

Overview of Report Components

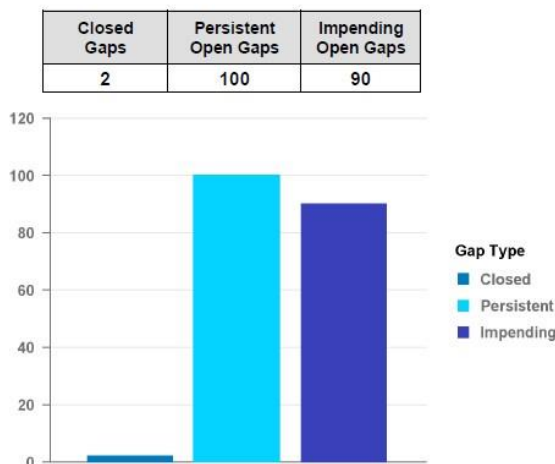
The **Provider Quality Report** actually consists of 2 separate reports:

- **The Provider Quality Summary Report** which is a PDF document that provides a retrospective view of open care gaps for Medicare and commercial members and includes trending analysis for up to 10 Priority measures. In this report Medicare and Non-Medicare data will be shown separately but successive.
- **The Provider Quality Patient Level Detail Report** which is in Excel format and provides a prospective view of open care gaps for the current calendar year. If appropriate this report will have two additional tabs, Medicare Med Adherence and Non Medicare Med Adherence.

Summary Report Components:

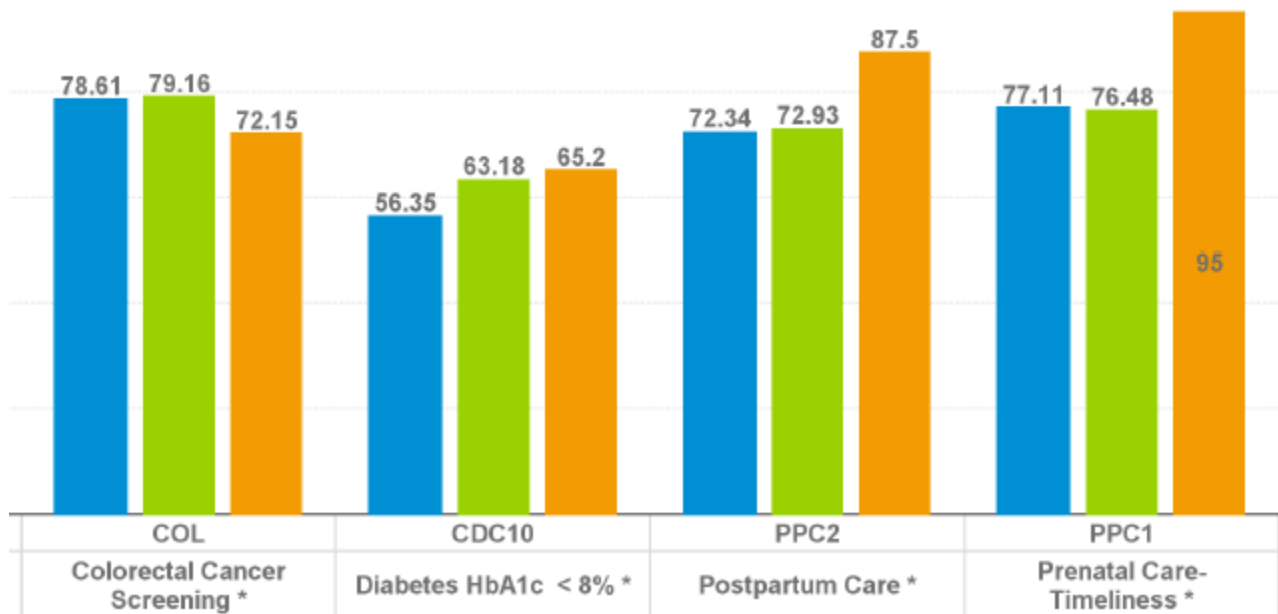
Data Source:	BCBSNC
Membership:	Medicare
Date Range:	10/1/17 thru 9/30/18

Page one of the Summary report focuses on the priority measures. In the upper left hand corner, you will find the membership type (Medicare or commercial depending on practice populations).



Terms & Definitions
1. Closed Gaps: The number of care gaps that were closed within the date range of this report.
2. Persistent Gaps: The number of care gaps that appeared on the report you received last month and are still present on this current report.
3. Impending Gaps: Instances of care that need to occur between now and the end of the calendar year 2015
Note: Please don't reconcile the numbers with our patient detail report

The smaller bar graph shows care gap metrics for the priority care gaps. Based on a rolling 12 month period, Data Thru 6/1/2017 includes all gaps from June 2016 thru May 2017. In the example shown: there were 2 gaps that closed via administrative claims in the previous month, there are 100 persistent gaps (gaps that were open in the previous month and remain open in the current month) and 90 impending open gaps (Instances of care that need to occur between now and the end of the calendar year or they will become open care gaps).



Also included on page one will be a trending report for the 10 priority measures. Each measure will show total adherence for previous month, current month, as well as the national 90th percentile for commercial HEDIS reports and 5 STAR cut points for the Medicare reports.

Measures will show as:

Clinical measures use the **administrative** or **hybrid** data collection methodology, as specified by the National Committee for Quality Assurance (NCQA).

Administrative data are electronic records of services, including insurance claims received from hospitals, clinics, medical offices, pharmacies and labs.

Hybrid- these measures allow administrative claims to be supplemented with data from medical records as specified by NCQA.

Pharmacy- These measures specifically rely on pharmacy claims.

Opportunity (PED)
AWC: Patients may not return for preventive care. If seen for sports physical, consider well visit exam which includes needed sports requirements.
W15: Schedule and complete the 6th visit BEFORE the 15 months birthday.
W34: Well child exams do not have to be 365 days apart. This provides greater flexibility in scheduling services.

In the upper right hand corner of page one will be the Opportunity Analysis Box. This box will contain information for any questions or concerns, as well as strategies to assist with care gap closures. The messages in this box may vary each month and are based on the providers' adherence scores on the priority measures.

The final pages of the Summary report will include a full listing of all Measures.

X	Administrative	Breast Cancer Screening	BCS	
X	Hybrid	Diabetes HbA1c Poor Control	CDC2_INV	
X	Hybrid	Colorectal Cancer Screening	COL	
X	Hybrid	Body Mass Index (BMI)	ABA	
X	Rx (Pharmacy)	High Risk Medications (Part D)	HRM	
X	Rx (Pharmacy)	Medication Adherence for Statins (Part D)	MA_Stat	
X	Rx (Pharmacy)	Medication Adherence for Hypertension/RAS (Part D)	MA_Hyp	
	Rx (Pharmacy)	Medication Adherence for Diabetes Meds	MA_Diab	
	Hybrid	Diabetes Care Kidney Disease	CDC7	
	Hybrid	Diabetes - Eye Exam	CDC4	
	Hybrid	Diabetes - HbA1c Screening	CDC1	
	Administrative	Engagement Alcohol/Drug Treatment	IET_ENGAGE	
	Administrative	Initiation Alcohol/Drug Treatment	IET_INIT	
	Administrative	COPD Exacerbations w Bronchodilator	PCE2	
	Administrative	Pharma Mgmt of COPD Exacerbation	PCE1	

This section of the report provides a quick view of performance metrics for all measures.

Priority Measure	Measure Type	Measure	Measure Abbrev.	Performance (In Percentile)	Current Month Denominator	Current Month Numerator	Current Month Open Gaps	Gaps To Close	Practice Quality Score (In %)		National 90th (In %)
									Previous Month	Current Month	
Note: X Means Priority Measure				<small>RED - NCOA 25th Percentile or Less Than 25th Percentile Score YELLOW - NCOA 50th or 75th Percentile Score GREEN - Greater Than or Equal to NCOA 90th Percentile Score WHITE - If we do not have any score (for your practice or NCOA Score) Percentile Scores: (1): 25-50% (2): 50-75% (3): 75-90% (4): >90% (5)</small>				To Reach Next NCOA Percentile			
X	Administrative	Avoid Antibiotics Adults w Acute Bronchitis	AAB_INV	50th	1,362	395	967	32	29.28	29	39.47
X	Administrative	Breast Cancer Screening	BCS	90th	12,009	10,021	1,988		83.22	83.45	79.84

Elements in this table include:

Measure Priority: Priority measures are identified with an X (these are the measures identified on the trending bar graphs on page 1 of your report)

Measure Type: Clinical measures use the administrative or hybrid data collection methodology, as specified by NCQA.

- **Administrative** data are electronic records of services, including insurance claims received from hospitals, clinics, medical offices, pharmacies and labs.
- **Hybrid-** These measures allow administrative claims to be supplemented with data from medical records as specified by NCQA.
- **Pharmacy-** These measures rely specifically on pharmacy claims

Measure: Shortened measure name. (For a full list of measures – including description- please refer to the **Complete List of Measures** document)

Measure Abbreviation: NCQA accepted abbreviation of measure name.

Performance: a color coded quick view of overall performance on each individual measure.

Medicare:

- Green: adherence at or above the 5 STAR Cut Point in %
- Yellow: scores indicative of 3 or 4 STAR for given measure
- Red: score indicative of 2 STAR or lower for given measure
- White: we have no score (CMS Cut Points for the measure)

Commercial:

- Green: at or above national 90th percentile for measure
- Yellow: scores fall between 50-89 national percentile for measure
- Red: score falls below the 49th national percentile for measure
- White: we have no score for your practice or national 90th percentile

Denominator: Total number of patients eligible to be measured.

Numerator: Total number of patients with adequate documentation to meet measure requirements.

Care Gap: Total number of patients with open care gap (denominator minus numerator).

Gaps to Close: Total number of gaps to reach next NCQA percentile

Practice Quality Scores (previous month and current month): measure adherence rate by percentile. ($\{\text{numerator} \times 100\}$ divided by denominator).

National 90th or Medicare Stars: field shifts depending on report population.

- **Medicare STARS:** Star ratings are assigned by CMS after statistical analysis of base level data is collected from health plans across the nation. Cut points are established for each measure to translate the numeric scores (percentages) into a star rating ranging from 1 to 5. The star rating listed here takes your measure performance rate (percentage) and translates it into a star rating based on the latest years cut points.

Please Note:

The following Medicare Measures are not Stars measures and as a result will not have a National Benchmark displayed on the summary report:

- *Follow-Up After Hospitalization for Mental Illness—7-Day Rate*
 - *Engagement of Alcohol and Other Drug Dependence Treatment*
 - *Initiation of Alcohol and Other Drug Dependence Treatment*
 - *COPD Exacerbations With Bronchodilator Dispensed*
 - *Pharmacotherapy Management of COPD Exacerbation (Systemic Corticosteroid)*
 - *High Risk Medication*
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- **National 90th Percentile Score:** NCQA provides comparative and descriptive performance information on hundreds of commercial, Medicaid and Medicare health plan submissions as well as national, regional and state benchmarks. The online database features up to three years of performance trending of HEDIS and CAHPS® measures for publicly reporting plans. Utilizing this data collection they are able to provide the national mean average and 10th and 90th percentiles for the current year, as well as previous years' national averages for selected measures. A score at the 90th percentile indicates a performance in the top 10%.

For the purpose of calculating a Non-Medicare Summary Score for ACO and large groups, numeric numbers (1-5) have been assigned by BCBSNC to correlate to the percentage ranges. (<25% =1; 25-50% =2; 50-75% =3; 75-90% =4; >90% =5)

Patient Level Detail Report Components:

This report is made available in Excel format to allow practices to filter and sort data into any configuration desired. This might include alphabetizing columns or sorting by Member name, rendering physician, or measure name. Medicare, Medicare Med Adherence, Non Medicare

(Commercial) and Non Medicare Med Adherence open care gaps will be available on four different tabs within the excel document.

This report will ONLY show members with care gaps: current (persistent) and prospective (impending) through the end of the calendar year. Patient names will no longer show on this report, once gap has been closed.

Please Note:

The following measure will be on the summary report but will not be on the patient level detail report:

- *Follow-Up After Hospitalization for Mental Illness—7-Day Rate*
- *Childhood Immunization Status*
- *Immunizations for Adolescents*

These decisions were made for one or more of the following reasons:

- *Reporting limitations*
- *Nature of the gaps*
- *Lag time in terms of filing claims.*

Some column headers on the member detail tabs include:

- **Member full name:** (includes columns for last name, first name, and middle initial)
- **External Member ID :** member's BCBSNC insurance card ID number
- **Member date of birth**
- **Member gender:** (M- male, F-female)
- **Member full address:** (includes columns for street address, apartment number, city, state, and zip code)
- **Rendering Provider Name** (Includes columns for last name, and first name) Attributed physician is based on claims.
- **Report measure name:** (HEDIS and CMS assigned measure abbreviations)
- **Report Measure Description:** (descriptive measure name- i.e. Breast Cancer Screening)
- **Care Gap Type:** current or prospective

In addition the Non-Medicare Tab – will include the following column headers:

- **Business Segment:** (FEP, Group ASO, Group Underwritten, Individual, State ASO)
- **Member Plan Type:** (Blue Advantage, Blue Care, Blue Options, Blue Options HSA, Blue Select, Blue Value, FEP)
- **ACA Product Indicator:** (Y=yes, N=no)

Explanations of some headings on the Medicare Med Adherence and Non Medicare Med Adherence tabs:

- **Drug Quantity:** actual number of pills dispensed on last fill date
- **Day Supply:** the number of days covered by the last fill (i.e. 1 month supply of a drug taken twice daily is quantity = 60, day supply = 30)
- **PDC:** Proportion of Days Covered - the number of days covered by the amount of medication dispensed divided by the number of days in the treatment period.
- **Rolling 12 month_PDC_Rate:** Calculation of PDC using the previous 12 months of pharmacy claims.
- **YTD_PDC_Rate:** Calculation as PDC using pharmacy claims beginning January 1st through the end of the last month.

Current Measure types addressed:

- Medication Adherence for Statins
- Medication Adherence for Diabetes
- Medication Adherence for Hypertensives/RAS

Note: These tabs could be empty if you have no members in these measures