



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

2017 Performance Recognition Program

PROVIDER INCENTIVE PROGRAM FOR:

- BCN HMOSM Commercial
- BCN AdvantageSM
- Blue Cross Medicare Plus BlueSM PPO



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2017 PERFORMANCE RECOGNITION PROGRAM

The Provider Performance Recognition Program rewards Blue Care Network Commercial providers and Medicare Advantage providers for both Blue Cross Blue Shield of Michigan and BCN for their role in helping Blue Cross and BCN achieve the objectives of the Healthcare Effectiveness Data and Information Set, or HEDIS®, and the Centers for Medicare & Medicaid Services' star ratings program. These objectives include:

- Better care
- Healthier people and communities
- Affordable care



Each program rewards providers who encourage their patients to get preventive screenings and procedures, such as eye exams and mammograms, and for achieving patient outcomes such as ensuring diabetic members have their blood sugar controlled.



Our philosophy is to use meaningful payments to encourage positive clinical results as well as increase HEDIS outcomes and CMS star ratings.



The components of the program, including the performance measures that are based on HEDIS benchmarks, are described in this booklet.



We encourage primary care physicians or PCP offices to have a Health e-BlueSM sign-on and actively use the program.



BLUE CROSS BLUE SHIELD OF MICHIGAN AND BLUE CARE NETWORK 2017 PHYSICIAN QUALITY INCENTIVE MEASURES

QUALITY INCENTIVE MEASURES	BCN COMMERCIAL	BCN ADVANTAGE	BLUE CROSS MEDICARE PLUS BLUE PPO
Aspirin or antiplatelet therapy		■	
Breast cancer screening	•	•	•
Colorectal cancer screening		•	•
Comprehensive diabetes care: eye examination	•	•	•
Comprehensive diabetes care: HbA1c < 8%	•		
Comprehensive diabetes care: HbA1c ≤ 9%		•	•
Comprehensive diabetes care: monitoring for nephropathy	•	•	•
Blood pressure control		■	
Controlling high blood pressure for hypertension		•	•
Depression management — PHQ9 testing	•		
Disease modifying antirheumatic drug therapy for rheumatoid arthritis		•	•
Influenza immunizations — pediatrics	•		
Follow-up after hospitalization, medical – 7 days		•	•
Follow up care for children with prescribed ADHD medication - initiation phase	•		
Osteoporosis management in women who had a fracture		•	•
Tobacco cessation counseling		■	
Use of imaging studies for low back pain	•		
Weight assessment and counseling for children: BMI percentile	•		
Weight assessment and counseling for children: counseling for nutrition	•		
Weight assessment and counseling for children: counseling for physical activity	•		
Well care visits – first 15 months	•		

Key

- = Performance Recognition Program
- = CMS Million Hearts



BLUE CROSS BLUE SHIELD OF MICHIGAN AND BLUE CARE NETWORK 2017 PAYOUT SUMMARY

Payment calculation

Payments for each eligible provider are calculated using the following methodology.

For measures with a goal:

1. **Quality score:** A quality score for each program measure is computed for each provider using the following formula:
 - a) Numerator = Eligible members meeting criteria
 - b) Denominator = Total members eligible
 - c) Numerator ÷ Denominator: The individual provider's quality score for each program measure
2. **Compare** the individual provider's quality score to the plan goal for quality. The payment for services will be calculated once the plan goal is met, based upon the Numerator.

For measures with no specific goal, a flat fee will be paid for each service completed.

Payment table

QUALITY INCENTIVE MEASURES	BCN COMMERCIAL		MEDICARE ADVANTAGE	
	Goal	Payout	Goal	Payout
Breast cancer screening	80%	\$125	76%	\$50
Childhood immunizations — Influenza	flat fee	\$50		
Colorectal cancer screening			81%	\$50
Comprehensive diabetes care: eye examination	flat fee	\$25	flat fee	\$25
Comprehensive diabetes care: HbA1c < 8%	66%	\$250		
Comprehensive diabetes care: HbA1c ≤ 9%			84%	\$125
Comprehensive diabetes care: monitoring for nephropathy	93%	\$150	98%	\$75
Controlling high blood pressure for hypertension			75%	\$25
Depression management — PHQ9 testing	flat fee	\$200		
Disease modifying antirheumatic drug therapy for rheumatoid arthritis			flat fee	\$100
Follow-up after hospitalization, medical – 7 days			flat fee	\$50
Follow up care for children with prescribed ADHD medication - initiation phase	47%	\$100		
Osteoporosis management in women who had a fracture			flat fee	\$100
Use of imaging studies for low back pain	83%	\$150		
Weight assessment and counseling for children: BMI percentile	83%	\$50		
Weight assessment and counseling for children: counseling for nutrition	78%	\$75		
Weight assessment and counseling for children: counseling for physical activity	63%	\$100		
Well care visits – first 15 months	89%	\$100		



2017 PROGRAM SCHEDULE



Note: See Page 18 for the schedule for the depression management quality measure.



BLUE CARE NETWORK COMMERCIAL 2017 MARKETPLACE MEMBERSHIP PAYOUT

In order to recognize the added effort required in managing the Marketplace population of members, BCN is offering a premium to providers who have a larger Marketplace membership and continue to meet performance goals. Providers whose assigned BCN commercial membership is made up of $\geq 20\%$ marketplace members will receive a 15% premium on Performance Recognition Program payments earned.

BCN will alert providers who qualify for this premium (based upon total 2016 BCN commercial member months) at the start of the 2017 measurement year.

Example

Dr. A has 1,000 total BCN commercial member months in 2016 and 250 of those member months were from the Marketplace population of members (25% of the total) and therefore qualifies for the Marketplace premium. Dr. A's performance by measure is outlined below.

QUALITY INCENTIVE MEASURES	Goal	Payout	Dr. A Score	Goal Met or Missed?	Dr. A Numerator	PRP Payment
Breast cancer screening	80%	\$125	82%	Met	30	\$3,750
Childhood immunizations — Influenza	flat fee	\$50	n/a	n/a	2	\$100
Comprehensive diabetes care: eye examination	flat fee	\$25	n/a	n/a	2	\$50
Comprehensive diabetes care: HbA1c < 8%	66%	\$250	78%	Met	8	\$2,000
Comprehensive diabetes care: monitoring for nephropathy	93%	\$150	56%	Missed	5	\$0
Depression management — PHQ9 testing	flat fee	\$200	n/a	n/a	2	\$400
Follow up care for children with prescribed ADHD medication - initiation phase	47%	\$100	50%	Met	1	\$100
Use of imaging studies for low back pain	83%	\$150	100%	Met	1	\$150
Weight assessment & counseling for children: BMI percentile	83%	\$50	83%	Met	10	\$500
Weight assessment & counseling for children: counseling for nutrition	78%	\$75	83%	Met	10	\$750
Weight assessment & counseling for children: counseling for physical activity	63%	\$100	67%	Met	8	\$800
Well care visits – first 15 months	89%	\$100	100%	Met	2	\$200
Total base PRP payment						\$8,800
15% Marketplace premium						\$1,320
Total PRP payment with Marketplace premium						\$10,120

Dr. A earned a 2017 base PRP payment of \$8,800, plus a 15% premium of \$1,320 to add up to a total payment of \$10,120.



PROGRAM QUALIFICATIONS

1. The primary care physician or physician organization must sign the BCN 2017 Medical Services Agreement to participate in the BCN commercial and BCN Advantage Performance Recognition Programs and the Blue Cross Medicare Advantage PPO Provider Agreement to participate in the Blue Cross Medicare Plus Blue PPO Performance Recognition Program.
2. The primary care physician or physician organization must comply with all terms and conditions of those agreements, including:
 - Providing timely and accurate encounter, referral and claims data
 - Remitting any funds due for prior contract years
3. The primary care physician must be affiliated for the entire 2017 calendar year.
4. Primary care physicians must have attributed or assigned members to participate in the program.
5. The primary care physician must be affiliated at the time of payment to be eligible for any program payments unless the PCP recently retired.
6. BCN and Blue Cross retain the right to modify the Performance Recognition Program for any reason and at any time. Modifications may include, but are not limited to:
 - Exclusion or removal of program measures
 - Changes to program calculation methodologies



PERFORMANCE MEASUREMENT GUIDELINES

Measurement timeframe

Each primary care physician will be credited for services completed through **December 31, 2017**, to members who meet all measurement requirements, are continuously enrolled with the plan for the entire year and are assigned to a primary care physician whether or not the primary care physician was the member's primary care physician at the time services were provided.



Exclusions

Members may be excluded from measures under certain circumstances, such as bilateral mastectomy for breast cancer screening, which should be indicated to Blue Cross or BCN by the primary care physician offices via the Health e-Blue *Treatment Opportunities by Condition/Measure* screen.



Members in hospice during 2017 are excluded from the PRP program.

Qualifying Services

Credit will be granted to the primary care physician for each component measure only when the specific identified **service is documented as provided** to the member (by the primary care physician, the member's previous primary care physician or a specialist).



Blue Cross and BCN recognize that many primary care physician offices send **reminder letters** or may not see certain members in their offices who are identified by Blue Cross or BCN as needing certain services. Such occurrences **will not count** as credit toward the component measure.

Reporting

Each primary care physician's quality performance measurement data comes directly from Blue Cross or BCN's Health Management Program reporting database accessible through Health e-Blue. The Health e-Blue *Treatment Opportunities by Condition/Measure* for the Performance Recognition Program will include:



- A list of the cohort member population for each component measure that needs a specific health promotion, disease prevention or health management service according to evidence-based medicine
- **Intervention** opportunities for physicians to supplement Blue Cross or BCN's databases by providing service or exclusion data of which Blue Cross or BCN had no knowledge
- **A Quality Summary Report or Performance Recognition Program composite score** that shows the monthly quality composite rates for the primary care physician and provider organizations



ADMINISTRATIVE DETAILS

Health e-BlueSM

Health e-Blue provides a valuable opportunity for provider offices to assess their current performance and return data to Blue Cross or BCN. We accept electronic submission of data through the Health e-Blue application, EMR, claims and HEDIS initiatives. Entering missing information will help reduce reporting errors. If your office needs assistance with or has a question about BCN Health e-Blue, please contact Health e-Blue technical support at healthblue@bcbsm.com. For Blue Cross Health e-Blue questions please contact MAHealthblue@bcbsm.com.

Please remember that all data entered into Health e-Blue must be for services you provide, not for services ordered, reminders sent or referrals provided.



Distribution of Blue Cross and BCN Performance Recognition Program Payment Reports and Payments

Blue Cross and BCN will make every effort to send the 2017 payments and payment reports by **summer 2018**. BCN payments will be made according to BCN's incentive payment policy, subject to the requirements outlined in this document. The primary care physician's payment will be associated with the medical care group the primary care physician is affiliated with as of **December 31, 2017**.

Reconsideration

Blue Cross and BCN strongly encourage primary care physicians to focus on the ongoing review and data submission using Health e-Blue during each Performance Recognition Program year. In the event any future reconsideration process is provided based on **extenuating circumstances**, Blue Cross or BCN will notify the affected primary care physician of the terms, conditions and limitations of such a process.





QUESTIONS

If you have questions or concerns about the Performance Recognition Program, please contact your **provider consultant**. You can find contact information for your provider consultant by following these steps:

- Go to bcbsm.com/providers.
- Click on *Contact Us* in the upper right corner of the page.
- Under *Physicians and professionals*, click on *Blue Cross Blue Shield of Michigan* or *Blue Care Network provider contacts*.
- Click on *Provider consultants*.
- Find your provider consultant either on the *physician organization consultants* list or the applicable regional list.

Additional Blue Cross and BCN contacts

Provider Outreach HEDIS/stars/Risk

Laurie Latvis, director
313-225-7778

Network Performance Improvement

Tracy Nelsen, Southeast and East Michigan
734-332-2181

Christine Wojtaszek, Mid and West Michigan
616-956-5769

Health e-Blue technical support

BCN Commercial and BCN Advantage
healthblue@bcbsm.com

Blue Cross Medicare Plus Blue PPO
MAHealthblue@bcbsm.com



HEALTH CARE OUTCOMES: PREVENTIVE HEALTH

BREAST CANCER SCREENING	
Product lines	BCN commercial, BCN Advantage, Blue Cross Medicare Plus Blue PPO
Source	HEDIS/CMS stars
Description	The percentage of women who had a mammogram to screen for breast cancer
Continuous enrollment	Must be continuously enrolled with the same Blue Cross or BCN plan October 1, 2015 through December 31, 2017
Age criteria	52 to 74 years of age as of December 31, 2017
Exclusionary criteria	Women who have had a bilateral mastectomy The following criteria meets bilateral mastectomy: <ul style="list-style-type: none"> • Bilateral mastectomy • Unilateral mastectomy with bilateral modifier • Two unilateral mastectomies with services dates 14 days or more apart
Numerator	A mammogram at any time on or between October 1, 2015, and December 31, 2017
Denominator	The eligible population
Target: BCN commercial	80%
Payout: BCN commercial	\$125 per service completed for each eligible member
Target: Medicare Advantage	76%
Payout: Medicare Advantage	\$50 per service completed for each eligible member

CHILDHOOD IMMUNIZATIONS – INFLUENZA	
Product lines	BCN commercial
Source	HEDIS
Description	Two (2) Influenza vaccinations with different dates of service, administered on or before the second birthday. Vaccinations administered prior to 180 days after birth are not counted as a numerator hit.
Continuous enrollment	Must be continuously enrolled 12 months prior to child's second birthday
Age criteria	Children who turn 2 years of age during 2017
Exclusionary criteria	Children who are documented with an anaphylactic reaction to the vaccine or its components
Numerator	The number of children who completed vaccinations as defined above
Denominator	The eligible population
Target: BCN commercial	Flat fee per member who meets measure
Payout: BCN commercial	\$50 per eligible member for whom all services were complete (not payable per vaccination)



HEALTH CARE OUTCOMES: PREVENTIVE HEALTH

COLORECTAL CANCER SCREENINGS

Product lines	BCN Advantage and Blue Cross Medicare Plus Blue PPO
Source	HEDIS/CMS stars
Description	The percentage of members who had appropriate screening for colorectal cancer
Continuous enrollment	Must be continuously enrolled with the same Blue Cross/BCN plan for 2016-2017
Age criteria	51 to 75 years as of December 31, 2017
Exclusionary criteria	<p>Either of the following any time during the member's history through December 31, 2017</p> <ul style="list-style-type: none"> • Colorectal cancer • Total colectomy
Numerator	<p>One or more screenings for colorectal cancer. Any of the following meet criteria:</p> <ul style="list-style-type: none"> • Fecal occult blood test during 2017 (digital rectal exams do not count) • Flexible sigmoidoscopy 2013 through 2017 • Colonoscopy 2008 through 2017 • FIT-DNA (Cologuard®) 2015 through 2017 • CT Colonography 2013 through 2017
Denominator	The eligible population
Target: Medicare Advantage	81%
Payout: Medicare Advantage	\$50 per eligible member for whom all services were complete

WEIGHT ASSESSMENT AND COUNSELING FOR CHILDREN: BMI PERCENTILE

Product lines	BCN commercial
Source	HEDIS
Description	<p>Members 3 to 17 years of age who have had continuous BCN commercial coverage span through the end of 2017 and had an outpatient visit between January 1, 2017, and December 31, 2017, with a PCP or ObGyn, where BMI percentile was documented in the medical record.</p> <p>The member's outpatient visit was reflected on a claim and the BMI percentile was reflected on a claim, electronic data submission for an EMR or entered in Health e-Blue.</p>
Continuous enrollment	Must be continuously enrolled with BCN for 2017
Age criteria	3 to 17 years of age as of December 31, 2017
Exclusionary criteria	Members who have a diagnosis of pregnancy during the measurement year.
Numerator	BMI percentile documentation during the measurement period (January to December 2017). Documentation in the member's medical record must also include height and weight.
Denominator	The eligible population
Target: BCN commercial	83%
Payout: BCN commercial	\$50 per eligible member for whom all services were complete



HEALTH CARE OUTCOMES: PREVENTIVE HEALTH

WEIGHT ASSESSMENT AND COUNSELING FOR CHILDREN: COUNSELING FOR NUTRITION

Product lines	BCN commercial
Source	HEDIS
Description	<p>Members 3 to 17 years of age who have had continuous BCN commercial coverage through the end of 2017 and had an outpatient visit between January 1, 2017, and December 31, 2017, with a PCP or ObGyn, where BMI counseling for nutrition was documented in the medical record.</p> <p>The member's outpatient visit was reflected on a claim and the counseling for nutrition was reflected on a claim, electronic data submission for an EMR or entered in Health e-Blue.</p>
Continuous enrollment	Must be continuously enrolled with BCN for 2017
Exclusionary criteria	Members who have a diagnosis of pregnancy during the measurement year.
Age criteria	3 to 17 years of age as of December 31, 2017
Numerator	Counseling for nutrition during the measurement period (January to December 2017).
Denominator	The eligible population
Target: BCN commercial	78%
Payout: BCN commercial	\$75 per eligible member for whom all services were complete

WEIGHT ASSESSMENT AND COUNSELING FOR CHILDREN: COUNSELING FOR PHYSICAL ACTIVITY

Product lines	BCN commercial
Source	HEDIS
Description	<p>Members 3 to 17 years of age who have had continuous BCN commercial coverage through the end of 2017 and had an outpatient visit between January 1, 2017, and December 31, 2017, with a PCP or ObGyn, where counseling for physical activity was documented in the medical record.</p> <p>The member's outpatient visit was reflected on a claim and the counseling for physical activity was reflected on a claim, electronic data submission for an EMR or entered in Health e-Blue.</p>
Continuous enrollment	Must be continuously enrolled with BCN for 2017
Age criteria	3 to 17 years of age as of December 31, 2017
Exclusionary criteria	Members who have a diagnosis of pregnancy during the measurement year.
Numerator	Counseling for physical activity during the measurement period (January to December, 2017).
Denominator	The eligible population
Target: BCN commercial	63%
Payout: BCN commercial	\$100 per eligible member for whom all services were complete



HEALTH CARE OUTCOMES: PREVENTIVE HEALTH

WELL CARE VISITS – FIRST 15 MONTHS

Product lines	BCN commercial
Source	HEDIS
Description	Percentage of children with 6 or more well-child visits in the first 15 months of life.
Continuous enrollment	Must be continuously enrolled 31 days of age through 15 months
Age criteria	Children who turn 15 months during 2017
Numerator	The number of children who completed 6 or more well care visits with a primary care physician in the first 15 months of life with different dates of service.
Denominator	The eligible population
Target: BCN commercial	89%
Payout: BCN commercial	\$100 per eligible member for whom all services were complete



HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

COMPREHENSIVE DIABETES CARE: RETINAL EYE EXAMS

Product lines	BCN commercial, BCN Advantage, Blue Cross Medicare Plus Blue PPO
Source	HEDIS
Description	The percentage of members with diabetes (type 1 or 2) and a documented retinal eye exam
Continuous enrollment	Members must be continuously enrolled with the same BCN plan for 2017
Age criteria	18 to 75 years as of December 2017
Exclusionary criteria	Diagnosis of gestational or steroid-induced diabetes, in any setting, during 2016 or 2017
Numerator	The number of members with diabetes (type 1 or 2) with a retinal eye exam during 2017 or a retinal eye exam with negative results during 2016
Denominator	All members with diabetes as defined above
Target: BCN commercial	Flat fee per member who meets measure
Payout: BCN commercial	\$25 per service completed for each eligible member
Target: Medicare Advantage	Flat fee per member who meets measure
Payout: Medicare Advantage	\$25 per service completed for each eligible member
Additional Details	This measure is payable to the primary care physician. The PCP needs a copy of the eye exam or a letter from the eye care professional with the date of service and exam result to enter the service into Health e-Blue. If the PCP performs the service, a diagnosis of diabetes must be included on the claim. For more information, see the frequently asked questions in Appendix 3.

COMPREHENSIVE DIABETES CARE: CONTROLLED HbA1c < 8%

Product lines	BCN commercial
Source	HEDIS
Description	The percentage of members with diabetes (type 1 or 2) and a documented HbA1c < 8% using the latest lab conducted in 2017
Continuous enrollment	Members must be continuously enrolled with the same BCN plan for 2017
Age criteria	18 to 75 years as of December 2017
Exclusionary criteria	Diagnosis of gestational or steroid-induced diabetes, in any setting, during 2016 or 2017
Numerator	The number of members with diabetes (type 1 or 2) with an HbA1c < 8.0%. This measure considers the most recent lab conducted in 2017. The member is not compliant if the most recent result is ≥ 8, if the member is missing a result or the test was not done during 2017.
Denominator	All members with diabetes as defined above
Target: BCN commercial	66%
Payout: BCN commercial	\$250 per service completed for each eligible member



HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

COMPREHENSIVE DIABETES CARE: CONTROLLED HbA1c ≤ 9%

Product lines	BCN Advantage and Blue Cross Medicare Plus Blue PPO
Source	HEDIS/CMS stars
Description	The percentage of members with diabetes (type 1 or 2) and a documented HbA1c ≤ 9% using the latest lab conducted in 2017
Continuous enrollment	Must be continuously enrolled with the same Blue Cross or BCN plan for 2017
Age criteria	18 to 75 years as of December 2017
Exclusionary criteria	Diagnosis of gestational or steroid-induced diabetes, in any setting, during 2016 or 2017
Numerator	The number of members with diabetes (type 1 or 2) with an HbA1c ≤ 9.0%. This measure considers the most recent lab conducted in 2017. The member is not compliant if the most recent result is > 9, the member is missing a result or the test was not done during 2017.
Denominator	All members with diabetes as defined above
Target: Medicare Advantage	84%
Payout: Medicare Advantage	\$125 per service completed for each eligible member

COMPREHENSIVE DIABETES CARE: MONITORING FOR NEPHROPATHY

Product lines	BCN commercial, BCN Advantage, Blue Cross Medicare Plus Blue PPO
Source	HEDIS/CMS stars
Description	The percentage of members with diabetes (type 1 or 2) who have had one of the following: <ul style="list-style-type: none"> • A nephropathy screening or monitoring test (test for urine albumin or protein) in 2017 • Medical treatment for nephropathy in 2017 • Visit with a nephrologist in 2017 • At least one dispensing event of ACEI/ARB medication in 2017
Continuous enrollment	Members must be continuously enrolled with the same Blue Cross or BCN plan for 2017
Age criteria	18 to 75 years as of December 2017
Exclusionary criteria	Diagnosis of gestational or steroid-induced diabetes, in any setting, during 2016 or 2017
Numerator	Members with diabetes (type 1 or 2) who have had one of the following: <ul style="list-style-type: none"> • A nephropathy screening or monitoring test (test for urine albumin or protein) in 2017 • Medical treatment for nephropathy in 2017 • Visit with a nephrologist in 2017 • At least one dispensing event of ACEI/ARB medication in 2017
Denominator	All members with diabetes as defined above
Target: BCN commercial	93%
Payout: BCN commercial	\$150 per service completed for each eligible member
Target: Medicare Advantage	98%
Payout: Medicare Advantage	\$75 per service completed for each eligible member



HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

CONTROLLING HIGH BLOOD PRESSURE: HYPERTENSION

Product lines	BCN Advantage and Blue Cross Medicare Plus Blue PPO
Source	BCN and Blue Cross clinical guidelines
Description	<p>Members 18 to 85 years of age who were diagnosed with hypertension anytime on or before June 30, 2017</p> <p>Control is demonstrated by:</p> <ul style="list-style-type: none"> • Members 18 to 59 years of age with BP < 140/90 mm Hg • Members 60 to 85 years of age with diagnosis of diabetes with BP < 140/90 mm Hg • Members 60 to 85 years of age without a diagnosis of diabetes with BP < 150/90 mm Hg <p>The last blood pressure reading prior to December 31, 2017, will be counted. The last controlled blood pressure must occur after the date of diagnosis.</p>
Continuous enrollment	Must be continuously enrolled with the same Blue Cross or BCN plan for 2017
Age criteria	Members 18 to 85 years as of December 31, 2016
Exclusionary Criteria	For exclusions, please refer to the HEDIS 2017 Specification Document
Numerator	Members as defined above
Denominator	The eligible population
Target: Medicare Advantage	75%
Payout: Medicare Advantage	\$25 per service completed for each eligible member



HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

DEPRESSION MANAGEMENT: PHQ9 TESTING	
Product lines	BCN commercial
Source	BCN Medical Administration
Description	Members who have a PHQ9 administered during the baseline period, scoring greater than or equal to 10 and had a follow-up PHQ9 administered during the follow-up period, scoring below 5 or with a reduction of 50% from the original score.
Continuous enrollment	Members must be continuously enrolled for the baseline and follow-up periods
Age criteria	12 years of age or older as of the first day of the baseline measurement period
Numerator	The last qualifying encounter (PHQ9 screening with a score < 5 or a 50% reduction from the original score, to indicate remission) in the follow-up period determines the numerator events for the performance measure.
Denominator	The first qualifying encounter (PHQ9 Screening with a score \geq 10) in the baseline determines the denominator events for the performance measure. Only those scoring \geq 10 will appear in the Treatment Opportunities panel.
Target: BCN commercial	Flat fee per member who meets measure
Payout: BCN commercial	\$200 per service completed for each eligible member
Additional Details:	See Appendix 2 for a step-by-step guide on how to enter data to qualify for this measure. We <i>will not</i> display the PHQ-9 testing rate on the HEB QSRs when the data become available. Measurement periods, follow-up periods and payouts will be on a rolling basis as outlined below:

2016						2017						2018											
JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Baseline measurement period #1						Follow-up period #1						Payout #1											
						Baseline measurement period #2						Follow-up period #2						Payout #2					

DISEASE-MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS	
Product lines	BCN Advantage and Blue Cross Medicare Plus Blue PPO
Source	HEDIS, CMS Stars
Description	The percentage of members ages 18 years of age or older diagnosed with rheumatoid arthritis who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug
Continuous enrollment	Members must be continuously enrolled with the same Blue Cross or BCN plans for 2017
Age criteria	18 years of age or older as of December 31, 2017
Numerator	Members as defined above
Denominator	The eligible population
Level of measure	Provider level
Target: Medicare Advantage	Flat fee per member who meets measure
Payout: Medicare Advantage	\$100 per service completed for each eligible member



HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

FOLLOW-UP AFTER HOSPITALIZATION WITHIN 7 DAYS OF A MEDICAL DISCHARGE

Product lines	BCN Advantage and Blue Cross Medicare Plus Blue PPO
Source	BCN and BCBSM Medical Administration
Description	The percentage of members who had a follow-up visit with their PCP or specialist within 7 days of a medical hospital discharge
Continuous enrollment	Members must be continuously enrolled with the same Blue Cross or BCN plans for 2017
Age criteria	18 years of age or older as of December 31, 2017
Numerator	Members as defined above
Denominator	The eligible population
Level of measure	Provider level
Target: Medicare Advantage	Flat fee per member who meets measure
Payout: Medicare Advantage	\$50 per service completed for each eligible member
Additional Information	The goal of this measure is to aid in medication reconciliation, post discharge, and to avoid member readmissions

FOLLOW UP CARE FOR CHILDREN WITH PRESCRIBED ADHD MEDICATION – INITIATION PHASE

Product lines	BCN commercial
Source	HEDIS
Description	The percentage of members 6–12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
Continuous enrollment	Members must be continuously enrolled for 120 days prior to the IPSD through 30 days after the IPSD
Age criteria	6 to 12 years of age as of December 31, 2017
Exclusionary criteria	Exclude from the denominator, members with a diagnosis of narcolepsy any time during their history through December 31, 2017
Numerator	Members as defined above
Denominator	The eligible population
Level of measure	Provider level
Target: BCN commercial	47%
Payout: BCN commercial	\$100 per service completed for each eligible member
Additional Information	This measure does not match HEDIS timeframes. This measure will consider IPSD from January 1, 2017 through December 31, 2017 and will allow for a 30-day runout into 2018 to track follow-up visits for IPSD occurring in the last month of 2017.



HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

Product lines	BCN Advantage and Blue Cross Medicare Plus Blue PPO
Source	HEDIS, CMS Stars
Description	<p>The percentage of women 67 – 85 years of age who suffered a fracture and who had EITHER a bone mineral density (BMD) test OR a prescription for a drug to treat or to prevent osteoporosis in the six months after the fracture.</p> <p>The member has to be negative for a diagnosis of fracture for 60 days (2 months) prior to the IESD and have appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria:</p> <ul style="list-style-type: none"> • A BMD test on the initial fracture date (IESD) or in the 180-day period after the initial fracture date <ul style="list-style-type: none"> - OR - • A BMD test during the inpatient stay for the fracture (applies only to fractures requiring hospitalization) <ul style="list-style-type: none"> - OR - • A dispensed prescription to treat osteoporosis on the initial fracture date or in the 180-day period after the initial fracture date.
Continuous enrollment	12 months before the initial fracture date through 6 months after the initial fracture date
Age criteria	Women 67 years – 85 years of age as of December 31, 2017
Exclusionary criteria	Exclude members who had a BMD 730 days prior to IESD, or a claim/encounter for osteoporosis therapy or received a dispensed prescription to treat osteoporosis during the 365 days prior to the IESD
Numerator	Members as defined above
Denominator	The eligible population
Level of measure	Provider level
Target: Medicare Advantage	Flat fee per member who meets measure
Payout: Medicare Advantage	\$100 per service completed for each eligible member

USE OF IMAGING STUDIES FOR LOW BACK PAIN

Product lines	BCN commercial
Source	HEDIS
Description	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.
Continuous enrollment	Members must be continuously enrolled with the same Blue Cross or BCN plans for 2017
Age criteria	18 years of age or older as of December 31, 2017
Numerator	Members as defined above
Denominator	The eligible population
Level of measure	Provider level
Target: BCN commercial	83%
Payout: BCN commercial	\$150 per service completed for each eligible member
Additional Information	This measure will be based on HEDIS 2016 specifications, not the adjusted, new HEDIS specifications



CMS MILLION HEARTS INCENTIVE PROGRAM

Blue Care Network has implemented a program to prevent cardiovascular disease. The program is designed for BCN Advantage members, ages 40 and over, who have a history of cardiovascular disease or diabetes. The focus of the program is to reduce the morbidity and mortality related to cardiovascular disease in these members.

The program incorporates clinical practice guidelines for the management of ischemic heart disease and diabetes mellitus following the guiding principles behind the nation Million Hearts™ initiative. Million Hearts is a national initiative to prevent 1 million heart attacks and strokes over five years. It is led by the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services in partnership with other federal agencies.

CMS Million Hearts payment table

Quality incentive measures	Plan goal	Payout
Aspirin or antiplatelet therapy	Flat fee	\$25
Blood pressure control	Flat fee	\$25
Tobacco cessation counseling	Flat fee	\$25

CMS Million Hearts payment calculation

CMS Million Hearts requires no specific plan goal. A flat fee is paid for each service completed.

CMS Million Hearts program qualifications

Providers must meet the Performance Recognition Program qualifications in order to be considered for a CMS Million Hearts incentive payment.

Providers can locate Million Hearts members in Health e-Blue under the Treatment Opportunity by Condition/Measures.

CMS Million Hearts data submission options

- Submit a claim with an appropriate CPT II code
- Health e-Blue entry
- Electronic medical record exchange



CMS MILLION HEARTS PROVIDER INCENTIVE QUALITY INCENTIVE MEASURES

ASPIRIN OR ANTIPLATELET THERAPY

Product lines	BCN Advantage
Source	CMS Million Hearts
Description	Members age 40 and over as of December 31, 2017, with a history of diabetes, cardiovascular disease or both who is prescribed or currently taking aspirin or antiplatelet therapy Report CPT II code 4086F for all patients meeting criteria
Level of measure	Provider level
Target: BCN Advantage	Flat fee per member who meets measure
Payout: BCN Advantage	\$25 per service completed for each eligible member

BLOOD PRESSURE CONTROL

Product lines	BCN Advantage
Source	CMS Million Hearts
Description	Members age 40 and over as of December 31, 2017 who meet both the systolic and diastolic blood pressure reading requirements: <ul style="list-style-type: none"> • Members 18-59 years of age as of December 31, 2017 whose BP was < 140/90 mm Hg • Members 60-85 years of age as of December 31, 2017 with a diagnosis of diabetes whose BP was < 140/90 mm Hg • Members 60-85 years of age as of December 31, 2017 without a diagnosis of diabetes whose BP was < 150/90 mm Hg • Systolic blood pressure value report one of the systolic codes <ul style="list-style-type: none"> – 3074F – SBP < 130 – 3075F – SBP 130-139 – SBP > 140 and < 150 (Needs to be documented in EMR or in HEB. No CPT Cat II codes are available) • Diastolic blood pressure value report one of the diastolic codes <ul style="list-style-type: none"> – 3078F – DBP < 80 – 3079F – DBP 80-89
Level of measure	Provider level
Target: BCN Advantage	Flat fee per member who meets measure
Payout: BCN Advantage	\$25 per service completed for each eligible member



CMS MILLION HEARTS PROVIDER INCENTIVE QUALITY INCENTIVE MEASURES

SMOKING/TOBACCO CESSATION COUNSELING

Product lines	BCN Advantage
Source	CMS Million Hearts
Description	<p>Members age 40 and over as of December 31, 2017 who are smokers and have been counseled on the importance of quitting smoking</p> <p>Providers can report 'Not a smoker' in Health e-Blue as an Exclusion Reason / Contra-Indication</p> <p>Report CPT II code 4000F or 4004F for each patient identified as a tobacco user and received tobacco cessation counseling</p>
Level of measure	Provider level
Target: BCN Advantage	Flat fee per member who meets measure
Payout: BCN Advantage	\$25 per service completed for each eligible member



APPENDIX 1: COMPARISON SUMMARY OF PRP AND BLUE CROSS COMMERCIAL PPO VALUE-BASED REIMBURSEMENT MEASURES

Based on feedback from our provider partners, the PRP team has worked with the Blue Cross Value Partnerships team to develop a comprehensive list of quality measures that are included in each program. Our hope is that this document will aid in administration of the Blue Cross Blue Shield and Blue Care Network quality incentive programs.

QUALITY MEASURES	Physician Recognition Program (PRP)			Blue Cross Commercial PPO Clinical Quality Value-Based Reimbursement			
	BCN HMO commercial	BCN Advantage	Blue Cross Medicare Plus Blue PPO	Blue Cross Commercial PPO QRS			Medicare Advantage Stars
				Adult Practices	Family Practices	Pediatric Practices	Adult/Family Practices
Adult BMI assessment				•	•		•
Annual monitoring for patients on persistent medications				•	•		
Antidepressant medication management: acute phase	⌘			•	•		
Antidepressant medication management: continuation phase	⌘			•	•		
Appropriate glucose monitoring for members prescribed an antipsychotic drug	⌘						
Appropriate testing for children with pharyngitis					•	•	
Appropriate treatment for children with upper respiratory infection					•	•	
Aspirin or antiplatelet therapy		■					
Avoidance for antibiotic treatment in adults with acute bronchitis				•	•		
Breast cancer screening	•	•	•	•	•		•
Cervical cancer screening				•	•		
Adolescent immunization — combo 1					•	•	
Adolescent well visit					•	•	

Key

- = Performance Recognition Program/PGIP
- = CMS Million Hearts
- ⌘ = BCN Behavioral Health Incentive Program



SUMMARY OF PRP AND BLUE CROSS PGIP MEASURES (continued)

QUALITY MEASURES	Physician Recognition Program (PRP)			Blue Cross Commercial PPO Clinical Quality Value-Based Reimbursement			
	BCN HMO commercial	BCN Advantage	Blue Cross Medicare Plus Blue PPO	Blue Cross Commercial PPO QRS			Medicare Advantage Stars
				Adult Practices	Family Practices	Pediatric Practices	Adult/Family Practices
Childhood immunizations — combo 10					•	•	
Childhood immunizations – Influenza	•						
Chlamydia screening				•	•		
Colorectal cancer screening		•	•	•	•		•
Comprehensive diabetes care: HbA1c < 8%	•			•	•		
Comprehensive diabetes care: HbA1c ≤ 9%		•	•				•
Comprehensive diabetes care: HbA1c testing				•	•		
Comprehensive diabetes care: monitoring for nephropathy	•	•	•	•	•		•
Comprehensive diabetes care: retinal eye exam	•	•	•	•	•		•
Controlling blood pressure		■		•	•		•
Controlling high blood pressure for hypertension		•	•	•	•		•
Depression management — PHQ9 testing	•						
Disease modifying antirheumatic drug therapy for rheumatoid arthritis		•	•				
Follow-up after hospitalization, medical – 7 days		•	•				
Follow-up after hospitalization, mental health – 7 days	⌘						
Follow-up care for children prescribed ADHD medication: continuation and maintenance phase					•	•	

Key

- = Performance Recognition Program
- = CMS Million Hearts
- ⌘ = BCN Behavioral Health Incentive Program



SUMMARY OF PRP AND BLUE CROSS PGIP MEASURES (continued)

QUALITY MEASURES	Physician Recognition Program (PRP)			Blue Cross Commercial PPO Clinical Quality Value-Based Reimbursement (VBR)			
	BCN HMO commercial	BCN Advantage	Blue Cross Medicare Plus Blue PPO	Blue Cross Commercial PPO QRS			Medicare Advantage Stars
				Adult Practices	Family Practices	Pediatric Practices	Adult/Family Practices
Follow-up care for children prescribed ADHD medication: initiation phase	•				•	•	
HPV vaccine for adolescents – male and female					•	•	
Medication adherence for cholesterol medications				•	•		•
Medication adherence for diabetes medication				•	•		•
Medication adherence for hypertension medication				•	•		•
Medication management for people with asthma				•	•	•	
Osteoporosis management in women who had a fracture		•	•				
PCP contact from behavioral health provider	⌘						
Pharmacotherapy adherence for bipolar disorder	⌘						
Smoking/tobacco cessation counseling		■					
Therapeutic alliance for behavioral health counseling	⌘						
Use of imaging studies for low back pain	•			•	•		
Weight assessment and counseling for children: BMI percentile, counseling for nutrition and physical activity (three unique measures for PRP, combined for Blue Cross VBR)	•				•	•	
Well child visits in the 3rd, 4th, 5th and 6th years of life					•	•	
Well child visits in the first 15 months of life (6 or more)	•				•	•	

Key

- = Performance Recognition Program
- = CMS Million Hearts
- ⌘ = BCN Behavioral Health Incentive Program



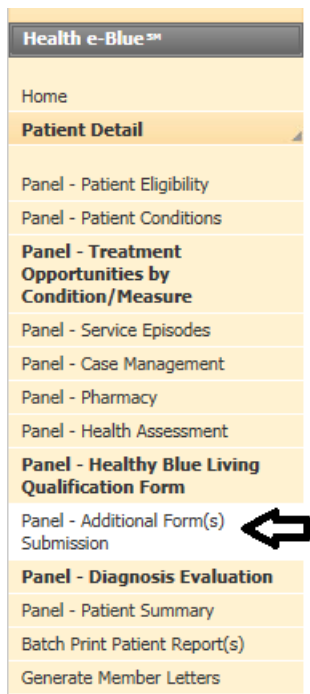
APPENDIX 2: DEPRESSION MANAGEMENT – PHQ9 TESTING HEALTH E-BLUE MEASURE ENTRY GUIDE BCN Commercial Measure

In order to qualify for the 2017 PRP Depression Management measure, Health e-Blue users must report Blue Care Network commercial members' Depression Management PHQ9 results using *Panel-Additional Form(s) Submission*.

This guide will walk users through a step-by-step process to enter the required information.

STEP 1: LOGIN

Login to Blue Care Network —Health e-Blue and click on *Panel—Additional Form(s) Submission* from the left navigation menu.





STEP 2: LOCATE BCN COMMERCIAL PHQ PANEL MEMBERS

Select the appropriate physician organization, practice group and PCP from the dropdown menus.

In the Form Type dropdown menu, select *Patient Health Questionnaire – PHQ-9*.

Select *Commercial* from the Product Line dropdown menu.

Click *Search Records*.

Additional Form(s) Submission – Patient Health Questionnaire

[Additional Form\(s\) Submission - Patient Health Questionnaire](#)

Click on Status, PCP Name, Member Last Name, Product, PHQ-9 Score, Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8 or Q9 headings below to sort data accordingly

Search Advanced Patient Search

PO: ←

Practice Group/Solo Physician:

PCP:

Report Year:

Form Type: ←

Product Line: ←

Met/Not Met:

PRP:

Special Incentive:

←

Report data as of: 03/31/2016

Total Pages: 672 Jump to page:

Advanced Sort

Status	PCP Name	Contract Number	Member Last Name	Member First Name	DOB	Product	PHQ-9 Score	PHQ-9 Date	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
X	8, Pcp	1	1	Patient	10/13/1966	C-SLF											
X	8, Pcp	3	3	Patient	08/28/1976	C-PCP FOCUS BRNZ S											
X	8, Pcp	4	4	Patient	06/24/1970	C											
X	8, Pcp	7	7	Patient	05/03/1976	C-HRA											
X	8, Pcp	8	8	Patient	03/07/1975	C-HRA											
X	8, Pcp	9	9	Patient	06/16/2001	C-HRA											

Note: if you are not able to find your member, skip down to **STEP 5**.



STEP 3: SELECT BCN COMMERCIAL PHQ PANEL MEMBERS

Select the Commercial member in the panel by clicking the **Contract Number** and the Patient Health Questionnaire – PHQ9 Form will appear.

Advanced Sort

[Enter New Member](#) [View Newly Added Members](#)

Status	PCP Name	Contract Number	Member Last Name	Member First Name	DOB	Product	PHQ-9 Score	PHQ-9 Date	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
X	4, Pcp	9498	9498	Patient	09/08/1959	C-PCP FOCUS SLVR S											
X	4, Pcp	9499	9499	Patient	10/11/1982	C-SLF-UWP											
X	4, Pcp	9500	9500	Patient	12/27/1955	C-PCP FOCUS SLVR											
X	4, Pcp	9501	9501	Patient	01/12/1957	C-PCP FOCUS SLVR S											
X	4, Pcp	9502	9502	Patient	04/18/1976	C-SLF-UWP											
X	4, Pcp	9503	9503	Patient	03/24/1976	C-SLF-UWP											
X	4, Pcp	9504	9504	Patient	10/21/1988	C-PREFERRED SLVR											
X	4, Pcp	9505	9505	Patient	04/24/1980	C-PCP FOCUS SLVR S											
X	4, Pcp	9506	9506	Patient	02/16/1964	C-PCP FOCUS BRNZ											
X	4, Pcp	9507	9507	Patient	03/31/1954	C-PCP FOCUS BRNZ S											

STEP 4: ENTER PHQ MEMBER RESULTS

The member information will prepopulate in the PHQ-9 Form.

Select the **Physician** name from the dropdown menu. The physician name will prepopulate in the PHQ-9 form near the bottom.

Enter the member **Visit Date**.

Enter PHQ-9 results.

Patient Health Questionnaire - PHQ-9 Form – data entry screen

BCN Health e-Biz > Patient Health Questionnaire - PHQ-9 Form

[Feedback](#)

Patient Health Questionnaire - PHQ-9 Form

Contract Number	9498	DOB (MM/DD/YYYY)	09/08/1959
Last Name	9498	Gender	F
First Name	Patient	Phone Number	(999)999-9999
Physician	44, Pcp		

PATIENT HEALTH QUESTIONNAIRE - PHQ-9	Visit Date: (MM/DD/YYYY)				Previous Results Score
	Not at all	Several days	More than half the days	Nearly every day	
1. Little interest or pleasure in doing things?	<input type="radio"/> 0 points	<input type="radio"/> 1 point	<input type="radio"/> 2 points	<input type="radio"/> 3 points	
2. Feeling down, depressed, or hopeless?	<input type="radio"/> 0 points	<input type="radio"/> 1 point	<input type="radio"/> 2 points	<input type="radio"/> 3 points	
3. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/> 0 points	<input type="radio"/> 1 point	<input type="radio"/> 2 points	<input type="radio"/> 3 points	
4. Feeling tired or having little energy?	<input type="radio"/> 0 points	<input type="radio"/> 1 point	<input type="radio"/> 2 points	<input type="radio"/> 3 points	
5. Poor appetite or overeating?	<input type="radio"/> 0 points	<input type="radio"/> 1 point	<input type="radio"/> 2 points	<input type="radio"/> 3 points	
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	<input type="radio"/> 0 points	<input type="radio"/> 1 point	<input type="radio"/> 2 points	<input type="radio"/> 3 points	
7. Trouble concentrating on things, such as reading the newspaper or watching television?	<input type="radio"/> 0 points	<input type="radio"/> 1 point	<input type="radio"/> 2 points	<input type="radio"/> 3 points	
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	<input type="radio"/> 0 points	<input type="radio"/> 1 point	<input type="radio"/> 2 points	<input type="radio"/> 3 points	
9. Thoughts that you would be better off dead or of hurting yourself in some way?	<input type="radio"/> 0 points	<input type="radio"/> 1 point	<input type="radio"/> 2 points	<input type="radio"/> 3 points	
Current Results	0	+ 0	+ 0	+ 0	
Total Score	0				
Depression Severity	None				
Electronic Signature: Name					

The PHQ-9 is not intended to be used as the sole basis for evaluation; sound clinical judgment should always be exercised in diagnosing depression and in recommending treatment. When used to screen previously undiagnosed patients PHQ-9 scores of less than five generally indicate no need for treatment; further evaluation is indicated for patients who score 5 or higher. Treatment should be seriously considered for patients who score 10 or higher and referral to specialty care should be seriously considered for patients who score above 15. PHQ-9 scores of 20-27 indicate a possible need for urgent or emergent intervention. Any positive score to Question 9 may itself indicate the need for further evaluation and perhaps even urgent or emergent intervention.



STEP 5: ADDING NEW MEMBERS – BCN COMMERCIAL PHQ PANEL MEMBERS

How to add a new member and view newly added members

If you need to add a BCN commercial member, select the appropriate physician organization, practice group and PCP information in the dropdown menus.

In the Form Type dropdown menu, select *Patient Health Questionnaire – PHQ-9*.

Select *Commercial* from the Product Line dropdown menu.

Click *Search Records*.

Scroll to the far right of your screen. Just above the blue header, you will see *Enter New Member*. Click on the box and a blank Patient Health Questionnaire - PHQ-9 Form will appear.

Enter the BCN commercial member numeric contract number that appears on the BCN ID card.

Enter all demographic information for the member.

Enter the PHQ9 results.

Save and print the form for your records.

Additional Form(s) Submission – Patient Health Questionnaire – Enter New Member

Additional Form(s) Submission - Patient Health Questionnaire

Click on Status, PCP Name, Member Last Name, Product, PHQ-9 Score, Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8 or Q9 headings below to sort data accordingly

Search Advanced Patient Search

PO

Practice Group/Solo Physician

PCP

Report Year

Form Type

Product Line

Met/Not Met

PRP

Special Incentive

Report data as of: 03/31/2016

Total Pages: 672 Jump to page:

Advanced Sort

Status	PCP Name	Contract Number	Member Last Name	Member First Name	DOB	Product	PHQ-9 Score	PHQ-9 Date	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
X	8, Pcp	1	1	Patient	10/13/1966	C-SLF											
X	8, Pcp	2	3	Patient	08/28/1976	C-PCP FOCUS BRNZ S											
X	8, Pcp	4	4	Patient	06/24/1970	C											
X	8, Pcp	7	7	Patient	05/03/1976	C-HRA											
X	8, Pcp	8	8	Patient	03/07/1975	C-HRA											

Please reference the Health e-Blue homepage for the 2017 Performance Recognition Program PDF document for 2017 and 2017 baseline and follow-up measurement periods.

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APPENDIX 3: COMPREHENSIVE DIABETES CARE: RETINAL EYE EXAM FREQUENTLY ASKED QUESTIONS BCN commercial, BCN Advantage, Blue Cross Medicare Plus Blue PPO

Frequently asked questions

Is there a plan goal for payment for the Retinal Eye Care measure or does the measure remain flat fee for the 2017 Performance Recognition Program?

This measure is a flat payment. For every member that has met the measure, the primary care physician will be reimbursed \$25.

What type of documentation is required in the medical record for this measure to be met?

The PCP needs a copy of the eye exam or a letter from the eye care professional to enter the service in Health e-BlueSM.

What information is required in Health e-Blue if the PCP is entering the service in Health e-Blue?

The physician needs the date of service and the result of the exam. The result is either positive or negative. In Health e-Blue, use the dropdown box to the right of the Service sub-type to pick the positive or negative result. If the result states “unknown results,” you’ll need to add a new service and re-enter the date of service and the result.

How does the physician submit reporting codes on a claim that will close this measure through administrative data?

When you receive the eye exam report for a diabetic patient from an eye care professional, review the report, place it in the patient’s medical record and, for all appropriate codes, submit a \$.01 claim with one or more of these CPT Category II codes:

- CPT 2022F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed.
- CPT 2024F: Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist, documented and reviewed.
- CPT 2026F: Eye imaging validated to match diagnosis from seven standard field stereoscopic photo results documented and reviewed.
- CPT 3072F: Low risk for retinopathy (no evidence of retinopathy in the prior year).

If the primary care physician performs the service (using RetinaVue™ or some other device), can he or she bill for the service and receive the PRP incentive?

Yes, the service may be reimbursed. The incentive is paid after the test is completed and the gap is closed. A PCP reporting *92250 for this service needs to designate a diagnosis of diabetes on the claim to indicate the test is a screening for diabetic retinopathy.

*CPT codes, descriptions and two-digit modifiers only are copyright 2016 American Medical Association. All rights reserved.



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