

Because it matters how you're treated



Session 2.3

Rewarding Excellence – Developing a Pay-for- Performance Program

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BlueCross BlueShield of South Carolina



South Carolina

Who we are

BlueCross BlueShield of South Carolina

- Leading health insurer and benefits administrator in the state
- Among the five largest private employers in South Carolina
- Provide health care coverage for more than one million South Carolinians

Provider Network Innovations and Partnerships

- Partner with providers and lines of businesses to test new payment and care models and support providers in the transition.

What is the Current Environment?

Demand to transform today's system which rewards volume into one that is more integrated and rewards outcomes



Per BlueCross BlueShield Association: Nearly 40% of accounts rate new provider delivery mechanisms as “important” or “very important”



All payers are moving from Fee-For-Service to Fee-For-Value

What are we doing to transition to Fee-for-Value?

Developed
and
implemented
provider
alternative
payment
models

Pay-For-Performance (P4P)

Episode-based Care/Bundled Payment

Accountable Care Model

Patient Centered Medical Home (PCMH)

Moved from
a pilot stage
to a large-
scale
deployment

A leader executing payment reform initiatives
in South Carolina and among other Blue Plans

Rewarding Excellence: Hospitals (P4P)

Rewards top-performing hospitals with increased payments for the quality of care they provide

Quality measures include key safety and efficiency measures, as well as patient experience.

GOAL: To compensate hospitals for the quality of care provided to patients, not just the quantity of procedures performed.

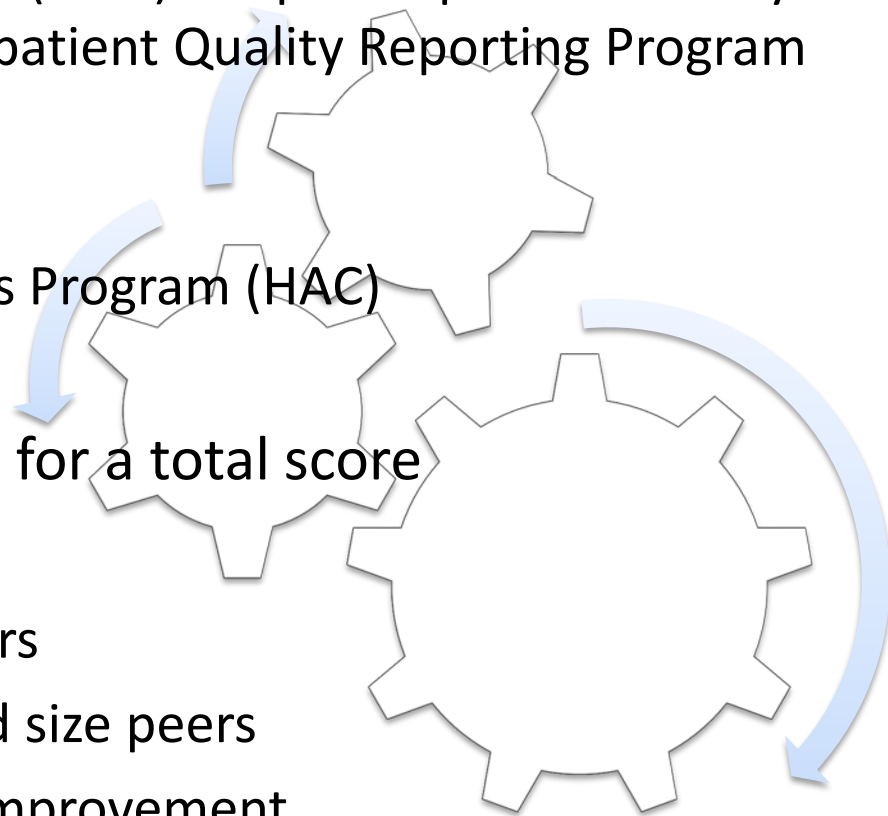
Rewarding Excellence Development

Key Values

- Input from hospitals for the best available metrics
- Incorporate Rewarding Excellence into contract negotiations
- Easy to reproduce by hospitals
- Third party data validation
- Align with CMS current initiatives
- Reward improvement
- Timeliness of data

How does it work?

- Utilize most recent, publically-reported measures and initiatives
 - Center for Medicare and Medicaid (CMS) Hospital Inpatient Quality Reporting Program (IQR) and Outpatient Quality Reporting Program (OQR)
 - Value Based Purchasing
 - CMS Hospital-Acquired Conditions Program (HAC)
 - CMS Readmission Program
- Increase based on points awarded for a total score
- Bonus:
 - Highest rank among bed size peers
 - Highest improvement among bed size peers
 - Increase per measure for <10% improvement



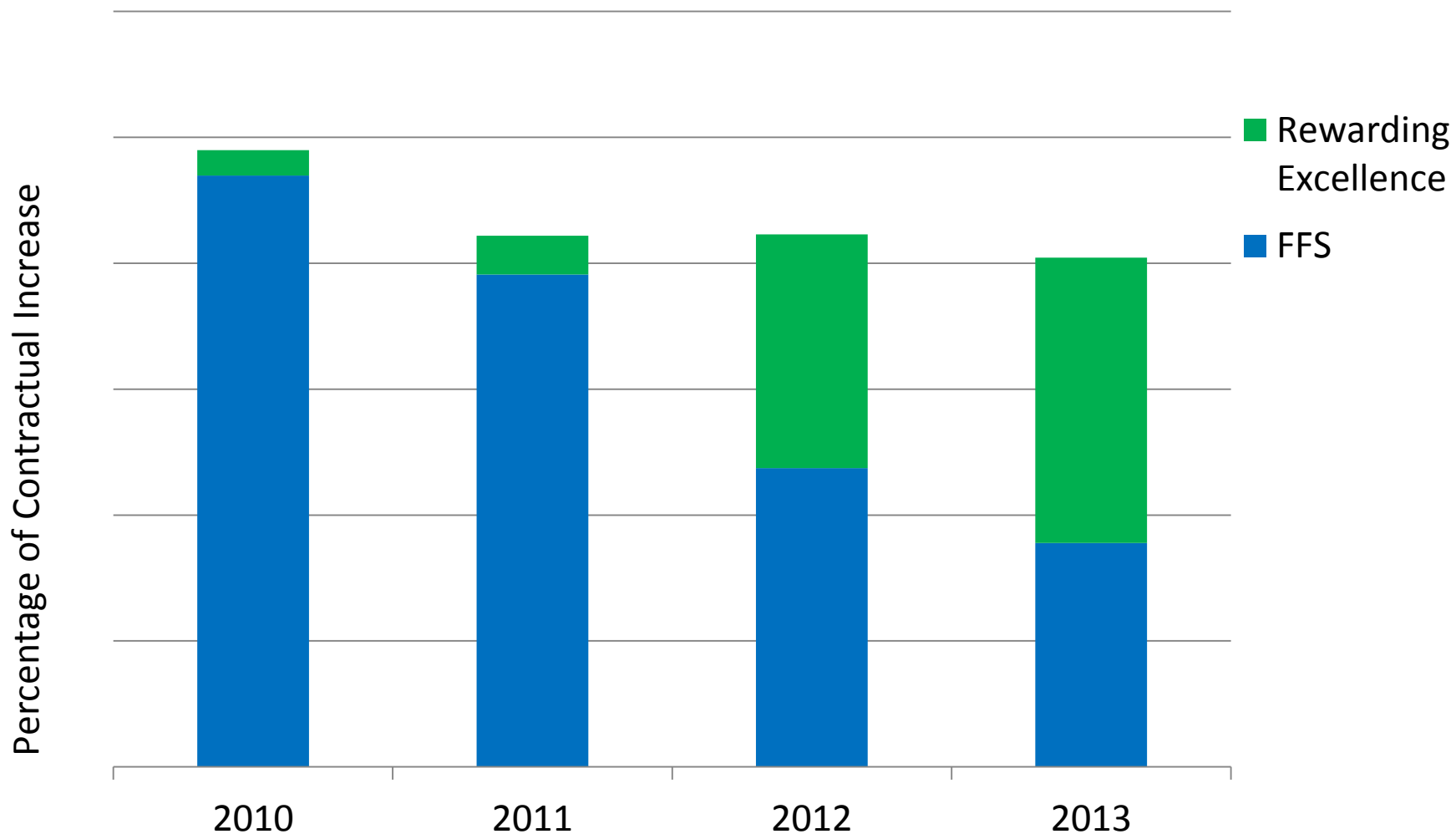
Domain	Percentage Points Allocated	Sub points Allocated	Measure ID	Measure Description
Clinical Process of Care	13	1	AMI-7a	Heart attack patients given fibrinolytic medication within 30 minutes of arrival
		1	AMI-8a	Heart attack patients given PCI within 90 minutes of arrival
		1	HF -1	Heart failure patients given discharge instructions
		1	HF-2	Heart failure patients given an evaluation of Left Ventricular Systolic (LVS) Function
		1	HF-3	Heart failure patients given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)
		1	PN-3b	Pneumonia patients whose initial ER blood culture performed prior to admin of first hospital dose of antibiotics
		1	SCIP-Infection-1	Surgery patients given an antibiotic at the right time (within one hour before surgery) to help prevent infection
		1	SCIP-Infection-2	Surgery patients who were given the right kind of antibiotic to help prevent infection
		1	SCIP-Infection-3	Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)
		1	SCIP-Infection-4	Heart surgery patients whose blood glucose is kept under good control in the days right after surgery
		1	SCIP-Infection-9	Surgery patients whose urinary catheters were removed on the first or second day after surgery.
		1	SCIP-Cardio-2	Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period
		1	SCIP-VTE-2	Surgery patients who got treatment within 24 hours after their surgery to help prevent blood clots
Patient Experience	18	2	H Comp 1 A P	How often did nurses communicate well with patients?
		2	H Comp 2 A P	How often did doctors communicate well with patients?
		2	H Comp 3 A P	How often did patients receive help quickly from hospital staff?
		2	H Comp 4 A P	How often was patient's pain well controlled?
		2	H Comp 5 A P	How often did staff explain about medicines before giving them to patients?
		2	H Comp 6 A P	Were patients given information about what to do during their recovery at home?
		2	H Clean HSP A P	How often were the patients room and bathrooms kept clean?
		2	H Quiet HSP A P	How often was the area around patients rooms kept quiet at night?
Mortality	18	6	MORT-30-AMI	AMI 30-day Mortality Rate
		6	MORT-30-HF	Heart Failure 30-day Mortality Rate
		6	MORT-30-PN	Pneumonia 30-day Mortality Rate
Harm Avoidance / Patient Safety	15	5	CLABSI	Standard Infection Rate less than 50%
		5	AHRO PSI 90	Complication/patient safety for selected indicators (composite)
		5	CAUTI	Catheter Associated Urinary Tract Infection
Readmission	18	6	READM -30 -AMI	Acute Myocardial Infarction 30-day Readmission (Risk Adjusted)
		6	READM -30 -PN	Pneumonia 30-day Readmission Rate (Risk Adjusted)
		6	READM -30 -HF	Heart Failure 30-day Readmission Rates (Risk Adjusted)
Emergency Department	6	2	OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients
		2	ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients
		2	ED -2	Median Time from admit decision to time of departure for ED patients admitted to IP status
OP Surgical	4	2	OP-6	Outpatients Having Surgery who got an Antibiotic at the Right Time - Within One Hour Before Surgery
		2	OP-7	Outpatients having Surgery Who got the Right Kind of Antibiotic
OP Imaging Efficiency Measures	8	2	OP-8	MRI lumbar spine for low back pain
		2	OP-9	Mammogram follow-up rates
		2	OP-10	Abdomen CT use of contrast material
		2	OP-11	Thorax CT use of contrast material
	100	100		

Rewarding Excellence – Financial Procedures

1. To receive points, hospital must meet or exceed benchmarks
 - Benchmarks for Optimal Care and Patient Experience: 90th percentile of SC hospitals
 - Benchmarks for OP Imaging, Readmissions, Mortality, Patient Safety, OP Surgical, Emergency Department: National Average
 - Benchmark for CLABSI: Equal to or less than 50% of DHEC Expected Ratio
2. Points are totaled and divided by the number of available points
 - Available points may be less than 100 if there is not enough data submitted per CMS
3. The quotient is multiplied by the Medical CPI (hospital and related services) for the program year to calculate percentage increase
4. Bonuses are added
 - If hospital improves their score for each measure by 10%, 0.1% is added to the percentage increase
 - The hospital with the highest score per bed size receives an additional 1.0% to percentage increase
 - The hospital most improved score per bed size receives an additional 1.0% to percentage increase

Domain	Percentage Points Allocated	Measure ID	Measure Description	Measure Period	Points Earned	> 10% Improvement	
Evidence Based Care (Optimal Care Measures)	16	AMI -2	Aspirin prescribed at discharge	7/1/2011 – 6/30/2012	N/A		
		AMI-7a	Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival	7/1/2011 – 6/30/2012	N/A		
		AMI-8a	Timing of receipt of primary Percutaneous Coronary Intervention (PCI)	7/1/2011 – 6/30/2012	N/A		
		AMI-10	Statin prescribed at discharge	7/1/2011 – 6/30/2012	N/A		
		HF -1	Discharge Instructions	7/1/2011 – 6/30/2012	0		
		HF-2	Evaluation of LVS Function	7/1/2011 – 6/30/2012	0		
		HF-3	ACEI or ARB for LVSD	7/1/2011 – 6/30/2012	1		
		PN-3b	Blood culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	7/1/2011 – 6/30/2012	0		
		PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	7/1/2011 – 6/30/2012	0		
		SCIP-Infection-1	Prophylactic antibiotic received within 1 hour prior to surgical incision	7/1/2011 – 6/30/2012	1		
		SCIP-Infection-2	Prophylactic antibiotic selection for surgical patients	7/1/2011 – 6/30/2012	0		
		SCIP-Infection-3	Prophylactic antibiotics discontinued within 24 hours after surgery end time	7/1/2011 – 6/30/2012	0		
		SCIP-Infection-4	Cardiac surgery patients with controlled 6AM postoperative serum glucose	7/1/2011 – 6/30/2012	N/A		
		SCIP-Infection-9	Postoperative urinary catheter removal on post operative day 1 or 2	7/1/2011 – 6/30/2012	1		
SCIP-Cardiovascular-2	Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period	7/1/2011 – 6/30/2012	0				
SCIP-VTE-2	VTE prophylaxis within 24 hours pre-post surgery	7/1/2011 – 6/30/2012	0				
Emergency Department*	4	OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	1/1/2012 - 6/30/2012	2		
		ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients	1/1/2012 - 6/30/2012	2		
Mortality	15	MORT-AMI-30	AMI 30-day Mortality Rate	7/1/2008-6/30/2011	0		
		MORT-HF-30	Heart Failure 30-day Mortality Rate	7/1/2008-6/30/2011	5	✓	
		MORT-PN-30	Pneumonia 30-day Mortality Rate	7/1/2008-6/30/2011	5		
Harm Avoidance/Patient Safety	20	CLABSI	Less than 50% of expected	1/1/2011-12/31/2011	0	✓	
		AHRO PSI 11	Post-Operative Respiratory Failure	7/1/2009-6/30/2011	5		
		AHRO PSI 12	Post-Operative Pulmonary Embolism or Deep Vein Thrombosis	7/1/2009-6/30/2011	0	✓	
		AHRO PSI 14	Post-Operative Wound Dehiscence	7/1/2009-6/30/2011	5	✓	
Readmission	15	READM -30 -AMI	Acute Myocardial Infarction 30-day Readmission (Risk Adjusted)	7/1/2008-6/30/2011	0		
		READM -30 -HF	Heart Failure 30-day Readmission Rates (Risk Adjusted)	7/1/2008-6/30/2011	0		
		READM -30 -PN	Pneumonia 30-day Readmission Rate (Risk Adjusted)	7/1/2008-6/30/2011	0		
DP Imaging Efficiency Measures	8	OP-8	MRI lumbar spine for low back pain	1/1/2010-12/31/2010	0		
		OP-9	Mammogram follow-up rates	1/1/2010-12/31/2010	0	✓	
		OP-10	Abdomen CT use of contrast material	1/1/2010-12/31/2010	2	✓	
		OP-11	Thorax CT use of contrast material	1/1/2010-12/31/2010	2	✓	
Surgical	4	OP-6	Timing of antibiotic prophylaxis	7/1/2011 – 6/30/2012	2		
		OP-7	Prophylactic antibiotic selection for surgical patients	7/1/2011 – 6/30/2012	2		
Patient Experience	18	H Comp 1 A P	How often did nurses communicate well with patients?	7/1/2011 – 6/30/2012	0		
		H Comp 2 A P	How often did doctors communicate well with patients?	7/1/2011 – 6/30/2012	2		
		H Comp 3 A P	How often did patients receive help quickly from hospital staff?	7/1/2011 – 6/30/2012	0		
		H Comp 4 A P	How often was patient's pain well controlled?	7/1/2011 – 6/30/2012	0		
		H Comp 5 A P	How often did staff explain about medicines before giving them to patients?	7/1/2011 – 6/30/2012	2	✓	
		H Comp 6 A P	Were patients given information about what to do during their recovery at home?	7/1/2011 – 6/30/2012	0		
		H Clean HSP A P	How often were the patients room and bathrooms kept clean?	7/1/2011 – 6/30/2012	0		
		H Quiet HSP A P	How often was the area around patients rooms kept quiet at night?	7/1/2011 – 6/30/2012	2		
		H HSP Rating 9 10	How do patients rate the hospital overall?	7/1/2011 – 6/30/2012	0		
					Total	41	
*These measures have been captured for less than 12 months and are not eligible for improvement points.					Available	95	
					Increase	1.99%	
					Highest Improvement - Bedsize	1.00%	
					Improvement Bonuses	0.80%	
					Total Increase	3.79%	

Rewarding Excellence for Hospitals



In 2013, over **60%** of hospital increases came from meeting quality benchmarks

Rewarding Excellence: Physicians (P4P)

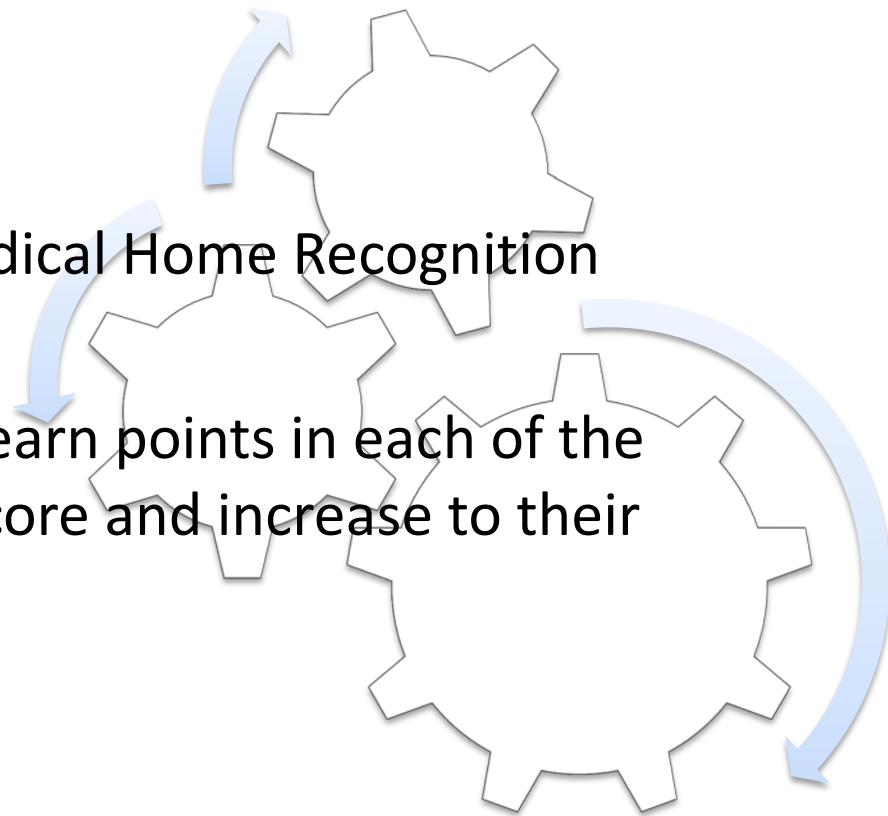
Provide incentives for practice based improvement as well as top performance.

Align initiatives across providers, members, employers and payers to improve clinical outcomes, patient experience and cost efficiency.

GOAL: To reward providers for quality and value rather than volume.

How does it work?

- The Physician Rewarding Excellence Program consists of three components:
 1. Quality Data Reporting
 2. Physician Recognition
 3. Practice Patient-Centered Medical Home Recognition
- Practices have the opportunity to earn points in each of the three components for an overall score and increase to their reimbursement.
- Applies to Primary Care Physicians



1. Quality Data Reporting

Rewarding Excellence quality data reporting is comprised of 6 measure suites:

- Diabetes
- Hypertension
- Coronary Artery Disease
- Asthma
- Pediatric Preventive Health
- Preventive Screening

To participate, physicians must report on at least 1 measure suite which is comprised of several measures. All the measures in the suite must be reported to be accepted. The practice can earn additional points by reporting up to three measure suites.

Twice a year, practices can pull and submit the data through BCBSSC population management tool or a qualified vendor.

Measure Suites

Diabetes

- Eye exam
- HbA1c testing
- LDL Screening
- Blood Pressure Control
- Medical Attention for Nephropathy

Hypertension

- Blood Pressure Screening
- Controlling High Blood Pressure (CBP)
- Adult BMI
- Adult BMI < 30
- Chem 7/Creatinine

Coronary Artery Disease

- Persistence of Beta-Blocker Treatment After a Heart Attack
- Controlling High Blood Pressure
- Cholesterol Management for Patients With Cardiovascular Conditions

Asthma

- Flu Vaccine
- Medication Management for People with Asthma (MMA)
- Use of Appropriate Medication for People with Asthma (ASM)

Measure Suites, cont.

Pediatric Preventive Health

- Well Child Visits in the First 15 Months of Life
- Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Adolescent Well-Care Visits
- Immunizations – childhood
- Immunizations – adolescents

Preventive Screening

- Breast Cancer Screening
- Colorectal Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening

2. Physician Recognition

Practices will receive points and receive designation on BlueCross and BlueShield national and local web sites for physician recognition in one of the following programs:



NCQA Diabetes Physician Recognition Program (DPRP)



NCQA Heart/Stroke Physician Recognition Program (HSRP)



American Society of Hypertension Physician Recognition Program (ASH)



Asthma (Diagnosing and Managing Asthma in Pediatrics) Education in Quality Improvement for Pediatric Practice (EQIPP) from the American Academy of Pediatrics (AAP)



Immunizations Education in Quality Improvement for Pediatric Practice (EQIPP) from the American Academy of Pediatrics



Bridges To Excellence Programs

3. Patient-Centered Medical Home Recognition

Practice must be recognized by one of the following:

- NCQA Patient-Centered Medical Home (Level I, Level II or Level III)
- The Joint Commission PCMH Certification program
- The Utilization Review Accreditation Committee (URAC) PCHCH Practice Achievement Recognition Program
- The Utilization Review Accreditation Committee (URAC) PCHCH Practice Achievement Recognition Program with EHR.

Program Points Structure

Category	Criteria	Rewarding Excellence Points	Sample Practice
1. Quality Data Reporting	1 Measure Suite Reported (must submit as least 1 measure suite to qualify for the program)	2	3
	2 Measure Suites Reported	3	
	3 or More Measure Suites Reported	4	
2. Physician Recognition	50% of physicians are recognized in at least one program	2	2
3. Patient-Centered Medical Home Recognition	NCQA Level I	1	1
	NCQA Level II, Joint Commission PCMH or URAC PCHCH	3	
	NCQA Level III	4	
Total Rewarding Excellence points earned			6



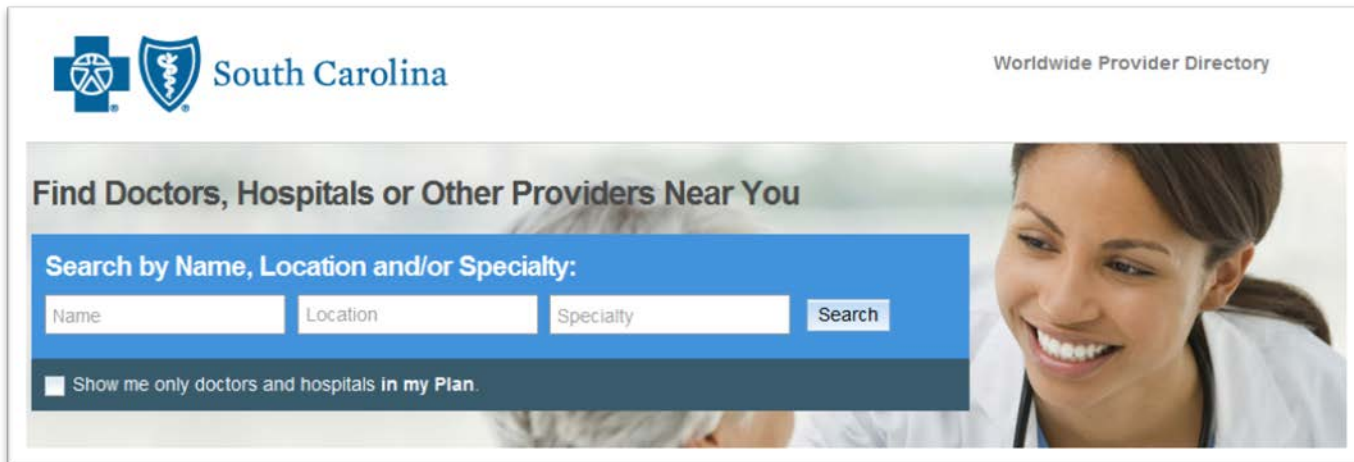
Rewarding Excellence – Financial Procedures

1. Total points correspond to a reimbursement increase on all the practices' office based Evaluation & Management (E&M) codes
2. E&M's Eligible for Increase:
 - 99201-99205 New patient office or other outpatient services
 - 99211-99215 Established patient office or other outpatient services
 - 99381-99387 New patient preventative medicine
 - 99391-99397 Established patient preventative medicine
3. Points Earned:
 - 1-5 points = E&M increase
 - 6-8 points = Additional E&M increase
 - 9-10 points = Maximum E&M increase
4. Addendum(s) with reimbursement terms will be effective on the first of the following month from execution with a term of one year (i.e. signed 3-14-14 and effective 4-1-14).

Transparency

Display nationally recognized performance measures with comparison results on national and local website

1. A percentage is calculated for each measure and displayed using one, two or three stars.
2. Star ratings are assigned by comparing each reported score to the NCQA most recent South Atlantic Region benchmarks (75th, 50th and 25th percentile).
3. The 50th percentile is used for the comparison percentage.
4. Star ratings are shared with the practice with time to approve. Star ratings are not displayed on web sites without approval.
5. Star ratings are displayed at the practice level. All physicians have the same star ratings.



The screenshot shows the 'Worldwide Provider Directory' interface for South Carolina. At the top left, there are two logos: a blue cross with a white circle inside, and a blue shield with a white caduceus. To the right of these logos is the text 'South Carolina'. In the top right corner, it says 'Worldwide Provider Directory'. Below this is a search bar with the heading 'Find Doctors, Hospitals or Other Providers Near You'. The search bar has a blue background and contains the text 'Search by Name, Location and/or Specialty:'. Below this text are three input fields: 'Name', 'Location', and 'Specialty', followed by a 'Search' button. At the bottom of the search bar, there is a checkbox labeled 'Show me only doctors and hospitals in my Plan.' The background of the search bar features a photograph of a smiling female doctor.

Diabetes Measure Suite Star Rating Example

<u>Diabetes Measure Suite</u>	<u>NCQA Benchmarks - Percentiles</u>			<u>Example</u>	
	<u>75th</u>	<u>50th (For Comparison Reporting Only)</u>	<u>25th</u>	<u>Physician A</u>	<u>Star Rating</u>
Eye exam	54%	45%	38%	44%	2 Stars
HbA1c testing	90%	87%	84%	88%	2 Stars
LDL Screening	86%	84%	81%	82%	2 Stars
Blood Pressure Control	65%	57%	52%	66%	3 Stars
Medical Attention for Nephropathy	82%	78%	73%	83%	3 Stars
	>75% = 3 Stars	75%-25% = 2 Stars	<25% = 1 Star		



Benefits of Rewarding Excellence

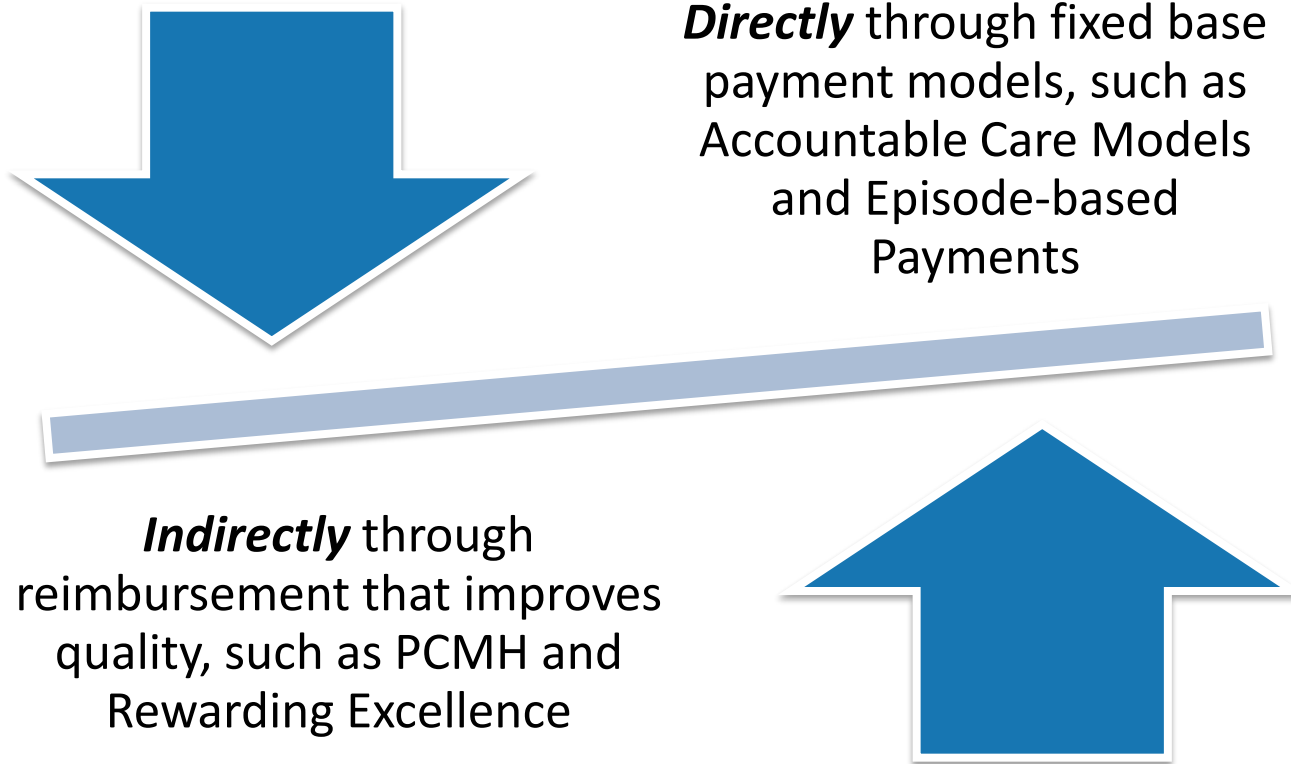
Facilitates
Hospital and
Physician
alignment for
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No additional
reporting and
monitoring
measures
due to CMS
and HEDIS

Quantifiable
evidence to
capture the
value created
by
improvement
efforts

Enhanced
revenues
through
strategic
marketing
efforts

In Closing – Payment Reform is a Priority



BlueCross BlueShield of South Carolina is committed to exercising leadership and working with stakeholders to make payment reform a reality

Questions

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