

## Blue Quality Physician Program: Detailed Overview

---

### Program Definition

The Blue Quality Physician Program is comprised of many components with one purpose: improve the care and quality for our members. Blue Cross believes that partnering with independent Primary Care practices is an effective way to accomplish this goal.

- A quality improvement program created by Blue Cross NC to support independent Primary Care practices with improving care for Blue Cross NC members.
- Designed to recognize and reward practices that are committed to providing patient-centered, high quality care while driving affordability, and improving the experience of our members.
- Practices can apply for the program once per year and will be scored on several elements including Quality, Cost, Access and Provider Education.
- The program will evolve yearly to drive accountability and improvement based on national trends and standards in cost, quality, and delivery.

### Program Eligibility

There are certain criteria practices must meet in order to be eligible to apply, based on the purpose and structure of the program elements. Practices must meet all criteria listed below to be considered eligible for application to the program. Practice eligibility is at the sole discretion of Blue Cross NC.

- Must be an independent primary care practice, meaning the practice cannot be affiliated, owned or operated by a health system
- All locations must be Patient- Centered Medical Home recognized by NCQA, URAC or JCAHO
- An Electronic Health Record (EHR) is required by each practice and must be fully implemented
- Practice Website is required by each practice
- Practices must have at least 30 attributed Blue Cross NC members
- All providers and mid-level practitioners must be credentialed through Blue Cross NC and be in good standing. For more information practices may email [NMSpecialist@bcbsnc.com](mailto:NMSpecialist@bcbsnc.com).
- Set up for Electronic Funds Transfer (EFT) through Blue E

### Benefits

The Program is designed to give practices tools and benefits to equip each participant to evolve and succeed year over year. Each practice has the opportunity to take part in the benefits listed below that are provided by participating in the program:

- Practices will receive an enhanced reimbursement fee schedule upon approved application and will renew annually to maintain status
- Education will be provided through our vendor. Pulse8 as well as Blue Cross NC Quality Consultants
- Both quality and cost reports will be provided to each practice to give deeper insight into practice performance
- Practices that are in Blue Value Eligible counties will be added to the Network once accepted into the program.

### Program Point Overview

In order to fairly assess if practices are eligible to receive an enhanced reimbursement fee scheduled and be recognized as a BQPP Practice, program elements and points have been determined. How practices will be scored on each is outlined further on in the document. Some elements ask practices to provide information directly to Blue Cross NC, other elements ask for the practice to have information posted on the practice website, and the remainder will be assessed based on Blue Cross NC claims data for the practices' attributed members.

Practices will be given points based on the assessment of:

- Quality
- Provider/Practice Education
- Addressing Social Determinants of Health
- Advanced Care Team

- PCMH Accreditation
- Access
- Cost

<b>BQPP Reimbursement Levels:</b>		
<ul style="list-style-type: none"> <li>• Level 2- 900</li> <li>• Level 3- 1015</li> </ul>		
<b>Program Measurement Components</b>	<b>Scoring Specifics</b>	<b>Possible Points</b>
<b>Accreditation: 500 Points</b>		
PCMH Accreditation		500
<b>Quality: 350 Points</b>		
Quality Measures		Up to 350
Provider Quality Reports *Mandatory		Mandatory, no points
Improving Quality Outcomes		25
<b>Improving Patient Experience: 200 Points</b>		
Advanced Care Team		100
Addressing Social determinants of Health:		85
Electronic Patient Survey		15
Patient Portal *Mandatory		Mandatory, no points
<b>Access: 250 Points</b>		
Weekday After Hours		50
Weekend After Hours		75
Co- Management (3 Providers or less)		50
Telehealth		25
Direct Provider Communication:		50
<b>Cost: 250 Points</b>		
Reducing Cost		250

### Program Criteria:

Program Criteria is created with the intentions to not only measure practices on performance but to guide practices toward progression in the evolving healthcare field. Program criteria will either be optional or mandatory. Mandatory elements must be met for practices to obtain acceptance into the program while optional criteria can help practices reach the minimum point threshold required for practices to achieve program acceptance. For instance, if the practice’s cost index is lower than expected, the practice can make up these points by having Access components.

**Updating Criteria:** Criteria will be updated annually to offer practices more flexibility in ways to achieve points and challenge each to evolve alongside of the healthcare industry. Typically, this does not mean that criteria will differ or advance to the point that practices will “drop” from the program but rather serve as an indicator as to what may be required in the future. Program Criteria will be given to practice well in advance of the renewal time period so practices have time to prepare and ask questions. Specifics of Blue Cross responsibilities will be outlined in the legal amendment signed by both Blue Cross and Practice Owner/Officer.

**Patient Attribution:** Below you will find that patient attribution is used in both quality and cost reporting. Blue Cross NC utilizes the following methodology:

- Members are attributed to the primary care practice they have visited the most (based on Evaluate & Manage claims). If there is a tie, then attribution is based on most recent visit. If there is no primary care utilization during the study period, then the attribution is to OB/GYN practice.
- Members without any (primary care or OB/GYN) utilization during the study period are not included, as there are no relevant claims on which to attribute those members to a provider.

## Quality Reporting

Each practice will be measured annually on quality using HEDIS measures. Quality scores will be gathered using the Provider Quality Scorecard and Practice Quality Scorecard (defined below).

### Definitions:

- **HEDIS:** The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Definitions of each measure can be found on this link: <http://www.ncqa.org/hedis-quality-measurement>
- **Provider Quality Scorecard:** The PQR is updated every month and must be pulled each month from Blue e. We encourage practices to utilize these reports to close care gaps.
  - These practice-based reports use claims data to give our doctors and provider groups' member-specific care gap information and an analysis of their performance against nationally recognized measures.
  - **12-Month Rolling View.** Allows practices to see where they are currently and how they've performed over the most recent 12 months. For example, if the report was run in March 2017, it would contain data from March 2016 through February 2017.
  - **Prospective View.** Shows care gaps based on current HEDIS measures for the calendar year, gaps currently open and how the practice is trending on closing that year's care gaps.
  - We encourage practices to use these Provider Quality Reports to close care gaps. For questions concerning PQRs, contact Quality Management by email [quality.management@bcbsnc.com](mailto:quality.management@bcbsnc.com) or call (919) 765-4809.
  - **Link to more specific information on Blue Cross NC website:** [PQR Blue Cross NC](#)

Priority Measure	Measure Type	Measure	Measure Abbrev.	Performance	Current Month Denominator	Current Month Numerator
Note: X Means Priority Measure				RED - NCQA 25th Percentile or Less Than 25th Percentile Score YELLOW - NCQA 50th or 75th Percentile Score GREEN - Greater Than or Equal to NCQA 90th Percentile Score WHITE - If we do not have any score (for your practice or NCQA)		
X	Administrative	Breast Cancer Screening	BCS	75th	186	145
X	Hybrid	Diabetes HbA1c Poor Control *	CDC2_INV	<25th	110	3
X	Hybrid	Colorectal Cancer Screening *	COL	90th	279	200
X	Hybrid	Body Mass Index (BMI) *	ABA	<25th	706	97
	Hybrid	Postpartum Care *	PPC2	50th	18	14

Snapshot example – not actual measures

- **Practice Quality Scorecard:** Excel document in which the numerator and denominator are pulled from the Practice's EHR. Provides us with hybrid measure data or data for a claims measure in which the PQR reflects less than 20 in the denominator. Practices will run a report for their entire patient panel for one year back from the date of the application or as close as your EMR allows.

Instructions: Complete all blue fields below with the latest information from your EHR. Click on the measure name for details.  
Save the file as "[YourPracticeName]\_AdultQualityScorecard\_[Date]" and submit as part of your application.

Measurement Period: (XX/XX/201X-XX/XX/201X) 1-year lookback		1/1/2016- 12/31/2016		HEDIS National Benchmarks				
Measure Name	Measure Name Abbreviation	Denominator (if <10, enter N/A)	Percent	50th Percentile	75th Percentile	90th Percentile		
Breast Cancer Screening - Total	BCS	1651	1415	86%	71%	75%	80%	
Cervical Cancer Screening	CCS	1119	873	78%	73%	77%	81%	
Colorectal Cancer Screening	COL	3401	2694	79%	59%	66%	71%	
Comprehensive Diabetes Care - HbA1c Poor Control (>9%)	CDC2	532	32	6%	34%	27%	21%	
Comprehensive Diabetes Care - HbA1c Testing	CDC1	532	523	98%	90%	92%	94%	
Comprehensive Diabetes Care - Medical Attention for Nephropathy	CDC7	532	485	91%	89%	91%	93%	
Controlling High Blood Pressure	CBP	2896	2454	85%	56%	66%	74%	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	AAB	215	47	22%	24%	29%	38%	

### Snapshot example – not actual measures

#### Scoring:

- Provider Quality Reports will be utilized to measure performance compared to HEDIS National Benchmarks. Note: if the denominator is less than 20, the score will be taken from the practice quality scorecard. If denominators from both are less than 20, the measure will be removed and not count against the total points.
- **PDSAs:** Plan Do Study Acts will be required for any quality measure that is at or below 50<sup>th</sup> percentile. Practices must complete PDSAs for each of those measures to receive any type of credit.

#### Cost:

Each practice will be measured on cost using the Practice Cost Index Report. This report measures the practice's Total Cost of Care by comparing the practice to a scientifically determined peer group (defined below). The Cost Index Report is available quarterly for the practice to review.

#### Definitions:

- **Cost Index:** Score is created using practice's attributed patients and their total cost of care. The score has a 90% confidence interval with a lower and upper bound. This includes:
  - Primary Care Office Visits
  - Emergency Room Visits
  - Inappropriate ER Visits
  - Specialist Visits
  - Urgent Care Visits
  - Inpatient Hospital Admissions
  - Imaging (MRI and CAT Scans)
- **Peer Group:** A peer group is a scientifically defined group based on similarities in regards to
  - Region
  - Size
  - Average Age of Patients
  - Risk Score of Patient Population

#### Scoring:

- The score has a 90% confidence interval with a lower and upper bound. The Cost Index within the lower and upper bound is used to score the practice. The Cost Index is broken down into three categories and points are assigned to each. Practices will receive points based on the category their Cost Index falls into.

Relative Cost Index	
<b>Cost Index (Practice/Peers)</b>	<b>1.02</b>
90% Confidence Interval	
Lower Bound	0.99
Upper Bound	1.06
**Goal: Cost Index at 0.93 or below	

## Provider/Practice Education:

Education has been established as a top priority for the program to ensure that all providers and practice members are given insight into Blue Cross NC strategies, industry trends and changes, and future program elements. Education in other Blue Cross programs has received high praise from providers, NP, PA and practice managers, and is proven to be an effective means of communication. Education will be required for practices to complete before they apply. Providers must complete two ACA Webinars before acceptance into the program and attest to on application.

### Definitions:

- **ACA Webinars:** Blue Cross NC has partnered with Pulse8 to provide to practices to provide educational resources related to risk adjustment factor coding, also known as HCC coding.
  - All providers are required to view two ACA Risk Adjustment (Pulse8) recorded or live webinars on Blue e. Another option is to read two of the PDF documents/webinars on Blue e.
  - **Live Webinars:**
    - Step 1: Email [Provider Engagement](#) the date and time you would like to attend. Please write "Registration" in the subject line.
    - Step 2: Once Pulse8 receives your request, you'll receive a WebEx invitation with login information for the session you requested.
    - Step 3: When it's time to join the webinar, you won't need to create a WebEx account. Simply sign in as a guest with your name and email address.
  - **Recorded Webinars:**
    - Step 1: Access the ACA Risk Adjustment Transaction through the Blue E portal under the Health Management tab at the top.
    - Step 2: Use the education section to guide you to the webinars. Simply click the orange arrow to the left to access the webinars.
    - Step 3: Click the title to the right of the video icon to access the webinar under Archived Webinars.
- **Best Practice Sharing Forums:** Best Practice Sharing Forums are opportunities for practices to share amongst each other effective strategies, ideas, solutions used for approaching healthcare transformation. Topics typically include but not limited to:
  - Quality Deep Dive
  - Cost Impacts and Performance
  - Technology Trends
  - Pharmacy
  - Program Elements Overview and Discussion
  - Accreditation and Recognition Overviews
  - Practice to Practice discussions based on pressing issues facilitated by a practice and Blue Cross

### Scoring:

- Practices will be scored on the completion of the ACA Webinars before application for the program. Practices will be audited on completion.

## Access:

Expanded access is not required but highly recommended. Even, a few hours of additional access has been proven to reduce costly ER and Urgent Care visits for patients. This will be measured based on hours offered to patients, additional services listed below, and information posted on the practice website.

### Definitions:

- **Afterhours Weekday:** After hours are patient appointments or walk-in times offered before and after business hours of 8am-5pm. Hours must be offered on a consistent and weekly basis and does not include the lunch hour. At least 4+ hour(s) per week is required for credit. Must be listed on practice website.

- **Afterhours Weekends:** After hours are patient appointments or walk-in times offered Saturday and/or Sunday. Hours must be offered on a consistent and weekly basis. At least 2+ hour(s) per week is required for credit. Must be listed on practice website.
- **Direct Provider Access:** Patients have the ability to call the Provider or communicate via Patient Portal after hours directly to the Provider. This does not mean that a triage nurse filters calls or speaks to the provider for the patient. This is purely patient to provider communication. Must be listed on practice website.
- **Telehealth:** Telehealth capabilities available in practice for patients, listed on website.
- **Co-Management with Urgent Care:** This option is ONLY available with practices that have 3 providers or less. Co-management agreements with Urgent Care means that both practices have a formal written agreement and must include that the Urgent Care has access to patient information after hours. A copy of the agreement will be requested.

**Scoring:**

- Practices will be scored on if they provide Expanded Access to its patients. If Access is provided and posted appropriately on the practice website, then points will be given as suggested in the points guide above. Again, because this is not a required element, these points will help practices boost their overall total points in order to assist in areas where the practice may need more time for improvement.

**Advanced Care Team:**

Having an Advanced Care Team is not required but recommended. Advanced Care team members support the PCP in efforts to deliver effective patient centered care. Advanced Care team members must be available for ALL patients in the practice regardless of payer (ie can't be for just Medicare Patients). This will be measured based on members of the team that are in the practice and information posted on the practice website. The provider does not count as a member of the advanced care team.

**Members:** A description of each member, and overview of team purpose/role within practice must be on practice website.

- Health Coach (RN, LPN, MA)
- PharmD or Pharm Tech
- LCSW or LPC
- Psychologist/Psychiatrist
- Nutritionist/Dietician
- RN- Triage
- MA/RN/LPN case manager/care coordinator

**Behavioral Health Co-Management:** Practices may receive points for having an official co-management agreement with a behavioral health practice/provider. Information must be on practice website. A copy of the agreement will be requested.

**Scoring:**

- Practices will be scored on if they provide this service to its patients. If an Advanced Care team is provided and posted appropriately on the practice website, then points will be given as suggested in the points guide above. Again, because this is not a required element, these points will help practices boost their overall total points in order to assist in areas where the practice may need more time for improvement.

**Addressing Social Determinants of Health:**

Addressing Social Determinants of Health consists of elements that focus on providing additional care, information, and resources outside of the "normal" PCP visit. This will be measured based on members of the team that are in the practice and information posted on the practice website. The provider does not count as a member of the advanced care team.

**Classes:**

- Exercise related activities- Track RX program (Family Med and Pediatric only)
- Chronic disease management
- Weight-management nutrition
- Prenatal education classes, breast feeding classes, parenting classes

Dental Health: at Well Child visits (Pediatrics and Family Medicine)

- Primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride
- Primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption

**Additional Elements:**

- **Electronic Survey:** Survey provided to patients through an electronic source that asks questions pertaining to social determinants of health and reviewing practice performance.
- **REQUIRED Patient Portal:** Patient portals must be a user interface for patients that allow them to see medical records, lab results, communicate with the practice and providers etc. Patient Portal provided to ALL patients free of charge and an accessible link on practice website.

**Scoring:**

- Practices will be scored on if they provide any of these services to its patients. All elements a practice attests to having on the BQPP application must be posted appropriately on the practice website, then points will be given as suggested in the points guide above. Again, because this is not a required element, these points will help practices boost their overall total points in order to assist in areas where the practice may need more time for improvement.

**Removal from Program:**

Blue Cross NC may remove practices at its discretion. However, keep in mind the intent of this program is to build a partnership with independent OBGYN practices in NC to equip you to progress successfully alongside the evolving healthcare industry.

**Potential Reasons for Removal:**

- Inadequate Annual Renewal – practices that are not able to maintain program elements annually may be removed
- Failure to attend required Best Practice Sharing Forums (attendance will be tracked)
- Failure to review the PQR on a consistent monthly basis (This will be audited monthly)

**Reasons for Immediate Removal:**

- Falsification of application and/or attestations approved on application, such as after hours and patient portal, or provider education.
- Joining a Health System: this program is to solely benefit and equip practices that are independent and to provide them with tools and resources for advancement.
- Blue Cross NC matters outside of the program such as credentialing, contractual obligations, SIU, provider agreement issues etc.