to quality improvement?
- Are PPOs being compared to HMOs?
- Is the information valid?
- Can the information be used for better decision making, either patients, providers or purchasers?

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## The Future of PPO Quality Standards

- Regulators and some purchasers are increasing demands for performance information from PPOs.
- Standards should relate to important indicators of quality of care and organizational performance
- Investments would be needed to produce data
- Standards for PPOs should reflect PPO relationships with patients and contractual obligations.

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