

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%
- 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 and had enough historical claims data to receive a score for the efficient care delivery component) in the prior year have a star rating, which is based on a five-point scale.

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 **Network** drop-down 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 the Commercial BlueCross Performance Rating and Patient Experience rating in the search results. If a PCP doesn't meet the minimum threshold requirement, "Not Yet Rated" will show under the BlueCross Performance Rating. Similarly, the Patient Experience rating will show 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 member feedback with data-driven claims information. Remember, this rating is only one factor a member may consider when looking for a PCP.

Are there any known changes coming with this year's data refresh?

Yes. As announced last year, we'll be using a new vendor, called Motive Practicing Wisely™ Solutions, as our data analytics solutions for the efficient care delivery component during the 2024 refresh cycle.

Motive's appropriateness measures evaluate the extent to which physicians make decisions about patient care that are consistent with current evidence-based guidelines. This solution uses measures developed and vetted by Motive's panel of more than 600 board-certified, academically affiliated physicians, nurses and pharmacists

As part of this change, we've also updated the star rating cut points under the BlueCross Performance Rating scale to accurately reflect the points available under the analytics vendor. The lowest achievable star rating is now 1-star.

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 the QCR application 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 the QCR application to see my refreshed ratings?

From the QCR application, select the name of your contract by clicking the **Select Contract** drop-down in the upper right-hand corner. Once you've selected your contract, click **Go To Page** on the **Directory Designation** tile. This page defaults to the current year, but refreshed ratings can be found on the 2023 tab.

Another way to view the Directory Designation report information is to click the Directory Designation link underneath the Menu drop-down on the QCR left navigation menu. You can find more information in the User Guide [here](#).

Who do I contact if I have questions about accessing 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.

Regional Marketing Consultants

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

East TN: Faith Daniel, (423) 535-6796; Faith_Daniel@bcbst.com

Middle TN: Faye Mangold, (423) 535-2750; Faye_Mangold@bcbst.com

eBusiness Technical Support

Monday through Thursday, 8 a.m. to 6 p.m., ET and Friday, 9 a.m. to 6 p.m., ET

Phone: (423) 535-5717, option 2

Email: eBusiness_service@bcbst.com

Chat feature available in Availity BlueCross Payer Spaces

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** or Credentials@bcbst.com 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. If you didn't care for at least 30 Commercial patients in the prior year and had enough historical claims data to receive a score for the efficient care delivery component, you won't receive a star rating because we don't have enough data to accurately reflect your performance. To see the Commercial BlueCross members attributed to you during the prior year, go to the Directory Designation report in QCR and view **Member Detail** under the prior performance year tab.

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 isn't accurate, please email 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're currently identified as a PCP in our system. If this isn't accurate, please contact our Credentialing area at **1-800-357-0395** or Credentials@bcbst.com to update your information.

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

No. These ratings 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 type in Payer Spaces in Availity by:

1. Logging in to **BlueCross Payer Spaces** in Availity,
2. Selecting the **Contact Preferences & Communication Viewer** tile,
3. Choosing the **Contracting Contact Type** and then your **Organization** (based on Tax ID Number),
4. Verifying your **Provider Name** and **National Provider Identifier (NPI)** and clicking **Submit**.
 - a. **Tip:** If you don't see your name in the drop-down list, you can add it through **Express Entry** or enter your NPI. For the contracting contact, you may have multiple provider names in the left pane, so select the name(s) you want to update.
5. Follow the remaining cues, including checking the email **Opt-In** box and making sure email is the first option in the **Communication Preference** list on the right side. Then, click **Save & Submit**.

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. A [Contact Preference Quick Reference Guide](#) is available under the **Payer Spaces Resources** tab in Availity. Please visit our **Provider Service page** where you can find links to our Enrollment and Technical Support teams. If you have questions, use the Chat feature available in [Availity for assistance](#) or contact eBusiness Technical Support at **(423) 535-5717 (option 2)**.

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:

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

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

| Combined Points Earned for Three Weighted Components | Commercial BlueCross Performance Rating (Stars) |
|---|---|
| ≥ 72 | 5.0 |
| 65 - 71 | 4.5 |
| 61 - 64 | 4.0 |
| 53 - 60 | 3.5 |
| 41 - 52 | 3.0 |
| 33 - 40 | 2.5 |
| 29 - 32 | 2.0 |
| 17 - 28 | 1.5 |
| ≤ 16 | 1.0 |
| Fewer than 30 attributed Commercial patients and enough historical claims data to receive a score for the efficient care delivery component | Not Yet Rated |

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’s 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’ve 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, consider looking 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?

If you have questions or don't agree with your rating, please contact your Provider 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. 8, 2024 to submit additional information or comments to us prior to the publication of the ratings on Sept. 7, 2024.

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 together 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. Medicare Advantage (MA) includes an 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?



1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

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 2022 to 2024 for reference (see QCR for most up-to-date list):

| HEDIS Measure | 2022 | 2023 | 2024 |
|--|-------------|-------------|-------------|
| Adult Immunization Status (AIS) – Influenza ^{^*} | | | ✓ |
| Adult Immunization Status (AIS) – Zoster ^{^*} | | | ✓ |
| Adult Immunization Status (AIS) – Tdap | | | ✓ |
| 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) | ✓ | ✓ | ✓ |
| Annual Wellness Visit (AWV) [•] | | | |
| Asthma Medication Ratio (AMR) | ✓ | ✓ | ✓ |
| Avoidance of Antibiotic Treatment for Bronchitis/Bronchiolitis (AAB) | ✓ | ✓ | ✓ |
| Blood Pressure Control for Patients with Diabetes (BPD) <140/90 | | ✓ | ✓ |
| 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) | ✓ | ✓ | ✓ |
| Childhood Immunization Status (CIS) – Flu Custom [^] | | | |
| Childhood Immunization Status (CIS) – Rotovirus Custom [^] | | | |
| 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%) | ✓ | | |
| Controlling High Blood Pressure (CBP) | ✓ | ✓ | ✓ |
| Custom Appropriateness Testing for Pharyngitis (CWP-C) [•] | | | |
| Custom Appropriateness Testing for Upper Respiratory Infection (URI-C) [•] | | | |
| Custom Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-C) [•] | | | |
| Eye Exam for Patients with Diabetes (EED) | | ✓ | ✓ |
| Ethnicity Completeness Measure (ECM) [*] | | | ✓ |
| Hemoglobin A1c Control for Patients with Diabetes (HBD) <8 | | ✓ | ✓ |
| Immunizations for Adolescents (IMA) - Combo 2 (Meningococcal, Tdap, HPV) | ✓ | ✓ | ✓ |
| Immunizations for Adolescents (IMA) – HPV Custom [^] | | | |
| Kidney Health Evaluation for Patients with Diabetes (KED) – Total [^] | | ✓ | ✓ |
| Racial Completeness Measure (RCM) [*] | | | ✓ |
| 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 | ✓ | ✓ | ✓ |
| 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 2022, these metrics are included for display only.

^{*}For performance year 2023, these metrics are included for display only.

[•]For performance year 2024, these metrics are included for display only.

How do I improve my quality score?

If I want to learn more about using Availity and the QCR tool to close gaps in care, 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:

Regional Marketing Consultants

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

East TN: Faith Daniel, (423) 535-6796; Faith_Daniel@bcbst.com

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[Chat feature available in Availity BCBST Payer Spaces](#)

[Questions About the Efficient Care Delivery Component](#)

How is efficient care delivery determined?

We use an analytics solution called Motive, Practicing Wisely™ Solutions to define efficient care delivery for this component. Motive provides insights and actions that can lower costs and improve outcomes.

These insights can help health care providers:

- See and understand their own performance
- Align medical decisions with evidence
- Standardize care around evidence-based best practices

This solution uses measures developed and vetted by Motive's panel of over 600 board-certified, academically affiliated physicians, nurses, and pharmacists. These measures target clinical areas where variation exists that can impact cost effectiveness and patient outcomes. The guideline-based measures aim to align clinical practice guidelines and clinician behavior, as assessed by data on individual physician–patient interactions.

Aggregated claims data is combined to establish parameters around outcomes, cost, and quality to identify physician practice patterns over a 24-month period. The efficient care delivery measures are grouped into specialties by region, and scores are summarized in a simple 1 to 5-star rating.

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. Each measure is specialty specific and has a complete measure guide which provides an overview of the measure, the clinical rationale, key parameters, how the measure is structured (i.e., denominator, numerator, excluded cases etc.), FAQs, and supporting literature that can assist providers in improving scores. Please contact your Provider Network Manager if you'd like to learn more about our efficient care delivery tool, Motive.

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, which is designed to inform and engage patients through the work of 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.

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 combine the individual component scores to determine the overall Commercial BlueCross Performance Rating:

| Combined Points Earned for Three Weighted Components | Commercial BlueCross Performance Rating (Stars) |
|---|---|
| ≥ 72 | 5.0 |
| 65 - 71 | 4.5 |
| 61 - 64 | 4.0 |
| 53 - 60 | 3.5 |
| 41 - 52 | 3.0 |
| 33 - 40 | 2.5 |
| 29 - 32 | 2.0 |
| 17 - 28 | 1.5 |
| ≤ 16 | 1.0 |
| Fewer than 30 attributed Commercial patients and enough historical claims data to receive a score for the efficient care delivery component | Not Yet Rated |

Eighty points are available when the MHP participation component is excluded, and you can achieve a five-star rating by earning at least 72 points.