



BlueCross BlueShield of Illinois

Scoring Criteria for 2007 BCBSIL Practitioner Profile

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

1. Cost Efficiency
 - A. Efficiency Score

2. Clinical Quality Measures
 - A. Preventive Screening
 - B. Diabetes
 - C. Immunization
 - D. Chronic Conditions
 - E. Acute Conditions
 - F. Ophthalmology
 - G. Musculoskeletal
 - H. Informational (Non-scored)

3. Administrative Efficiency
 - A. Electronic Claims

| | Maximum Points Possible |
|--|-------------------------|
| <p>1. Cost and Utilization Efficiency</p> <p>Data sources: BCBSIL claims 12/1/04 – 11/30/06</p> <p>The Utilization Efficiency methodology uses Thomson Medstat’s 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.</p> | |
| <p>A. Cost Efficiency Score</p> <p>A Cost Efficiency Score is calculated for each contracted provider. A score above the average (1.00) indicates higher resource usage when compared to peers. A score below the average (1.00) indicates lower resource usage when compared to peers. Peer comparison is for treatment of patients with similar conditions.</p> <p>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.</p> <p>The following items are displayed in your Efficiency report.</p> <ol style="list-style-type: none"> 1. Cost Efficiency Score — is a measure of the degree to which a provider is more or less costly than specialty peers when treating patients with similar MEGs. Efficiency is the ratio of the provider’s actual cost to the provider’s expected cost, adjusted for MEGs; 2. 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; 3. Total Number of Episodes — episodes include inpatient, outpatient and professional services. 4. MEGs Driving Efficiency — the top MEGs for a provider 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 providers’ costs relative to the specialty peer cost for the MEG. | |
| <p>The Efficiency Score is analyzed to determine the contracted provider’s quartile. Scoring is applied as follows:</p> | |
| <p>Contracted providers with cost efficiency scores in the top quartile = 30 points</p> <p>Contracted providers with cost efficiency scores in the 2nd quartile = 22.5 points</p> <p>Contracted providers with cost efficiency scores in the 3rd quartile = 15 points</p> <p>Contracted providers with cost efficiency scores in the bottom quartile = 7.5 points</p> | |
| <p>Maximum Cost Efficiency TOTAL</p> | <p>30</p> |

| | Minimum Req. for Scoring | Clinical Quality Measure Rates |
|---|---|---|
| 2. Clinical Quality Measures Data Source: Data sources: BCBSIL claims through 12/31/06 | | |
| A. Preventive Screening <ol style="list-style-type: none"> 1. Mammography Screening 2. Colorectal Cancer Screening 3. Cervical Cancer Screening Total Preventive Rate is calculated based on the 3 screenings above. | Minimum requirement for scoring ≥ 5 episodes | Section rate is included in Overall Score |
| B. Diabetes <ol style="list-style-type: none"> 1. Glycosylated Hemoglobin (HBA1c) For Diabetics 2. Medical Attention for Diabetic Nephropathy 3. LDL Monitoring for Diabetes Total Diabetes Rate is calculated based on the 3 measures above. | Minimum requirement for scoring ≥ 5 episodes | Section rate is included in Overall Score |
| C. Immunization <ol style="list-style-type: none"> 1. Childhood Immunization: Varicella-Zoster Virus (VZV) 2. Childhood Immunization: Measles, Mumps, Rubella (MMR) Total Immunization Rate is calculated based on the 2 measures above. | Minimum requirement for scoring ≥ 5 episodes | Section rate is included in Overall Score |
| D. Chronic Conditions <ol style="list-style-type: none"> 1. Use of Long-Term Control Drugs for Persistent Asthma 2. Treatment of Cardiovascular Conditions: Monitoring Lipid Levels 3. Follow-up After Diagnosis of Prostate Cancer 4. Hepatic Enzyme Monitoring Before Initiating Statin Therapy Total Chronic Conditions rate is calculated based on the 4 measures above. | Minimum requirement for scoring ≥ 5 episodes | Section rate is included in Overall Score |
| E. Acute Conditions <ol style="list-style-type: none"> 1. Conservative Use of Imaging for Low Back Pain 2. Appropriate Testing for Children with Pharyngitis 3. Treatment of Upper Respiratory Infections (URI) Without Antibiotics Total Acute Conditions rate is calculated based on the 3 measures above. | Minimum requirement for scoring > 5 episodes | Section rate is included in Overall Score |
| F. Ophthalmology <ol style="list-style-type: none"> 1. Annual Visual Field Tests for Patients with Primary Open Angle Glaucoma 2. Adherence to Glaucoma Medications 3. Avoidance of Postoperative Complications After Cataract Surgery Total Ophthalmology Rate is calculated based on the 3 measures above. | Minimum requirement for scoring > 5 episodes | Section rate is included in Overall Score |
| G. Musculoskeletal <ol style="list-style-type: none"> 1. Plain Radiography Prior to MRI of the Knee 2. Risk-Adjusted Complications Post Primary Total Hip Replacement (THR) Surgery 3. Risk-Adjusted Complications Post Primary Total Knee Replacement (TKR) Surgery Total Musculoskeletal Rate is calculated based on the 3 measures above. | Minimum requirement for scoring > 5 episodes | Section rate is included in Overall Score |

| | Minimum Req. for Scoring | Clinical Quality Measure Rates |
|---|--|---|
| H. Informational (Non-scored) 1. Follow-Up Care for Children Prescribed ADHD Medication Therapy: Initiation Phase 2. Appropriate Antibiotic Treatment for Adults with Acute Bronchitis 3. Chlamydia Screening for Women 4. Osteoporosis Screening Following Fractures 5. Risk-Adjusted Complication Likelihood for Surgeries: Appendectomy and Cholecystectomy 6. Diabetic Retinal Exam 7. Use of Spirometry Testing in the Assessment and Diagnosis of COPD 8. Adherence to Anti-Hypertensive Medication 9. Adherence to Lipid-Lowering Medication There is no overall rate for the 9 measures above. | Not Scored - Minimum requirement for reporting ≥ 5 episodes | Section rate IS NOT included in Overall Score |
| The overall score is an average of applicable section rates multiplied by the total possible points (up to 60). Providers are scored only on those indicators that apply to their PPO Practitioner Profile practice specialty. | | Weighted Section Average X 60% |
| Maximum Clinical Quality Measures TOTAL | | 60 |

| | Maximum Points Possible |
|--|-------------------------|
| 3. Administrative Efficiency Data Source: BCBSIL claims received from 11/1/06 to 10/31/07 Minimum claim volume for scoring is ≥ 300 claims submitted 11/1/06 to 10/31/07. | |
| Criteria – Electronic Claims Submission | 10 |
| 1. < 300 claims submitted during 11/1/06 – 10/31/07 = NA 2. If ≥ 300 paper claims were received during 11/1/06 – 10/31/07: $\geq 93\%$ of claims are sent electronically = 10 points $\geq 90\%$ but $< 93\%$ of claims are sent electronically = 8 points $\geq 88\%$ but $< 90\%$ of claims are sent electronically = 6 points $\geq 83\%$ but $< 88\%$ of claims are sent electronically = 4 points $\geq 80\%$ but $< 83\%$ of claims are sent electronically = 2 points $< 80\%$ of claims are sent electronically = 0 points | |
| Maximum Administrative Efficiency TOTAL | 10 |

| Total Possible Points | Up to 100 |
|---|-----------|
| For contracted providers for which some sections of the profile could not be reported, the total possible points will be less than 100. Therefore, also reported is the percentage of possible points that were earned (the contracted provider's points earned divided by the maximum points possible for that contracted provider). | |