



BlueCross BlueShield  
of Illinois

## Criteria for 2009 BlueChoice Profile

The Blue Cross Blue Shield of Illinois BlueChoice Profile summarizes performance for selected cost and quality-related indicators. The profile includes indicators in the following categories:

1. Cost Efficiency
  - A. Cost Efficiency Score
  - B. Case Mix
  - C. Total Number of Episodes
  - D. MEGs Driving Efficiency
2. Clinical Quality Indicators
  - A. Standardized Indicators

For additional details see <http://www.bcbsil.com/provider/umqi/clinical.htm>

### Cost Efficiency

Data sources: BCBSIL claims 12/1/06 – 11/30/08

The Cost Efficiency methodology uses Thomson Reuters' Medical Episode Grouper® (MEG). MEG incorporates demographic and diagnosis data from claims to link inpatient, outpatient, and pharmacy services into disease-related episodes of care and classifies the severity of disease within an episode. MEG uses the Medstat Disease Staging ® patient classification system to construct homogenous, disease specific episode groups. Because the Medstat Episode Grouper is based solely on diagnosis codes and does not take into account procedure codes, accuracy of disease classification is increased.

The following items are displayed in your Efficiency report.

- A. Cost Efficiency Score — Efficiency is the ratio of the provider's actual cost to the provider's expected cost, adjusted for MEGs; A Cost Efficiency Score is calculated for each contracted provider. 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.
- B. Case Mix is a measure of the degree to which a provider's patient mix is more or less complex to treat. Case mix is a ratio of the provider's expected cost, adjusted for MEGs to the unadjusted mean cost for the specialty. Severity adjustment is incorporated into the cost efficiency analysis. A case-mix score is calculated for each contracted provider. A score above the average (1.00) indicates a patient panel with a higher level of severity than that of peers. A score below the average (1.00) indicates a patient panel with a lower level of severity than that of peers.
- C. Total Number of Episodes includes inpatient, outpatient and professional services.
- D. MEGs Driving Efficiency — the list of top MEGs for a provider is based on volume, the most efficient MEGs for a provider by total cost variance, and the least efficient MEGs for a provider by total cost variance. Each section shows the provider's costs relative to the specialty peer cost for the MEG.

## **2. Clinical Quality Indicators**

Data Source: BCBSIL claims through 12/31/08

Results are reported on Clinical Quality Indicators for BCBSIL PPO and BlueChoice members.

The methodology used for reporting the Clinical Quality Indicators 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 Indicators have been structured so that higher rates represent better performance.

### **A. Standardized Clinical Quality Indicators**

1. Breast Cancer Screening
2. Colorectal Cancer Screening
3. Cervical Cancer Screening
4. Glycosylated Hemoglobin (HbA1c) For Diabetics
5. Medical Attention for Diabetic Nephropathy
6. LDL Monitoring for Diabetes
7. Childhood Immunization: Varicella-Zoster Virus (VZV)
8. Childhood Immunization: Measles, Mumps, Rubella (MMR)
9. Use of Long-Term Control Drugs for Persistent Asthma
10. Treatment of Cardiovascular Conditions: Monitoring Lipid Levels
11. Use of Spirometry Testing in the Assessment and Diagnosis of COPD
12. Conservative Use of Imaging for Low Back Pain
13. Appropriate Testing for Children with Pharyngitis
14. Appropriate Treatment for Children with Upper Respiratory Infections
15. Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis

Standardized Clinical Quality Indicators are specifications adapted from the National Committee for Quality Assurance (NCQA).