Fast Facts

For Hospitals and Professional Providers
2024-2025 Plan Year

Harvard Pilgrim Health Care
a Point32Health company

Harvard Pilgrim Quality HMO and Explorer POS Products

Tiering Structure

Below are the key foundational concepts of Harvard Pilgrim's 2024-2025 tiering methodology for our Quality HMO and Explorer POS GIC products, which are based largely around cost and quality information:

- Hospitals were categorized as Academic, Teaching or Community based on CHIA designations.
- We leveraged the Care Sub Units (CSUs) system structure for professional providers.
- The CSUs were paired with the hospital within their contracted system which they predominantly align with.
- Within a contracted system, if there was more than one hospital in the same category (e.g., Community) or multiple CSUs that predominantly align with those hospitals in the contracted system, they were tiered together (Tiering Entity).
- Specialists who are part of multiple CSUs will be assigned the tier of each of the CSUs they are a part of. This may result in more than one tier designation for such providers.

Tier Assignment

- Tiers were assigned based on natural cut points in the scoring.
- HPHC hospitals and professional providers not affiliated with a CSU/LCU, Ancillary providers, Specialty hospitals and providers with insufficient data to rank were assigned to Tier 2.

Cost-sharing Tier Level Assignment

- Tier 1 Level — low
- Tier 2 Level — medium
- Tier 3 Level — high (providers in tier 3 are excluded from the Quality HMO product)

Basis of Evaluation

Relative cost accounted for 70% of the tiering weight, while quality accounted for 30%.

Relative Cost:

- Relative cost was determined using a combination of risk-adjusted Total Medical Expense (TME) (30%) and relative price (40%) for Harvard Pilgrim HMO/POS Self Insured business.
  - Risk-adjusted TME was based on 2021 utilization.
  - TME is measured at the LCU level; each CSU was assigned the risk-adjusted TME of the LCU it is a part of.
  - Relative price was broken down into 20% for hospital and 20% for professional, as applicable.
  - Relative Price is measured at the LCU level; each CSU was assigned the price relativity factor of the LCU it is part of.
  - The price relativity factors used were based on 2021 claims revenue and trended forward to 2022, using the provider-specific unit cost increases.

Quality:

- Quality was based on hospital and professional performance with quality weighted equally (15% each), where possible. When a Tiering Entity had only a hospital or professional component, the full 30% weight was allocated to that one component. The specific metrics used were:
  - HEDIS Honor Roll measure set
  - Social Determinants of Health (Z-code) inclusion in claim submission
  - Electronic Medical Record data submission
  - Collaborative Care Code inclusion in claim submission
  - Hospital Quality P4P measure set
- Hospital quality scores were assigned to each hospital, where possible.
- Every Tiering Entity was evaluated on each metric individually, then the metrics were combined into an overall score based on the weights noted above.