

2016 Physician Group Incentive Program Clinical Quality Initiative: Frequently asked questions



1. When do the new quality measures become effective? When will we receive rewards for these measures?

Measurement began Jan. 1, 2016, for this program year. Physician organization rewards are distributed in July 2017 and October 2017.

2. How will you report our PO performance? How can we keep track of how we are performing?

Tracking and reporting will occur for both Medicare Advantage patients and Commercial PPO patients.

Commercial PPO performance information will be delivered monthly through the Clinical Quality Initiative prospective reports to each physician organization starting in March 2016. POs may also monitor their performance in Health e-Blue™. Performance scorecards are currently under construction and are expected to be finalized in the summer of 2016.

Medicare Advantage will continue to be delivered to POs via email in 2016. POs may also monitor their performance in Health e-Blue™.

3. What are the actual measures we need to meet?

See graph below

HEDIS® Clinical Measures	QRS Measures for Commercial Members	MA Stars Measures for MA Members
Adult BMI Assessment	✓	✓
Appropriate Testing for Children with Pharyngitis	✓	
Appropriate Treatment for Children with Upper Respiratory Infection	✓	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	✓	
Breast Cancer Screening	✓	✓
Cervical Cancer Screening	✓	
Chlamydia Screening in Women	✓	
Colorectal Cancer Screening	✓	✓
Controlling High Blood Pressure	✓	✓
Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0%	✓	
Diabetes Care: Hemoglobin A1c (HbA1c) Control ≤9.0%		✓
Diabetes Care: Hemoglobin A1c (HbA1c) Testing	✓	
Diabetes Care: Medical Attention for Nephropathy	✓	✓
Diabetes Care: Retinal Eye Exam	✓	✓
Statin Use in Persons with Diabetes		✓
Proportion of Days Covered (Statins)	✓	✓
Proportion of Days Covered (Diabetes All Class)	✓	✓
Proportion of Days Covered (RAS Antagonist)	✓	✓
Use of Imaging Studies for Low Back Pain	✓	

4. Our PO has physicians spread out over a large geographic area. We understand they have new opportunities for reimbursement based on quality measures. What can you do to help us educate our practices?

We have several materials available for download on the PGIP Collaboration site and in the *Partner Resources* section of [ValuePartnerships.com](https://www.valuepartnerships.com).

In addition, we've published several articles in *The Record* and *Hospital and Physician Update*, and there is also information on web-DENIS.

5. We have an issue with your scoring model and formula. Who should we talk to?

Please contact Alina Pabin, manager, at apabin@bcbsm.com or **313-448-6240**.

6. Where does the money come from to pay POs?

All network physicians agree by contract to allocate funds from their fee schedule reimbursement to the PGIP Reward Pool. The current amount of the allocation is 5 percent. This 5 percent allocation goes into a pool to be paid out to physician organizations that meet performance metrics established by Blue Cross Blue Shield of Michigan.

Physician organizations use the funds to support and reward practice transformation (through such efforts as developing PCMH capabilities among primary care physicians and PCMH-neighborhood capabilities among specialists) and population performance improvement in the areas of cost and quality.

Nothing that goes into the reward pool is retained by Blue Cross Blue Shield of Michigan. Blue Cross does not collect any administrative compensation for managing PGIP.