



Quality Care Partnership Initiative

A Program Guide to Rewarding Quality Outcomes

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Quality Care Partnership Initiative Concept

The Quality Care Partnership Initiative (QCPI) represents BlueCare Tennessee's expanded efforts to build a network of primary care physicians (PCPs) who demonstrate a commitment to quality by agreeing to be reimbursed based on objective, measurable quality outcomes. The QCPI is designed to improve the clinical quality, patient experience, and cost effectiveness of health care.

The PCPs who participate in the QCPI will be measured based on their performance on objective, evidence-based quality measures. Performance on these measures will influence the PCPs' reimbursement for the next year.

PCP Classification

For the purposes of the QCPI program, the following provider specialties are considered PCPs, shown below by sub-categories:

Pediatric Specialties

- Pediatrics
- Nurse Practitioner, Pediatrics

Primary Care Specialties

- Family Medicine
- Family Practice
- General Practice
- Internal Medicine
- Nurse Practitioner, Family Practice
- Nurse Practitioner
- Physician Assistant

Attribution Methodology

Attribution for BlueCare Tennessee members is determined by PCP assignment. Members that cannot be attributed to any PCP will not be included in the QCPI.

BlueCare Tennessee's Provider Administration Manual, which is conveniently located on the BlueCare Tennessee website under bluecare.bcbst.com/providers/provider-adminstration-manual, provides additional information regarding primary care member assignment. Please refer to Section III.

Quality Metrics

Effectively evaluating the quality of care delivered by PCPs with diverse patient populations requires the use of standardized, nationally accepted measures and data sources. The QCPI uses nationally recognized measures that align with the Healthcare Effectiveness Data and Information Set (HEDIS®) and National Committee for Quality Assurance (NCQA) requirements. As part of the QCPI, BlueCare Tennessee will evaluate providers based on the measures currently in use for HEDIS accreditation/ratings. Measures change annually based on HEDIS and NCQA requirements. Please reference Appendix A for the current list of quality measures.

QCPI Measures— Retrospective and Prospective Measure Status Definitions

The status of measures in the QCPI program is determined either retrospectively or prospectively. The type of measure determines which method is used.

- **Retrospective status** is based on existing, historical data. It shows the status of a measure as of the current data run. Event-driven measures are usually measured retrospectively.
- **Prospective status** is based on the projection of what the standing of the measure will be by the end of the data period, which is December 31 of each measurement year.

Data Exchange and Delivery Methods

BlueCare Tennessee receives performance information through claims data. To increase the accuracy of performance reporting and to improve quality scores, PCPs are strongly encouraged to use Current Procedural Terminology Category II (CPT®II) codes and to engage in clinical data exchange with BlueCare Tennessee.

Ensuring complete and accurate capture of both claims and clinical data from your practice is critical to optimizing your performance-based reimbursement. Clinical Data Exchange (CDE) allows providers to share securely-integrated clinical information while reducing the administrative burden on the practice. A better flow of data also enhances the level of detail offered through various reporting tools, which enables PCPs greater access to actionable information at the point of care.

Accurate and specific coding is required for prompt and precise payment of claims. Use of CPT®II codes is strongly encouraged. Through the use of CPT®II coding, clinical results (i.e. blood pressure,

BMI and HbA1c) can be reported through claims submission. Additionally, CPT®II codes provide more accurate reporting, better reflect quality patient care and ensure the closure of HEDIS gaps through improved data and claims reporting. Use of CPT®II codes reduce medical record requests and chart reviews, effectively streamlining the process in place to obtain required clinical results/outcomes from a patient chart.

Together, these strategies help facilitate meaningful quality improvement by providing a more comprehensive, shared view of your patients. This also drives reporting that better reflects your true performance.

Reporting and Monitoring Progress

The measurement year is January 1 through December 31. BlueCare Tennessee produces scorecards on a monthly basis and delivers them via secure email to PCPs to monitor progress. Pending final development in 2017, scorecards are available through the Quality Care Rewards tool located within our secure BlueAccessSM provider portal. Please reference Appendix B for sample scorecard.

Final scorecards, calculations and ratings are issued each year, using data submitted through March 31 of the next year, to allow for claims run out. This final data set is used to produce the final scorecards, calculations and quality score.

Provider Reconciliation Process

It is important that QCPI participants review performance reports monthly. Any questions about attribution or reported data should be directed to the appropriate Provider Relations Consultant within 30 days of receipt of the report. The Provider Relations Consultant will engage a resolution team (members including, but not limited to, medical informatics, clinical quality team, data specialists, program owners and contracting network managers). The resolution team will work closely with the appropriate members of the provider's office staff to reconcile issues.

Due to primary source verification requirements, BlueCare Tennessee must receive sufficient evidence that care was provided and gaps in care are closed before the provider may receive credit for any additional or reconciled data. If clinical information is needed to correct reported data, it may be submitted in one of the following formats:

1. Clinical Data Exchange (preferred) based on BlueCross-required format.
2. Batch file accepted if all BlueCare Tennessee-required elements are included.
3. Chart review (non-preferred), which requires secure remote access for BlueCross representatives.
4. Attestation through Quality Care Rewards tool. (available for 2017 program pending completion of the provider performance module).

The deadline for all clinical data submission is February 1 following the measurement year.

Any claims submission or correction to update data must follow timely filing requirements under the Provider's Participation Agreement and Tennessee Code § 56-7-109.

Final reports will be run again based on additional submitted and accepted clinical and claims data.

Calculating Quality Score

Each QCPI partner's quality score is always based on a scale of 100 "Available Points." The number of total Available Points (100) is divided by the number of measures applicable to a QCPI partner's attributed population to determine Available Points per measure. For example, if a group has 20 full point measures, this equates to 5 Available Points per measure (100/20).

Some measures have sub-components. The number of Available Points for any sub-component is equal to the Available Points for the measure, divided by the number of sub-components. Examples include, but are not limited to, the following:

- **Weight Assessment and Counseling** has two sub-components (BMI and Nutrition), which are combined and are worth a single measure.
- **Comprehensive Diabetes Care** has four sub-components (Retinal Eye Exam, Nephropathy Screening, HbA1c <8% and Blood Pressure control), which are combined and are worth one measure.

For each measure, the provider will earn all or a portion of the Available Points, based on where the provider's performance falls in relation to the previous year's NCQA health plan benchmarks. For measures for which no previous year's benchmarks are available, benchmarks will be based on NCQA's Quality Compass.

- 90th percentile and above = 100% of Available Points
- 75th percentile to less than 90th percentile = 88% of Available Points
- 50th percentile to less than 75th percentile = 68% of Available Points
- 25th percentile to less than 50th percentile = 40% of Available Points
- Less than 25th percentile = 20% of Available Points

The provider's earned points across all measures will determine the provider's Star Rating. (The Star Rating is also referred to as the Quality Score.)

- 0-40 points = ★
- 41-57 points = ★★
- 58-72 points = ★★★
- 73-88 points = ★★★★
- 89-100 points = ★★★★★

Data Source: Certified HEDIS® software (Verscend). Continuous enrollment applied.

- **Source of data:** Claims, including CPT®II codes, and clinical data/attestations as available.
- **Weighting of measures:** All measures are weighted equally. Weighting for those measures for which a provider group does not have sufficient volume (<10 for each measure) will be scored N/A and the available points redistributed to other measures.
- **Benchmarks:** NCQA National Accreditation Medicaid Benchmarks (<25th, 25th, 50th, 75th and 90th percentiles) If previous year benchmarks are unavailable, benchmarks are used from NCQA's Quality Compass.
- **Scoring Methodology:** NCQA Scoring Methodology for Health Plan Accreditation/Ratings.

Contact Information and Online Resources

Clinical Data Exchange

To inquire about and/or participate in our Clinical Data Exchange, please send an email to cde@bcbst.com. Please include your group name and a contact name and number.

Provider Contacts

Use the "My BlueCross Contact" tool located online at bcbst.com/providers/mycontact to find your provider relations consultant, provider network manager or your e-Business marketing representative.

Additional Resources

For more information about BlueCross BlueShield of Tennessee quality initiatives, including documentation guidance, please visit bcbst.com/providers/quality-initiatives.page.

The BlueCare Tennessee Provider Administration Manual is available online at bluecare.bcbst.com/providers/provider-administration-manual.

CPT® is a registered trademark of the American Medical Association

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Payment Model

The provider's Star Rating (Quality Score) determines the effect of the BCT QCPI on the provider's fixed per-member/per-month (PMPM) reimbursement, as shown in Appendix C. Providers with 4- or 5-Star Ratings are eligible for the higher PMPM rate. Providers with 2-Star ratings are not eligible for a PMPM rate. Providers with a 3-Star rating earn the same PMPM rate as the Baseline PMPM. Please refer to Appendix C for more details.

Appendix

A. 2017 Quality Measures

C. Reimbursement

B. Sample Provider Scorecard

D. Implementation Timeline

A. 2017 BlueCare Tennessee QCPI Quality Measures

Quality/Efficiency Performance Measures	Description
Adolescent Well-Care Visits	Percentage of patients 12-21 years of age who had at least one comprehensive well-care visit during the measurement year.
Adult BMI	Percentage of adults 18-74 with an outpatient visit whose BMI was documented during the measurement year or the year prior.
Follow-Up Care for Children Prescribed ADHD Medication (Initiation Phase)	Percentage of children 6–12 years with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with the prescribing practitioner during the 30-day Initiation Phase.
Antidepressant Medication Management (Acute Phase)	The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
Antidepressant Medication Management (Effective Continuation Phase Treatment)	Percentage of adults 18 years and older who had a diagnosis of major depression, and were treated with antidepressant medication, and remained on an antidepressant medication treatment for at least 180 days (6 months).
Children and Adolescents' Access to Primary Care Practitioners	Percentage of patients who had a visit with a PCP: <ul style="list-style-type: none"> • Children ages 7–11 years who had a visit with a PCP during the measurement year or the year prior.
Comprehensive Diabetes Care HbA1c Control (<8%)	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had the following: <ul style="list-style-type: none"> • HbA1c control (<8.0%) The most recent HbA1c level (performed during the measurement year) is <8.0% as identified by automated laboratory data or medical record review.
Comprehensive Diabetes Care - BP Control < 140/90	Percentage of adults 18–75 years diagnosed with diabetes (type 1 and type 2) who have BP control (<140/90 mm Hg).
Comprehensive Diabetes Care - Medical Attention for Nephropathy	Percentage of adults 18–75 years diagnosed with diabetes (type 1 and type 2) who had a screening test or medical attention for nephropathy.
Comprehensive Diabetes Care - Retinal Eye Exam	Percentage of adults 18–75 years diagnosed with diabetes (type 1 and type 2) who had a retinal eye exam performed.

A. 2017 BlueCare Tennessee QCPI Quality Measures (Cont.)

Quality/Efficiency Performance Measures	Description
Childhood Immunization Status (Combo 10)	Percentage of children who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines on or before their second birthday.
Asthma Medication Management	Percentage of 5–64 year olds identified as having persistent asthma and were dispensed appropriate medications which they remained on during the treatment period. The rate included in this measure would be the percent of members in this age group who remained on an asthma controller for at least 75% of their treatment.
Immunizations for Adolescents (Combo 1)	Percentage of adolescents who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.
Weight Assessment and Counseling for Nutrition for Children/Adolescents	<p>Percentage of 3-17 year olds who had an outpatient visit and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> • BMI Percentile Documentation • Counseling for Nutrition
Well-Child Visit in the First 15 Months of Life	Percentage of children turning 15 months old during the measurement year with 6 or more well-child visits with a PCP during their 15 months of life.
Well-Child Visits Ages 18, 24, and 30 Months	<p>Percentage who turn 30 months during the measurement year and have well care visit(s) with a PCP at:</p> <ul style="list-style-type: none"> • Age 16-18 months • Age 19-24 months • Age 25-30 months • Total: at least one visit during each of the three intervals above
Well-Child Visit in the 3rd, 4th, 5th, and 6th Years of Life (W34)	Percentage who had one or more well-care visits with a PCP during the measurement year.

Reporting Measures	Description
Adult Access to Preventive/ Ambulatory Health Services (20 years of age and older)	<p>The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.</p> <ul style="list-style-type: none"> Medicaid and Medicare members who had an ambulatory or preventive care visit during measurement year.
Statin Therapy for Patients With Diabetes: Statin Adherence 80%	<p>The percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:</p> <ul style="list-style-type: none"> Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.
Statin Therapy for Patients with Cardiovascular Disease	<p>The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:</p> <ul style="list-style-type: none"> Statin Adherence 80%. Members who remained on a high or moderate intensity statin medication for at least 80% of the treatment period.

B. Provider Scorecard Sample

BlueCare Quality Care Partnership Initiative (QCPI)

SAMPLE PROVIDER GROUP - PROSPECTIVE SCORE CARD

Membership and Quality Data for December 31, 2016 (last update November 2016)

Claims and Supplemental Data with Dates of Service from January 1, 2016 through October 31, 2016 (with no claims runout)

HEDIS 2017 Criteria with Final 2016 HEDIS Benchmarks

Measure	Eligible Population	Number Compliant	Raw Compliance Rate	Regionally Adjust Compliance Rate	Medicaid Accreditation Thresholds					Points Available	
					Threshold	<25 th	25 th	50 th	75 th		90 th
Childhood/Adolescent Measures											
Adolescent Well-Care Visits (12 years of age - 21 years of age)	2,696	1,526	56%	56%	Qual. Comp.	40%	40%	48%	57%	66%	10.0
Follow Up Care for Children Prescribed ADHD Medication - Initiation Phase (6 years of age - 12 years of age) [^]	42	17	40%	42%	National	33%	33%	41%	49%	54%	10.0
Children and Adolescents' Access To Primary Care Practitioners (7 years -11 years)	2,371	2,349	99%	99%	Qual. Comp.	87%	87%	91%	93%	96%	10.0
Childhood Immunization Status (2 years of age during measurement year) [*]	448	65	14%	19%	National	29%	29%	36%	42%	50%	10.0
Immunizations for Adolescents (13 years of age during measurement year) [*]	507	426	84%	90%	National	64%	64%	73%	82%	88%	10.0
Well-Child Visits in the First 15 Months of Life (0 - 15 months of life)	275	138	50%	50%	Qual. Comp.	53%	53%	59%	67%	73%	10.0
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile Documentation (3 years of age - 17 years of age)	5,776	4,079	70%	80%	National	51%	51%	67%	78%	86%	10.0
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (3 years of age - 17 years of age)	5,776	3,938	68%	78%	National	52%	52%	61%	73%	80%	10.0
Adult Measures											
Adult Access to Preventive/ Ambulatory Health Services (20 years of age and older)	291	158	54%	54%	Qual. Comp.	77%	77%	82%	85%	87%	0.0
Adult BMI Assessment (18 years of age -74 years of age)	147	38	25%	35%	National	75%	75%	83%	90%	93%	10.0
Antidepressant Medication Management - Effective Acute Phase Treatment (18 years of age and older) [^]	8	3	37%	41%	National	47%	47%	51%	56%	63%	0.0
Antidepressant Medication Management - Effective Continuation Phase Treatment (18 years of age and older) [^]	8	3	37%	41%	National	31%	31%	34%	41%	50%	0.0
Comprehensive Diabetes Care - Blood Pressure Control (<140/90mm Hg) (18 years of age - 75 years of age)	10	0	0%	0%	National	52%	52%	60%	69%	76%	2.5
Comprehensive Diabetes Care - Eye Exam (Retinal) (18 years of age - 75 years of age)	10	2	20%	29%	National	45%	45%	54%	62%	68%	2.5
Comprehensive Diabetes Care - Medical Attention for Nephropathy (18 years of age - 75 years of age)	10	4	40%	40%	National	89%	89%	91%	92%	93%	2.5
Comprehensive Diabetes Care - HbA1c Control (<8%)	10	1	10%	14%	National	40%	40%	47%	53%	58%	2.5
Statin Therapy for Patients With Diabetes: Statin Adherence 80%	0	0	0%	0%							
Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% (Total)	0	0	0%	0%							
Both Childhood & Adult											
Medication Management for People With Asthma: Medication Compliance 75% (5 years of age - 64 years of age) [^]	3	0	0%	0%	National	25%	25%	31%	38%	48%	0.0
Total											100

^{*} Immunization Registry information updated biannually

[^] Retrospective measure based on claims and supplemental data with dates of service

STAR Level	1	2	3	4	5
Points	<=40	41-57	58-72	73-88	>88

Measure has less than 10 members or is informational and will not be included for scoring

Informational measure

C. Reimbursement

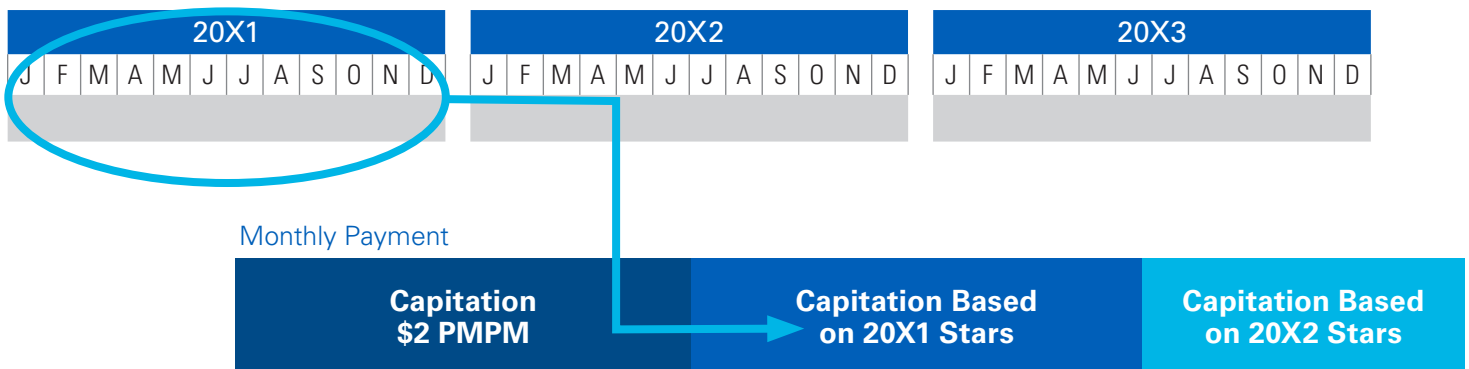
Proposed Reimbursement					
Base Period		Year 1		Year 2	
STARS Rating	PMPM	STARS Rating	PMPM	STARS Rating	PMPM
★	\$X regardless of current STAR level	★	\$0	★	\$0
★★		★★	\$0	★★	\$0
★★★		★★★	\$X	★★★	\$0
★★★★		★★★★	\$X	★★★★	\$X
★★★★★		★★★★★	\$X	★★★★★	\$X

The BlueCare Tennessee QCPI has a three-year run time. For the initial “baseline” year, participants are compensated at a fixed per-member/per-month (PMPM) rate. For the second and third years, the compensation is based on individual Stars ratings.

D. Implementation Timeline

(Subject to change)

Measurement



- Monthly revenue begins the month after the effective date (contract execution)
 - example
 - June 20X1 contract execution
 - July 20X1 begins capitation payment

For Technical support:

Contact our e-business team
at **(423) 535-5717, Option 2** or at
ebusiness_service@bcbst.com

For Program-related support:

Contact our BlueCare Customer
Service team at **1-800-468-9736**
or your local Provider Relations Consultant

Online resources:

bcbst.com/providers/quality-initiatives.page



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