



BlueCross BlueShield  
of Illinois

December, 2007

Dear Contracted Provider,

To assist you in improving the quality and efficiency of care delivered to Blue Cross and Blue Shield of Illinois (BCBSIL) members, enclosed is your 2007 BCBSIL PPO Practitioner Profile. Please share the enclosed report with all of the practitioners who submit claims using the Blue Shield number printed on the Profile. The enclosed Profile summarizes results of cost efficiency, quality and administrative efficiency analyses.

The measurement and distribution of quality and cost efficiency information is supportive of the Four Cornerstones Initiative between the U.S. Department of Health and Human Services and the health care community. BCBSIL plans to launch a pilot program in 2008 in which members are provided with quality and cost efficiency information about physicians in the BCBSIL PPO network, based on the results summarized in the enclosed PPO Practitioner Profile. This is the fourth year that the Profile has been shared with those network physicians who had claims volume large enough to meet BCBSIL reporting thresholds. We expect that this pilot will continue to evolve as additional physician and member input is received, and we aim to further enhance the data through expanding the number of indicators for which physicians can supplement claims data with medical record information.

While for each section of the report, the most current data available for analysis was used, timeframes do vary among the different sections. The cost efficiency data is based on 24 months of claims (dates of service 12/1/04 – 11/30/06). The timeframes for the Clinical Quality Measures vary by indicator and are specified in the Quality Indicator Abstracts; the database used for quality indicator reporting includes dates of service through 12/31/2006. The administrative efficiency data includes 12 months of data (claims received from 11/1/2006-10/31/2007).

So that you can compare your performance to that of peers, specialty-specific comparison results for cost and clinical measures are provided. **BlueChoice practitioners should note that the PPO network is larger than the BlueChoice network, so more physicians were included in the calculations of cost and quality comparisons. Therefore, there may be differences between this report and the BlueChoice tiering report that was mailed in November 2007.** The HBI *Online* website contains data from the PPO Practitioner Profile.

## I. COST EFFICIENCY

The Cost Efficiency report provides information on costs of care for your patients compared to your peers. Cost Efficiency is reported using Thomson Medstat's Medical Episode Grouper® (MEG). MEG uses demographic and diagnosis data from claims to link inpatient, outpatient, and pharmacy services into disease-related episodes of care, and to classify the severity of disease within an episode. MEG uses the Medstat Disease Staging® patient classification system to construct homogenous, disease specific episode groups. A Cost Efficiency score above or below 1.00 (average) indicates a higher or lower resource usage when compared to your peers for treatment of patients with similar conditions. A Case-Mix score above or below 1.00 indicates a patient panel with a higher or lower level of severity than your peers. Based upon feedback from practitioners, Preventive Care episodes are no longer used in the calculation of Cost Efficiency. This is a change in methodology from 2006.

For cost efficiency reporting for Internal Medicine, Family Practice, Pediatrics, OB/Gyne and Mixed Specialty Groups, episodes are attributed to the provider with the highest volume of Evaluation and Management codes. For cost efficiency reporting for Cardiology, General Surgery, Ophthalmology and Orthopedics, episodes are attributed to the provider with the highest number of RVUs.

## II. QUALITY

Results for up to thirty Clinical Quality Measures for BCBSIL PPO and POS members are included. Claims data are the starting point for reporting the results of quality indicators. This year BCBSIL offered physicians the option of supplementing claims data with medical record information through HBI *Online*, a secure, HIPAA compliant and password protected web-based application for the following eight quality indicators:

Preventive Screening – Cervical Cancer Screening  
Preventive Screening – Colorectal Cancer Screening  
Childhood Immunization – Varicella Zoster Virus (VZV)  
Childhood Immunization – Measles, Mumps, Rubella (MMR)

Diabetes – HbA1c  
Diabetes – LDL Cholesterol  
Diabetes – Retinal Eye Exam  
Diabetes – Medical Attention for Nephropathy

Based on feedback from physicians, the attribution logic was changed for these eight indicators, so that patients whose only contact with a given physician was in the inpatient or emergency room setting were excluded from the analysis for that physician.

Quality Indicator Abstracts that describe each Clinical Quality Measure can be found in the UM/QI/Medical Management section on the BCBSIL website at [www.bcbsil.com/provider/index.htm](http://www.bcbsil.com/provider/index.htm). This letter and a document explaining the scoring criteria for the 2007 BCBSIL PPO Practitioner Profile are available at the same location.

If your profile includes quality indicator results, you can access member-specific data and the Quality Indicator Abstracts on the HBIOnline secure web-site, <https://data.healthbenchmarks.com/BCBSIL>. A username and password are required to access the HBIOnline website. Use the username and password printed on your PPO Practitioner Profile unless you have changed them since November 1, 2007.

The methodology used for reporting the Clinical Quality Measures includes all specialty-appropriate practitioners involved in the care of a member during the relevant time frame as that member's "team." Ideally, each practitioner should either provide recommended services or confirm that recommended services have been provided. Therefore, if claims data confirm that a member received a service, all team members receive credit. If the member did not receive the service, no member of the team receives credit for the service. The specific criteria for defining which practitioners to include in the team vary by indicator. All of the Clinical Quality Measures have been structured so that higher rates represent better performance.

### III. ADMINISTRATIVE EFFICIENCY

The Administrative Efficiency indicator is the percentage of claims that were submitted electronically. Higher rates represent better performance. Electronic claims are more efficient, faster and finalized more quickly than paper claims.

### NEW OPPORTUNITY FOR 2008

A new program will be included next year in the 2008 PPO Practitioner Profile. BCBSIL is partnering with the American Board of Medical Specialties (ABMS) to promote the ABMS Patient Safety Improvement program. This web based program offers 20 hours of CME credit and is relevant to physicians in all specialties. Some specialty boards are including the program in their Maintenance of Certification programs. The program includes:

- scenarios that illustrate common errors and the complex systems involved;
- patient safety curriculum regarding errors and adverse events in medical settings;
- quality improvement fundamentals that provide information about how to identify areas for change and incorporate quality improvement measures into any clinical setting; and
- patient safety improvement activities in which the physician applies concepts from the program to his or her own practice.

Additional information will be on [www.bcbsil.com](http://www.bcbsil.com) and in an upcoming issue of *BlueReview*. Physicians must complete the program by October 1, 2008 to receive recognition on the 2008 Profile.

If you have questions or comments regarding your 2007 BCBSIL PPO Practitioner Profile, please call (312) 653-5005.

Sincerely,  
BCBSIL Health Care Management