

Section 2: How do I get started in QIPS?

You must opt into the QIPS program every year, regardless of whether you opted in the previous measurement year. The opt-in process occurs in the last quarter of the year before each new measurement year. Notification of the opt-in process will be provided through various channels, such as an email to the address provided when you opted in, a message on our dedicated [QIPS Resources](#) page, or a PEAR notification.

Step 1: Register for our PEAR portal (if not registered)

The Provider Engagement, Analytics & Reporting (PEAR) portal is a secure web application designed to help you manage all your QIPS information and business. PEAR also provides specific plan information, self-service tools, and other reports to help you in providing care to your patients (our members).

To participate and be reimbursed in the QIPS program, you must elect to opt in via PEAR Analytics & Reporting (AR) during the opt-in process for the new measurement year. Your practice must be able to use PEAR AR to view all QIPS-related reports and data.

If your practice has not yet registered for the PEAR portal, please review the [registration instructions](#).

If your practice is part of an Integrated Delivery System (larger health system), please contact your PEAR Organization Administrator for additional information.

Step 2: Complete the provider survey

Before opting in to QIPS for the measurement year, you must complete the mandatory provider satisfaction survey via the link provided in PEAR AR.

Step 3: Complete the opt-in form

Once you have completed the survey, you can complete the opt-in form within [PEAR AR](#) to participate in the QIPS program for the new measurement year. Follow the step-by-step instructions found in the Opt-In Guide in the [PEAR Help Center](#).

Please be prepared to provide the following information when you opt in:

- **Identify a Clinical Champion.** This must be a physician at your office location who is responsible for coordinating value-based clinical activities. The Clinical Champion must be unique to each practice.
- **Identify a Practice Champion.** This must be an administrator who is responsible for coordinating value-based administrative activities. The Practice Champion does not have to be unique to each practice location and can be assigned to multiple office locations, if needed.
- **Official practice email address.** Please indicate the best work email address to use when contacting your Practice Champion and/or Clinical Champion. This email address should NOT be a personal email address.
- **Practice phone number.** Please indicate the best phone numbers to use when contacting your Practice Champion and Clinical Champion.
- **Alternate phone number.** Please indicate an alternate phone number for your Practice Champion and Clinical Champion.

- **Attestation.** An electronic signature is required by an authorized representative of your practice, attesting that all information entered is true and accurate.
- **Declaration.** User must comply with the terms of the program manual for the applicable measurement year and the participation requirements.

If you have opted into QIPS in the past, your information is pre-populated. Please review and verify that all the information is correct and update where necessary. This information can also be updated throughout the year.

Once all the required information is completed, click the “Submit” button. If successfully submitted, you will receive an on-screen confirmation of your elections and an email notification.

Note: One person with PEAR AR access can complete the form for each office location. However, they must select a Clinical Champion to represent each office location.

Step 4: Opted-in? You must also meet certain practice eligibility and member requirements

- Your practice must be located in one of these Pennsylvania counties: Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton, or Philadelphia.
- Your practice must accept members based on one of the following:
 - **Open office:** Accept all new Independence HMO, POS, and PPO benefit plans.
 - **Current office:** Accept existing Independence HMO, POS, and PPO patients currently in the practice as well as existing patients who switch from other health insurance to an Independence benefit plan during a measurement year.
- “Frozen” office: Practices that are not accepting new members and/or existing patients are *not* eligible for the QIPS program. Your practice must be participating with Independence during the entire measurement year and at the time of payment to be eligible to receive an incentive payment.
- Your practice must be registered for electronic funds transfer (EFT) and complete the following transactions electronically via PEAR Practice Management (PM):
 - member eligibility inquiries
 - claims submissions
 - encounters
- **Adult practices.** You must have an annual average panel size of 200 or more members (a combination of commercial and/or Medicare Advantage HMO/POS/PPO and National BlueCard® Commercial PPO members) for the measurement year.
 - **Excluded from QIPS payments and program measures:** HMO members (e.g., Away From Home Care® members, members on the primary care practice’s Long Term Care panel) for whom reimbursement to the primary care practice is fee-for-service.
- **Pediatric practices.** You must have an annual average panel size of 200 or more members (a combination of commercial HMO/POS/PPO and National BlueCard Commercial PPO members) for the measurement year.
- HMO/POS members must be with the practice for at least 11 months of the measurement year.

- PPO members must be continuously enrolled with Personal Choice[®], Personal Choice 65SM PPO, Personal Choice 65 Elite PPO, Personal Choice 65 Saver Rx PPO, or a National BlueCard Commercial PPO plan for at least 11 months of the measurement year.
 - **Excluded:** PPO members who are part of the Federal Employee Program.
- Practices that become contracted to participate with Tandigm Health (Tandigm Health Practices) will be paid for a specific member population, in accordance with their Tandigm Health Practices contract.
 - Primary Care Physician (PCP) group practices that participate in a Primary Care incentive program, which includes downside risk for provision of services to associated fully insured members, are *not* eligible to participate in the QIPS program. For purposes of the QIPS program, deficit sharing under Independence’s Total Value of Care (TVOC) program is not considered downside risk for this purpose.