



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Confidence comes with every card.®

2024 Quality Rewards

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

PROVIDER INCENTIVE PROGRAM FOR:

- Blue Care Network commercial
- BCN AdvantageSM
- Blue Cross commercial
- Medicare Plus BlueSM



Winter 2024

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

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

Both programs recognize providers who:

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

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

The booklet will outline the quality rewards for the following lines of business:

- Blue Care Network commercial
- BCN AdvantageSM
- Blue Cross commercial
- Medicare Plus BlueSM

We hope you find this 2024 edition beneficial to your office. If you have any comments or questions, please contact your provider consultant.

Sincerely,

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

Peter Graham, M.D.
Vice President HMO Strategy and Affordability
Blue Care Network

HEDIS® (Healthcare Effectiveness Data Information Set) is a registered trademark of the National Committee for Quality Assurance.



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Blue Cross Blue Shield of Michigan and Blue Care Network 2024 Primary Care Provider Quality Measures for Scoring

Quality measures	Performance Recognition Program			Blue Cross Clinical Quality Value-Based Reimbursement			
	Blue Care Network commercial	BCN Advantage	Medicare Plus Blue*	Blue Cross commercial			Medicare Plus Blue
				Adult practices	Family practices	Pediatric practices	Adult/Family practices
Antidepressant Medication Management – Effective Acute Phase Treatment				•	•		
Antidepressant Medication Management – Effective Continuation Phase Treatment	•			•	•		
Appropriate Testing for Pharyngitis	•			•	•	•	
Appropriate Treatment for Upper Respiratory Infection	•			•	•	•	
Asthma Medication Ratio	•			•	•	•	
Avoidance of Antibiotic Treatment for Acute Bronchitis	•			•	•	•	
Breast Cancer Screening	•	•	•	•	•		•
Cervical Cancer Screening	•			•	•		
Childhood and Adolescent Well-Care Visits	•				•	•	
Childhood Immunization Status – Combo 10	•				•	•	
Childhood Immunization Status – Flu	•				•	•	
Chlamydia Screening in Women	•			•	•		
Colorectal Cancer Screening	•	•	•	•	•		•
Controlling High Blood Pressure	•	•	•	•	•		•
Diabetes Care – Blood Pressure Control	•						
Diabetes Care – Blood Sugar Control < 8%	•			•	•		
Diabetes Care – Blood Sugar Control ≤ 9%		•	•				•
Diabetes Care – Eye Exam	•	•	•	•	•		•



2024 Primary Care Provider Quality Measures for Scoring (continued)

Quality measures	Performance Recognition Program			Blue Cross Clinical Quality Value-Based Reimbursement			
	Blue Care Network commercial	BCN Advantage	Medicare Plus Blue*	Blue Cross commercial			Medicare Plus Blue
				Adult practices	Family practices	Pediatric practices	Adult/Family practices
Diabetes Care - Kidney Health Evaluation	•	•	•	•	•		•
Follow-up after ED Visit for High Risk Multiple Chronic Conditions		•	•				
Immunizations for Adolescents – Combo 2	•				•	•	
Immunizations for Adolescents – HPV	•				•	•	
Medicare Wellness Visit		•	•				
Medication Adherence for Diabetes		•	•				
Medication Adherence for Cholesterol		•	•				
Medication Adherence for Hypertension		•	•				
Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy	•	•	•	•	•		•
Statin Therapy for Patients with Diabetes – Received Statin Therapy				•	•		
Statin Use in Persons with Diabetes		•	•				
TRC – Medication Reconciliation Post-Discharge		•	•				
TRC – Patient Engagement		•	•				
Use of Imaging Studies for Low Back Pain	•			•	•		
Weight Assessment and Counseling for Children – BMI Percentile*	•				•	•	
Weight Assessment and Counseling for Children – Counseling for Physical Activity*	•				•	•	
Weight Assessment and Counseling for Children – Counseling for Nutrition*	•				•	•	
Well-Child Visits in the First 15 Months	•				•	•	
Well-Child Visits – Well Visits 15 - 30 months	•				•	•	
BCBSM PCMH Designation Recognition	•						

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

*Measures will be scored and paid as one overall measure for the PRP program only; they will remain separate measures for CQ-VBR
2024 QUALITY REWARDS PROGRAM



Blue Cross Blue Shield of Michigan and Blue Care Network 2024 Quality Scoring Reimbursement Design

Performance Recognition Program

(Blue Care Network commercial, BCN AdvantageSM and Medicare Plus BlueSM)

Payments for eligible providers are calculated using the following methodology. For measures with a goal:

1. Quality score: A quality score for each program measure is computed for each provider using the following formula:
 - Numerator = Eligible members meeting criteria
 - Denominator = Total members eligible
 - 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 (see table on the next page). The payment for services will be calculated once the plan goal is met, based upon the numerator.

For measures with no specific goal, a flat fee will be paid for each service completed.

2024 Blue Care Network PCP PCMH Recognition

Blue Care Network will be recognizing BCN commercial contracted primary care providers that are designated a PCMH practice through the BCBSM PCMH program. Designated PCMH providers will earn an additional \$.50 per member/per month payment in their 2024 BCN commercial PRP payment.

Requirements are as follows:

- Providers designated as PCMH as of September 1, 2024 are eligible.
- Each PCP that earns a BCN commercial PRP payment and is a PCMH provider will earn the additional payment amount of \$0.50 PMPM in their 2024 BCN commercial PRP payment.
- \$0.50 PMPM will be based on the PCP's 2024 BCN commercial membership.



Clinical Quality — Value-Based Reimbursement

(Blue Cross commercial)

Patient-centered medical home designated providers in PGIP are eligible to receive clinical quality value-based reimbursement based on performance on the relevant measures. Clinical quality VBR is awarded at the practice level. Providers eligible for clinical quality value-based reimbursement receive 105%, 110% or 115% of the standard fee schedule based on their composite score performance on the applicable quality measures. A minimum practice-level score of 4.15 is needed in order to be eligible to earn clinical quality VBR. For more detailed information on how the composite score is calculated, please reference the CQ VBR Objective and Selection document.

PERFORMANCE REQUIREMENTS		VBR AMOUNT
4.15 to 4.249		105% of the standard fee schedule.
4.25 to 4.599		110% of the standard fee schedule.
≥ 4.6		115% of the standard fee schedule.

Clinical quality VBR is available in addition to any other VBR received by the provider, including VBR for PCMH designation, cost benchmark, provider-delivered care management, medication-assisted therapy, etc. Clinical quality value-based reimbursement is applied to select procedure codes billed by primary care providers for Blue Cross commercial members. Each PGIP provider organization receives scoring and measurement reports for their member practices. For questions, please reach out to your provider organization.



2024 Quality Scoring Reimbursement Tables Performance Recognition Program

(Blue Care Network commercial, BCN AdvantageSM and Medicare Plus BlueSM)

PRP Quality Measures	BCN commercial		Medicare Advantage	
	Goal	Payout	Goal	Payout
Antidepressant Medication Management – Effective Continuation Phase Treatment	Flat Fee	\$50		
Appropriate Testing for Pharyngitis	Flat Fee	\$50		
Appropriate Treatment for Upper Respiratory Infection	Flat Fee	\$50		
Asthma Medication Ratio	Flat Fee	\$50		
Avoidance of Antibiotic Treatment for Acute Bronchitis	Flat Fee	\$50		
Breast Cancer Screening	81.51%	\$70	82%	\$25
Cervical Cancer Screening	82.31%	\$50		
Child and Adolescent Well-Care Visits	Flat Fee	\$25		
Childhood Immunization Status – Combo 10	Flat Fee	\$175		
Colorectal Cancer Screening	68.37%	\$50	82%	\$25
Childhood Immunization Status - Flu	Flat Fee	\$75		
Chlamydia Screening in Women	62.49%	\$50		
Controlling High Blood Pressure	75.67%	\$15	84%	\$25
Diabetes Care – Blood Pressure Control	78.74%	\$15		
Diabetes Care – Blood Sugar Control < 8%	70.66%	\$175		
Diabetes Care – Blood Sugar Control ≤ 9%			88%	\$75
Diabetes Care – Eye Exam	64.86%	\$100	83%	\$85
Diabetes Care – Kidney Health Evaluation	59.03%	\$75	69%	\$40
Follow-Up after ED Visit for High Risk Multiple Chronic Conditions			Flat Fee	\$65
Immunizations for Adolescents – Combo 2	Flat Fee	\$150		
Immunizations for Adolescents – HPV	Flat Fee	\$75		
Medicare Wellness Visit			70%	\$25
Medication Adherence for Diabetes			91%	\$30
Medication Adherence for Cholesterol			92%	\$30
Medication Adherence for Hypertension			92%	\$30
Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy	88.68%	\$100	91%	\$50
Statin Use in Persons with Diabetes			93%	\$50
TRC – Medication Reconciliation Post-Discharge			Flat Fee	\$50
TRC – Patient Engagement			Flat Fee	\$50
Use of Imaging Studies for Low Back Pain	82.61%	\$100		
Weight Assessment and Counseling for Children: BMI Percentile, Counseling for Nutrition and Counseling for Physical Activity (Combined Rate)	85.97%	\$30		
Well-Child Visit First 15 months	Flat Fee	\$100		
Well-Child Visits – Well Visits 15 – 30 Months	Flat Fee	\$100		



2024 Quality Scoring Reimbursement Schedule Performance Recognition Program

(Blue Care Network commercial, BCN AdvantageSM and Medicare Plus BlueSM)

2024												2025							
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Measurement period: January to December 2024																			
HEB/Supplemental date: January 2024 to Early/Mid-January 2025																			
Claim/EMR submission: January 2024 to Early February 2025																			
																		Payment: May to August 2025	

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

2024	2025-26
Measurement period: January to December 2024 (for Blue Cross commercial and Medicare Plus Blue)	Payment period: VBR applied for dates of service from September 1, 2025 to August 31, 2026 (for Blue Cross commercial claims)



Program Qualifications

Performance Recognition Program

(Blue Care Network commercial, BCN AdvantageSM and Medicare Plus BlueSM)

1. To participate in the Performance Recognition Program, the primary care provider or physician organization must sign the applicable provider agreement for the line of business:
 - The BCN 2024 *Medical Services Agreement* is needed for BCN commercial and BCN Advantage.
 - The *Medicare Advantage PPO Provider Agreement* is needed for Medicare Plus Blue.
2. The primary care provider or physician organization must comply with all terms and conditions of those agreements, including:
 - Providing timely and accurate encounter, referral and claims data
 - Remitting any funds due for prior contract years
3. Primary care providers must have attributed or assigned members to participate in the program.
4. The primary care provider must be affiliated with the plan at the time of payment to be eligible for any program payments unless the PCP recently retired.
5. A PCP or managed care group must not have any unpaid net losses owed to BCN at the time of settlement or incentive payments may be deducted to cover any unpaid losses.
6. Primary care providers that are participating in a Medicare Advantage full risk contract arrangement for Medicare Advantage PPO and/or BCN Advantage at the end of the calendar year (Dec. 31) are not eligible for any Medicare Advantage Physician Recognition Program payments (PRP).
7. Providers who participate in concierge medicine and charge fees for Blue Cross members to access care are not eligible for a PRP payment or CQ-VBR.
8. BCN and Blue Cross retain the right to modify the Performance Recognition Program for any reason and at any time. Modifications may include, but are not limited to:
 - Exclusion or removal of program measures
 - Changes to program calculation methodologies

Clinical Quality — Value-Based Reimbursement

(Blue Cross commercial)

How to participate in PGIP as an individual provider

Primary care providers must be a member of a PGIP-participating physician organization to join the Physician Group Incentive Program. Currently, there are 40 physician organizations throughout the state that participate in PGIP. You can find a current physician organization listing here: [PGIP Physician Organization Contact List](#).

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

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

If you're an individual practitioner with questions about participating in PGIP, email valuepartnerships@bcbsm.com.



Performance Measurement Guidelines

Performance Recognition Program

(Blue Care Network commercial, BCN AdvantageSM and Medicare Plus BlueSM)

Measurement timeframe

Each primary care provider will be credited for services completed through **Dec. 31, 2024**, to members who:

- Meet all measurement requirements
- Are continuously enrolled with the plan for the entire year
- Are assigned to a primary care provider whether or not the provider was the member's primary care provider at the time services were provided

Exclusions

Members may be excluded from measures under certain circumstances, such as a bilateral mastectomy for a breast cancer screening. The circumstances should be indicated to Blue Cross or BCN by the primary care physician office through the Health e-BlueSM *Treatment Opportunities by Condition/Measure* screen.

Qualifying services

Credit will be granted to the primary care provider for each component measure only when **the specific identified service is documented as provided** to the member (by the primary care provider, the member's previous primary care provider or a specialist).

Blue Cross and BCN recognize that many primary care physician offices send **reminder letters** or may not see certain members in their offices who are identified by Blue Cross or BCN as needing certain services. Such occurrences **won't count** as credit toward the component measure.

Reporting

Each primary care provider'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 providers 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 provider and provider organizations

HEDIS Measures

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



Administrative Details

Health e-Blue

Health e-Blue provides a valuable opportunity for provider offices to assess their current performance and return data to Blue Cross or BCN. We accept the electronic submission of data through the Health e-Blue application, an electronic health record, claims and HEDIS initiatives. Entering missing information will help reduce reporting errors.

If your office needs assistance with or has a question about BCN Health e-Blue, please contact Health e-Blue technical support at healthblue@bcbsm.com. For Blue Cross Health e-Blue questions, please contact MAHealthblue@bcbsm.com.

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

Distribution of Performance Recognition Program payment reports and payments

Blue Cross and BCN will make every effort to send the 2024 payments and payment reports by **summer 2025**.

BCN payments will be made according to BCN's incentive payment policy, subject to the requirements outlined in this document. The primary care provider's payment will be associated with the medical care group or physician organization the primary care provider is affiliated with as of **December 31, 2024**.

Reconsideration

Blue Cross and BCN strongly encourage primary care providers to focus on the ongoing review and data submission using Health e-Blue during each Performance Recognition Program year. In the event any future reconsideration process is provided based on extenuating circumstances, BCN will notify the affected primary care provider of the terms, conditions and limitations of such a process.

Exclusions

Clinical Quality — Value-Based Reimbursement

(Blue Cross commercial and Medicare Plus BlueSM)

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

Reporting

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



Questions

If you're located in the East, Mid or Southeast region, send an email to petcontactus@bcbsm.com. Include: Your name, Phone number, National Provider Identifier, Provider type (PCP), A detailed description of your issue or question. If you're from the West or Upper Peninsula regions, you can find contact information for your provider consultant by following these steps:

- Go to bcbsm.com/providers.
- Click on *Contact Us* in the upper right corner of the page.
- Under *Physicians and professionals*, click on *Blue Cross Blue Shield of Michigan or Blue Care Network provider contacts*.
- Click on *Provider consultants*.
- Find your provider consultant either on the *physician organization consultants* list or the applicable regional list.

Additional Blue Cross and BCN contacts

Network Performance Improvement Jessie Vandergeld

All regions

616-285-5268

Value-Based Reimbursement Karen Syrjamaki

313-448-3278

Supplemental Data

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

Health e-Blue technical support

BCN commercial and BCN Advantage

healththeblue@bcbsm.com

Medicare Plus Blue

mahealththeblue@bcbsm.com



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2018 Quality Scoring Reimbursement Tables

Performance Recognition Program

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

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

Clinical Quality — Value-Based Reimbursement*

(Blue Cross)

Performance level	VBR amount**
80 to 84.99 percentile	105%
85 to 94.99 percentile	110%
95+ percentile	115%

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

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