



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

2018 Quality Rewards

Blue Cross Blue Shield of Michigan and Blue Care Network's Performance Recognition and Physician Group Incentive Program

PROVIDER INCENTIVE PROGRAM FOR:

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



Fall 2017

Dear Blue Cross Blue Shield of Michigan or Blue Care Network Primary Care Physician,

Over the years, we've provided the *Performance Recognition Program* booklet to help primary care physicians and practices understand their role in providing high quality care to their patients. We've also sought primary care physicians and practices' help with achieving the objectives of the Healthcare Effectiveness Data and Information Set* and the Centers for Medicare & Medicaid Services' Star rating program.

Both programs recognize providers who:

- Successfully encourage their patients to get preventive screenings and procedures such as colonoscopies, mammograms and well-child visits
- Achieve improved patient outcomes such as ensuring that patients with diabetes have their blood sugar controlled

Through Blue Cross and BCN's various quality improvement programs, our philosophy has been to provide meaningful rewards to participating providers. We want to achieve positive clinical results for our members.

Starting with this 2018 edition, we're adding the Blue Cross Physician Group Incentive Program rewards (Blue Cross commercial reward opportunities) to this booklet. The booklet will outline the quality rewards for the following lines of business:

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

We recognize that it may have been challenging for you to identify where all our quality incentive opportunities were across your various patient populations. We hope by adding the commercial PPO line of business to this booklet will make this process easier for you. The intent is to provide you with one tool that can help you assess opportunities across multiple Blue Cross and BCN products.

To reflect its broader scope, we have changed the name of this booklet to *Quality Rewards Program*.

We hope you find this 2018 edition beneficial to your office. We welcome your feedback on this booklet and the various provider programs. If you have any comments or questions, please contact your provider consultant.

Sincerely,

Thomas Simmer, M.D.
Sr. Vice President and Chief Medical Officer
Blue Cross Blue Shield of Michigan

Marc Keshishian, M.D.
Sr. Vice President and Chief Medical Officer
Blue Care Network

*HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.



Contents

| | |
|--|------|
| 2018 Primary Care Physician Quality Measures for Scoring | 3-4 |
| 2018 Quality Scoring Reimbursement Design | 5 |
| 2018 Quality Scoring Reimbursement Tables | 6 |
| 2018 Quality Scoring Reimbursement Schedule | 7 |
| Program Qualifications | 8 |
| Performance Measurement Guidelines with Administrative Details | 9-10 |
| Questions and Contact Information | 11 |



Blue Cross Blue Shield of Michigan and Blue Care Network 2018 Primary Care Physician Quality Measures for Scoring

| Quality measures | Performance Recognition Program | | | Blue Cross Clinical Quality Value-Based Reimbursement | | | |
|---|---------------------------------|---------------|-------------------------|---|------------------|---------------------|------------------------|
| | HMO commercial | BCN Advantage | Medicare Plus Blue PPO* | Commercial PPO | | | Medicare Plus Blue PPO |
| | | | | Adult practices | Family practices | Pediatric practices | Adult/Family practices |
| Adolescent immunization — combo 2 | • | | | | • | • | |
| Adolescent well visit | | | | | • | • | |
| Adult BMI assessment | | | | • | • | | • |
| Annual monitoring for patients on persistent medications | | | | • | • | | |
| Antidepressant medication management: acute phase | | | | • | • | | |
| Antidepressant medication management: continuation phase | | | | • | • | | |
| Appropriate testing for children with pharyngitis | | | | | • | • | |
| Appropriate treatment for children with upper respiratory infection | | | | | • | • | |
| Avoidance for antibiotic treatment in adults with acute bronchitis | | | | • | • | | |
| Breast cancer screening | • | • | • | • | • | | • |
| Cervical cancer screening | | | | • | • | | |
| Childhood immunizations — combo 10 | | | | | • | • | |
| Childhood immunizations – Influenza | • | | | | | | |
| Colorectal cancer screening | | • | • | • | • | | • |
| Comprehensive diabetes care: HbA1c < 8% | • | | | • | • | | |
| Comprehensive diabetes care: HbA1c ≤ 9% | | • | • | | | | • |
| Comprehensive diabetes care: monitoring for nephropathy | • | • | • | • | • | | • |

*May also see listed as Medicare Advantage PPO.

2018 Primary Care Physician Quality Measures for Scoring (continued)

| Quality measures | Performance Recognition Program | | | Blue Cross Clinical Quality Value-Based Reimbursement | | | |
|--|---------------------------------|---------------|------------------------|---|------------------|---------------------|------------------------|
| | HMO commercial | BCN Advantage | Medicare Plus Blue PPO | Commercial PPO | | | Medicare Plus Blue PPO |
| | | | | Adult practices | Family practices | Pediatric practices | Adult/Family practices |
| Comprehensive diabetes care: eye examination | • | • | • | • | • | | • |
| Controlling high blood pressure | | • | • | • | • | | • |
| Disease modifying antirheumatic drug therapy for rheumatoid arthritis | | • | • | | | | |
| Follow-up after hospitalization, medical — 7 days | | • | • | | | | |
| Follow-up care for children prescribed ADHD medication: continuation and maintenance phase | | | | | • | • | |
| Follow-up care for children prescribed ADHD medication: initiation phase | | | | | • | • | |
| Medication management for people with asthma | | | | • | • | • | |
| Osteoporosis management in women who had a fracture | | • | • | | | | |
| Proportion of Days Covered (Diabetes All Class) | | | | • | • | | • |
| Proportion of Days Covered (RAS Antagonist) | | | | • | • | | • |
| Proportion of Days Covered (Statins) | | | | • | • | | • |
| Pharmacotherapy Management of COPD Exacerbation — Bronchodilator | • | | | | | | |
| 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) | • | | | | • | • | |

NOTE: Medicare Plus Blue PPO is incentivized separately for the PRP and VBR programs.



Blue Cross Blue Shield of Michigan and Blue Care Network 2018 Quality Scoring Reimbursement Design

Performance Recognition Program (BCN HMOSM, BCN AdvantageSM HMO and Blue Cross Medicare Plus Blue PPOSM)

Payments for eligible providers 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:
 - Numerator = Eligible members meeting criteria
 - Denominator = Total members eligible
 - The numerator ÷ the 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. See table on the next page. 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.

Clinical Quality — Value-Based Reimbursement (Blue Cross)

There are tiers of clinical quality value-based reimbursement based on performance. Each physician organization receives scoring and measurement reports for their member practices. For questions, please reach out to your physician organization.



2018 Quality Scoring Reimbursement Tables

Performance Recognition Program

(BCN HMOSM, BCN AdvantageSM HMO and Blue Cross Medicare Plus Blue PPOSM)

| PRP quality measures | BCN commercial | | Medicare Plus Blue PPO | |
|---|----------------|--------|------------------------|--------|
| | Goal | Payout | Goal | Payout |
| Adolescent Immunizations — Combo 2 | 21% | \$50 | | |
| Breast cancer screening | 81% | \$150 | 81% | \$50 |
| Childhood immunizations — Influenza | flat fee | \$50 | | |
| Colorectal cancer screening | | | 81% | \$50 |
| Comprehensive diabetes care: eye examination | 62% | \$125 | 75% | \$75 |
| Comprehensive diabetes care: HbA1c < 8% | 66% | \$250 | | |
| Comprehensive diabetes care: HbA1c ≤ 9% | | | 80% | \$125 |
| Comprehensive diabetes care: monitoring for nephropathy | 93% | \$100 | 98% | \$75 |
| Controlling high blood pressure for hypertension | | | 75% | \$25 |
| Disease modifying antirheumatic drug therapy for rheumatoid arthritis | | | flat fee | \$100 |
| Follow-up after hospitalization, medical — 7 days | | | flat fee | \$50 |
| Osteoporosis management in women who had a fracture | | | flat fee | \$100 |
| Pharmacotherapy Management of COPD Exacerbation Bronchodilator | flat fee | \$200 | | |
| Use of imaging studies for low back pain | 82% | \$150 | | |
| Weight assessment and counseling for children: BMI percentile | 82% | \$50 | | |
| Weight assessment and counseling for children: counseling for nutrition | 79% | \$50 | | |
| Weight assessment and counseling for children: counseling for physical activity | 74% | \$50 | | |
| Well care visits — first 15 months | 88% | \$100 | | |

Clinical Quality — Value-Based Reimbursement*

(Blue Cross)

| Performance level | VBR amount ^{**} |
|------------------------|--------------------------|
| 80 to 84.99 percentile | 105% |
| 85 to 94.99 percentile | 110% |
| 95+ percentile | 115% |

*All PGIP primary care physicians — regardless of Patient-Centered Medical Home designation status — are eligible to receive Clinical Quality — Value-Based Reimbursement if they meet the performance levels.

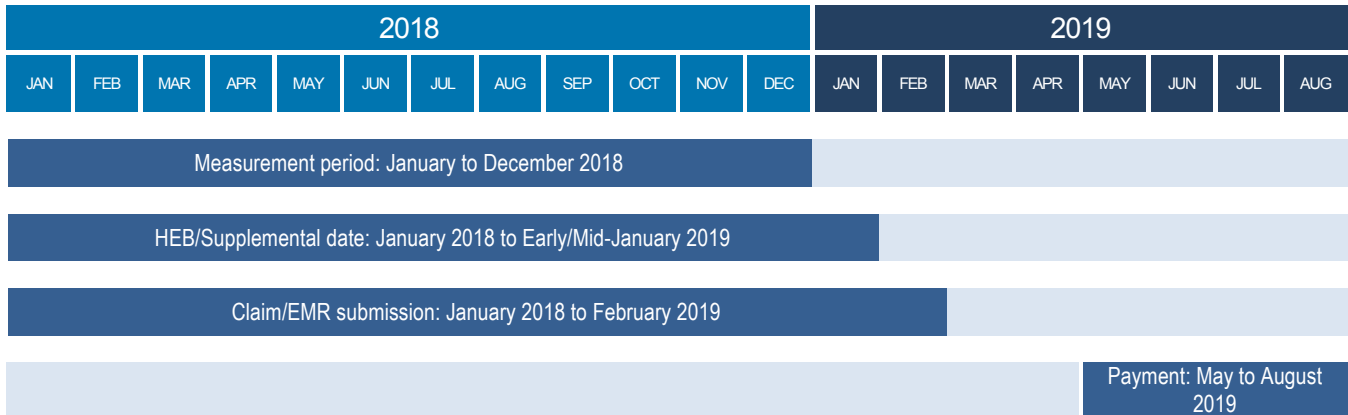
**This VBR amount is available in addition to other VBR received for PCMH designation, cost benchmark status and Provider-Delivered Care Management participation.



2018 Quality Scoring Reimbursement Schedule

Performance Recognition Program

(BCN HMOSM, BCN AdvantageSM HMO and Blue Cross Medicare Plus Blue PPOSM)



Clinical Quality — Value-Based Reimbursement (Blue Cross)

| 2018 | 2019 |
|---|---|
| Measurement period: January to December 2018 (for Blue Cross commercial and Medicare Plus Blue PPO) | Payment period: VBR applied to claims for dates of service from July 1, 2019, to June 30, 2020 (for Blue Cross commercial claims) |



Program Qualifications

Performance Recognition Program

(BCN HMOSM, BCN AdvantageSM HMO and Blue Cross Medicare Plus Blue PPOSM)

1. To participate in the Performance Recognition Program, the primary care physician or physician organization must sign the applicable provider agreement for the line of business:
 - The BCN 2018 *Medical Services Agreement* is needed for BCN commercial and BCN Advantage.
 - The *Blue Cross Medicare Advantage PPO Provider Agreement* is needed for Blue Cross Medicare Plus Blue PPO.
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. Primary care physicians must have attributed or assigned members to participate in the program.
4. The primary care physician must be affiliated with the plan at the time of payment to be eligible for any program payments unless the PCP recently retired.
5. 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

Clinical Quality — Value-Based Reimbursement (Blue Cross commercial)

How to participate in PGIP as an individual practitioner

Primary care and specialist practitioners must be a member of a PGIP-participating physician organization to join the Physician Group Incentive Program. Currently, there are more than 40 POs throughout the state that are participating in PGIP. You can find a current PO listing here: [2017 PGIP Physician Organization List](#).

A practitioner can be a member of only one PO for the purposes of PGIP. To be eligible to participate in PGIP, a practitioner must:

- Participate in the Blue Cross PPO/TRUST or Traditional lines of business
- Be in good standing with the network
- Be a medical doctor, doctor of osteopathy, doctor of chiropractic, or doctor of podiatric medicine. Licensed psychologists are also eligible to participate in the program.

If you're an individual practitioner with questions about participating in PGIP, contact your provider consultant.

Not sure who your provider consultant is? [Visit our Contact us page to find out.](#)



Performance Measurement Guidelines

Performance Recognition Program

BCN HMOSM, BCN AdvantageSM HMO and Blue Cross Medicare Plus Blue PPOSM

Measurement time frame

Each primary care physician will be credited for services completed through **Dec. 31, 2018**, to members who:

- Meet all measurement requirements
- Are continuously enrolled with the plan for the entire year
- Are assigned to a primary care physician whether or not the 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 a bilateral mastectomy for a breast cancer screening. The circumstances 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.

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 **won't 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

HEDIS measures

Visit the home page of Health e-BlueSM under *Resources* to find HEDIS measure descriptions.

Administrative Details

Health e-Blue

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 the electronic submission of data through the Health e-Blue application, an electronic health record, 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 healththeblue@bcbsm.com. For Blue Cross Health e-Blue questions, please contact MAHealththeblue@bcbsm.com.

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

Distribution of Performance Recognition Program payment reports and payments

Blue Cross and BCN will make every effort to send the 2018 payments and payment reports by **summer 2019**.

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 or physician organization the primary care physician is affiliated with as of **Dec. 31, 2018**.

Reconsideration

Blue Cross and BCN strongly encourages 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**, BCN will notify the affected primary care physician of the terms, conditions and limitations of such a process.

Clinical Quality — Value-Based Reimbursement **Blue Cross commercial and Blue Cross Medicare Plus Blue PPOSM**

Exclusions

Members may be excluded from measures under certain circumstances, such as a bilateral mastectomy for a breast cancer screening.

Reporting

Your physician organization receives monthly performance information on the clinical quality measures. You can check with your PO for more information.



Questions

If you have questions or concerns about any of these programs, 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 regions
248-226-5228

Christine Wojtaszek
Mid and west Michigan regions
616-956-5769

Value-Based Reimbursement

Emily Santer
313-448-5572

Supplemental Data

Send an email to emrdataexchange@bcbsm.com or through the PGI Collaboration site. Select the *Supplemental Data* category.

Health e-Blue technical support

BCN commercial and BCN Advantage
healthblue@bcbsm.com

Blue Cross Medicare Plus Blue PPO
mahealthblue@bcbsm.com



Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.