

QualityPath™ Colonoscopy Request for Proposal (RFP)

Introduction

1. Overview of The Alliance®

The Alliance moves health care forward by controlling costs, improving quality, and engaging individuals in their health. An employer-owned, not-for-profit cooperative, our more than 245 members provide coverage to about 85,000 people in Wisconsin, Illinois, and Iowa. Our robust network lets members choose from more than 120 hospitals, 29,900 professional service providers and 6,600 medical clinic sites in Wisconsin, Illinois, Minnesota and Iowa.

The Alliance continually pursues higher value on behalf of its members, including strategies such as measuring quality, negotiating pay-for-performance contracts, nurturing patient engagement and collaborating with stakeholders at every level of the health care system. The Alliance provides education and resources to help members design value-based benefit plans and implement employee wellness and prevention programs.

2. The Program

QualityPath identifies high-quality care; uses new ways to pay for care; and rewards patients who choose that care with lower out-of-pocket costs. We worked with providers to develop these programs.

We started this initiative at the request of some of our members who are interested in developing incentives for their employees and family members to choose high-value providers.

This program will use evidence-based standards to assess the quality of care provided. Those that meet or exceed thresholds will be publicly recognized for quality. All aspects of this process will be completely transparent.

The scope of the Colonoscopy program is elective, outpatient colonoscopies performed as screening or surveillance for colorectal cancer. It includes screening colonoscopies that transition to therapeutic colonoscopies.

3. Proposal Instructions

These instructions are intended to provide guidance to respondents and to facilitate fair and objective comparisons of competitive proposals. **Please follow these instructions carefully.**

a. Contact Point/Responses to Questions

Please direct all questions, clarifications and inquiries regarding this RFP to QualityPathRFP@the-alliance.org. We will provide a written response to all

questions to all respondents to ensure that proposals are based on uniform information.

In addition, we are holding a webinar to walk through the RFP and answer questions on Wednesday, October 17 at 1 p.m. CT. The webinar will be recorded and will be available at this link:

<http://www.the-alliance.org/providers/qualitypath/providers-colonoscopy>

b. Responses Format

A separate response needs to be submitted for each individual facility applying, *even if multiple facilities are part of the same system*. The designation is for a facility and a physician practicing at that facility (facility and physician specific).

Submit two copies of response, one de-identified and one identified. The de-identified version will be used for evaluation purposes. Examples of information that should be removed or redacted in the de-identified version include, but are not limited to:

- Facility name and identifiers
- Physician names and identifiers
 - Please replace physician names with a consistent identifier so results can be tied together for the physician evaluation. For instance, Dr. Jones is replaced with “1” and Dr. Smith replaced with “2” throughout the response.
- Other staff names and identifiers
- Logos

Include a cover letter with the identified copy indicating:

- Which program(s) the organization is applying for
- Who the main contact person will be
- Which physicians are included in the application (for instance, some data files may contain physicians who have retired or left the organization. To avoid confusion, please specify which physicians should be included in the evaluation.)
- To assist The Alliance with planning for the program, please identify any providers that will submit a claim form to The Alliance for colonoscopy procedures we perform. Use the following chart:

	Provider Name/Practice Name	Provider Tax ID #	Does this provider bill separately? (Y/N)	Contact Information (Name, Phone, Email, etc.)
Practitioner Services				
Facility Services				

Anesthesia Services				
Pathology Services				
Other Services Please specify:				

- Each criterion has a number in front of it. Where possible, please reference the number in the supporting documentation to assist with cross-referencing criteria and documentation.

c. Proposal and Intent to Respond Submission

Please provide an electronic version of your proposal, signed by the authorized representative of your organization. Proposals and intent to respond letters should be sent to: QualityPathRFP@the-alliance.org

Final responses are due November 14, 2018 no later than 5 p.m. Central time. Any responses submitted after 5 p.m. may not be considered.

d. Key Dates

- Webinar: Wednesday, October 17, 2018 – [Register for Webinar](#)
- Non-binding letter of intent to respond due: Tuesday, November 6, 2018
- Proposals due: Wednesday, November 14, 2018
- Applicant interviews to share evaluation results is planned for the week of February 11, 2018
- Contract amendment signed and all criteria met by: May 1, 2019

4. Obligations

This RFP shall in no way obligate The Alliance to issue any agreement, license, contract, purchase order, or to pay any costs incurred by respondents, whether or not such costs are incurred as a result of actions requested by The Alliance. The Alliance shall have no obligation to respondents unless and until a definitive written agreement is executed by the respondent and properly authorized by The Alliance representatives.

5. Award

The Alliance reserves the right to reject any or all offers and to waive informalities and minor irregularities in proposals/quotations received, or to delay or cancel the proposed action entirely.

6. Maintenance of Designation

Providers who achieve QualityPath designation will need to undergo a regular, scheduled maintenance of designation process. We anticipate this process will occur every six months. The timing is yet to be determined.

QualityPath Colonoscopy Evaluation Criteria Overview

For easy reference, this section contains a list of criteria and supporting documentation. A more detailed version of the criteria is available immediately following this section. Each item below is linked to the more detailed version.

Summary of Changes	8
Accreditation	8
# 1 Facility must be accredited.....	8
Supporting Documentation:	8
• Certificate of accreditation	8
Registry Participation	9
Registry – Facility and Physician Criteria	9
# 2 Facility and physicians must participate in GI QuIC.....	9
Supporting Documentation: Provide proof of participation through providing registry results as required in the transparency section of this RFP.	9
# 3 Facility must use data from the registry to support quality improvement efforts.	9
Supporting Documentation: Provide a brief description of how your facility uses registry data to work together with physicians to improve quality. Inclusion of a quality improvement project example is appreciated, but not required.	9
Transparency	9
Transparency – Facility and Physician Criteria	9
# 4 Colonoscopy case volume sufficient for reliable quality measurement	9
Supporting Documentation: Case volume from registry	10
# 5 Screening Colonoscopy Adenoma Detection Rate (MIPS Quality ID #343).....	10
Supporting Documentation: Results from the registry	10
# 6 Photodocumentation of Cecal Intubation (MIPS Quality ID #425).....	10
Supporting Documentation: Results from the registry	10
# 7 Adequacy of Bowel Preparation	10
Supporting Documentation: Results from the registry	11
# 8 Withdrawal Time	11
Supporting Documentation: Results from the registry	11
# 9 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (MIPS Quality ID #320)	11
Supporting Documentation: Results from the registry	11

# 10 Appropriate Follow-up Interval of 3 Years Recommended Based on Pathology Findings from Screening Colonoscopy in Average-risk Patients (MIPS QCDR Measure – GIQIC15)	11
Supporting Documentation: Results from the registry	11
# 11 Appropriate Follow-up Interval of 10 Years for Colonoscopies with Only Hyperplastic Polyp Findings (MIPS QCDR Measure – GIQIC20)	12
Supporting Documentation: Results from the registry	12
# 12 Appropriate Follow-up Interval of 5 Years for Colonoscopies with Findings of Sessile Serrated Polyps < 10 mm without Dysplasia (MIPS QCDR Measure – GIQIC17)	12
Supporting Documentation: Results from the registry	12
# 13 Appropriate Follow-up Interval of Not Less Than 5 Years for Colonoscopies with Findings of 1-2 Tubular Adenomas < 10 mm. (MIPS QCDR Measure – GIQIC18).....	12
Supporting Documentation: Results from the registry	13
# 14 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy (OP-32, ASC-12).....	13
Supporting Documentation:	13
• None – results available on HospitalCompare	13
• Freestanding facilities that do not have results available on HospitalCompare: share results of Immediate Adverse Events measure from the registry	13
Standardized Clinical Processes	13
# 15 Procedure Appropriateness.....	13
Supporting Documentation:	14
• Provide a description of the process used to determine procedure appropriateness. Include how the process fits into the order workflow, how your organization is able to determine that the process is consistently followed and how your organization evaluates and improves the process if necessary.....	14
• Provide information on the guidelines you use to determine procedure appropriateness. The guidelines should be aligned with U.S Preventive Services Task Force (USPSTF) recommendations and the appropriateness measures included in this RFP (# 9 through # 13).....	14
# 16 Key Policies	14
Supporting Documentation:	14
• Policies, procedures and/or processes detailing the practice’s standardized approach to these areas. Include how your organization is able to determine that the process is consistently followed and how your organization evaluates and improves the process if necessary.....	14
• Provide proportion of patients receiving sedation reversal.....	14

# 17 Patient Support for Colonoscopy Preparation, Procedure and Procedure Follow-up ..	14
Supporting Documentation:	15
• Policies, procedures, and/or processes detailing the practice’s standardized approach to these areas. Include how your organization is able to determine that the process is consistently followed and how your organization evaluates and improves the process if necessary. Must address:.....	15
○ Detailed patient triage.....	15
○ Support for patients with low literacy or English as a Second Language	15
○ Patients who are being referred from a different system.....	15
○ If pre-procedure office visits are required for any type(s) of patients.....	15
• Provide proportion of patient “no shows,” same-day cancellations, and reschedules due to inadequate prep.....	15
# 18 Clear and Actionable Reports.....	15
Supporting Documentation:	15
• If your practice uses an endoscopy report writer, provide the name of the endoscopy report writer. Is use of the report writer required?	15
• If practice does not use an endoscopy report writer:.....	15
○ Provide outline of standard report template used for reporting.....	15
○ Provide policy on report standards.	15
○ Provide documentation supporting that the process is in place and is consistently followed.	15
# 19 Patient Notification of Findings	15
Supporting Documentation:	16
• Provide a description of the process used to ensure patients are notified of findings in a timely manner, preferably within 14 days.	16
• Provide documentation supporting that the process is in place and is consistently followed.	16
Disclose Potential Conflicts of Interest	16
# 20 Disclose Potential Conflicts of Interest – Facility	16
Supporting Documentation	16
• Disclosure of conflict policy	16
• An example of how disclosure of conflict information is provided to patients	16
• Provide total direct and indirect payments, broken out by payer	16
# 21 Disclose Potential Conflicts of Interest – Physician	16

Supporting Documentation17

- Disclosure of conflict policy17
- An example of how disclosure of conflict information is provided to patients17
- Provide total direct and indirect payments, broken out by payer for each physician applying for *QualityPath* quality designation17

Summary of Changes

Updated links and dates throughout the document

Added “hospital” to the list of facility types for which “The Joint Commission” is an acceptable accrediting organization.

Changed the name of the cecal intubation measure (# 6) to match the wording on the registry’s list of measures.

Added a link to the 2018 GI QuIC QCDR measure listing as a resource in several areas.

Added new appropriateness measures from the GI QuIC QCDR list (# 10 - # 13).

Renumbered remaining criteria

Accreditation

Rationale: Accreditation evaluates the qualifications of personnel, the quality control program, safety policies and procedure quality, all aspects of imaging that are important to purchasers and patients. Inclusion of accreditation removes the need for potentially duplicative criteria specific to this program.

Resources:

American Association for Accreditation of Ambulatory Surgical Facilities:
<https://www.aaaasf.org/>

Accreditation Association for Ambulatory Health Care: <http://www.aaahc.org/>

The Joint Commission: <https://www.jointcommission.org/>

1 Facility must be accredited

Timing: Must fully meet at the time of application.

Fully Meets: Facility obtains and maintains accredited status through one of the following organizations:

- American Association for Accreditation of Ambulatory Surgical Facilities
- Accreditation Association for Ambulatory Health Care
- The Joint Commission (Hospital, or Ambulatory or Office-Based Surgery Center)
- CMS/State Accrediting Organization

Supporting Documentation:

- Certificate of accreditation

Registry Participation

Rationale: Providers need timely, accurate and clinically relevant information to improve patient outcomes, determine appropriate care and be good stewards of scarce resources.

Resources:

The GI Quality Improvement Consortium (GI QuIC): <http://giquic.gi.org/index.asp>

Registry – Facility and Physician Criteria

2 Facility and physicians must participate in GI QuIC.

Timing: Must fully meet at the time of application.

Fully Meets: Facility and physicians participate in GI QuIC.

Supporting Documentation: Provide proof of participation through providing registry results as required in the transparency section of this RFP.

3 Facility must use data from the registry to support quality improvement efforts.

Timing: Must fully meet at time of application.

Fully Meets: Facility demonstrates existing use of registry data for quality improvement efforts **and** demonstrates physician involvement in these efforts.

Supporting Documentation: Provide a brief description of how your facility uses registry data to work together with physicians to improve quality. Inclusion of a quality improvement project example is appreciated, but not required.

Transparency

Rationale: Consumers have a right to know about differences in cost and quality between health care facilities, physicians and other clinicians; and a responsibility to educate themselves about these differences as part of making health care decisions. Providers should share this information via public reporting when they have an opportunity to do so. As part of the *QualityPath* program, we will not publicly disclose the individual measure results provided in response to this portion of the RFP. We will be publishing what results and measures were considered as part of the program and which hospital-provider pairs achieve the *QualityPath* quality designation.

All of the data in this section must be submitted at the physician level for each physician applying for the program.

Transparency – Facility and Physician Criteria

4 Colonoscopy case volume sufficient for reliable quality measurement

Timing: Fully meets at the time of application

Fully meets: Physician has at least 100 screening colonoscopy cases in the registry at the facility within the previous 24 months. This requirement is intended to ensure enough cases to reliably measure quality, specifically adenoma detection rate (ADR). It is not being used as a proxy for quality.

Does not meet: Physician does not have 100 screening colonoscopy cases in the registry at the facility within the previous 24 months.

Benchmark: Not applicable

Supporting Documentation: Case volume from registry

5 Screening Colonoscopy Adenoma Detection Rate (MIPS Quality ID #343)

Timing: Fully meets at the time of application.

Fully meets: Rate of 25% or higher (comingled gender)

Does not meet: Rate of less than 25% (comingled gender)

Measurement period: Most recent 12 months of data (24 months may be used if necessary to include 100 cases) – include data timeframe in response

Supporting Documentation: Results from the registry

Resources:

- Merit-based Incentive Payment System (MIPS) Quality Measures page: <https://qpp.cms.gov/mips/quality-measures>
- 2018 GI QuIC QCDR Measures (PDF): http://qiquic.gi.org/docs/2018_GIQuIC_QCDR_Measures.pdf

6 Photodocumentation of Cecal Intubation (MIPS Quality ID #425)

Timing: Fully meets at the time of application.

Fully meets: Rate of 95% or higher

Does not meet: Rate of less than 95%

Measurement period: Most recent 12 months of data

Supporting Documentation: Results from the registry

Resources:

- Merit-based Incentive Payment System (MIPS) Quality Measures page: <https://qpp.cms.gov/mips/quality-measures>
- 2018 GI QuIC QCDR Measures (PDF): http://qiquic.gi.org/docs/2018_GIQuIC_QCDR_Measures.pdf

7 Adequacy of Bowel Preparation

Timing: Fully meets at the time of application.

Fully meets: Results shared

Does not meet: Results not shared

Measurement period: Most recent 12 months of data

Supporting Documentation: Results from the registry

8 Withdrawal Time

Timing: Fully meets at the time of application.

Fully meets: Results shared

Does not meet: Results not shared

Measurement period: Most recent 12 months of data

Supporting Documentation: Results from the registry

9 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (MIPS Quality ID #320)

Timing: Fully meets at the time of application.

Fully meets: Rate of 95% or higher

Does not meet: Rate of less than 95%

Measurement period: Most recent 12 months of data

Supporting Documentation: Results from the registry

Resources:

- Merit-based Incentive Payment System (MIPS) Quality Measures page:
<https://qpp.cms.gov/mips/quality-measures>
- 2018 GI QuIC QCDR Measures (PDF):
http://giquic.gi.org/docs/2018_GIQC_QCDR_Measures.pdf

10 Appropriate Follow-up Interval of 3 Years Recommended Based on Pathology Findings from Screening Colonoscopy in Average-risk Patients (MIPS QCDR Measure – GIQC15)

Timing: Fully meets at the time of application.

Fully meets: Results shared

Does not meet: Results not shared

Measurement period: Most recent 12 months of data

Supporting Documentation: Results from the registry

Resources:

- Merit-based Incentive Payment System (MIPS) Quality Measures page:
<https://qpp.cms.gov/mips/quality-measures>
- 2018 GI QuIC QCDR Measures (PDF):
http://giquic.gi.org/docs/2018_GIQC_QCDR_Measures.pdf

11 Appropriate Follow-up Interval of 10 Years for Colonoscopies with Only Hyperplastic Polyp Findings (MIPS QCDR Measure – GIQIC20)

Timing: Fully meets at the time of application.

Fully meets: Results shared

Does not meet: Results not shared

Measurement period: Most recent 12 months of data

Supporting Documentation: Results from the registry

Resources:

- Merit-based Incentive Payment System (MIPS) Quality Measures page:
<https://qpp.cms.gov/mips/quality-measures>
- 2018 GI QuIC QCDR Measures (PDF):
http://giquic.gi.org/docs/2018_GIQC_QCDR_Measures.pdf

12 Appropriate Follow-up Interval of 5 Years for Colonoscopies with Findings of Sessile Serrated Polyps < 10 mm without Dysplasia (MIPS QCDR Measure – GIQIC17)

Timing: Fully meets at the time of application.

Fully meets: Results shared

Does not meet: Results not shared

Measurement period: Most recent 12 months of data

Supporting Documentation: Results from the registry

Resources:

- Merit-based Incentive Payment System (MIPS) Quality Measures page:
<https://qpp.cms.gov/mips/quality-measures>
- 2018 GI QuIC QCDR Measures (PDF):
http://giquic.gi.org/docs/2018_GIQC_QCDR_Measures.pdf

13 Appropriate Follow-up Interval of Not Less Than 5 Years for Colonoscopies with Findings of 1-2 Tubular Adenomas < 10 mm. (MIPS QCDR Measure – GIQIC18)

Timing: Fully meets at the time of application.

Fully meets: Results shared

Does not meet: Results not shared

Measurement period: Most recent 12 months of data

Supporting Documentation: Results from the registry

Resources:

- Merit-based Incentive Payment System (MIPS) Quality Measures page:
<https://qpp.cms.gov/mips/quality-measures>
- 2018 GI QuIC QCDR Measures (PDF):
http://qiquic.gi.org/docs/2018_GIQC_QCDR_Measures.pdf

14 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy (OP-32, ASC-12)

Timing: Fully meets at the time of results publication.

Fully meets: Performance “as expected” or “better than expected” OR results shared

Does not meet: Performance “worse than expected” or “number of cases too small”

Supporting Documentation:

- None – results available on HospitalCompare
- Freestanding facilities that do not have results available on HospitalCompare: share results of Immediate Adverse Events measure from the registry

Resources:

- QualityNet Hospital Outpatient Department measure information page:
<https://www.qualitynet.org/dcs/ContentServer?cid=1228775181947&pagename=QnetPublic%2FPage%2FQnetTier3&%20c=Page>
- QualityNet Ambulatory Surgery Center measure information page:
<https://www.qualitynet.org/dcs/ContentServer?cid=1228775182492&pagename=QnetPublic%2FPage%2FQnetTier3&%20c=Page>

Standardized Clinical Processes

We recognize that different workflows will work for different organizations and it is not our intent to be prescriptive. Wherever these processes fit in the provider workflow, they need to be well defined, repeatable, and reliable.

15 Procedure Appropriateness

Rationale: Verification of procedure appropriateness by clinicians closest to the procedure helps avoid unnecessary testing and treatment that can result in harm without providing additional patient benefit.

Timing: Fully meets at time of application

Fully meets: Provider has a process fully implemented for the full patient population to screen for procedure appropriateness.

Supporting Documentation:

- Provide a description of the process used to determine procedure appropriateness. Include how the process fits into the order workflow, how your organization is able to determine that the process is consistently followed and how your organization evaluates and improves the process if necessary.
- Provide information on the guidelines you use to determine procedure appropriateness. The guidelines should be aligned with U.S Preventive Services Task Force (USPSTF) recommendations and the appropriateness measures included in this RFP (# 9 through # 13).

Resources:

- USPSTF Colorectal Cancer Screening Recommendation Summary: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummary_Final/colorectal-cancer-screening2?ds=1&s=colonoscopy
- 2018 GI QuIC QCDR Measures (PDF), including rationale and supporting evidence: http://giquic.gi.org/docs/2018_GIQIC_QCDR_Measures.pdf

16 Key Policies

Rationale: Providers need to have standard processes in place to ensure a consistent and safe patient experience.

Timing: Fully meets at time of application

Fully meets: Following processes fully implemented for the full patient population and compliance is verified on an ongoing basis:

- Safe and effective bowel preparation
- Anticoagulation
- Maximum weight
- Sleep apnea
- Sedation

Supporting Documentation:

- Policies, procedures and/or processes detailing the practice's standardized approach to these areas. Include how your organization is able to determine that the process is consistently followed and how your organization evaluates and improves the process if necessary.
- Provide proportion of patients receiving sedation reversal

17 Patient Support for Colonoscopy Preparation, Procedure and Procedure Follow-up

Rationale: Patients should know what to expect and should understand the colonoscopy preparation, procedure and follow-up process. These processes will be particularly important for *QualityPath* patients as they may be seeking care outside of their usual health care system.

Timing: Fully meets at time of application

Fully meets: Standard processes fully implemented for the full patient population around preparation, procedure and follow-up

Supporting Documentation:

- Policies, procedures, and/or processes detailing the practice's standardized approach to these areas. Include how your organization is able to determine that the process is consistently followed and how your organization evaluates and improves the process if necessary. Must address:
 - Detailed patient triage
 - Support for patients with low literacy or English as a Second Language
 - Patients who are being referred from a different system
 - If pre-procedure office visits are required for any type(s) of patients
- Provide proportion of patient "no shows," same-day cancellations, and reschedules due to inadequate prep

18 Clear and Actionable Reports

Rationale: Reports (both pathology and endoscopy) are an important communication mechanism. Variation exists in the quality of these reports and this could lead to miscommunication or misinterpretation. Standard processes help providers create clear and actionable reports.

Timing: Fully meets at time of application

Fully meets: Process in place for ensuring the quality of reports for full patient population

Supporting Documentation:

- If your practice uses an endoscopy report writer, provide the name of the endoscopy report writer. Is use of the report writer required?
- If practice does not use an endoscopy report writer:
 - Provide outline of standard report template used for reporting
 - Provide policy on report standards.
 - Provide documentation supporting that the process is in place and is consistently followed.

19 Patient Notification of Findings

Rationale: Patients need timely follow-up regarding procedure outcomes to avoid unnecessary anxiety and ensure prompt action on any concerning findings.

Communication of findings should be done by clinicians closest to the procedure.

Timing: Fully meets at time of application

Fully meets: Process fully implemented for the full patient population to ensure timely notification of procedure findings.

Supporting Documentation:

- Provide a description of the process used to ensure patients are notified of findings in a timely manner, preferably within 14 days.
- Provide documentation supporting that the process is in place and is consistently followed.

Disclose Potential Conflicts of Interest

Rationale: Full disclosure of industry payments is important to identify and manage potential conflicts of interest.

Definitions:

- Direct industry payments: Payments or items of value given directly to a health care provider by a manufacturer of drugs, medical devices, biologicals or other medical supplies when made directly to a health care provider for purposes other than payment for providing medical treatment.
 - Examples (for clarification, not intended to be all-inclusive)
 - Payment from a drug manufacturer to a physician to fund research.
 - Royalties from a device manufacturer to a physician.
- Indirect industry payments: Payments or items of value given to a health care provider by a third-party, where the third-party has received the funds from a manufacturer of drugs, medical devices, biologicals or other medical supplies with the direction to provide payment to the health care provider.
 - Example (for clarification, not intended to be all-inclusive)
 - Payment from a drug manufacturer to a non-profit to fund a provider speaking at an industry event.

20 Disclose Potential Conflicts of Interest – Facility

Timing: Fully meets at the time of application

Fully Meets:

- Facility has a policy in place that includes full disclosure of industry conflict of interest to patients.
- Facility must track all direct and indirect payment.

Supporting Documentation

- Disclosure of conflict policy
- An example of how disclosure of conflict information is provided to patients
- Provide total direct and indirect payments, broken out by payer

21 Disclose Potential Conflicts of Interest – Physician

Timing: Fully meets at the time of application

Fully Meets:

- Surgery practice has a policy in place that includes full disclosure of industry conflict of interest to patients.
- Surgery practice must track all direct and indirect payment.

Supporting Documentation

- Disclosure of conflict policy
- An example of how disclosure of conflict information is provided to patients
- Provide total direct and indirect payments, broken out by payer for each physician applying for *QualityPath* quality designation