

# 2016 Performance Recognition Program

## PROVIDER INCENTIVE PROGRAM FOR:

- BCN Commercial HMO
- BCN Advantage<sup>SM</sup> HMO-POS
- BCBSM Medicare Plus Blue<sup>SM</sup> PPO



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## 2016 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<sup>®</sup>, 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. Primary care physicians must have attributed or assigned members to participate in the program.





## BLUE CROSS BLUE SHIELD OF MICHIGAN AND BLUE CARE NETWORK 2016 PHYSICIAN QUALITY INCENTIVE MEASURES

QUALITY INCENTIVE MEASURES	BCN COMMERCIAL HMO	BCN ADVANTAGE <sup>SM</sup> HMO	BLUE CROSS MEDICARE ADVANTAGE PPO
Adult BMI assessment		●	●
Aspirin or antiplatelet therapy		■	
Breast cancer screening	●	●	●
Childhood immunizations — combo 10	●		
Colorectal cancer screening		●	●
Comprehensive diabetes care: HbA1c < 8%	●		
Comprehensive diabetes care: HbA1c ≤ 9%		●	●
Comprehensive diabetes care: monitoring for nephropathy	●	●	●
Controlling blood pressure		■	
Controlling high blood pressure for hypertension	●	●	●
Depression management — PHQ9 testing	●		
Disease modifying antirheumatic drug therapy for rheumatoid arthritis		●	●
Medication adherence for diabetes medication		●	●
Medication adherence for hypertension medication		●	●
Medication adherence for cholesterol medications		●	●
Smoking/tobacco cessation counseling	●	■	
Weight assessment and counseling for children: BMI percentile, counseling for nutrition and physical activity	●		

### Key

- = Performance Recognition Program
- = CMS Million Hearts



## BLUE CROSS BLUE SHIELD OF MICHIGAN AND BLUE CARE NETWORK 2016 PAYOUT SUMMARY — BCN COMMERCIAL

### BCN Commercial HMO payment calculation

Payments for each eligible provider are calculated using the following methodology, regardless of membership level.

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 plan goal, a flat fee will be paid for each service completed.

### BCN Commercial HMO payment table

QUALITY INCENTIVE MEASURES	PLAN GOAL	PAYOUT
Breast cancer screening	80%	\$100
Childhood immunizations — combo 10	63%	\$400
Weight assessment and counseling for children: BMI percentile, counseling for nutrition and physical activity	63%	\$150
Comprehensive diabetes care: HbA1c < 8%	68%	\$250
Comprehensive diabetes care: monitoring for nephropathy	90%	\$125
Controlling high blood pressure for hypertension	75%	\$100
Depression management — PHQ9 testing	Flat Fee	\$200
Smoking/tobacco cessation counseling	Flat Fee	\$30



## BLUE CROSS BLUE SHIELD OF MICHIGAN AND BLUE CARE NETWORK 2016 PAYOUT SUMMARY — MEDICARE

### Medicare Advantage payment calculation

Program payments for each eligible provider are calculated using the following methodology.

1. **Quality score:** A quality score for each program measure is computed for each provider by determining:
  - Numerator = Eligible members meeting criteria
  - Denominator = Total members eligible
  - $\text{Numerator} \div \text{Denominator}$ : The individual provider's quality score for each program measure
2. **Compare** the quality score for each measure to the **CMS star rating scale** for that measure to determine a star score for each measure.
3. **Average** the star scores for all measures to determine an overall star rating by provider.
4. **Convert** the overall star rating into a per-member-per-month payment using the **Medicare Advantage payment table**.

Note: Providers are scored separately for BCN Advantage and Medicare Advantage PPO products.  
See next page for **CMS star rating scale** and **Medicare Advantage payment table**.



## BLUE CROSS BLUE SHIELD OF MICHIGAN AND BLUE CARE NETWORK 2016 PAYOUT SUMMARY — MEDICARE

### CMS star rating scale

QUALITY INCENTIVE MEASURES	1 STAR	2 STAR	3 STAR	4 STAR	5 STAR	WEIGHT
Adult BMI assessment	< 70%	70 - 80.9%	81 - 89.9%	90 - 95.9%	≥ 96%	1
Breast cancer screening	< 39%	39 - 62.9%	63 - 73.9%	74 - 79.9%	≥ 80%	1
Colorectal cancer screening	< 51%	51 - 62.9%	63 - 70.9%	71 - 77.9%	≥ 78%	1
Comprehensive diabetes care: HbA1c ≤ 9%	< 49%	49 - 59.9%	60 - 70.9%	71 - 83.9%	≥ 84%	3
Comprehensive diabetes care: monitoring for nephropathy	< 85%	85 - 88.9%	89 - 92.9%	93 - 96.9%	≥ 97%	1
Controlling high blood pressure for hypertension	< 47%	47 - 61.9%	62 - 74.9%	75 - 81.9%	≥ 82%	1
Disease modifying anti-rheumatic drug therapy for rheumatoid arthritis	< 64%	64 - 74.9%	75 - 81.9%	82 - 85.9%	≥ 86%	1
Medication adherence for diabetes medication	< 60%	60 - 68.9%	69 - 74.9%	75 - 81.9%	≥ 82%	3
Medication adherence for hypertension medication	< 58%	58 - 72.9%	73 - 76.9%	77 - 80.9%	≥ 81%	3
Medication adherence for cholesterol medications	< 50%	50 - 60.9%	61 - 72.9%	73 - 78.9%	≥ 79%	3

### Medicare Advantage payment table

AVERAGE STAR	PMPM PAYOUT
5	\$8
4.5 – 4.99	\$7
4 – 4.49	\$4
3.5 – 3.99	\$2.50
< 3.5	\$1 for each half-star improvement from 2015



## BLUE CROSS BLUE SHIELD OF MICHIGAN AND BLUE CARE NETWORK 2016 PAYOUT SUMMARY — MEDICARE

### Medicare Advantage payment calculation Example #1: “Dr. A”

DR. A QUALITY SCORES BY MEASURE:	NUMERATOR	DENOMINATOR	SCORE	STARS	WEIGHTED STARS
Adult BMI assessment	32	32	100%	5	5
Breast cancer screening	15	15	100%	5	5
Colorectal cancer screening	25	35	72%	4	4
Comprehensive diabetes care: HbA1c ≤ 9% (weighted x 3)	11	12	90%	5	5 5 5
Comprehensive diabetes care: monitoring for nephropathy	10	10	100%	5	5
Controlling high blood pressure for hypertension	0	0	n/a	n/a	n/a
Disease modifying anti-rheumatic drug therapy for rheumatoid arthritis	1	1	100%	5	5
Medication adherence for diabetes medications (weighted x 3)	5	6	83%	5	5 5 5
Medication adherence for hypertension medications (weighted x 3)	12	16	75%	3	3 3 3
Medication adherence for cholesterol medications (weighted x 3)	20	24	83%	5	5 5 5
<b>Total stars</b>					<b>78</b>
<b>Number of measures with a star score for Dr. A</b>					<b>17</b>
<b>Average star rating</b>					<b>4.59</b>
<b>Per-member-per-month payment</b>					<b>\$7.00</b>
<b>Dr. A’s 2016 member months</b>					<b>1,000</b>
<b>Dr. A’s total 2016 program dollars earned</b>					<b>\$7,000</b>

- Dr. A scored an average of 4.59 stars for 2016
- 4.59 stars places Dr. A in the 4.5 to 4.99 star range
- Dr. A will earn \$7 per member per month for 2016





## BLUE CROSS BLUE SHIELD OF MICHIGAN AND BLUE CARE NETWORK 2016 PAYOUT SUMMARY — MEDICARE

### Medicare Advantage payment calculation Example #2: “Dr. B”

	<b>Scoring</b>
<b>Total stars</b>	59
<b>Number of measures with a star score for Dr. B</b>	18
<b>Average star rating 2016 for Dr. B</b>	3.28
<b>Average star rating 2015 for Dr. B</b>	2.17
<b>Dr. B star improvement 2015 – 2016</b>	1.11
<b>Per-member-per-month payment</b>	\$2.00
<b>Dr. B’s 2016 member months</b>	500
<b>Dr. B’s total 2016 program dollars earned</b>	<b>\$1,000</b>

- Dr. B scored an average of 3.28 stars, below the 3.5 stars threshold for 2016
- Dr. B showed a 1.11 star improvement from 2015 to 2016
- The 1.11 star improvement is divided by 0.5 to determine how many half-star increments Dr. B improved
- $1.11/0.5 = 2.22$ , the 2.22 is rounded down to the nearest whole number which is 2
- Dr. B improved 2 half-star increments
- Dr. B will earn two times the improvement per member per month of \$1
- Dr. B will earn \$2 per member per month for 2016

### Medicare Advantage payment calculation Example #3: “Dr. C”

	<b>Scoring</b>
<b>Total stars</b>	31
<b>Number of measures with a star score for Dr. C</b>	12
<b>Average star rating 2016 for Dr. C</b>	2.58
<b>Average star rating 2015 for Dr. C</b>	3.08
<b>Dr. C star improvement 2015 – 2016</b>	None
<b>Per-member-per-month payment (Dr. C showed no improvement)</b>	\$0
<b>Dr. C’s 2016 member months</b>	750
<b>Dr. C’s total 2016 program dollars earned</b>	<b>\$0</b>

- Dr. C scored average of 2.58 stars, below the 3.5 stars threshold for 2016
- Dr. C showed no improvement from 2015 to 2016
- Dr. C does not qualify for a program payment for 2016



## 2016 PROGRAM SCHEDULE



JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
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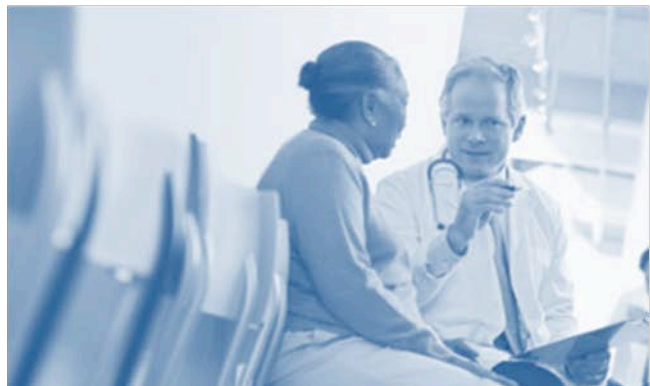
Measurement period: January to December, 2016

HEB/Supplemental Date: January 2016 to Early/Mid-January 2017

Claim/EMR Submission: January 2016 to February 2017

Payment: May to August 2017

Note: See Page 24 for the schedule for the depression management quality measure.





## PROGRAM QUALIFICATIONS

1. The primary care physician or physician organization must sign the BCN 2016 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 2016 calendar year.
4. The primary care physician must be affiliated at the time of payment to be eligible for any program payments unless the PCP recently retired.
5. The primary care physician or PCP office must have a Health e-Blue<sup>SM</sup> sign-on and actively use the program.
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
7. Blue Care Network and Blue Cross conduct periodic random audits on provider data returns. If you are randomly selected to be audited for Health e-Blue data entry or electronic medical records, you must pass the audit in order to be eligible for payment.



## PERFORMANCE MEASUREMENT GUIDELINES

- Each primary care physician will be credited for services completed through **Dec. 31, 2016**, 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.
- 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). 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.
- 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.
- 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-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 electronic submission of data through the Healthy 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 [healththeblue@bcbsm.com](mailto:healththeblue@bcbsm.com). For Blue Cross Health e-Blue questions please contact [MAHealththeblue@bcbsm.com](mailto:MAHealththeblue@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 2016 payment reports and payments by summer 2017.

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, 2016.

### 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](http://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](mailto:healthblue@bcbsm.com)

Blue Cross Medicare Plus Blue PPO  
[MAHealthblue@bcbsm.com](mailto:MAHealthblue@bcbsm.com)



## HEALTH CARE OUTCOMES: PREVENTIVE HEALTH

ADULT BMI ASSESSMENT						
<b>Product lines</b>	<b>BCN Advantage, Blue Cross Medicare Plus Blue PPO</b>					
<b>Source</b>	HEDIS/CMS stars					
<b>Description</b>	Members 18-74 years of age who had an outpatient visit and whose weight and body mass index was documented during the measurement year or year prior to the measurement year					
<b>Continuous enrollment</b>	Must be continuously enrolled with the same Blue Cross or BCN plan for 2015-2016					
<b>Age criteria</b>	Members 18 years of age as of January 1, 2016 to 74 years as of December 31, 2016					
<b>Numerator</b>	Members as defined above					
<b>Denominator</b>	The eligible population					
<b>Level of measure</b>	Provider level					
<b>Target: BCNA/MAPPO</b>	1 star	2 stars	3 stars	4 stars	5 stars	Weight
	< 70%	70 – 80.9%	81 – 89.9%	90 – 95.9%	≥ 96%	1
<b>Payout: BCNA/MAPPO</b>	Per member, per month, based on overall average stars score for Medicare PRP measures					

BREAST CANCER SCREENING						
<b>Product lines</b>	<b>BCN Commercial, BCN Advantage, Blue Cross Medicare Plus Blue PPO</b>					
<b>Source</b>	HEDIS/CMS stars					
<b>Description</b>	The percentage of women who had a mammogram to screen for breast cancer					
<b>Continuous enrollment</b>	Must be continuously enrolled with the same Blue Cross or BCN plan October 1, 2014 through December 31, 2016					
<b>Age criteria</b>	52 to 74 years of age as of December 31, 2016					
<b>Exclusionary criteria</b>	Women who have had a bilateral mastectomy The following criteria meets bilateral mastectomy: <ul style="list-style-type: none"> <li>• Bilateral mastectomy</li> <li>• Unilateral mastectomy with bilateral modifier</li> <li>• Two unilateral mastectomies with services dates 14 days or more apart</li> </ul>					
<b>Numerator</b>	A mammogram at any time on or between October 1, 2014, and December 31, 2016					
<b>Denominator</b>	The eligible population					
<b>Level of measure</b>	Provider level					
<b>Target: COMM</b>	80%					
<b>Payout: COMM</b>	\$100 per service completed for each eligible member					
<b>Target: BCNA/MAPPO</b>	1 star	2 stars	3 stars	4 stars	5 stars	Weight
	< 39%	39 – 62.9%	63 – 73.9%	74 – 79.9%	≥ 80%	1
<b>Payout: BCNA/MAPPO</b>	Per member, per month, based on overall average stars score for Medicare PRP measures					



## HEALTH CARE OUTCOMES: PREVENTIVE HEALTH

CHILDHOOD IMMUNIZATIONS – COMBO 10	
<b>Product lines</b>	<b>BCN Commercial</b>
<b>Source</b>	HEDIS
<b>Description</b>	<p>The percentage of children 2 years of age who meet the combination 10 criteria on or before their second birthday:</p> <ul style="list-style-type: none"> <li>• (4) DTaP* vaccinations</li> <li>• (3) IPV* vaccinations</li> <li>• (1) MMR vaccination</li> <li>• (1) VZV vaccination</li> <li>• (3) HiB* vaccinations</li> <li>• (3) Hepatitis B vaccinations</li> <li>• (4) PCV* vaccinations</li> <li>• (1) HepA vaccination</li> <li>• (2 or 3) RV* vaccinations</li> <li>• (2) Influenza** vaccinations</li> </ul> <p>*Vaccinations administered prior to 42 days after birth are not counted as a numerator hit.            **Vaccinations administered prior to 180 days after birth are not counted as a numerator hit.</p>
<b>Continuous enrollment</b>	Must be continuously enrolled 12 months prior to child's second birthday
<b>Age criteria</b>	Children who turn 2 years of age during 2016
<b>Exclusionary criteria</b>	Children who are documented with an anaphylactic reaction to the vaccine or its components
<b>Numerator</b>	The number of children who completed vaccinations as defined above
<b>Denominator</b>	The eligible population
<b>Level of measure</b>	Provider level
<b>Target: COMM</b>	63%
<b>Payout: COMM</b>	\$400 per Combo 10 completed for each eligible member





## HEALTH CARE OUTCOMES: PREVENTIVE HEALTH

### WEIGHT ASSESSMENT AND COUNSELING FOR CHILDREN: BMI PERCENTILE, COUNSELING FOR NUTRITION AND COUNSELING FOR PHYSICAL ACTIVITY

<b>Product lines</b>	<b>BCN Commercial</b>
<b>Source</b>	HEDIS
<b>Description</b>	<p>Members 3 to 17 years of age who have an active BCN Commercial span through the end of 2016 and had an outpatient visit between January 1, 2016, and December 31, 2016, with a PCP or ObGyn, where BMI percentile, counseling for nutrition and counseling for physical activity were documented in the medical record.</p> <p>The member's outpatient visit was reflected on a claim and the BMI percentile, counseling for nutrition and counseling for physical activity was reflected on a claim, electronic data submission for an EMR or entered in Health e-Blue.</p>
<b>Continuous enrollment</b>	Must be continuously enrolled with BCN for 2016
<b>Age criteria</b>	3 to 17 years of age as of December 31, 2016
<b>Numerator</b>	<ul style="list-style-type: none"> <li>BMI percentile documentation during the measurement period (January to December 2016). Documentation in the member's medical record must also include height and weight.</li> <li>Counseling for nutrition during the measurement period (January to December 2016).</li> <li>Counseling for physical activity during the measurement period (January to December, 2016).</li> </ul>
<b>Denominator</b>	The eligible population
<b>Level of measure</b>	Provider level
<b>Target: COMM</b>	63%
<b>Payout: COMM</b>	\$150 per eligible member for whom all services were complete



## HEALTH CARE OUTCOMES: PREVENTIVE HEALTH

COLORECTAL CANCER SCREENINGS						
<b>Product lines</b>	<b>BCN Advantage, Blue Cross Medicare Plus Blue PPO</b>					
<b>Source</b>	HEDIS/CMS stars					
<b>Description</b>	The percentage of members who had appropriate screening for colorectal cancer					
<b>Continuous enrollment</b>	Must be continuously enrolled with the same Blue Cross/BCN plan for 2015-2016					
<b>Age criteria</b>	51 to 75 years as of December 31, 2016					
<b>Exclusionary criteria</b>	Either of the following any time during the member's history through December 31, 2016 <ul style="list-style-type: none"> <li>• Colorectal cancer</li> <li>• Total colectomy</li> </ul>					
<b>Numerator</b>	One or more screenings for colorectal cancer. Any of the following meet criteria: <ul style="list-style-type: none"> <li>• Fecal occult blood test during 2016 (digital rectal exams do not count)</li> <li>• Flexible sigmoidoscopy 2012 through 2016</li> <li>• Colonoscopy 2007 through 2016</li> </ul>					
<b>Denominator</b>	The eligible population					
<b>Level of measure</b>	Provider level					
<b>Target: BCNA/MAPPO</b>	1 star	2 stars	3 stars	4 stars	5 stars	Weight
	< 51%	51 – 62.9%	63 – 70.9%	71 – 77.9%	≥ 78%	1
<b>Payout: BCNA/MAPPO</b>	Per member, per month, based on overall average stars score for Medicare PRP measures					



## HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

### COMPREHENSIVE DIABETES CARE: CONTROLLED HbA1c < 8%

<b>Product lines</b>	<b>BCN Commercial</b>
<b>Source</b>	HEDIS
<b>Description</b>	The percentage of members with diabetes (type 1 or 2) and a documented HbA1c < 8% using the latest lab conducted in 2016
<b>Continuous enrollment</b>	Members must be continuously enrolled with the same BCN plan for 2016
<b>Age criteria</b>	18 to 75 years as of December 2016
<b>Exclusionary criteria</b>	<ul style="list-style-type: none"> <li>• Diagnosis of gestational or steroid-induced diabetes, in any setting, during 2015 or 2016 and</li> <li>• Did not have a diagnosis of diabetes in 2015 or 2016</li> </ul>
<b>Numerator</b>	The number of members with diabetes (type 1 or 2) with an HbA1c < 8.0%. This measure considers the most recent lab conducted in 2016. 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 2016.
<b>Denominator</b>	All members with diabetes as defined above
<b>Level of measure</b>	Provider level
<b>Target: COMM</b>	68%
<b>Payout: COMM</b>	\$250 per service completed for each eligible member

### COMPREHENSIVE DIABETES CARE: CONTROLLED HbA1c ≤ 9%

<b>Product lines</b>	<b>BCN Advantage, Blue Cross Medicare Plus Blue PPO</b>					
<b>Source</b>	HEDIS/CMS stars					
<b>Description</b>	The percentage of members with diabetes (type 1 or 2) and a documented HbA1c ≤ 9% using the latest lab conducted in 2016					
<b>Continuous enrollment</b>	Must be continuously enrolled with the same Blue Cross or BCN plan for 2016					
<b>Age criteria</b>	18 to 75 years as of December 2016					
<b>Exclusionary criteria</b>	<ul style="list-style-type: none"> <li>• Diagnosis of gestational or steroid-induced diabetes, in any setting, during 2015 or 2016 and</li> <li>• Did not have a diagnosis of diabetes in 2015 or 2016</li> </ul>					
<b>Numerator</b>	The number of members with diabetes (type 1 or 2) with an HbA1c ≤ 9.0%. This measure considers the most recent lab conducted in 2016. 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 2016.					
<b>Denominator</b>	All members with diabetes as defined above					
<b>Level of measure</b>	Provider level					
<b>Target: BCNA/MAPPO</b>	1 star < 49%	2 stars 49 – 59.9%	3 stars 60 – 70.9%	4 stars 71 – 83.9%	5 stars ≥ 84%	<b>Weight</b> <b>3</b>
<b>Payout: BCNA/MAPPO</b>	Per member, per month, based on overall average stars score for Medicare PRP measures					



## HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

COMPREHENSIVE DIABETES CARE: MONITORING FOR NEPHROPATHY						
<b>Product lines</b>	<b>BCN Commercial, BCN Advantage, Blue Cross Medicare Plus Blue PPO</b>					
<b>Source</b>	HEDIS/CMS stars					
<b>Description</b>	<p>The percentage of members with diabetes (type 1 or 2) who have had one of the following:</p> <ul style="list-style-type: none"> <li>• A nephropathy screening or monitoring test (test for urine albumin or protein) in 2016</li> <li>• Medical treatment for nephropathy in 2016</li> <li>• Visit with a nephrologist in 2016</li> <li>• At least one dispensing event of ACEI/ARB medication in 2016</li> </ul>					
<b>Continuous enrollment</b>	Members must be continuously enrolled with the same Blue Cross or BCN plan for 2016					
<b>Age criteria</b>	18 to 75 years as of December 2016					
<b>Exclusionary criteria</b>	<ul style="list-style-type: none"> <li>• Diagnosis of gestational or steroid-induced diabetes, in any setting, during 2015 or 2016 and</li> <li>• Did not have a diagnosis of diabetes in 2015 or 2016</li> </ul>					
<b>Numerator</b>	<p>Members with diabetes (type 1 or 2) who have had one of the following:</p> <ul style="list-style-type: none"> <li>• A nephropathy screening or monitoring test (test for urine albumin or protein) in 2016</li> <li>• Medical treatment for nephropathy in 2016</li> <li>• Visit with a nephrologist in 2016</li> <li>• At least one dispensing event of ACEI/ARB medication in 2016</li> </ul>					
<b>Denominator</b>	All members with diabetes as defined above					
<b>Level of measure</b>	Provider level					
<b>Target: COMM</b>	90%					
<b>Payout: COMM</b>	\$125 per service completed for each eligible member					
<b>Target: BCNA/MAPPO</b>	1 star	2 stars	3 stars	4 stars	5 stars	Weight
	< 85%	85 – 88.9%	89 – 92.9%	93 – 96.9%	≥ 97%	1
<b>Payout: BCNA/MAPPO</b>	Per member, per month, based on overall average stars score for Medicare PRP measures					



## HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

### CONTROLLING HIGH BLOOD PRESSURE: HYPERTENSION

<b>Product lines</b>	<b>BCN Commercial, BCN Advantage, Blue Cross Medicare Plus Blue PPO</b>					
<b>Source</b>	BCN and Blue Cross clinical guidelines					
<b>Description</b>	<p>Members 18 to 85 years of age who were diagnosed with hypertension anytime on or before June 30, 2016</p> <p>Control is demonstrated by:</p> <ul style="list-style-type: none"> <li>Members 18 to 59 years of age with BP &lt; 140/90 mm Hg</li> <li>Members 60 to 85 years of age with diagnosis of diabetes with BP &lt; 140/90 mm Hg</li> <li>Members 60 to 85 years of age without a diagnosis of diabetes with BP &lt; 150/90 mm Hg</li> </ul> <p>The last blood pressure reading between July 1, 2016 and December 31, 2016, will be counted.</p>					
<b>Continuous enrollment</b>	Must be continuously enrolled with the same Blue Cross or BCN plan for 2016					
<b>Age criteria</b>	Members 18 to 85 years as of December 31, 2016					
<b>Numerator</b>	Members as defined above					
<b>Denominator</b>	The eligible population					
<b>Level of measure</b>	Provider level					
<b>Target: COMM</b>	75%					
<b>Payout: COMM</b>	\$100 per service completed for each eligible member					
<b>Target: BCNA/MAPPO</b>	1 star	2 stars	3 stars	4 stars	5 stars	Weight
	< 47%	47 – 61.9%	62 – 74.9%	75 – 81.9%	≥ 82%	1
<b>Payout: BCNA/MAPPO</b>	Per member, per month, based on overall average stars score for Medicare PRP measures					

### DISEASE-MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS

<b>Product lines</b>	<b>BCN Advantage, Blue Cross Medicare Plus Blue PPO</b>					
<b>Source</b>	HEDIS					
<b>Description</b>	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					
<b>Continuous enrollment</b>	Members must be continuously enrolled with the same Blue Cross or BCN plans for 2016					
<b>Age criteria</b>	18 to 85 years of age or older as of December 31, 2016					
<b>Numerator</b>	Members as defined above					
<b>Denominator</b>	The eligible population					
<b>Level of measure</b>	Provider level					
<b>Target: BCNA/MAPPO</b>	1 star	2 stars	3 stars	4 stars	5 stars	Weight
	< 64%	64 – 74.9%	75 – 81.9%	82 – 85.9%	≥ 86%	1
<b>Payout: BCNA/MAPPO</b>	Per member, per month, based on overall average stars score for Medicare PRP measures					



## HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

MEDICATION ADHERENCE FOR DIABETES MEDICATIONS						
<b>Product lines</b>	<b>BCN Advantage, Blue Cross Medicare Plus Blue PPO</b>					
<b>Source</b>	CMS stars					
<b>Description</b>	The percentage of adult Medicare members who adhere to their prescribed drug therapy across the following classes of oral diabetes medications; biguanides, sulfonylureas, thiazolidinediones, DPP-IV inhibitors, incretin mimetics, meglitinides, and SGLT2 inhibitors					
<b>Continuous enrollment</b>	Members must be continuously enrolled with the same Blue Cross or BCN plan for 2016					
<b>Age criteria</b>	18 years of age by December 31, 2016					
<b>Numerator</b>	Number of adult members 18 years or older enrolled during 2016 with a proportion of days covered at 80 percent or more across the classes of oral diabetes medications Members are excluded if they have one or more fills for insulin during the measurement period.					
<b>Denominator</b>	Number of adult members 18 years or older enrolled during 2016 with at least two fills of medication across any of the drug classes					
<b>Level of measure</b>	Provider level					
<b>Target: BCNA/MAPPO</b>	1 star	2 stars	3 stars	4 stars	5 stars	<b>Weight</b>
	< 60%	60 – 68.9%	69 – 74.9%	75 – 81.9%	≥ 82%	<b>3</b>
<b>Payout: BCNA/MAPPO</b>	Per member, per month, based on overall average stars score for Medicare PRP measures					

MEDICATION ADHERENCE FOR HYPERTENSION MEDICATIONS						
<b>Product lines</b>	<b>BCN Advantage, Blue Cross Medicare Plus Blue PPO</b>					
<b>Source</b>	CMS stars					
<b>Description</b>	The percentage of adult Medicare members who adhere to their prescribed drug therapy for ACEI or ARB medications					
<b>Continuous enrollment</b>	Members must be continuously enrolled with the same Blue Cross or BCN plan for 2016					
<b>Age criteria</b>	18 years of age by December 31, 2016					
<b>Numerator</b>	Number of adult members 18 years of age or older enrolled during 2016 with a proportion of days covered at 80 percent or more for ACEI or ARB medications					
<b>Denominator</b>	Number of adult members 18 years or older enrolled during 2016 with at least two fills of either the same medication or medications with the same active ingredient					
<b>Level of measure</b>	Provider level					
<b>Target: BCNA/MAPPO</b>	1 star	2 stars	3 stars	4 stars	5 stars	<b>Weight</b>
	< 58%	58 – 72.9%	73 – 76.9%	77 – 80.9%	≥ 81%	<b>3</b>
<b>Payout: BCNA/MAPPO</b>	Per member, per month, based on overall average stars score for Medicare PRP measures					



## HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

MEDICATION ADHERENCE FOR CHOLESTEROL MEDICATIONS						
<b>Product lines</b>	<b>BCN Advantage, Blue Cross Medicare Plus Blue PPO</b>					
<b>Source</b>	CMS stars					
<b>Description</b>	The percentage of adult Medicare members who adhere to their prescribed drug therapy for statin cholesterol medications					
<b>Continuous enrollment</b>	Members must be continuously enrolled with the same Blue Cross or BCN plan for 2016					
<b>Age criteria</b>	18 years of age by December 31, 2016					
<b>Numerator</b>	Number of adult members 18 years of age or older enrolled during the measurement period with a proportion of days covered at 80 percent or more for statin cholesterol medications					
<b>Denominator</b>	Number of adult members 18 years of age or older enrolled during 2016 with at least two fills of either the same statin medication or medications with the same active ingredient.					
<b>Level of measure</b>	Provider level					
<b>Target: BCNA/MAPPO</b>	1 star	2 stars	3 stars	4 stars	5 stars	<b>Weight</b>
	< 50%	50 – 60.9%	61 – 72.9%	73 – 78.9%	≥ 79%	<b>3</b>
<b>Payout: BCNA/MAPPO</b>	Per member, per month, based on overall average stars score for Medicare PRP measures					



## HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

### SMOKING/TOBACCO CESSATION COUNSELING

<b>Product lines</b>	<b>BCN Commercial</b>
<b>Source</b>	BCN Medical Administration
<b>Description</b>	Members who use tobacco and receive face-to-face cessation advice, information on medications and strategies to help them quit, and a follow-up letter from the physician to review the information discussed
<b>Continuous enrollment</b>	Not required
<b>Age criteria</b>	Members 18 years of age or older as of January 1, 2016
<b>Numerator</b>	Members as defined above who are smokers or tobacco users
<b>Denominator</b>	The eligible population
<b>Level of measure</b>	Provider level
<b>Target: COMM</b>	Flat fee per member who meets measure
<b>Payout: COMM</b>	\$30 per service completed for each eligible member
<b>Additional Details:</b>	<p>PCPs were provided with a sample member letter in the January-February 2016 <i>BCN Provider News</i> to send upon completion of an office visit that summarized the following that took place during the visit:</p> <ul style="list-style-type: none"> <li>• Face-to-face tobacco cessation advice</li> <li>• Information and medications that can assist the member in tobacco cessation</li> <li>• Tobacco cessation strategies to increase the member's chance of success</li> </ul> <p>These letters must be sent to the member upon completion of the visit and a copy must also be faxed to BCN at 1-866-637-4972 to receive credit for this measure.</p> <p>The letter must be in the format provided by BCN in order to receive credit.</p> <p>A template for this letter can be found at <b>bcbsm.com</b>.</p> <ol style="list-style-type: none"> <li>1. Login to Provider Secured Services.</li> <li>2. Click on <i>BCN Provider Publications and Resources</i>.</li> <li>3. Click on Forms and look under <i>Member materials</i>.</li> </ol>





## HEALTH CARE OUTCOMES: DISEASE MANAGEMENT

DEPRESSION MANAGEMENT: PHQ9 TESTING	
<b>Product lines</b>	<b>BCN Commercial</b>
<b>Source</b>	BCN Medical Administration
<b>Description</b>	Members who have any depressive condition and had 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.
<b>Continuous enrollment</b>	Members must be continuously enrolled with the same BCN plan for the baseline and follow-up periods
<b>Age criteria</b>	12 years of age or older as of the first day of the baseline measurement period
<b>Numerator</b>	The last qualifying encounter (PHQ9 screening with a score < 5) in the follow-up period determines the numerator events for the performance measure.
<b>Denominator</b>	The first qualifying encounter (PHQ9 Screening with a score ≥ 10) in the baseline determines the denominator events for the performance measure.
<b>Level of measure</b>	Provider level
<b>Target: COMM</b>	Flat fee per member who meets measure
<b>Payout: COMM</b>	\$200 per service completed for each eligible member
<b>Additional Details:</b>	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					



## 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

<b>Product lines</b>	<b>BCN Advantage</b>
<b>Source</b>	CMS Million Hearts
<b>Description</b>	Members age 40 and over as of December 31, 2016, 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
<b>Level of measure</b>	Provider level
<b>Target: BCNA</b>	Flat fee per member who meets measure
<b>Payout: BCNA</b>	\$25 per service completed for each eligible member

### BLOOD PRESSURE CONTROL

<b>Product lines</b>	<b>BCN Advantage</b>
<b>Source</b>	CMS Million Hearts
<b>Description</b>	Members age 40 and over as of December 31, 2016 who meet both the systolic and diastolic blood pressure reading requirements: <ul style="list-style-type: none"> <li>• Members 18-59 years of age as of December 31, 2016 whose BP was &lt; 140/90 mm Hg</li> <li>• Members 60-85 years of age as of December 31, 2016 with a diagnosis of diabetes whose BP was &lt; 140/90 mm Hg</li> <li>• Members 60-85 years of age as of December 31, 2016 without a diagnosis of diabetes whose BP was &lt; 150/90 mm Hg</li> <li>• Systolic blood pressure value report one of the systolic codes <ul style="list-style-type: none"> <li>– 3074F – SBP &lt; 130</li> <li>– 3075F – SBP 130-139</li> <li>– SBP &gt; 140 and &lt; 150 (Needs to be documented in EMR or in HEB. No CPT Cat II codes are available)</li> </ul> </li> <li>• Diastolic blood pressure value report one of the diastolic codes <ul style="list-style-type: none"> <li>– 3078F – DBP &lt; 80</li> <li>– 3079F – DBP 80-89</li> </ul> </li> </ul>
<b>Level of measure</b>	Provider level
<b>Target: BCNA</b>	Flat fee per member who meets measure
<b>Payout: BCNA</b>	\$25 per service completed for each eligible member



## CMS MILLION HEARTS PROVIDER INCENTIVE QUALITY INCENTIVE MEASURES

### SMOKING/TOBACCO CESSATION COUNSELING

<b>Product lines</b>	<b>BCN Advantage</b>
<b>Source</b>	CMS Million Hearts
<b>Description</b>	<p>Members age 40 and over as of December 31, 2016 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>
<b>Level of measure</b>	Provider level
<b>Target: BCNA</b>	Flat fee per member who meets measure
<b>Payout: BCNA</b>	\$25 per service completed for each eligible member



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