

# Frequently Asked Questions about Embold Scoring

Embold makes every effort to be as transparent as possible about the methodology we use for the providers we score. This document includes an enormous amount of information, so don't let its length scare you!

## What do I need to do to be included?

- You do not need to apply to be in this program. The State of Connecticut's partner, Embold Health, creates statistically modeled scores for the State of Connecticut network providers.

## How do I find out if I am a Provider of Distinction?

- Care Compass maintains a comprehensive list of all included providers.

## When is the list published?

- Provider data will be reviewed annually and posted on July 1st.

## How will the Provider of Distinction program be promoted?

- The state will promote the Provider of Distinction program to its plan members through various marketing campaigns, including this member-facing URL: <https://carecompass.ct.gov/providersofdistinction/>
- The Provider Search tool is also available to the State of Connecticut plan subscribers, helping them find providers as needed. This tool will display providers with recognition if they are on the Provider of Distinction list. This is the message that will display
- Top-performing providers in Gastroenterology, Obstetrics, Orthopedics, and Spine Pain Management. By completing your care with a Provider of Distinction for certain select services, you will be eligible for a cash incentive mailed to you after your service is complete.

### **What proceduralists and specialists are eligible for the Provider of Distinction program?**

1. Colonoscopy
2. Hip Replacement & Hip Revision
3. Knee Arthroscopy
4. Knee Replacement & Knee Revision
5. Pregnancy
6. Upper GI Endoscopy
7. Lumbar Spine Surgery
8. Low Back Pain

### **Are NPs and PAs included and scored, too?**

- Advanced Practice Practitioners (APPs) are eligible for scoring in all specialties. However, the specialties and measures of the Provider of Distinction are more procedural in care and favor of physicians.

### **How are you designated a Provider of Distinction by the State of CT?**

- This year, the criteria for designation have been refined. A provider must demonstrate:
  - strong clinical performance that is 20% better than the market and
  - acceptable cost performance that is no worse than 12% of the market
  - And surpass a confidence threshold

### **What score do I need to be 20% or better than the market?**

- You must have a Focus Area/Subspecialty score of >75 along with a cost score of > 35
  - The Providers of Distinction use the Embold Focus Area Score which is a subset of all the measures pertinent to episode of care (see the list of measures by focus area later in this document)
  - The base on Embold Scoring is relative; that is, how much you vary from the mean.

### **What is the market to which providers are compared?**

- Embold uses a national benchmark in scoring to add precision by incorporating thousands of data points from similar practices. The distribution of scores in CT and the nation was evaluated and found to be very similar.

### **Are costs based on the State of CT contracted prices?**

- No, costs are based on a standard fee, CMS fee schedule, and, therefore, are a measure of utilization. An entity's contract does not influence the scores.
- Cost Scores are most influenced by provider decisions and management, such as the site of service, inpatient stays, high-cost diagnostics, and procedures.

### **What is the data source and population for the Provider of Distinction program?**

- The scoring for all SoCT Embold Scoring is based on a claims set of both SoCT Anthem and the Embold commercial data source. The data period used for scoring is a 4-year data period ending 9/30/24, but extra claim years are used for look-back periods.

## **Measures used in Provider of Distinction Evaluations**

### **Colonoscopy and Upper Endoscopy**

- ED visit within 7 days after colonoscopy
- Adenoma detection rate in screening colonoscopy
- ED visit within 7 days after upper endoscopy
- Admission within 7 days after upper endoscopy
- Repeat screening colonoscopy within 1 year.
- Upper and lower endoscopy on separate days
- Upper endoscopy overuse in GERO patients without alarm symptoms
- Upper endoscopy use in GERO patients with alarm symptoms

### **Maternity Care**

- Cesarean delivery rate in low-risk delivery
- Percent of stays of 3 days or less
- Transfusion after delivery in low-risk pregnancy
- ICU admission within 30 days after delivery in low-risk pregnancy
- Infection after delivery in low-risk pregnancy
- ED visit or readmission within 30 days after delivery in low-risk pregnancy
- Overly frequent use of ultrasounds in low-risk pregnancy
- Receipt of appropriate prenatal testing
- Overly frequent use of forceps or vacuum in low-risk pregnancy.
- Overly frequent use of episiotomy in low-risk pregnancy
- Follow-up for behavioral health diagnosis

### **Hip Care and Hip Replacement**

- PT within 4 months prior to hip or knee replacement
- Overly frequent use of preoperative stress testing
- MRI within 4 months prior to hip or knee replacement
- OT within 4 months prior to elective hip or knee arthroscopy
- SNF admission after hip or knee replacement
- Surgical revision after hip or knee replacement
- Hip or knee replacement within 1 year of new osteoarthritis diagnosis.
- MRI in the first year after diagnosis of hip or knee pain
- PT in the first 4 months of new hip or knee pain
- Opioid prescribing within 28 days in patients with new joint pain
- Complication rate after hip or knee replacement

### **Knee Care and Knee Replacement**

- PT within 4 months prior to hip or knee replacement
- Overly frequent use of preoperative stress testing
- MRI within 4 months prior to hip or knee replacement
- PT within 4 months prior to elective hip or knee arthroscopy
- SNF admission after hip or knee replacement
- Surgical revision after hip or knee replacement
- Arthroscopy overuse in patients with new osteoarthritis
- Hip or knee replacement within 1 year of new osteoarthritis diagnosis.
- MRI in the first year after diagnosis of hip or knee pain
- PT in the first 4 months of new hip or knee pain
- Opioid prescribing within 28 days in patients with new joint pain
- Complication rate after hip or knee replacement

### **Spine Pain Management**

- PT within 4 months prior to cervical spine surgery
- PT within 4 months prior to lumbar spine surgery
- Surgery within 1 year for new lumbar degenerative disc disease
- Surgery within 1 year for new cervical degenerative disc disease
- Surgery within 1 year for new lumbar pain
- Surgery within 1 year for new cervical pain
- PT in the first 4 months of new lumbar spine pain
- PT in the first 4 months of new cervical spine pain
- Opioid prescribing in patients with new lumbar spine pain
- Opioid prescribing in patients with new cervical spine pain.

## Lumbar Spine Surgery

- PT within 4 months prior to lumbar spine surgery
- Skilled nursing facility admission after lumbar spine surgery
- Complication rate after lumbar spinal surgery
- Hardware removal after lumbar spine surgery
- Surgery within 1 year for spondylolisthesis
- Surgery within 1 year for new lumbar degenerative disc disease
- Surgery within 1 year for new lumbar pain
- PT in the first 4 months of new lumbar spine pain
- Opioid prescribing in patients with new lumbar spine pain

Details of each measure are available [here](#).