BlueCross BlueShield of North Carolina

Quality Management

Provider Quality Report: Frequently Asked Questions

Overview

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is utilizing administrative claims data to provide our physicians and provider groups member specific care gap reports and an analysis of their performance against nationally recognized measures. Since July of 2015, we have been providing one single Provider Quality Report that replaced all previous care gap reports. By changing to a single report we are able to eliminate conflicting information and provide consistent, timely, and actionable data.

This report is provided on a monthly basis, published by the 8th of each month, and shows care gaps on a practice level. The report provides two different views of care gaps. The first is a 12-Month Rolling view which shows the practice their standing as of the current date (i.e. if the report were to run in March of 2018, it would contain data from March 2017 through February of 2018). This view allows practices to see where they currently are and how they have performed over the most recent 12 months. The second view shows prospective care gaps. This Prospective view is based on current HEDIS measures for the calendar year (January 1st thru December 31st) and shows which gaps are currently open and how the practice is trending on closing all care gaps.

Each practice will receive two documents as part of the Provider Quality Report (PQR): a Patient Detail Report and a Summary Report. The Summary Report is a PDF document containing a section for Medicare and a section for Non-Medicare members that shows care gap trending information. The Patient Detail Report, which contains the prospective view of care gaps, is produced in Excel and contains both Medicare and Non-Medicare members on separate tabs.

Important Updates:

As of 11/1/2018, you'll see several enhancements on your Provider Quality Reports. These changes include:

- **Annual Quality Benchmark Updates**: Annual updates from HEDIS and the Centers for Medicare and Medicaid Services (CMS)
- **Addition of New Quality Measures and Changes in Priority Measures**: Updates added by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) to make these reports more meaningful for your practice

New Measures on PQR as of 11/1/2018

- **Immunizations for Adolescents (IMA_HPV)**: The percentage of members 13 years of age during the measurement year who have completed the human papillomavirus (HPV) vaccine series.
- **Immunizations for Adolescents – Combo 2 (IMA_CMB2)**: The percentage of members 13 years of age during the measurement year who have received the following vaccinations on or before their 13th birthday: Tdap (1), Meningococcal (1), HPV (2) or (3).
- **Childhood Immunization Status – Combo 7 (CIS7)**: The percentage of members 2 years of age during the measurement year who had received these vaccinations on or before 2 years of age: Diphtheria-tetanus-acellular pertussis (DTAP) (4), Polio (IPV) (3), Measles, mumps, rubella (MMR) (1), H influenza type B (HiB) (3), Hepatitis B (HepB) (3), Chicken pox (VZV) (1), Pneumococcal conjugate (PCV) (4), Hepatitis A (HepA) (1), & Rotavirus (RV) (2 or 3). Combo 7 does not include the Flu vaccine.

Important Updates, continued:

The following changes affect ONLY ACO and Large Group Reports:

Change in the Methodology for Calculation of the Medicare Stars Score

The overall Star Rating shown in the box near the upper left corner of your summary report is calculated on 14 measures, based on CMS weights. Previously, high-risk medication was included in this calculation. High-risk medication was changed to a display measure in 2018, and is no longer included in this calculation.

Measure	Weighting
Breast Cancer Screening	1
Body Mass Index (BMI)	1
Rheumatoid Arthritis Measure (ART)	1
Diabetes HbA1c Poor Control	3
Diabetes - Eye Exam	1
Diabetes Care Kidney Disease	1
Colorectal Cancer Screening	1
Osteoporosis Management in Women who had a Fracture	1
Controlling High Blood Pressure	3
Medication Reconciliation Post-Discharge	1
Plan All-Cause Readmissions	3
Medication Adherence for Statins (Part D)	3
Medication Adherence for Hypertension/RAS (Part D)	3
Medication Adherence for Diabetes Meds	3

A Change in denominator for Plan All-Cause Readmissions:

In accordance with the HEDIS 2019 specifications, Plan All-Cause Readmissions will use a minimum denominator of 10 for calculation. All other measures remain with a minimum denominator of 30.

Who will receive these reports?

All primary care practices who were continuously contracted with Blue Cross NC during the measurement period will receive these reports. This will include Internal Medicine, Geriatrics, Family Practice, Pediatrics, and OBGYN practices, as well as any Multispecialty practices that include any of the before mentioned specialties. In addition, Endocrinologists and Cardiologists are included as attributed specialists

How often will reports be made available?

Reports are published monthly. As an example, a report with all claims through 1/31 will be published prior to the 8th of March and potentially as early as February 25th. Once published, reports will be available on ***Blue e*** for the current and past 3 months. Reports are displayed horizontally by date and report type, beginning with the most recent.

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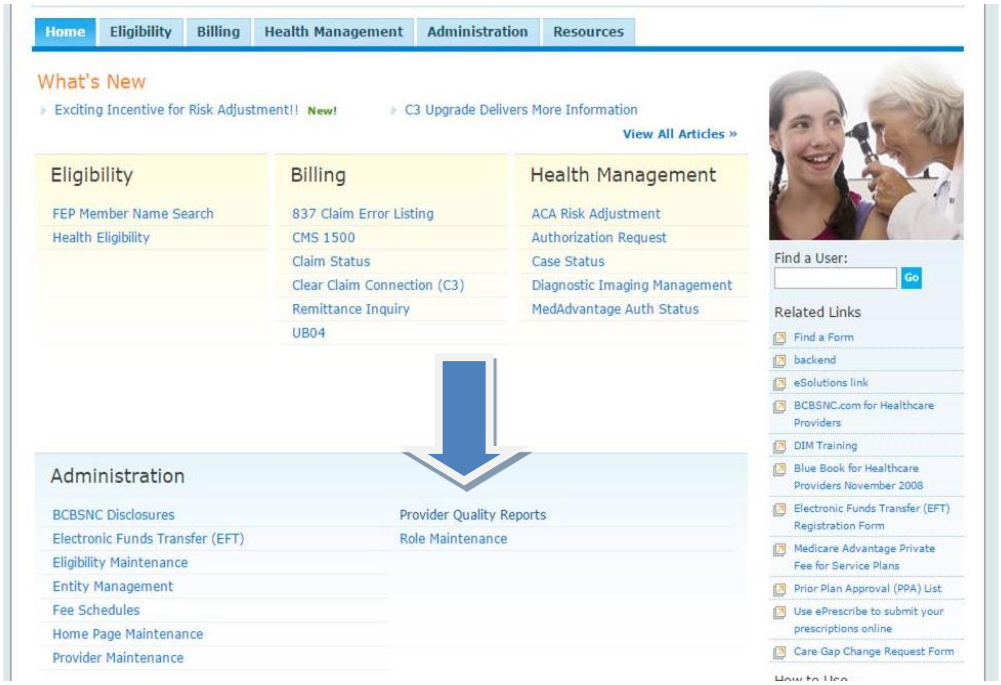
How do I locate my Reports on Blue e?

Reports can be located on either your Blue e Home page or on the Administration Tab. To view available reports double click on the link for "Provider Quality Reports". If you are on your Blue e page and do not see the link for Provider Quality Reports, please reach out to your Practice Blue e administrator to inquire about user permissions. Only Blue e user roles that contain the name "PCS" will have the ability to see these reports. The Blue e administrator in your practice will be able to assign the necessary user role as needed.



What do I do if my Blue e password expires?

Password Expiration occurs when an account has gone 18 months without activity.

Account Expiration occurs when the account has gone an additional 42 months without activity.

If your account has not expired, you may create a new password on the profile management screen.

I do not see any reports for our practice. How do we obtain them?

The report includes Adult, Pediatric, Pharmacy and Efficiency measures. Since the reports are run on individual patient claims data, only those practices that have patients eligible for these measures will have reports. We welcome you to contact us if you have questions.

Who do I contact if I have additional questions about Blue e?

All questions related to Blue e should be directed to the esolutions help desk: 1-888-333-8594

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What is housed in each report and how will it benefit me?

- **Provider Quality Summary Report** (available in PDF format) will provide you metrics and trending information for up to 10 priority measures for Medicare* and Non-Medicare** members for the most recent 12 month period. Also included is a measures adherence chart, that will list all additional measures, including denominator, numerator, practice quality scores, 5 Star Medicare cut points, HEDIS national 90%, and benchmark scores. Performance on each measure is color coded to allow immediate visual prioritizing.

- **Provider Quality Detailed Member Report** (available in Excel format via **Blue *e***[SM]) displays only prospective cap gaps for the current calendar year. You have the ability to view gaps by measure as well as by attributed individual physician, and line of business. This report will contain Medicare, Medicare Adherence, Non-Medicare, Non-Medicare Med Adherence * member care gaps on separate tabs.

**** Medicare pharmacy measures are displayed based on calendar year data rather than a rolling 12 months.***
*****Non-Medicare membership does include Federal Employee Program (FEP) and State Health Plan (SHP) for both reports.***

Please Note:
Due to the nature of these gaps and the lag time in terms of filing claims, the following measure will be on the summary report but will not be on the patient level detail report:

- *Follow-Up After Hospitalization for Mental Illness—7-Day Rate*

Due to the inability to incorporate NC Immunization Registry data into this report, the following measures will be on the summary report but will not be on the patient level detail report:

- *Immunizations for Adolescents Combos 1 & 2*
- *Childhood Immunization Status Combos 7 & 10*

What is the methodology that is used to assign the overall Medicare Star Rating and Non-Medicare Summary Score shown on the Provider Quality Summary Report for ACO and Large Group Reports?

STAR Score	
Projected	~ 3.5 STARS
Based On	Weighted average of STAR measures; limited to those where denominator is greater than or equal to 30 (Note:Please refer to FAQ for the methodology)
Population	BCBSNC Medicare Advantage Members Only

The overall Star Rating shown in this box is calculated using CMS weights. The weighted average of select measures' star values (ABA, ART, BCS, CDC2, CDC4, CDC7, COL, Diabetes Adherence, Statin Adherence, ACE/ARB Adherence, and OMW).

CDC2 and the three Rx adherence measures are all weighted a 3, whereas other measures are weighted a 1.

This weighted average is then rounded to the nearest half star. For example, if a practice has a weighted average star rating of 3.22, that would round down to a 3 Star. However if the Practice had a weighted average star rating of 3.31, that would round up to a 3.5 Star

Summary Score	
Score	~ 3
Based On	Average of measures compared to National percentile: limited to measures with denominator greater than or equal to thirty. (Note: Please refer to FAQ for the methodology)
Population	BCBSNC non-Medicare Members

The overall Summary Score shown in this box is calculated using the average of measures compared to National percentile; limited to measures with denominator greater than or equal to thirty. All measures will be weighted 1.

For the purpose of calculation a numeric number is assigned to each adherence Percentile.

This weighted average is then rounded as follows: if a practice has a weighted average summary score of 3.22 that would round down to 3. However if the Practice had a weighted average summary score of 3.31, that would round up to 3.5.

Why are only a few measures showing on the Summary report graphs?

Subsets of up to 10 priority measures have been identified for Medicare, Adult (Internal Medicine), Family Practice, and Pediatric members. For the priority measures- you will see many more trending details- including Metrics to show closed gaps, impending gaps, persistent gaps, and total member attribution. We will also provide a trending report in bar graph format that will include current month, previous month, and the Medicare 5 Star cut points or the National

90th percentile for each measure (depending on the population). **All** measures will be shown on the Detailed Member Report.

Measure Adherence in Percentile	Numeric value
<25%	1
25-50%	2
50-75%	3
75-90%	4
>90	5

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The 2019 Priority Measures are shown below:

Medicare Measures	Adult Measures
1. Medication Adherence for Diabetes Meds	1. Breast Cancer Screening
2. Medication Adherence for Hypertension/RAS	2. Diabetes HbA1c Control <8%
3. Medication Adherence for Statins	3. Colorectal Cancer Screening
4. Diabetes HbA1c Poor Control >9%*	4. Cervical Cancer Screening
5. Controlling High Blood Pressure	5. Controlling High Blood Pressure
6. Diabetes Care Kidney Disease	6. Medication Management for People with Asthma – 75% rate
7. Rheumatoid Arthritis Therapy	7. Pharmacotherapy Management of COPD Exacerbation – Bronchodilator
8. Breast Cancer Screening	8. Persistence of Beta Blocker Treatment After a Heart Attack
9. Colorectal Cancer Screening	9. Statin Use in Patients with Cardiovascular Disease – Received statin therapy
10. Diabetes Eye Exam	10. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
***Diabetes HbA1c Poor Control >9% is displayed as an inverted measure. The numerator will be defined as good control less than 9.0%	
Pediatric Measures	**Family Practice Measures**
1. Follow-Up for Children Prescribed ADHD Medication – Initiation Phase	1. Breast Cancer Screening
2. Follow-Up for Children Prescribed ADHD Medication – Maintenance Phase	2. Diabetes HbA1c Control <8%
3. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Nutrition Total	3. Colorectal Cancer Screening
4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Total	4. Cervical Cancer Screening
5. Appropriate Treatment for Children with Upper Respiratory Infection	5. Postpartum Care
6. Chlamydia Testing in Women – ages 16 – 20	6. Prenatal Care
7. Well-Child Visits in the First 15 Months of Life – six or more visits	7. Controlling High Blood Pressure
8. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	8. Immunizations for Adolescents – HPV
9. Adolescent Well Care	9. Follow-Up for Children Prescribed ADHD Medication – Initiation Phase
10. Immunizations for Adolescents – HPV	10. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

What is the full list of measures that are included in this report?

Measure Abbreviation	Measure Description
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
ABA	Adult BMI Assessment
ADD	Follow Up Care for Children Prescribed ADHD Medication
AMM	Antidepressant Medication Management
AMR	Asthma Medication Ratio
ART	Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
AWC	Adolescent Well-Care Visits
BCS	Breast Cancer Screening
CBP	Controlling High Blood Pressure
CCS	Cervical Cancer Screening
CDC	Comprehensive Diabetes Care – **HbA1c**
	Comprehensive Diabetes Care – **Medical Attention for Nephropathy**
	Comprehensive Diabetes Care – **BP Control**
	Comprehensive Diabetes Care – **Eye Exam**
CHL	Chlamydia Screening in Women (16-24 years of age)
CIS	Childhood Immunization Status
COL	Colorectal Cancer Screening
CWP	Appropriate Testing for Children with Pharyngitis
FUH	Follow up after Hospitalization for Mental Illness
IET	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
IMA	Immunizations for Adolescents
LBP	Use of Imaging Studies for Low Back Pain
MMA	Medication Management for People with Asthma
MPM	Annual Monitoring for Patients on Persistent Medications
MRP	Medication Reconciliation Post-Discharge
OMW	Osteoporosis Management in Women Who Had a Fracture
PBH	Persistence of Beta Blocker Treatment after a Heart Attack
PCE	Pharmacotherapy Management of COPD Exacerbation (Systemic Corticosteroid)
	Pharmacotherapy Management of COPD Exacerbation (Bronchodilator)
PCR	Plan All-Cause Readmissions
PPC	Timeliness of Prenatal Care
	Postpartum Care
SPC	Statin Therapy for Patients With Cardiovascular Disease
SPD	Statin Therapy for Patients With Diabetes
SPR	Use of Spirometry Testing for Assessment and Diagnosis of COPD
URI	Appropriate Treatment for Children with Upper Respiratory Infections
W15	Well-Child Visits in the first 15 months of Life
W34	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

Measure Abbreviation	Measure Description
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Total – **BMI Percentile**
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Total – **Nutrition**
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Total – **Physical Activity**
Medicare Part D Measures	
HRM	High Risk Medications
Rx – Cholesterol	Medication Adherence for Cholesterol (Statins)
Rx – Hypertension	Medication Adherence for Hypertension (RAS Inhibitors)
Rx – Diabetes	Medication Adherence for Diabetes Medications
SUPD	Statin Use in Persons with Diabetes

Detailed HEDIS measure specs are available at: http://www.ncqa.org/HEDISQualityMeasurement.aspx

What is the Opportunity to Improve Rates Box?

This box will contain strategies to assist with care gap closures. The messages will be chosen based on priority measure performance. In most scenarios, a practice will see a strategy for the priority measure that they have the least gaps to close to reach the next benchmark level as well as a strategy for the priority measure with the most gaps needing closed to reach the next benchmark level.

If I want to review my patient records, what dates should I review?

The Provider Quality Summary Report is looking at your administrative claims history for the most recent 12 month period. This report has a 12 month rolling time frame. For example, if the report were to run in March of 2018, it would contain data from March 2017 through February 2018. The Provider Quality Detailed Member Report displays only prospective cap gaps for the current calendar year. If looking at a report in 2018, the time period would be January 1, 2018 through December 31, 2018.

It should be noted that Acumen Pharmacy data is slightly behind claims ending date. For High Risk Medication (HRM) the information on the summary report is one and one half (1.5) months behind and the Medication Adherence measures are approximately one (1) month behind.

What is the Attribution Logic for Practice and Rendering Physician?

Attribution is first at the practice level and then to the MD within that practice with the most (or most recent for a tie) E&M visits.

Non-Medicare:

- Members are attributed to a PCP (IM, Peds, FP, GP and NP/PA's contracted as Par PCPs) and Practice based on Evaluation & Management (E&M) claims from the previous 15 months.
- If a member has not seen a PCP in that timeframe they may be attributed to an OB/GYN specialist based on claims from the previous 15 months.
- Attribution is based on who the member saw most often during the measurement period- or most recently in the event of a tie.

Medicare:

- Members who have selected a Medicare ACO are attributed to the ACO PCP and Practice they selected.
- Those members who did not select an ACO related PCP are attributed to a PCP (IM, Peds, FP, GP, Geriatrician and NP/PA's contracted as Par PCPs) and Practice based on E&M claims from the previous 15 months.
- If a member has not seen a PCP in that timeframe they may be attributed to an OB/GYN, Cardiology or Endocrinology specialist based on claims from the previous 15 months.
- Those members who have no E&M claims are attributed to the PCP and Practice they selected during enrollment
- Endocrinologists and Cardiologists are included as attributed specialists **for Medicare ONLY** but only if the member has not seen a PCP in the 15 month lookback period.

OBGYN:

- If the member has PCP claims during measurement period- they attribute to the PCP first- if NOT- then they are attributed to the OBGYN with assumption OBGYN is functioning as the PCP for that member.

Other Specialists:

- All other specialists who have a report- it is because members on their report- did not see either a PCP or a GYN more often during the measurement period. And the Practice has at least one provider who is credentialed as a PCP provider.

What if our Practice does not agree with the data that is in the reports?

Blue Cross NC recognizes that the data in these reports may be incomplete based on limitations of our administrative claims data, and that more complete data may reside in the office records. If you should disagree with any of the quality gaps, at any time, you may submit a request for correction.

All corrections will require submission of a CLAIM where possible or be accompanied by documentation as outlined in the **Requirements for Closing Care Gaps** Document

Please submit all corrections to Quality Management via email: quality.management@bcbsnc.com.

Can someone assist my office with quality initiatives, including utilization of these reports?

You can contact your Blue Cross NC Quality Management Consultant for assistance with quality initiatives, including utilization of this report. Please contact Quality Management if you need assistance identifying your Quality Management Consultant.

What if I have a question about these reports that is not answered here?

For questions about the provider quality reports, contact Quality Management:
919-765-4809, quality.management@bcbsnc.com.