



# Select Health Compass<sup>SM</sup> Program Guide

[www.selecthealthofsc.com](http://www.selecthealthofsc.com)

 Select Health *of South Carolina*

**COMPASS**

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## Introduction

Select Health of South Carolina has implemented Select Health COMPASS<sup>SM</sup>, a referral optimization initiative that gives referring primary care providers (PCPs) information about specialists' performance as evaluated by established and objective quality and efficiency performance measures. Currently, Select Health COMPASS assesses the performance of specialist providers, but ancillary service providers will be included in a later phase.

## Program overview

At Select Health, our mission is to help people get care, stay well, and build healthy communities. To help achieve that mission, we are committed to providing members access to effective, efficient, and quality services. The Select Health COMPASS program is designed to support that objective.

This program, which is voluntary for PCPs and specialists, strives to increase member access to high-performing specialists by:

1. Twice per year, calculating the quality and efficiency of specialists' performance based upon established and objective quality and efficiency performance measures.
2. Using that information to rank specialists in our provider network by a defined set of episode categories.
3. Assigning a Select Health COMPASS score to in-network specialist providers who meet the minimum number of episodes to participate in the program based on their ranked performance against their peers.
4. Sharing the Select Health COMPASS scores of providers who are participating in the program with PCPs (and specialists) in the form of a Select Health COMPASS Referral Guide for each episode category, broken down by provider specialty and hospital referral region (HRR).

## Select Health COMPASS Referral Guide

The Select Health COMPASS Referral Guide is a resource for PCPs who would like to access additional information to make informed referrals for their patients. The Referral Guide is updated twice annually and is available to both PCPs and specialists via our secure provider portal, NaviNet. The Referral Guide is organized by episode category, provider specialty, and HRR. Providers with performance above the network average, as compared to peers, and who are participating in the program are indicated by a Select Health COMPASS score of two and a half or more in the Referral Guide. Program-participating specialty providers with scores lower than two and a half are listed in the Referral Guide in alphabetical order but do not have a score indicated. Specialist providers who do not meet the minimum number of attributed episodes for the episode category associated with their specialty, or who are part of an entity (tax ID) that has opted out of the program, are not listed in the Select Health COMPASS Referral Guide.

Although PCPs have access to the Referral Guide to aid in making referrals, they are not required to use the Referral Guide in their referral process.

Referrals made on the basis of the information presented in the Select Health COMPASS Referral Guide will not affect a member's ability to choose whom they see for in-network specialty care.

Members have the right to decide the specialist from whom they ultimately receive care.

# Select Health COMPASS episode categories

The episode categories used in the Select Health COMPASS program have condition-specific definitions that group the entire range of care used to treat a clinical condition for a specific time period across the continuum of care. The episode categories are defined by Prometheus Analytics and are used across the health care sector.

A Select Health COMPASS episode is a measurement of a single occurrence that meets the criteria of an episode category (e.g., an asthma episode includes services occurring 30 days prior to the date of the trigger service and lasts until either the end of the study period or the patient's date of death). Episodes include all components of the total episode costs within the measurement, or study period (e.g., the costs associated with typical or routine care, complications, and potentially avoidable complications).

Episode categories are described as chronic, procedural, or other. Procedural episode types are episodes attributed to specific clinical procedures (e.g., colonoscopy). Procedural episode types have shorter episode durations than chronic episodes. Chronic episodes are episodes related to chronic conditions with a 12-month episode duration (e.g., asthma and diabetes). Other episode types are related to pregnancy and newborn care.

Select Health has implemented the initiative for the following episode categories:

- Adult allergic rhinitis/chronic sinusitis
- Asthma
- Newborns

The publication of Select Health COMPASS scores is limited to the program-participating specialists providing care that meets the criteria within the aforementioned set of episode categories for each of the biannual reporting periods.

For a complete list of episode category definition parameters, please contact your Provider Network Management Account Executive

**[www.selecthealthofsc.com/pdf/provider/provider-account-executives-map.pdf](http://www.selecthealthofsc.com/pdf/provider/provider-account-executives-map.pdf)**

## Allergic rhinitis/chronic sinusitis

Allergic rhinitis/chronic sinusitis (RHNTS) is a chronic condition open from 30 days prior to the date of the trigger service until the end of the study period, or until the patient's date of death. The trigger service can be an inpatient service with a rhinitis/sinusitis-specific principal diagnosis code or an outpatient or professional E&M service with a rhinitis/sinusitis-specific diagnosis code in any position. The professional trigger also requires a confirming inpatient, outpatient, or professional rhinitis/sinusitis-related E&M service at least 30 days later. Services with diagnosis codes for signs and symptoms related to either allergic rhinitis or chronic sinusitis such as postnasal drip or headache have been defined as typical care for RHNTS, and conditions such as fluid and electrolyte disturbances have been labeled as complications.

In addition, other concurrent episodes of upper respiratory infection (URI) are linked back at the patient level to allergic rhinitis/chronic sinusitis episodes as complications.

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Source: Prometheus Analytics, Allergic Rhinitis/Chronic Sinusitis Definition Version 5.5, Change Healthcare, 2021, <http://prometheusanalytics.net/deeper-dive/episodes-definitions/ecr-descriptions?version=5.5.000&name=RHNTS>. Contact your Account Executive for access.

## **Asthma**

Asthma is a chronic condition open from 30 days prior to the date of the trigger service until the end of the study period, or until the patient's date of death. The trigger service can be an inpatient service with an asthma-specific principal diagnosis code or an outpatient or professional E&M service with an asthma-specific diagnosis code in any position. The professional trigger also requires a confirming inpatient, outpatient, or professional asthma-related E&M service at least 30 days later. Services with diagnosis codes for signs and symptoms related to asthma such as wheezing or shortness of breath, and for other associated conditions such as exercise-induced bronchospasm or allergic broncho-pulmonary disease, have been defined by physician consultants as typical care for asthma, but admission for similar conditions or for acute exacerbation of asthma have been labeled as complications.

In addition, other concurrent episodes of pneumonia and upper respiratory infection are linked back at the patient level to asthma episodes as complications.

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Source: Prometheus Analytics, Asthma Definition Version 5.5, Change Healthcare, 2021, <http://prometheusanalytics.net/deeper-dive/episodes-definitions/ecr-descriptions?version=5.5.000&name=ASTHMA>. Contact your Account Executive for access.

## **Newborn**

Newborn (NBORN) is an episode that is triggered by the presence of a definitive newborn diagnosis. The newborn episode is open from the date of the episode's trigger until 30 days after the date of trigger. Services with diagnosis codes for signs and symptoms related to newborn such as screening for development have been defined as typical care for newborn, and conditions such as fetal distress have been labeled as complications.

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Source: Prometheus Analytics, Newborn Definition Version 5.5, Change Healthcare, 2021, <http://prometheusanalytics.net/deeper-dive/episodes-definitions/ecr-descriptions?version=5.5.000&name=NBORN>. Contact your Account Executive for access.

## Select Health COMPASS performance

Select Health COMPASS performance scores included in the Select Health COMPASS Referral Guide correlate to specialty provider performance based upon established and objective quality and cost-efficiency measures. Provider performance is determined using Prometheus episode category definitions, case rates, and risk-adjustment features. Select Health COMPASS scores are calculated at the individual provider level for each episode category, provider specialty, and HRR.

### Quality performance

Quality performance is calculated using Prometheus potentially avoidable complications (PAC) specifications for each episode category. Prometheus PACs are used as a measure of quality designed to determine variation in care that could be reasonably attributed to complications under the control of providers.

These PACs are based on services rendered during the reporting period. Please note that evaluation for each PAC requires individual Select Health COMPASS-participating specialists to have a minimum of five attributed episodes during the reporting period. Select Health COMPASS uses a one-year reporting period for chronic and other episode categories and a two-year reporting period for procedural episode categories.

### Efficiency performance

Efficiency performance is measured using Prometheus episode-specific risk-adjusted case rates. The efficiency performance component of a Select Health COMPASS score is calculated based on a comparison of the total episode cost to the risk-adjusted episode cost. A higher total cost to risk-adjusted cost ratio indicates lower efficiency performance. As such, individual network-participating specialty providers are ranked inversely among other network-participating providers of the same specialty and geographic area who meet the minimum number of attributed episodes criteria for each episode category.

Episode case rates are risk-adjusted to account for individual risk in relation to episode costs. Risk adjustment is applied using Prometheus' analytic models.

### Risk adjustment

Prometheus' risk-adjustment models predict individualized episode costs using demographic information, individuals' comorbidities, and episode severity. The estimates are the result of a series of regression models that combine to produce expected episode costs. These costs are delineated between costs for typical care and PACs. Each aspect of the modeling procedure is described below.

The costs of each component serve as the dependent variables in the models. Separate risk-adjustment models are created for each cost component and for every episode category. Risk factors used in the models include:

- Patient demographics and plan-enrollment status during the reporting period.
- Condition-specific risk factors.
- Episode category subtypes.
- End-of-life probability.

For additional detail on Prometheus' risk adjustment models, please refer to **An Overview of the Risk Adjustment Methodology for Prometheus Analytics®**.

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Andrew Wilson, MPH, MA, "An Overview of the Risk Adjustment Methodology for PROMETHEUS Analytics®," *Prometheus Analytics*, <http://www.prometheusanalytics.net/sites/default/files/attachments/Risk-Adjustment-Methodology.pdf>

## Select Health COMPASS scoring

Select Health COMPASS uses the objective quality and efficiency measures detailed above to rank individual network-participating specialty providers with the minimum number of attributed episodes for each episode category by specialty and HRR. The providers are then given a score based on their ranked performance, on a scale of one to four, with four indicating highest overall performance. The Select Health COMPASS Referral Guide identifies program-participating providers and includes a Select Health COMPASS indicator for those performing providers with performance above the network average. Program-participating provider scores are updated biannually on or about April 1 and October 1. Providers will be updated if the report publication date changes.

Select Health COMPASS scores are calculated through the following steps:

1. Attribute episodes to individual specialist providers based on episode category criteria. To qualify for program participation, individual specialist providers must be attributed to five or more episodes within a one-year reporting period for chronic episode categories and a two-year reporting period for procedural episode categories.
2. Calculate episode case rates.
3. Apply episode-specific risk adjustment.
4. Evaluate quality performance and efficiency performance.
5. Rank provider performance against like peers within the specialist's HRR.
6. Calculate Select Health COMPASS score.
7. Publish Select Health COMPASS scores for providers who are participating in the program.

As additional measures are developed and improved, performance indicators contained in the program will be added. Select Health reserves the right to make changes to this program at any time and shall provide written notification of any changes.

# Accessing the Select Health COMPASS Referral Guide

The Select Health Referral Guide is a resource to PCPs who would like to access additional information to make informed referrals for their patients. The Referral Guide is updated twice annually and deployed to providers (PCPs and specialists) via our secure provider portal, NaviNet.

PCPs and specialists can access and download PDF copies of available Referral Guide via NaviNet by following the steps outlined below.

1. Log in to NaviNet.
2. Click the “**Select Health COMPASS Referral Guide**” link on the landing page.
3. From the list of reports provided, select the Select Health COMPASS Referral Guide you wish to access.
4. The Referral Guide will open as a PDF. It may be saved or printed for in-office use.

## Provider appeal of score determination

- If a provider wishes to appeal their Select Health COMPASS score, this appeal must be made in writing.
- The written appeal must be addressed to the Provider Network Management Account Executive and specify the basis for the appeal.
- The appeal must be submitted within 30 days of receiving the score from Select Health.
- The appeal will be forwarded to the Select Health COMPASS Review Committee for review and determination.
- If the review committee determines that a score correction is warranted, the correction will be made as follows:
  - Updated guides will be redistributed within 60 days of the initial Select Health COMPASS Referral Guide deployment.
  - Appeals requests received after the 30-day period following the initial Referral Guide deployment will be addressed (as deemed necessary) during the next published Referral Guide.

## Participation in the Select Health COMPASS program is voluntary

Entities may opt out of the program at the tax ID level; individual specialists may not opt out individually. If the entity (tax ID) in which a specialist is affiliated wishes to opt out, a request must be submitted in writing. Requests submitted will affect all specialists with the same tax ID.

To opt out of the program:

1. An entity representative must submit a written request to the Provider Account Executive via mail or email.
2. The request must include the entity's tax name; tax ID; and acknowledgment that once the opt-out request is submitted, no individual specialists affiliated with the entity's tax ID will be listed in the Select Health COMPASS Referral Guide.
3. Opt-out requests must be submitted at least 30 days prior to the next scheduled Select Health COMPASS Referral Guide update, which occurs biannually on or about April 1 and October 1. Providers will be updated if the report publication date changes.
4. In the event that an opt-out request is received after the deadline; the entity will be notified via email that the request will be addressed during the next biannual Select Health COMPASS Referral Guide refresh.

Once an entity has opted out, the specialist providers affiliated with the entity's tax ID will not be included in Select Health COMPASS Referral Guides unless a formal request is made by the entity to participate.

### **Failure to opt out of the program is equivalent to agreeing to participate.**

By agreeing to participate in the Select Health COMPASS program, the entity permits Select Health to publish the Select Health COMPASS score of each specialist affiliated with the entity's tax ID as described above.

Included is the link to the Select Health Program Guide. Please advise if you have any questions or concerns. Thank you for your assistance.

**<https://www.selecthealthofsc.com/pdf/provider/forms/provider-the-primary-care-practitioner-quality-enhancement-program.pdf>**