Provider Performance Analytics

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Quality Based Networks
Agenda

Overview of Provider Performance Analytics

– Measurements and Reports
– Cover letter and mailings
– Access with Blue e
– Physician Reconsideration Process
What will Provider Performance Analytics bring to the Table?

• Sharing of claims-based information with contracted physician practices.
• Assistance identifying and decreasing potential gaps in care.
• Documentation for NCQA recognition programs
• Streamlined office processes: ability to identify patients needing f/u appointments → generate revenue.
• Provides feedback on quality and performance Measures
Measures

• Reports will include 22 nationally recognized cardiac and HEDIS measures.
• Measures focus on preventative care, cardiac services, heart failure, and diabetes.
• Three measures will address pediatrics:
  1. use of appropriate medications for people with asthma
  2. appropriate testing for children with pharyngitis
  3. appropriate treatment for children with URIs.
## Reports

<table>
<thead>
<tr>
<th>Report</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures Report</td>
<td>ID, name, description, clinical rationale and citations for each measure included in the run. This report will be the same for all physicians.</td>
</tr>
<tr>
<td>Summary Report</td>
<td>Based on each individual measure, this report will tell you how many of the physician’s patients were vetted to each measure (denominator) and of those the total number who have claims data in our system showing the measure has been met (Numerator). An adherence rate is then calculated for each measure. Looking at a composite of all patients vetted to this measure, a peer adherence rate is assigned for each measure as well.</td>
</tr>
<tr>
<td>Patient Report</td>
<td>An individual physician’s report, showing a complete list of all patients who based on claims data were deemed appropriate to be vetted against each measure. This report is in Excel format- to allow sorting and printing in multiple ways to meet the practice’s needs.</td>
</tr>
</tbody>
</table>
Mailings to physicians will have 3 components

• A cover letter explaining the intent and logistics of this program.
• A brief summary that outlines the measures and provides an overview of individual and peer comparison of adherence rates.
• A link to access registration page as well as a personal registration code.
Blue e

Blue e is the provider portal on www.bcbsnc.com

– Utilizing the link in the cover letter, physicians will use their NPI1 number and registration code to register and create a personal profile.

– Reports will be accessed on the administration tab.
Enter type1 NPI and registration code
Physicians will create a Profile on Blue e
Blue e home page
Viewing reports on Blue e

<table>
<thead>
<tr>
<th>Date</th>
<th>Report Name</th>
<th>Summary Report</th>
<th>Patient Report</th>
<th>Measures Report</th>
<th>FAQs</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
<td>&lt;Run Name&gt;</td>
<td>View PDF</td>
<td>Download in Excel</td>
<td>View PDF</td>
<td>View PDF</td>
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Key Messages

• To maintain confidentiality- reports are accessed with rendering NPI number and can only be viewed by the individual physician.

• Reports are intended to be informational only.

• BCBSNC is not using these reports for any other purpose.

• The primary goal of this program is to improve outcomes for patients (our members).
Importance of Reconsideration Process

• Provides physicians input into accuracy of report data.
• Increases accuracy with identification of gaps in care.
• Defined process for physicians to request a change in subsequent report runs.
• Tracking mechanism to evaluate program processes
  – Provider attribution logic
  – Accuracy of denominator /numerator definitions
Potential Reconsideration Types

• “Not my patient”

• Measure not met / procedure not done because….
  • wrong diagnosis
  • not appropriate
  • antibiotic prescribed for another indication

• Measure met / procedure done elsewhere…

• Claims error- filed wrong or error with processing
## Determination of Validity

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Process and Data Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not my Patient</td>
<td>BCBSNC will review claims and assess who patient is “most often seen by”. Verify accuracy of attribution logic. Educate or accept reconsideration based on claims review.</td>
</tr>
<tr>
<td>Measure not Met / procedure not done</td>
<td>Wrong Diagnosis- accept reconsideration and educate as appropriate. Procedure not appropriate- request and verify documentation (diagnosis/rationale and DOS) educate or accept reconsideration per medical judgment. Antibiotic for another indication- request and verify documentation (diagnosis and DOS). Accept reconsideration.</td>
</tr>
<tr>
<td>Measure met/ procedure done elsewhere</td>
<td>Request and verify documentation (DOS and copy of report)</td>
</tr>
<tr>
<td>Claims error</td>
<td>Verify and direct as appropriate: Filing Error- direct to re-file claim Processing error- request internal reprocess.</td>
</tr>
</tbody>
</table>
Not Valid For Reconsideration

– Patient refused procedure- BCBSNC has no expectation for a perfect score. We believe the measures represent standards of practice that are reasonable for patients and it is the responsibility of the practice/physician to educate patients as to why care is needed.

– Patient followed by GYN- should not “ding” PCP if did not have CCS- While we can appreciate that patients who see a GYN present the challenge of co-management, using the PCMH model, the primary physician retains this responsibility.
Updating Data When Reconsideration Considered Valid

• All provider feedback will be tracked and documented.

• On the 8th Calendar day of each month all valid reconsiderations from previous month will be uploaded into Health Smart Designer, and will be pulled into all subsequent report runs.

• Reports will not be re-run for the physician at the time of reconsideration.