We believe it’s important to help our members make informed health care decisions for themselves and their families. So we’ve added a rating system to our provider directory to help guide members looking for Primary Care Providers (PCPs) in Blue Network PSM or Blue Network SSM. We base our scores on a combination of factors, and PCPs who follow certain best practices for quality and efficient care delivery earn higher scores.

What is the BlueCross Performance Rating?

The BlueCross Performance Rating displays as a star rating, based on a five-point scale. This complements our existing Patient Experience rating members use today, giving them another tool to help navigate our online platform.

The rating is comprised of three weighted components:

- Select HEDIS® measures used in the Quality Care Partnership Initiative (QCPI) – 60%;
- Efficient care delivery – 20%; and
- Medical Home Partnership (MHP) participation – 20%.

This rating is included for all PCPs who participate in Network P and/or Network S. If a PCP doesn’t meet the minimum threshold requirement needed to establish a rating (at least 30 attributed Commercial BlueCross patients), we note that the provider is not yet rated instead of including stars.

We’ll refresh this performance rating each year, so providers will have an opportunity to maintain or improve their scores by effectively managing their patient population.
HEDIS Measures Used in Commercial QCPI

Developed by the National Committee for Quality Assurance (NCQA), HEDIS is the most widely used set of health care quality measures in the managed care industry. HEDIS measures show us where a stronger focus could lead to improvements in members’ health. These quality measures change annually, but typically include clinical standards for adults, adolescents and children, such as:

- Medication management guidelines
- Diabetes care standards
- Appropriate antibiotic treatment
- Preventive screenings

The HEDIS quality component is based on each individual PCP’s performance on metrics included in the Commercial QCPI program. These metrics reflect how often a provider completes preventive screenings and follows treatment guidelines based on national HEDIS standards and NCQA requirements. In order to be scored under this component — and overall, since this component makes up the majority of the BlueCross Performance Rating — providers must have at least 30 attributed Commercial BlueCross patients. Providers who don’t meet this minimum threshold are listed as “Not Yet Rated” in the directory.

Efficient Care Delivery

We use an analytics solution to define high- and low-value practice patterns and examine BlueCross claims data to find evidence of these patterns.

This tool applies methodology informed by the following:

- Dartmouth Atlas for Health Care¹,
- The ABIM Foundation and its Choosing Wisely Initiative² (representing more than seventy specialty societies),
- The Institute of Medicine, and
- The Committee on the Learning Health Care System in America and its “Best Care at Lower Cost.”

Benchmarks are established to help identify and quantify sources of high- and low-value care within four domains that follow the provider’s patterns of care:

- Visits – do they escalate to additional services or tests more or less quickly than peers?
- Procedures – are tests and procedures necessary and cost-effective compared to those conducted by peers?
- Prescriptions – how often are drugs prescribed, and are there lower-cost alternatives?
- Referrals – what are the referral patterns relative to peers?

Providers are scored in each of these areas based on their relative performance within their peer cohorts (a grouping of providers practicing in the same specialty within a geographic region), and are ranked from low- to high-performing on a five-point scale. The overall composite score is an average of scores within these four areas and the basis for our efficient care delivery component.

¹ https://www.dartmouthatlas.org/
² https://www.choosingwisely.org/
MHP Participation

Our former Patient-Centered Medical Home (PCMH) program focused on chronic condition management. Our new MHP program takes quality a step further by focusing on total population health. The program encourages providers to offer high-quality care and complete care coordination throughout each member’s health care journey.

The goal of our MHP program is twofold — to create informed, engaged patients and prepared, proactive care teams. We’re working to achieve this goal by introducing a scorecard that measures provider performance on key utilization measures that drive costs. The scorecard will inform MHP providers on practice patterns and help them provide care more efficiently.

Practices that participate in MHP must continue to achieve a minimum three-star rating in our QCPI program. These practices also need to maintain their NCQA PCMH Recognition.

PCPs who participate in MHP automatically earn the total number of points for this component. PCPs who don’t participate in MHP receive no points, and their score displays as “Not Participating” for this component.

What Members See on the Search Results Page

When members search for a PCP, the directory shows a side-by-side view of both the BlueCross Performance Rating, as well as the Patient Experience rating. Members can see a breakdown of the three BlueCross Performance Rating components by clicking the provider’s profile.

PCPs that didn’t meet the minimum threshold requirement or join the network following the annual calculation of ratings display as “Not Yet Rated.”

Note: The Patient Experience rating shows transparent stars if there have been no reviews. Only members who have claims for the PCP in our system are able to leave a review.
What Members See on the Profile Page

The directory shows a breakdown of the BlueCross Performance Rating under each provider’s profile. Members don’t see the technical name of the components (e.g., HEDIS Quality). Instead, they see the member-friendly description of each component shown below.

<table>
<thead>
<tr>
<th>Component</th>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEDIS Quality</td>
<td>5.0</td>
<td>Meets Health and Wellness Standards</td>
</tr>
<tr>
<td>Efficient Care Delivery</td>
<td>5.0</td>
<td>Delivers Efficient Care</td>
</tr>
<tr>
<td>MHP Participation</td>
<td>5.0</td>
<td>Manages Patients’ Total Care</td>
</tr>
</tbody>
</table>

- **HEDIS Quality**: 5.0 stars. This rating indicates how well the provider meets health and wellness standards. A high rating shows the provider performs preventive tests and prescribes treatments consistent with medically recommended care.

- **Efficient Care Delivery**: 5.0 stars. This rating is based on how well the provider delivers efficient care. A rating of 2.5 stars or higher indicates the provider is performing as well or better than their peers through the efficient use of tests, procedures, and drugs. We rely on evidence-based academic research and widely accepted independent public research organizations to measure this performance.

- **MHP Participation**: 5.0 stars. A five-star rating means the provider is in our Medical Home Partnership (MHP) program. An MHP provider can help you get the best results and save unnecessary costs by managing and coordinating your care with all your other health care providers.

If you have questions about your score, or are interested in learning more about the BlueCross Performance Rating, please contact your Network Manager.