



QUALITY+

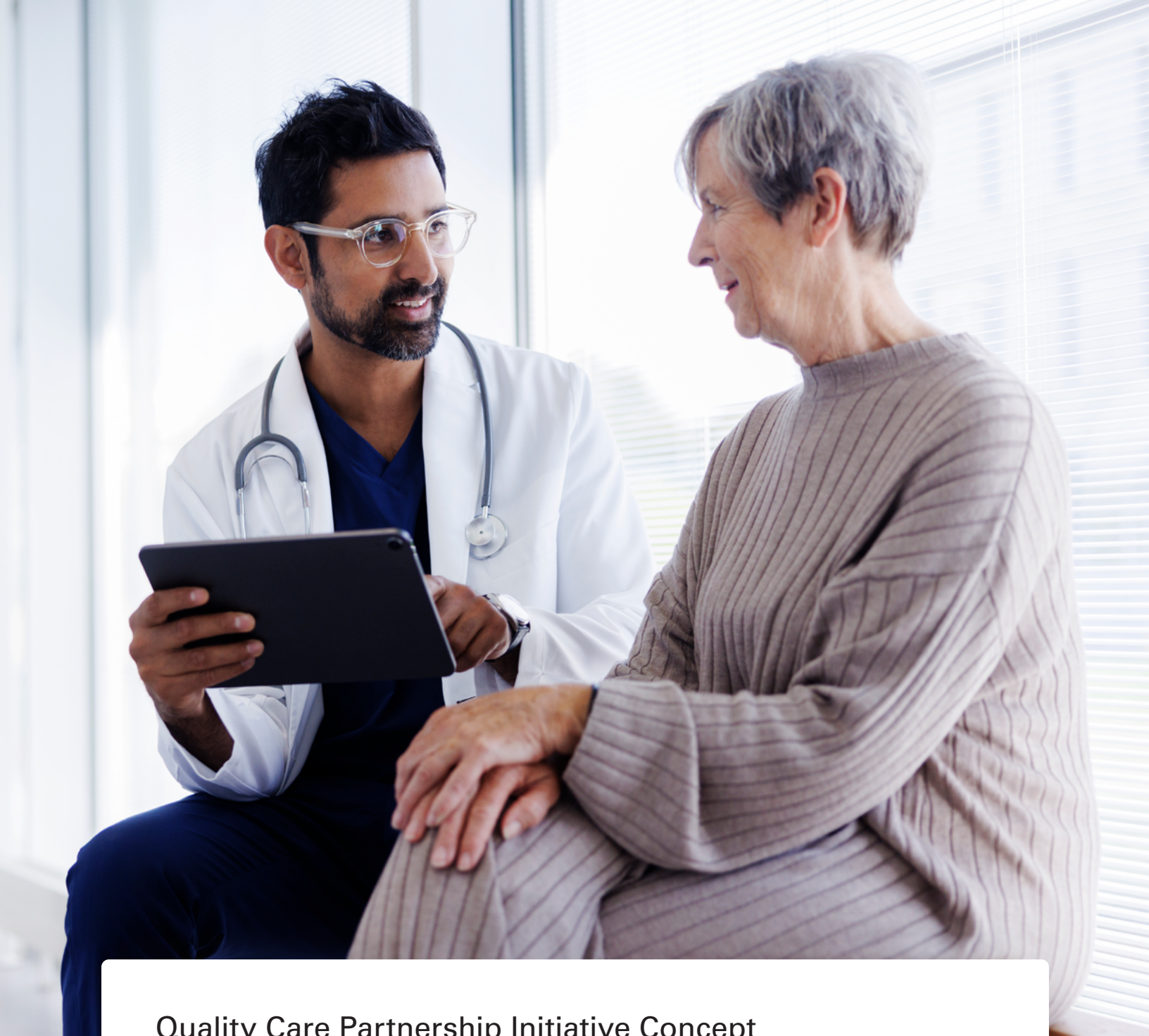
2024 Quality Care Partnership Initiative

A Program Guide to Rewarding Quality Outcomes



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Quality Care Partnership Initiative Concept

The Quality Care Partnership Initiative (QCPI) represents BlueCross BlueShield of Tennessee's expanded efforts to build a network of primary care providers (PCPs) who are committed to quality, and agree to reimbursement that's based on objective, measurable quality outcomes. QCPI is designed to improve the clinical quality, patient experience, and value of health care.

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

To be considered a PCP in the QCPI Program, a provider must fit into one of the following categories:

1. Primary credentialing by BlueCross is as a primary care provider and practices in any of the following specialties
2. Primary credentialing by BlueCross is as a specialist and practices in one of the Women's Health Primary Care Specialties

Primary Care Specialties

- › Family Medicine
- › Family Medicine - Adult Medicine
- › Family Medicine - Geriatric Medicine
- › Family Medicine - Sports Medicine
- › Family Practice
- › General Practice
- › Internal Medicine
- › Internal Medicine - Geriatric Medicine
- › Internal Medicine - Sports Medicine
- › Nurse Practitioner
- › Nurse Practitioner - Adult Acute Care
- › Nurse Practitioner - Adult Health
- › Nurse Practitioner - Family
- › Nurse Practitioner - Gerontology
- › Nurse Practitioner - Primary Care
- › Physician Assistant
- › Physician Assistant - Medical

Pediatric Primary Care Specialties

- › Family Medicine - Adolescent Medicine
- › Internal Medicine - Adolescent Medicine
- › Nurse Practitioner - Pediatrics
- › Pediatrics
- › Pediatrics - Adolescent Medicine
- › Pediatrics - Sports Medicine

Women's Health Primary Care Specialties

- › Advanced Practice Midwife
- › Midwife
- › Midwife, Lay
- › Nurse Practitioner - Obstetrics and Gynecology
- › Nurse Practitioner - Women's Health
- › Obstetrics and Gynecology
- › Obstetrics and Gynecology - Gynecology
- › Obstetrics and Gynecology - Obstetrics
- › Obstetrics and Gynecology - Surgery



Attribution Methodology

BlueCross BlueShield of Tennessee members¹ who receive health benefits through a Commercial network (i.e., Blue Network PSM, Blue Network SSM, Blue Network LSM, or other future commercial networks) will be attributed to a PCP for the purposes of the QCPI.

Attribution is at the member measure level. Members are identified and attributed to a single PCP who meets one of the QCPI PCP Classified Provider Types and who has seen the member the most within an 18-month look-back period. If there is a tie, the member will be attributed to the PCP they've seen most recently.

Four measures, Appropriate Treatment for Upper Respiratory Infection (URI), Appropriate Testing for Pharyngitis (CWP), Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), and Use of Imaging Studies for Low Back Pain (LBP) will be attributed to the provider responsible for the event that caused the member to be included in the measure. For example, a member that was diagnosed with Upper Respiratory Infection (URI) would be attributed to the PCP-classified provider who diagnosed the URI. If a provider practices for more than one group or they transfer employment to a different group during the measurement period, the event-based measure may be attributed to the most current group with which the provider is employed.

Pediatric members are attributed based on a hierarchy, with the pediatric PCP provider taking precedence over primary care provider. These member measures will be attributed to the pediatric PCP provider with whom they had the most office visits during the look-back period. If they haven't seen a pediatric PCP provider during the look-back period, the member will be attributed to a primary care provider. All other measures will be attributed to a primary care provider.

Members that can't be attributed to any type of primary care provider won't be included in the QCPI.

If a merger and/or acquisition of a new practice occurs during the performance year, any new PCP meeting the PCP classification will be added to the program and members will be attributed.

¹ BlueCard® membership is currently excluded from the QCPI attribution methodology because some data for this membership may be incomplete according to HEDIS® specifications. BlueCross may add BlueCard membership to the QCPI attribution methodology if data sufficiency for this membership meets HEDIS specifications. BlueCross will provide notice to QCPI providers prior to including BlueCard membership in the QCPI attribution methodology.

HEDIS® is a registered trademark of NCQA.

Codes for Attribution

The anticipated codes to be used for attribution are:

59426, 59430, 93784, 96116, 96127, 96156, 96158, 96159, 96160, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99421, 99422, 99423, 99441, 99442, 99443, G0442, G0443, G0444

The anticipated place of service (POS) codes to be used for attribution are: 02 or 11.

BlueCross will review the list of codes above on an annual basis for additions, deletions and revisions.

Quality Metrics

We use standardized, nationally accepted measures and data sources so we can effectively evaluate the quality of care delivered by PCPs with diverse patient populations. QCPI measures align with the Healthcare Effectiveness Data and Information Set (HEDIS®) and National Committee for Quality Assurance (NCQA) requirements. As part of the QCPI, BlueCross will evaluate providers based on measures currently in use for HEDIS commercial accreditation/ratings. The HEDIS measures are reviewed annually by NCQA and revised when necessary. Please reference Appendix A for the current list of quality measures.

QCPI Measures/Prospective Measure Status Definition

The status of measures in the QCPI program is determined prospectively. See measure set in Appendix A.

- › 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 Dec. 31 of each measurement year.

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To purchase copies of this publication, including the full measures and specifications, contact NCQA Customer Support at 888-275-7585 or visit www.ncqa.org/publications.

Data Exchange and Delivery Methods

BlueCross receives performance information through PCP claims data. To increase the accuracy of performance reporting and improve quality scores, PCPs are strongly encouraged to use Current Procedural Terminology Category II (CPT® II) codes, Quality Care Rewards (QCR) portal attestations and/or to engage in clinical data exchange with BlueCross.

Reporting and Data Quality Progress

The measurement year is Jan. 1 through Dec. 31. Scorecards for monitoring progress are available on the Quality Care Rewards (QCR) portal (see Appendix C for more information).

Each monthly report undergoes data quality assurance by the BlueCross Medical Informatics quality team to confirm the correct benchmarks, measures and scoring methodology are used. The team looks for any outlying issues and ensures results are stable from month to month.

Specific data points covered by the review include total points earned by the group, attributed population and measure-by-measure compliance.

Final calculations and ratings are issued each year, using claims data submitted through Jan. 31, to allow for claims run-out.

To assess the providers' performance in QCPI, BlueCross will meet quarterly with QCPI participants to discuss quality data and reporting methods. Both BlueCross and the QCPI practice will designate an individual to serve as a representative for the quarterly meetings.

Provider Reconciliation Process

It's important that QCPI participants review performance reports monthly through the QCR portal. Any questions about attribution or reported data should be directed to the appropriate Clinical Manager within 30 days of the most recent data refresh.

Due to primary source verification requirements, BlueCross 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. Through Clinical Data Exchange Process (preferred) based on BlueCross-required format.
2. Batch file accepted if all BlueCross-required elements are included.
3. Chart review (non-preferred), which requires secure remote access for BlueCross representative.
4. Attestation through the Quality Care Rewards tool.

The deadline for all clinical data submission is Jan. 31 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 rerun 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 five Available Points per measure (100/20).

For each measure, the provider will earn 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. If previous year benchmarks are unavailable, the benchmark will be based on NCQA's Quality Compass® unless notated in Appendix A.

- › 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.)

- › 0-39 points = ★
- › 40-55 points = ★★
- › 56-72 points = ★★★
- › 73-88 points = ★★★★
- › 89-100 points = ★★★★★

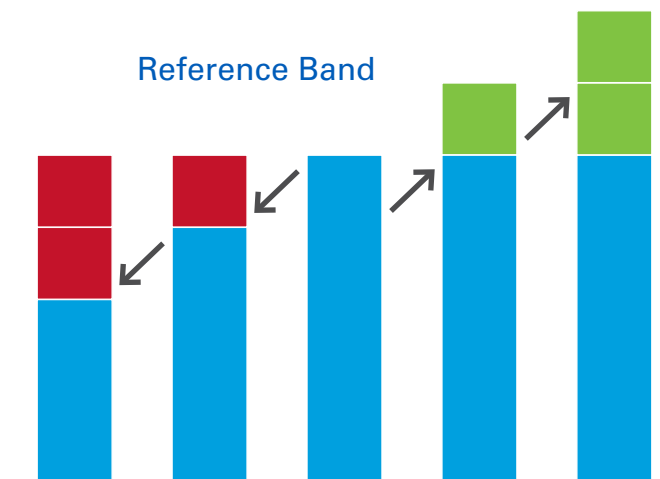
BlueCross may put the measures on the QCR scorecard in a "Display Only" mode. This information is made available so that providers can see their performance on these measures and have access to gaps in care lists. This way, they may begin to put interventions in place (as needed) to improve the measures. Display Only measures aren't counted towards the provider's score. Beginning in 2024, points can be earned for measures not included in the measurement set. The Bonus Points earned will be added on the final QCPI score once the claims run out Jan. 31.

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 will be single weighted with the exception of the following which will be triple weighted:
 - Blood Pressure Control for Patients with Diabetes - <140/90 (BPD)
 - Childhood Immunization Status – Combo 10 (CIS)
 - Controlling High Blood Pressure (CBP)
 - Hemoglobin A1c Control for Patients with Diabetes - <8% (HBD)
 - Immunizations for Adolescents – Combo 2 (IMA)
- › Weighting for those measures for which a provider group doesn't have sufficient volume (<20 for each measure) will be scored N/A and the available points redistributed to other measures.
- › Benchmarks: NCQA National Accreditation Benchmarks (<25th, 25th, 50th, 75th and 90th percentiles). If previous year benchmarks are unavailable, benchmarks are based on NCQA's Quality Compass®.
- › Scoring Methodology: NCQA Scoring Methodology for Health Plan Accreditation/Ratings.

Quality Compass® is a registered trademark of the National Committee for Quality Assurance

CPT® is a registered trademark of the American Medical Association.



Payment Model

The provider's Star Rating (i.e. Quality Score) determines the effect of the QCPI on the provider's reimbursement, as shown in the provider's QCPI addendum. Providers with 4- or 5-Star Ratings are eligible for the higher reimbursement rate. Providers with 1- or 2-Star Ratings are eligible for the lower reimbursement rate. Providers with a 3-Star Rating earn the same reimbursement as the reference reimbursement shown in the provider's QCPI addendum.

QCPI-based rate adjustments aren't cumulative year-over-year. Every year, the provider's reimbursement is determined by the reimbursement column or band that relates to the provider's Star Rating. Each reimbursement column or band represents approximately a 2.5% differential, with a maximum of 5% upside or downside potential.

QCPI-based adjustments only apply to the PCP types shown in this guide.

Appendix

A. 2024 QCPI Quality Measures

Measure	Description
(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	<p>The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.</p> <p>The measurement period for this measure is a 12-month window that begins on July 1 of the year prior to the current year and ends on June 30 of the current year.</p>
(AIS) Adult Immunization Status - Influenza 2024 Bonus Measure	<p>The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza.</p>
(AIS) Adult Immunization Status - Zoster 2024 Bonus Measure	<p>The percentage of members 50 years of age and older who are up to date on recommended routine Zoster vaccines.</p>
(AMM) Antidepressant Medication Management - Effective Continuation Phase Treatment	<p>The percentage of members 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications.</p> <p>Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (six months).</p>
(AMR) Asthma Medication Ratio	<p>The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p>
(BCS) Breast Cancer Screening	<p>The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement year or the year prior.</p>

Measure	Description
(BPD) Blood Pressure Control for Patients with Diabetes <140/90	The percentage of members 18-75 years of age with diabetes (Type 1 and Type 2) whose most recent documented BP was adequately controlled (<140/90) during the measurement year.
(CBP) Controlling High Blood Pressure	The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose most recent documented BP was adequately controlled (<140/90) during the measurement year.
(CCS) Cervical Cancer Screening	The percentage of women 21-64 years of age who were screened for cervical cancer using any of the following criteria: <ul style="list-style-type: none"> › Women 21-64 years of age who had cervical cytology performed every three years. › Women 30-64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years. › Women 30-64 years of age who had hrHPV performed every 5 years.
(CHL) Chlamydia Screening in Women	The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
(CIS) Childhood Immunization Status - Combo 10 (Dtap, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, Influenza)*	The percentage of members 2 years of age 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 by their second birthday.

Measure	Description
<p>(COL)</p> <p>Colorectal Cancer Screening</p> <p>New 2024 QCPI Measure</p>	<p>The percentage of members 45–75 years of age who were screened for colorectal cancer using any of the following criteria:</p> <ul style="list-style-type: none"> › Colonoscopy during the measurement year or the nine years prior › Flexible sigmoidoscopy during the measurement year or the four years prior › CT colonography during the measurement year or the four years prior › FIT-DNA Test during the measurement year or the two years prior › Fecal occult blood testing (FOBT), including fecal immunochemical testing (FIT) annually
<p>(CWP)</p> <p>Appropriate Testing for Pharyngitis</p>	<p>The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</p> <p>The measurement period for this measure is a 12-month window that begins on July 1 of the year prior to the current year and ends on June 30 of the current year.</p>
<p>(EED)</p> <p>Eye Exam for Patients with Diabetes</p>	<p>The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.</p>
<p>(ECM)</p> <p>Ethnicity Completeness Measure</p> <p>2024 Bonus Measure</p>	<p>The count and percentage of members enrolled any time during the measurement year by ethnicity.</p>
<p>(HBD)</p> <p>Hemoglobin A1c Control for Patients with Diabetes <8%</p>	<p>The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent documented HbA1c was adequately controlled (<8.0%) during the measurement year.</p>

Measure	Description
(IMA) Immunizations for Adolescents - Combo 2 (Meningococcal, Tdap, HPV)*	The percentage of members 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
(KED) Kidney Health Evaluation for Patients With Diabetes - Total	The percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.
(LBP) Use of Imaging Studies for Low Back Pain New 2024 QCPI Measure	The percentage of members 18-75 with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis (a higher score indicates better performance).
(RCM) Racial Completeness Measure 2024 Bonus Measure	The count and percentage of members enrolled any time during the measurement year by race.
(SPC) Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy	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: Received Statin Therapy - Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
(SPC) Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%	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: Statin Adherence 80% - Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Measure	Description
(SPD) Statin Therapy for Patients with Diabetes - Received Statin Therapy 2024 Bonus Measure	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: Received Statin Therapy - Members who were dispensed at least one statin medication of any intensity during the measurement year.
(SPD) Statin Therapy for Patients with Diabetes - Statin Adherence 80% 2024 Bonus Measure	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: Statin Adherence 80% - Members who remained on a statin medication of any intensity for at least 80% of the treatment period.
(URI) Appropriate Treatment for Upper Respiratory Infection	<p>The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.</p> <p>The measurement period for this measure is a 12-month window that begins on July 1 of the year prior to the current year and ends on June 30 of the current year.</p>
(W30) Well-Child Visits in the First 30 Months of Life - Age 15 Months-30 Months	Patients turning 30 months old during the year should have at least two or more well-visits between 15 months old and before 30 months old.
(W30) Well-Child Visits in the First 30 Months of Life - First 15 Months	Patients turning 15 months old during the year should have at least 6 or more well-visits before turning 15 months old.

Measure	Description
<p>(WCC)</p> <p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile</p>	<p>Percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.</p> <p>Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</p> <p>Ranges and thresholds do not meet criteria for this measure. Documentation must include height and weight. A distinct BMI percentile, if applicable, is required for compliance. Documentation of >99% or <1% meet criteria because a distinct BMI percentile is evident (i.e., 100% or 0%).</p>
<p>(WCV)</p> <p>Child and Adolescent Well-Care Visits</p>	<p>The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>

Bonus Measures

Starting in 2024, practices will have the ability to earn bonus points for the below measures that will be added to the final performance year's QCPI score. Points earned are provided in the sample QCPI scorecard.

Measure	Description
<p>(ECM)</p> <p>Ethnicity Completeness Measure</p>	<p>Count and percentage of members enrolled any time during the measurement period by ethnicity. Completeness factor of 75%</p>
<p>(RCM)</p> <p>Racial Completeness Measure</p>	<p>Count a percentage of members enrolled any time during the measurement period by race. Completeness factor of 75%</p>
<p>(AIS)</p> <p>Adult Immunization Status – Influenza</p>	<p>Percentage of members 19 years of age and older who are up to date on recommended routine vaccine for influenza.</p>

Measure	Description
(AIS) Adult Immunization Status – Zoster	Percentage of members 19 years of age and older who are up to date on recommended routine vaccine for zoster.
(AIS) Adult Immunization Status – Tdap	Percentage of members 19 years of age and older who are up to date on recommended routine vaccine for Tdap.
(SPD) Statin Therapy for Patients with Diabetes – Received Statin Therapy	<p>The percentages of members ages 40-75 who have diabetes and who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and who met the following criteria: Received Statin Therapy</p> <p>Members who were dispensed at least one statin medication of any intensity during the measurement year.</p>
(SPD) Statin Therapy for Patients with Diabetes – Statin Adherence 80%	<p>The percentages of members ages 40-75 who have diabetes and who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and who met the following criteria: Statin Adherence</p> <p>80% - members who remained on statin medication of any intensity for at least 80% of the treatment period.</p>



Measures for Monitoring Status Only

Measure	Description
(AWV) Annual Wellness Visit	75% of members ages 22 and older who had an ambulatory or preventive visit with their primary care provider during the measurement period.
(CWP-C) Custom Appropriate Testing for Pharyngitis	The percentage of episodes for members ages 3 and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.*
(URI-C) Custom Appropriate Treatment for Upper Respiratory Infection	The percentage of episodes for members 3 months and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.*
(AAB-C) Custom Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis	The percentage of episodes for members 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.*

*A custom BlueCross measure that allows for providers to have antibiotic dispensing information beginning in July of the prior year through June in the measurement year.



B. Sample Provider Scorecard

Commercial QCPI

Reporting Period Jan - Dec 2024

Benchmark	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
Points Needed	<=39	>=40	>=56	>=73	>=89

Measure	Eligible Population	Number Compliant	Compliance Rate	< 25 th	25 th	50 th	75 th	90 th	Points Earned	Points Available
Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment	199	137	69%	57%	57%	61%	65%	69%	3.03030	3.03030
Appropriate Testing for Pharyngitis (CWP)	291	195	67%	62%	62%	70%	75%	79%	1.21212	3.03030
Appropriate Treatment for Upper Respiratory Infection (URI)	275	231	84%	80%	80%	87%	90%	93%	1.21212	3.03030
Asthma Medication Ratio (AMR)	55	49	89%	81%	81%	84%	88%	91%	2.66667	3.03030
Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (AAB)	84	21	25%	43%	43%	49%	56%	65%	0.60606	3.03030
Blood Pressure Control for Patients With Diabetes (BPD) <140/90	1,683	1,254	75%	57%	57%	65%	72%	76%	8.00000	9.09091
Breast Cancer Screening (BCS)	3,982	3,238	81%	70%	70%	73%	77%	80%	3.03030	3.03030
Cervical Cancer Screening (CCS)*	9,449	7,502	79%	70%	70%	74%	78%	81%	2.66667	3.03030

Measure	Eligible Population	Number Compliant	Compliance Rate	< 25 th	25 th	50 th	75 th	90 th	Points Earned	Points Available
Child and Adolescent Well-Care Visits (WCV)	2,185	1,154	53%	49%	49%	56%	64%	72%	1.21212	3.03030
Childhood Immunization Status (CIS) - Combo 10 (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, Influenza)*	62	43	69%	45%	45%	56%	64%	71%	8.00000	9.09091
Chlamydia Screening in Women (CHL)	702	325	46%	40%	40%	45%	52%	62%	2.06061	3.03030
Colorectal Cancer Screening (COL)	7,621	5,231	69%	52%	52%	57%	62%	67%	3.03030	3.03030
Controlling High Blood Pressure (CBP)*	3,725	2,670	72%	56%	56%	64%	70%	74%	8.00000	9.09091
Eye Exam For Patients with Diabetes (EED)	2,027	873	43%	43%	43%	50%	58%	64%	1.21212	3.03030
Hemoglobin A1c Control For Patients with Diabetes (HBD) <8%	2,027	1,375	68%	55%	55%	61%	66%	69%	8.00000	9.09091
Immunizations for Adolescents (IMA) - Combo 2 (Meningococcal, Tdap, HPV)*	108	37	34%	26%	26%	32%	39%	46%	6.18182	9.09091
Kidney Health Evaluation for Patients with Diabetes (KED) - Total	2,031	885	44%	38%	38%	43%	49%	56%	2.06061	3.03030
Statin Therapy for Patients with Cardiovascular Disease (SPC) - Received Statin Therapy	105	76	72%	80%	80%	83%	86%	88%	0.60606	3.03030

Measure	Eligible Population	Number Compliant	Compliance Rate	< 25 th	25 th	50 th	75 th	90 th	Points Earned	Points Available
Statin Therapy for Patients with Cardiovascular Disease (SPC) - Statin Adherence 80%	76	64	84%	76%	76%	80%	83%	86%	2.66667	3.03030
Use of Imaging Studies for Low Back Pain (LBP)	124	92	74%	72%	72%	76%	80%	83%	1.21212	3.03030
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile	1,358	440	32%	63%	63%	76%	82%	88%	0.60606	3.03030
Well-Child Visits in the First 30 Months of Life (W30) - Age 15 Months-30 Months	75	67	89%	85%	85%	88%	92%	95%	2.06061	3.03030
Well-Child Visits in the First 30 Months of Life (W30) - First 15 Months	64	55	86%	78%	78%	83%	87%	90%	2.06061	3.03030
*Hybrid Measure								Total	71	100



Bonus Measures

Measure	Eligible Population	Number Compliant	Compliance Rate	Goal Compliance Rate	Goal Reached	Bonus Pts Available	Bonus Pts Earned
Ethnicity Completeness Measure	20,556	1350	7%	75%	N	1	0
Racial Completeness Measure	20,556	15622	76%	75%	N	1	1
Adult Immunization Status (AIS)- Influenza	12,042	1,898	16%	29%	N	0.5	0
Adult Immunization Status (AIS)- Zoster	5171	248	5%	21%	N	0.5	0
Adult Immunization Status (AIS) - Tdap	6010	2824	47%	46%	Y	0.5	0.5
Statin Therapy for Patients with Diabetes (SPD) - Statin Adherence 80%	263	232	88%	79%	Y	0.5	0.5
Statin Therapy for Patients with Diabetes (SPD)- Received Statin Therapy	430	263	61%	68%	N	0.5	0
					Total	4.5	2.0

Measures for Monitoring Status Only

Measure	Eligible Population	Number Compliant	Compliance Rate
Annual Wellness Visit (AWV)	0	0	0%
Custom Appropriate Testing for Pharyngitis (CWP-C)	0	0	0%
Custom Appropriate Treatment for Upper Respiratory Infection (URI-C)	0	0	0%
Custom Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-C)	0	0	0%

C. Quality Care Rewards (QCR) Tool

Providers may use our secure portal to access to the Quality Care Rewards application to identify and close member care gaps. The QCR Quick Reference Guide can be found on the QCR Tool.

For training assistance, please contact:

West Tennessee

Vivian Williams

(901) 544-2622

Vivian_Williams@bcbst.com

Middle Tennessee

Faye Mangold

(423) 535-2750

Faye_Mangold@bcbst.com

East Tennessee

Faith Daniel

(423) 535-6796

Faith_Daniel@bcbst.com

For access and technical issues or general questions about the QCR tool, please call the service center at **(423) 535-5717** (select option 2), or email eBusiness_service@bcbst.com.

D. Contact Information and Online Resources

QCPI Program

For questions regarding the QCPI Program, please contact your assigned QCPI Clinical Consultant.

BlueCross Contacts

Use the **My BlueCross Contact** tool located online at bcbst.com/providers/mycontact to find your provider network manager.

Online Resources

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

The BlueCross BlueShield of Tennessee Provider Administration Manual is available online at bcbst.com/providers/manuals.

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