

Commercial BlueCross Performance Rating Frequently Asked Questions for Providers

[Questions About Our Performance Rating](#)

What is the Commercial BlueCross Performance Rating?

The Commercial BlueCross Performance Rating is a rating system in our online provider directory for primary care providers (PCPs) who participate in Blue Network PSM and/or Blue Network SSM.

The rating is comprised of three weighted components:

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

See sections below for a detailed description of each component.

All PCPs who met the minimum threshold requirement (at least 30 attributed Commercial BlueCross patients) in the prior year have a star rating, which is based on a five-point scale.¹

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA). See www.ncqa.org

Where will members see the Commercial BlueCross Performance Rating?

The Commercial BlueCross Performance Rating is only visible in our online provider directory. A member must choose Network P or S in the All Networks dropdown box and then search for a PCP.

What do members see in the directory?

When members search for a PCP, the directory shows a side-by-side view of both the Commercial BlueCross Performance Rating and Patient Experience rating in the search results. If a PCP doesn't meet the minimum threshold requirement, we display "Not Yet Rated."¹ Similarly, the Patient Experience rating shows as transparent stars if there have been no reviews to date.

A breakdown of the Commercial BlueCross Performance Rating is available under the provider's profile. While members don't see the technical name of the components (e.g., HEDIS Quality), we do display a member-friendly description of each component.

Members can find a more detailed explanation of the Commercial BlueCross Performance Rating by clicking on the words "**What is this Rating?**" underneath the rating itself to learn more about the specific measures and data sources used to develop the rating.

Why did we develop a rating system?

We believe it's important to help our members make informed health care decisions for themselves and their families. The Commercial BlueCross Performance Rating complements our Patient Experience rating and helps balance subjective member feedback with data-driven claims information. Remember that this rating is only one factor a member may consider when looking for a PCP.

Are there new features included in this data refresh cycle?

Yes. We've introduced a Directory Designation report within the Quality Care Rewards (QCR) application in Availity® to give providers more line of sight into current year performance on HEDIS metrics, which has the greatest influence on the overall Commercial BlueCross Performance Rating. Providers can use this tool throughout the year to look for ways to close gaps in care on current quality measures. Additionally, this will be the primary source for providers to view refreshed and historical scores. There is a Directory Designation Quick Reference Guide available [here](#) if you or any of your PCPs have questions on how to use the report.

Where can I find a listing of my refreshed Commercial BlueCross Performance Ratings prior to publication?

The Commercial BlueCross Performance Ratings can be found under the Directory Designation report in the QCR application. Log in to Availity and check QCR to see your refreshed ratings, as well as past ratings and current-year performance on HEDIS quality measures that are included in Commercial QCPI. Notifications will be distributed annually based on contact preferences identified in Availity at least 60 days in advance of refreshed scores displaying in the online provider directory.

How do I access the Directory Designation report in QCR to see my refreshed ratings?

From QCR, enter the name of the organization into the left navigation search field and click the magnifying glass icon to perform a search (the search can also be performed at the individual provider level). In the pop-up box, there is a Directory Designation column to the right that will populate with a "View" hyperlink if the group and/or individual provider is in scope for the rating system. Click the "View" link to see the Directory Designation page with three available performance year tabs. This page defaults to the current year; refreshed ratings can be found on the 2020 tab.

Another way to view the Directory Designation report information is to click the Directory Designation link underneath the Reports section on the QCR left navigation menu. More information can be found in the Directory Designation Quick Reference Guide available [here](#).

Who do I contact if I have questions on how to access the Directory Designation report in QCR?

Please contact eBusiness Technical Support or your eBusiness Regional Marketing Consultant for help accessing the Directory Designation report, including information on how to set up an Availity account and use the QCR application.

Vivian Williams, (901) 544-2622; Vivian_Williams@bcbst.com

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What types of providers are considered PCPs?

We classify family medicine, general practice and pediatric providers as PCPs. Certain internal medicine providers, nurse practitioners and physician assistants who provide services in a primary care capacity are also classified as PCPs and will receive a rating.

If you received a rating but don't think you should be considered a PCP, your credentialing information may need to be updated. Please contact our Credentialing area at 1-800-357-0395 to update your information.

I'm a PCP, but I didn't get a rating. Why?

To meet our minimum threshold requirement and receive a rating, you must care for at least 30 attributed Commercial BlueCross patients in the applicable performance year. Refreshed ratings are based on claims from the prior performance period.¹ If you didn't care for at least 30 Commercial patients in the prior year, you won't receive a star rating because we don't have enough data to accurately reflect your performance.

I'm a PCP, but my online directory profile is suppressed. How will this rating affect me?

If your online directory profile is suppressed, your Commercial BlueCross Performance Rating will also be suppressed. If you feel the suppression is not accurate, please send an email to Prov_Dir_Con_GM@bcbst.com to update your information. When an online profile is updated, the Commercial BlueCross Performance Rating will also display. Please note, ratings will display in the Directory Designation report in QCR regardless of online provider directory suppression.

I got a rating, but I don't practice as a PCP. Who do I contact?

If you received a Commercial BlueCross Performance Rating, you are currently identified as a PCP in our system. If this isn't accurate, please contact our Credentialing area at 1-800-357-0395 to update your information.

Does the Commercial BlueCross Performance Rating impact my contract, fee schedule or reimbursement?

No. These ratings aren't tied to any incentives, and they won't affect your current contract, fee schedule or reimbursement. They're simply another tool we provide to our members as they use the online provider directory to find a PCP who will meet their needs.

How often will BlueCross update my rating?

We plan to refresh the Commercial BlueCross Performance Rating annually. We anticipate the data refresh to happen in the fall of each year, and you'll receive a notification from us at least 60 days before we display your updated score in the online provider directory.

How do I change who receives the annual notification?

To add or update an email address, you'll need to update the Contracting contact preference in Payer Spaces through Availity. In some cases, you may find it takes time to receive these messages through your newly specified email, and you may temporarily receive them as you did before. If this causes concern, please visit our [Provider Service](#) page where you can find links to our Enrollment and Technical Support teams.

How does BlueCross calculate my scores?

We developed a rating methodology that aligns with our goal of delivering the best medical value to our members. We evaluate providers based on performance in the prior year using Commercial claims data associated with their individual provider identification number and assign a score for each of the three weighted components on a 100-point scale:¹

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

We aggregate the individual component scores to determine the overall Commercial BlueCross Performance Rating based on the following scale:

Aggregate Points Earned for Three Weighted Components	Commercial BlueCross Performance Rating (Stars)
≥ 72.5	5.0
65 – 72.49	4.5
57.5 – 64.99	4.0
50 – 57.49	3.5
42.5 – 49.99	3.0
35 – 42.49	2.5
27.5 – 34.99	2.0
20 – 27.49	1.5
12.5 – 19.99	1.0
< 12.5	0.5
Fewer than 30 attributed Commercial patients	Not Yet Rated ¹

Will impacts from COVID-19 be taken into consideration for the 2021 refresh cycle?

Due to our concern for the continued impact of the COVID-19 pandemic and its stress on the health care delivery system, we’re making a temporary change to how we evaluate the Commercial BlueCross Performance Rating.

Typically, we use prior year data to evaluate performance and we update scores annually in the fall. For the 2021 refresh cycle, we’ll allow the current scores (based on 2019 performance year data) to stand, unless a provider’s 2020 performance year data produces a higher overall rating. This determination will be made at the individual provider level and any updates will display in the online provider directory in September.

If you didn’t receive a rating last year (based on 2019 performance year data) but met the minimum threshold requirement of at least 30 attributed Commercial BlueCross patients for the first time in 2020, you won’t receive a rating during this refresh cycle and will continue to show as “Not Yet Rated” in the online provider directory. We’ll re-evaluate you for a first-time rating during the 2022 refresh cycle.

What if I practice at more than one location and/or group?

The Commercial BlueCross Performance Rating is determined at the individual provider identification number level. If you have more than one provider identification number that is classified as a PCP, then you'll receive a separate rating for each provider identification number. Members see the rating associated with the profile they have selected in the directory.

How can I improve my rating?

Because our rating system puts the greatest weight, 60%, on the quality component (as measured by select HEDIS metrics), a focus on improving your performance in this area may help you achieve a higher rating in the future. Use the Directory Designation report within Availity's QCR application to find opportunities to close gaps in care for your patients by meeting and documenting the standards for the HEDIS measures listed. Additionally, look at your practice patterns to identify areas of opportunity. See the HEDIS Quality Component section of this FAQ for additional information.

If I have questions or don't agree with my rating, who should I contact?

A Commercial BlueCross Performance Rating will be assigned to all Commercial PCPs who meet the minimum threshold requirement (at least 30 attributed Commercial BlueCross patients).¹ If you have questions or don't agree with your rating, please contact your Network Manager. If you aren't sure who this is, you can find your BlueCross contact by visiting provider.bcbst.com/contact-us/my-contact. You have until Aug. 13, 2021 to submit additional information or comments to us prior to the publication of the ratings on Sept. 11, 2021.

Does the Patient Experience rating affect my Commercial BlueCross Performance Rating?

No. Your patient rating doesn't directly impact your Commercial BlueCross Performance Rating; however, these ratings display side-by-side in the online provider directory. There may be more immediate opportunities to improve the Patient Experience scores because they're updated more frequently. Only members who have claims for a provider in our system are able to leave a review for that provider, which displays across the different BlueCross lines of business.

Will the other lines of business adopt a BlueCross Performance Rating?

Yes. In 2020, Medicare Advantage (MA) introduced the MA BlueCross Performance Rating in the online provider directory. The MA BlueCross Performance Rating is based on the Medicare Advantage Stars scores, while the Commercial BlueCross Performance Rating is based on three weighted components comprised of HEDIS quality, efficient care delivery and MHP participation. The rating display is similar to the Commercial BlueCross Performance Rating, but members will only see the rating if they select the BlueAdvantage (PPO)SM network in the online provider directory.

Questions about the HEDIS Quality Component

What is the HEDIS Quality Component?

The HEDIS quality component accounts for 60% of the total Commercial BlueCross Performance Rating shown in the online provider directory. It's based on each individual PCP's performance on select HEDIS metrics included in our Commercial QCPI program.

HEDIS measures change annually. They typically include clinical standards for adults, adolescents and children, and reflect how often a provider completes preventive screenings and follows treatment

guidelines based on certain national standards and NCQA requirements.

You can see your performance on these HEDIS metrics by accessing the Directory Designation report within Availity’s QCR application, even if you aren’t participating in QCPI.

I don’t currently participate in the Commercial QCPI program. Will I still receive a score for this component?

Yes. Regardless of participation in the program, we’re able to calculate a score for providers with at least 30 attributed Commercial BlueCross patients based on claims data using the same HEDIS quality measures that are included in QCPI. You can see your performance on these HEDIS metrics by accessing the Directory Designation report within Availity’s QCR application, even if you aren’t participating in QCPI.

How do I obtain more information on what HEDIS measures are used in QCPI?

You can view the Directory Designation report in the QCR application to see both prior and current year performance on all HEDIS measures included in Commercial QCPI. This will give you information to help maintain and even improve your score for the next year in this HEDIS quality component. If you participate in QCPI, you can also look in the Commercial QCPI section of the QCR application to find opportunities to address open gaps in care for your patients.

Below is a list of measures included in QCPI from 2019 to 2021 for reference (see QCR for most up-to-date list):

HEDIS Measure	2019	2020	2021
Adolescent Well-Care Visits (AWC)	✓	✓	
Adult BMI Assessment (BMI)	✓	✓	
Adult Immunization Status (AIS) – Influenza**			
Adult Immunization Status (AIS) – Zoster**			
Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment	✓	✓	✓
Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment	✓	✓	✓
Appropriate Testing for Pharyngitis (CWP)*	✓		✓
Appropriate Treatment for Upper Respiratory Infection (URI)*	✓		✓
Asthma Medication Ratio (AMR)		✓	✓
Avoidance of Antibiotic Treatment for Bronchitis/Bronchiolitis (AAB)*	✓		✓
Breast Cancer Screening (BCS)	✓	✓	✓
Cervical Cancer Screening (CCS)	✓	✓	✓
Child and Adolescent Well-Care Visits (WCV)			✓
Childhood Immunization Status (CIS) - Combo 10 (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, Influenza)	✓	✓	✓
Chlamydia Screening in Women (CHL)	✓	✓	✓
Colorectal Cancer Screening (COL)	✓	✓	✓
Comprehensive Diabetes Care (CDC) - BP Control (<140/90)	✓	✓	✓
Comprehensive Diabetes Care (CDC) - Eye Exam	✓	✓	✓
Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%)	✓	✓	✓
Comprehensive Diabetes Care (CDC) - Nephropathy Screening	✓		
Controlling High Blood Pressure (CBP)	✓	✓	✓
Immunizations for Adolescents (IMA) - Combo 2 (Meningococcal, Tdap, HPV)	✓	✓	✓

Kidney Health Evaluation for Patients with Diabetes (KED) – Total**			
Medication Management for People with Asthma: Medication Compliance 75% (MMA)		✓	
Statin Therapy for Patients with Cardiovascular Disease (SPC) - Received Statin Therapy		✓	✓
Statin Therapy for Patients with Cardiovascular Disease (SPC) - Statin Adherence 80%		✓	✓
Statin Therapy for Patients with Diabetes (SPD) - Received Statin Therapy		✓	✓
Statin Therapy for Patients with Diabetes (SPD) - Statin Adherence 80%		✓	✓
Use of Imaging Studies for Low Back Pain (LBP)		✓	✓
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile	✓	✓	✓
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition	✓		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity	✓		
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	✓	✓	
Well-Child Visits in the First 15 Months of Life (6 or more visits)	✓	✓	
Well-Child Visits in the First 30 Months of Life (W30) – First 15 Months			✓
Well-Child Visits in the First 30 Months of Life (W30) - Age 15 Months-30 Months**			

*For performance year 2020, these metrics are included for display only.

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How do I improve my quality score?

Our annual Quality Care Measures guide includes information and tips to help you close HEDIS measures for your patients. This guide can be found at bcbst.com by clicking Providers, then Quality Care Initiatives/Commercial. Use the Directory Designation report under the QCR application to find opportunities to close gaps in care for your patients, attest to completed screenings, review your overall progress on quality measures and much more. You can see your performance on HEDIS metrics, even if you aren't participating in Commercial QCPI. Additionally, consider looking at your practice patterns to identify areas of opportunity.

If I want to learn more about using Availity and the QCR tool, who do I contact?

For questions or training on Availity and the QCR tool, contact your eBusiness Regional Marketing Consultant or our eBusiness Technical Support team:

Vivian Williams, (901) 544-2622; Vivian_Williams@bcbst.com

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Questions About the Efficient Care Delivery Component

How is efficient care delivery determined?

We use an analytics solution called RowdMap to define efficient care delivery for this component. RowdMap applies methodology informed by the following:

- Dartmouth Atlas for Health Care;
- The ABIM Foundation and its Choosing Wisely Initiative (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.”

This tool uses our claims data to evaluate each provider’s patterns of care in four areas:

- **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 their 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 who practice 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 these four scores and is the basis for our efficient care delivery component.

If I want to improve my efficient care delivery score or learn more about this metric, who do I contact?

The efficient care delivery component is a claims-based measurement that identifies variations in practice patterns against peer groups. We are working to enhance reporting and transparency on this measure to bring more awareness to providers, so they can move into alignment with peers. Please contact your Network Manager if you’d like to learn more about our efficient care delivery tool, RowdMap.

Questions About the Medical Home Partnership Participation Component

What is Medical Home Partnership?

Medical Home Partnership is a total population health management program designed to improve care coordination, quality and utilization. This program is based on the same principles as the patient-centered medical home (PCMH) model, with a goal of creating informed, engaged patients and proactive care teams.

Participating practices must achieve a minimum three-star rating in our Commercial QCPI program. These practices also need to maintain their NCQA PCMH Recognition.

Providers who participate in our MHP program earn the maximum score for the MHP component of the

Commercial BlueCross Performance Rating. Providers who don't participate in our MHP program don't receive any points for the MHP component and display as "Not Participating" for this component. ¹

If I don't participate in Medical Home Partnership, can I still achieve a five-star Commercial BlueCross Performance Rating?

Yes. We've elected to reward providers that have committed to participate in the MHP program because it has an additional level of accountability and engagement focused on the quality metrics and value-based principles we're focused on for our Commercial programs. However, we've intentionally built our methodology so if you score well on both the HEDIS quality and efficient care delivery components, you can still achieve a five-star rating without participating in the MHP program.

Using a 100-point scale, we aggregate the individual component scores to determine the overall Commercial BlueCross Performance Rating based on the following scale:

Aggregate Points Earned for Three Weighted Components	Commercial BlueCross Performance Rating (Stars)
≥ 72.5	5.0
65 – 72.49	4.5
57.5 – 64.99	4.0
50 – 57.49	3.5
42.5 – 49.99	3.0
35 – 42.49	2.5
27.5 – 34.99	2.0
20 – 27.49	1.5
12.5 – 19.99	1.0
< 12.5	0.5
Fewer than 30 attributed Commercial patients	Not Yet Rated ¹

Eighty points are still available when the MHP participation component is excluded, and you can achieve a 5-star rating by earning at least 72.5 points.

Will this component always be based on participation?

No. In 2020, we introduced a scorecard for MHP providers that measures provider performance on four key utilization metrics that drive costs:

- Emergency room utilization
- Inpatient hospitalization rates
- Specialist visits
- Non-preferred brand drug utilization rates

Our plan is to move away from a participation-based rating to a rating based on similar utilization metrics in a future data refresh cycle. We'll share more information as we get closer to making this change and will ensure there is advanced notice, as well as an ability to track performance on utilization metrics, prior to implementing.

¹ Due to the continued impact COVID-19 has had on health care delivery, we're carrying over current scores (based on 2019 performance) for the 2021 refresh unless a provider's score for their 2020 performance is higher than the score that's currently displayed.