



Sept. 12, 2013

OUR NEW P4V PROGRAMS ARE SUCCESSFULLY PERFORMING AND GROWING. PLEASE READ DETAILS ABOUT CHANGES TO QUALITY BLUE INCENTIVES AND SCORING, COMING APRIL 1, 2014.

Dear *Quality Blue* Partner:

Quality Blue is undergoing an historic evolution to Pay-for-Value. Highmark Blue Shield is partnering with providers —as we've done for nearly a decade in Pay-for-Performance programs — to reinforce and improve quality, enrich the patient experience, and reduce the overall cost of care.

As of April 1, 2014, providers currently in *Quality Blue* Physician Pay-for-Performance who *do not* transition to the Patient-Centered Medical Home (PCMH) or Accountable Care Alliance (ACA) programs will be automatically enrolled in a scaled-back *Quality Blue* Physician Pay-for-Value (P4V) program. While many aspects of the new scaled-back program will be familiar, please remember — this will be a new program and a building block for our expanding Pay-for-Value programs.

The performance measurement, scoring and incentives will change. Performance measures will align with our PCMH and ACA quality measures and will also include efficiency metrics. Providers will be expected to score minimum points in both quality and efficiency to qualify for incentive reimbursement, which will be reduced below current incentives in the existing Pay-for-Performance program.

While many quality performance measures are already part of *Quality Blue*, the new P4V measures include follow-up, access and screening. The two utilization efficiency measures being added are Emergency Department utilization and Generic Brand prescribing.

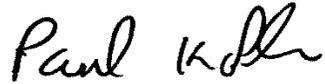
We recognize that our physician partners will need to understand how they are likely to perform in this new program. New performance simulation reports will be distributed in the fall of 2013. The simulation reports will model the impact of the new performance measurement, scoring and incentive changes by evaluating your current performance on the basis of the new *Quality Blue* Physician P4V requirements.

The months leading up to April 1, 2014 will be busy, and we are excited to continue our collaboration with you to improve the quality of care and the health of our members. As always, we will be a supportive partner, especially during this transition period.

(Over, please)

Watch your mail and the NaviNet Plan Central page for important transition information. If you are interested in learning more about all of our Pay-for-Value programs, contact your Clinical Transformation Consultant or Provider Relations Representative.

Sincerely,

A handwritten signature in black ink that reads "Paul Kaplan". The signature is written in a cursive, flowing style.

Paul A. Kaplan, MD, MBA
Senior Vice President
Provider Integration and Strategy

SPECIAL BULLETIN

SEPT. 12, 2013

THE NEW QUALITY BLUE PHYSICIAN P4V PROGRAM COMING APRIL 1, 2014: CHANGES TO INCENTIVES, MEASURES AND SCORING

The programs driving Highmark Blue Shield's Pay-for-Value strategy — *Quality Blue* Patient-Centered Medical Home (PCMH) and Accountable Care Alliance (ACA) — are growing. We firmly believe that the new programs represent the future of efficient, quality health care delivery.

The *Quality Blue* Physician Pay-for-Performance program is one of the building blocks of the new models. While our priority now is to have 75 percent of our membership receiving care and services from providers participating in our Pay-for-Value (P4V) programs, we recognize that not all providers will participate in the ACA and PCMH care delivery programs. Therefore, we want to retain an opportunity for those providers to continue to focus on quality and efficiency to build experience in the emerging P4V model, which is quickly becoming the industry standard.

The *Quality Blue* Physician Pay-for-Performance (P4P) Program is evolving into a new, scaled-back program as of April 1, 2014. The new program will be known as *Quality Blue* Physician Pay-for-Value (P4V). The new P4V program will have impacts on your practice, most notably in changes to incentive reimbursement. **The new program will have only one level of incentive for reimbursement set at \$3.** Obviously, this is a significant change, and we understand the impact. To ensure success of the new care delivery models, we need to shift resources and priority. However, we will offer a \$3 incentive level to provide encouragement to any practices that are focusing efforts on quality, but outside of the new care delivery models.

Additional changes with the Physician P4V program will be phasing out Meaningful Use, Best Practice and Member Access. These measures will not be part of the new P4V Program. Also eliminated for the new P4V program are the eligibility requirements of NaviNet[®] enablement, the annual minimum of \$40,000 paid eligible E&M services and the electronic submission of claims.

There will be significant changes to performance measurement and scoring. The P4V program will include 27 quality performance measures to align with measures in our *Quality Blue* Patient-Centered Medical Home (PCMH) and Accountable Care Alliance (ACA) programs. The enhanced measure set represents one further step toward our goal of improving the quality of care provided to our members while also reducing the overall cost of care.

Over, please



Camp Hill, PA 17089

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In the table below, you can see the full list of quality measures in the P4V program. Please note that several measures overlap with measures in the existing *Quality Blue* Physician P4P program. However, indicators in the P4V program will strictly follow HEDIS® measures — so the new indicators may not correspond exactly with similarly named indicators in the existing *Quality Blue* P4P program.

Measures common across both existing Physician P4P and new Physician P4V	New measures in Physician P4V
<p style="text-align: center;">16 Scored</p> <ul style="list-style-type: none"> • Breast Cancer Screening • Cervical Cancer Screening • Well-Child Visits in the First 15 Months of Life • Well Child Care Visits (3rd, 4th, 5th and 6th yrs) • Comprehensive Diabetes Care • Acute Pharyngitis Testing • Adolescent Well Care • Appropriate Asthma Medications • Cholesterol management for patients with CV Conditions • MMR Vaccination Status • Varicella Vaccination Status • Urinary incontinence plan of care for older women • Fall risk plan of care for older adults • Urinary incontinence assessment for older women • Fall risk assessment for older adults • Glaucoma screening for older adults 	<p style="text-align: center;">11 Scored</p> <ul style="list-style-type: none"> • Colorectal Cancer Screening • Follow-up care for child prescribed ADHD meds • CAD LDL-C Testing • Spirometry Evaluation • Appropriate treatment for children with URI • Diabetes Hemoglobin A1c screening for peds • 2x/year office visit for CHF/Diabetes/COPD • Follow-up visits after discharge for asthma pats. • Follow-up visits after discharge for COPD pats. • Follow-up visits after discharge for CHF pats. • Adult access to preventative/amb health services <p style="text-align: center;">4 Measures are profiled for information only and not scored:</p> <ul style="list-style-type: none"> • Ambulatory sensitive conditions – prevention quality indicators • Use of high-risk medications in the elderly • Diabetes: appropriate treatment of hypertension • Diabetes: twice-yearly office visit (over age 75)

Detailed specifications for the quality measures will be available on the Provider Resource Center in November.

Two efficiency measures, one for Generic Brand Prescribing and one for Emergency Department Utilization, will also be included in the P4V program.

The Generic Brand measure will be similar to the existing *Quality Blue* Physician P4P Program. However, the new Generic Brand measure programming design will not include the 75 percent or greater benchmark to earn maximum points. The measure will be modified to evaluate a six-month measurement period with three months of run out. Additionally, the Generic Brand benchmark/scoring will be enhanced to reflect network specialty across the regions.

The Emergency Department (ED) Utilization metric will calculate the rate of Emergency Department visits per 1,000 members. The ED measure will be based on the makeup of the practice population (Commercial adults, children and seniors), and will be scored by comparison to regional market averages to compensate for disparities in access.

The table below displays the reimbursement and scoring comparisons of the existing program (that will be phased out April 1, 2014) and the new P4V Program.

Continued

Performance Indicator	Existing Physician P4P Program	New Physician P4V Program
Quality	50 maximum - 25 minimum	50 maximum - 15 minimum
Generic Brand	15 maximum	25* maximum
Emergency Department Utilization	N/A	25* maximum
Best Practice	35, 20, 15	N/A
Meaningful Use	10	N/A
Member Access	5	N/A
Total Points	115 - 50 minimum	100 - 40 minimum
Incentive	\$3, \$8, \$12	\$3 only

*10-point minimum combined for both indicators.

The program will score practices twice per year — in mid-March and mid-September, with informational reports distributed quarterly in June and December. Semi-annual adjustments to reimbursement will become effective on April 1 and October 1 of the year based upon your actual performance.

This fall, we will begin to provide you with simulations of the P4V program that will offer insight into your current performance toward the new measures. We will distribute two reports to your practice in the October/November 2013 timeframe and again in January 2014 through the *Quality Blue* application accessible through NaviNet. One report will display the quality measures. The other report will simulate the efficiency measures and provide your simulated total score.

Throughout the transition to the new P4V program, we will make available planning and programming information, and schedules of important dates as far in advance as possible, as each aspect of the program is finalized.

Please be sure to share this news with your staff. Watch your mail and the NaviNet Plan Central page for additional important information on the changes. As always, if you have any questions or you would like to learn more about the *Quality Blue* Patient-Centered Medical Home (PCMH) and Accountable Care Alliance (ACA) Programs, please contact your Clinical Transformation Consultant or Provider Relations Representative.