



**Blue Care
Network**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

**Blue Care Network
2010 Physician and Physician Group Incentives**

**Blue Care Network
Physician and Physician Group
Incentive Materials
2010**



Blue Care Network 2010 Physician and Physician Group Incentives

December 2009

Dear BCN-Affiliated Primary Care Physician or Group Administrator:

Blue Care Network is pleased to provide you with details of our 2010 individual physician and physician group incentive materials. Enclosed you will find information about the Performance Recognition Program, including Base PRP, Pay As You Go and Blue Reward\$® incentives for 2010.

BCN's philosophy towards our provider incentive programs is to make timely and meaningful payments to encourage appropriate clinical outcomes as well as increase BCN's HEDIS scores. The changes to our program in 2010 are geared toward accomplishing these objectives.

Overall, we have just over \$10 million allocated for the entire incentive program, with total funding divided between the Base PRP and Blue Reward\$/Pay As You Go initiatives. The dollars budgeted are approximately 45 percent and 55 percent, respectively. Below, please find the highlights of our 2010 program:

2010 Base PRP highlights

- Quality composite target for primary care physicians is a tiered payment
- Payout at \$0.50 PMPM, \$0.75 PMPM, or \$1.25 PMPM depending on the PCP's composite target rate

2010 Blue Reward\$ highlights

- E-prescribing - commercial population

2010 Pay As You Go highlights

- Adolescent immunizations combo 1 – commercial members
- Cervical cancer screening – commercial members
- Childhood immunizations combo 3 – commercial members
- Cholesterol management for patients with cardiovascular disease - LDL-C testing – commercial members
- Cholesterol management for patients with cardiovascular disease - LDL-C level <100mg/dL – commercial members
- Colorectal cancer screening – commercial members
- Diabetic HbA1c testing – commercial members
- Diabetic HbA1c control <8% – commercial members
- Diabetic LDL-C testing – commercial members
- Diabetic LDL-C level <100 mg/dL – commercial members
- Diabetic monitoring for nephropathy – commercial members
- Diabetic retinal eye exam – commercial members
- Well-child visits 15 months – commercial members
- Well-child visits 3-6 years – commercial members

2010 Additional Pay As You Go highlights

- Follow-up care for children prescribed ADHD medication initiation phase – commercial members
- Follow-up after hospitalization for mental illness – commercial members
- Diabetic retinal eye exam - BCN Advantage members
- Follow-up after hospitalization for medical admissions – BCN Advantage members
- Follow-up after hospitalization for mental illness – BCN Advantage members

Please remember that all data entry into Health e-Blue must be for services rendered, not just ordered or reminders sent.

Please visit the home page on Health e-Blue for all 2010 physician incentive information. If you have any questions, please contact your primary care group leadership or your BCN provider representative. We appreciate your continued support of our physician incentive programs.

Sincerely,

Karen Kopytek
Manager Provider Affairs

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**Blue Care Network
2010 PRP Materials**




BCN Incentives Executive Summary

BCN has administered a Performance Recognition Program on a statewide basis for primary care physicians and physician groups since 1999. BCN also introduced additional shorter-term incentive opportunities in 2004 with the Blue Reward\$ program and in 2005 with the Pay As You Go (PAYG) program. All three opportunities will continue for 2010.



The 2010 PRP program is designed to reward providers in a more timely manner for services done (PAYG) with an emphasis on an ultimate goal achieved (Base). The better the providers score, the more incentive dollars they will earn.

A brief summary of each incentive category is outlined below:

 <p>Broad-based incentive based exclusively on HEDIS measures, one annual payment, interim performance tracked through Health e-Blue and the Quality Summary Reports, payment/payment reports administered in subsequent program year.</p>	<p><u>2010 Base PRP Measures:</u></p> <ul style="list-style-type: none"> • <i>Adolescent immunizations – Combo 1</i> • <i>Breast cancer screening</i> • <i>Cervical cancer screening</i> • <i>Childhood immunizations – Combo 3</i> • <i>Cholesterol mgmt for pts with cardiovascular disease – LDL-C testing</i> • <i>Cholesterol mgmt for pts with cardiovascular disease – LDL-C level <100 mg/dL</i> • <i>Colorectal cancer screening</i> • <i>Diabetes – HbA1c testing</i> • <i>Diabetes – HbA1c control <8%</i> • <i>Diabetes – LDL-C testing</i> • <i>Diabetes – LDL-C level <100 mg/dL</i> • <i>Diabetes – monitoring for nephropathy</i> • <i>Diabetes – retinal eye exam</i> • <i>Well-child visits – 15 months</i> • <i>Well-child visits – 3-6 years</i> <p>Quality payment: Quality Composite Score 68% - 72%: \$0.50 PMPM Quality Composite Score 73% - 77%: \$0.75 PMPM Quality Composite Score >= 78%: \$1.25 PMPM</p>
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**Blue Care Network
2010 PRP Materials**



 <p>Short-term focused recognition; quicker payment turnaround; scoring and payment methodology differ by measure</p>	<p><u>2010 Blue Reward\$ Incentives:</u></p> <p><u>Commercial HMO:</u></p> <ul style="list-style-type: none"> • E-prescribing
 <p>Recognition opportunities that vary based on BCN funding and desired clinical outcomes based on BCN HEDIS rates</p>	<p><u>2010 Pay As You Go Incentives:</u></p> <p><u>Commercial HMO:</u></p> <ul style="list-style-type: none"> • 14 of the 15 Base PRP quality measures listed above • Follow-up care for children prescribed ADHD medication – initiation phase • Follow-up after hospitalization for mental illness <p><u>BCN Advantage:</u></p> <ul style="list-style-type: none"> • Diabetic retinal eye exam • Follow-up after hospitalization for medical admissions • Follow-up after hospitalization for mental illness

2010 BCN Blue Reward\$

BCN plans to offer a Blue Reward\$ initiative during 2010 for commercial members. Technical specification documents, which detail timeframes, measures and payments, will be available by mid-December in Health e-Blue. Please use this summary to make internal assessments of your clinical performance for each initiative. Our medical directors and provider representatives are available to assist you in preparation for these initiatives.

For PCPs who are contracted for commercial product:

<p>E-prescribing – commercial members</p> <ul style="list-style-type: none"> ○ Provider must be contracted with BCN at time of payment to earn the payment ○ Measurement timeframe is October 2010 – December 2010 ○ Measurement is for all the commercial population ○ Watch for specific details in e-mail communications and on Health e-Blue
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Blue Care Network 2010 PRP Materials



2010 BCN Pay As You Go Incentives

BCN plans to offer several “Pay as You Go” initiatives during 2010. Technical specification documents, which detail timeframes, measures and payments, will be listed in the back of this booklet for the commercial population quality measures. Additional information for the additional commercial PAYG incentives and BCN Advantage PAYG incentives will be on Health e-Blue. Please use this information to make internal assessments of your clinical performance for each initiative. Our medical directors and provider representatives are available to assist you in preparation for these initiatives.

For PCPs who are contracted for the BCN commercial product:

14 Quality PAYG measures – commercial members

- Adolescent immunizations – Combo 1
 - Cervical cancer screening
 - Childhood immunizations – Combo 3
 - Cholesterol mgmt for pts with cardiovascular disease – LDL-C testing
 - Cholesterol mgmt for pts with cardiovascular disease – LDL-C level <100 mg/dL
 - Colorectal cancer screening
 - Diabetes – HbA1c testing
 - Diabetes – HbA1c control <8%
 - Diabetes – LDL-C testing
 - Diabetes – LDL-C level <100 mg/dL
 - Diabetes – monitoring for nephropathy
 - Diabetes – retinal eye exam
 - Well-child visits – 15 months
 - Well-child visits – 3-6 years
- Measurement January 2010 through December 2010
 - **One payment per member for each PAYG service performed in 2010**
 - Scoring and payment in fall 2010 and spring 2011
 - Provider must be with BCN at time of payment to earn the payment
 - 2010 Health e-Blue will provide:
 - Lists of members in each category
 - A mechanism for physician offices to return data to BCN to confirm that services were provided as required or that appropriate exclusions are applicable
 - Potential incentive to be earned for first payment PAYG will be \$5
 - The second payment will be based on the following tiered scale:

<u>Composite score</u>	<u>Payment per service</u>
▪ 0% - 60%	\$5
▪ 61% - 67%	\$10
▪ 68% - 74%	\$15
▪ 75% - 77%	\$20
▪ 78% or greater	\$25
 - If a provider scores better than 60% on their composite rate, he or she will be compensated for **all PAYG** services completed at the appropriate dollar amount reflected above.
 - Providers who do not get a Base PRP composite score will earn \$15 per service completed.
 - **All components of each quality measure must be completed in order to earn a payment.**

Blue Care Network 2010 PRP Materials



Additional Commercial PAYG – Follow-up after hospitalization for mental illness

- Scoring and payment in fall 2010 and spring 2011
- Provider must be with BCN at time of payment to earn the payment
- Payment will be for the behavioral health specialist seeing the member
- Potential incentive to be earned = ***\$100 per eligible member per service***
- ***One payment per member for a visit after an inpatient hospital stay***
- **Watch for specific details in e-mail communications and on Health e-Blue**

Additional Commercial PAYG – Follow-up care for children prescribed ADHD medications – Initiation Phase

- Scoring and payment in fall 2010 and spring 2011
- Provider must be with BCN at time of payment to earn the payment
- Payment will be for the follow up visit with the practitioner
- Potential incentive to be earned = ***\$50 per eligible member per service***
- **Watch for specific details in e-mail communications and on Health e-Blue**

For PCPs who are contracted for the BCN Advantage product:

1. Diabetic retinal eye exam – BCN Advantage members

- Measurement January 2010 through December 2010
- Scoring and payment in fall 2010 and spring 2011
- Provider must be with BCN at time of payment to earn the payment
- Payment will be made to the PCG
- 2010 **Health e-Blue will provide:**
 - Lists of members needing diabetic retinal eye exams
 - A mechanism for physician offices to return data to BCN to confirm that services were provided as required or that appropriate exclusions are applicable
- Potential incentive to be earned = ***\$20 per eligible member per service***
- ***One payment per member for each diabetic retinal eye exam performed in 2010***
- **Watch for specific details in e-mail communications and on Health e-Blue**

**Blue Care Network
2010 PRP Materials**



2. Follow-up after hospitalization for medical admissions – BCN Advantage members

- Scoring and payment in fall 2010 and spring 2011
- Provider must be with BCN at time of payment to earn the payment
- Payment will be made to the PCG
- Potential incentive to be earned = *\$100 per eligible member per service*
- *One payment per member for a follow up visit with their PCP*
- **Watch for specific details in e-mail communications and on Health e-Blue**

3. Follow-up after hospitalization for mental illness – BCN Advantage members

- Scoring and payment in fall 2010 and spring 2011
- Provider must be with BCN at time of payment to earn the payment
- Payment will be made to the PCG
- Potential incentive to be earned = *\$100 per eligible member per service*
- *One payment per member for a visit after an inpatient hospital stay*
- **Watch for specific details in e-mail communications and on Health e-Blue**

Base PRP Introduction

The objective of the Base PRP is to recognize PCPs and PCGs for helping BCN meet its goals for performance in areas that are of significant importance to BCN and BCN customers. BCN will recognize PCPs and PCGs who participate with BCN for the entire calendar year 2010 according to the terms and methodologies defined here for performance in Quality of Care.

Base PRP General Terms

The possible base payment to any PCP will range from \$0.50 - \$1.25 per member per month depending on the PCP's Base PRP composite score. Ultimate distribution of PRP payments will be subject to all of the following conditions:

- A. PCP/PCG must have signed the BCN 2010 Medical Services Agreement.
- B. PCP/PCG must be in full compliance with all terms and conditions of BCN's Medical Services Agreement, including:
 - (1) BCN standards for timely and accurate provision of encounter, referral and claims data.
 - (2) Remittance of any funds due to BCN for prior contract years.
- C. PCP must be affiliated with the HMO product for the entire 2010 calendar year.
- D. PCP must be affiliated with the HMO product at the time of payment in 2011 to be eligible for any PRP payments unless the PCP is recently retired.
- E. PCP/PCP office must have a Health e-Blue sign on and actively use the program
- F. BCN retains the right to modify the PRP for any reason and at any time. Modifications may include, but are not limited to:
 - (1) Exclusion or removal of measures from the PRP.
 - (2) Changes to the PRP's calculation methodologies.
- G. All provider data returns are auditable. Blue Care Network does periodic random audits.

Base PRP Performance Measurement Guidelines

Quality composite measure: Each PCP's quality composite measure consists of seven preventive screening and eight disease management components. A minimum of 10 total eligible services needed in preventive screening and disease management **combined** is required for a PCP to receive a quality composite score.

- **Exhibit A** (*2010 Performance Measures and Scoring Methodology*) outlines definitions for all of the component measures that constitute the quality composite measures.
- Each PCP will be credited for services provided through Dec. 31, 2010, to commercial HMO members **continuously enrolled with the plan for the entire year and assigned to the PCP**, regardless of whether the PCP was the member's PCP at the time services were provided.
- Credit will be granted to the PCP for each component measure *only* when the specific identified service is documented as provided to the member (by the PCP, the member's previous PCP, or a specialist). Members may be excluded from measures under certain circumstances, such as bilateral mastectomy for breast cancer screening, which should be indicated to BCN by the PCP offices via the Health e-Blue *Treatment Opportunities by Condition/Measure* screen.
- BCN recognizes that many PCP offices employ reminder letters and other forms of contact to get members to have services done. Occurrences such as these can earn a PCP credit **if providers follow the criteria listed in the 2010 BCN Noncompliant Policy**.
- Each PCP's quality performance measurement data is derived directly from BCN's Health Management Program reporting database that is accessible through Health e-Blue. With regard to the PRP, the Health e-Blue *Treatment Opportunities by Condition/Measure* will provide member detail on the following:
 - Identification of the cohort member population for each component measure that is in need of a specific health promotion, disease prevention, or health management service according to evidence-based medicine
 - Intervention opportunity for physicians to supplement BCN's databases for provision of service or exclusion data of which BCN had no knowledge
 - Quality Summary Report /PRP Composite Score provides the interim progress report that comprises the monthly quality composite rates for PCPs and PCGs
- BCN's expectation is that the PCP offices and PCGs will jointly support BCN's efforts to encourage the population of members identified to ultimately receive the specific service identified in Health e-Blue from the PCP or specialist if appropriate, such as cervical cancer screenings from OB-GYNs.

PRP Performance Tracking and Data Submission

Performance report tracking:

Interim PRP reports will be produced through the Quality Summary Reports for the PRP. Tracking for each PCP's *quality measure components* (that is, measures that constitute the quality composite, such as adolescent immunizations, diabetic retinal eye exams, colorectal cancer screening, etc.) will be provided on each PCP's individual Quality Summary Report. Quality Summary Reports are available on Health e-Blue and will be updated monthly.

Ongoing data submission:

Health e-Blue provides a valuable opportunity for PCP offices to assess their current performance as described above and return data to BCN. **BCN will only accept electronic submission of data to BCN through the Health e-Blue application.** As PCP offices report missing provision of service information due to coordination of benefits or other issues along with applicable member measure exclusion information, future reporting errors will be minimized. If your office needs assistance with or has a question about Health e-Blue, please call Health e-Blue technical support at 248-455-3623, e-mail them at healthblue@bcbsm.com, or contact your BCN provider representative.

Please remember that all data entry into Health e-Blue must be for services rendered, not just ordered or reminders sent.

Base PRP Payment Determination

Base PRP payments for each eligible PCP will be calculated using the following methodology, regardless of membership level:

Determine each PCP's quality composite scores

- (1) **Quality composite score:** The quality score for each PCP aggregates the quality *preventive screening* and quality *disease management* measure sets into a combined measure score. A PCP must have a minimum of 10 total eligible services in preventive screening and disease management combined to receive a quality composite score.

A quality composite score is calculated for each PCP as follows:

- Sum the denominators (eligible services) for all measures in the quality *preventive screening* and quality *disease management* measure sets.
- Sum the numerators (members who had the service) for all measures in the quality *preventive screening* and quality *disease management* measure sets.
- Calculate the PCP's quality composite score: (numerator sum)/(denominator sum)

- (2) **Compare the PCP's quality composite score to the BCN target rate for quality.** If a PCP's quality composite score does not meet or exceed the BCN quality target rate, then no quality incentive payment will be earned. BCN quality target rates for the 2010 PRP are noted for reference purposes in the payment calculation section below.

For a PCP Quality Composite Score of:	The PCP's Quality Payment Is: (MM = member months)
0% - 67%	Zero
68% - 72%	(Quality Composite Score) x (\$0.50 PMPM) x (MM)
73% - 77%	(Quality Composite Score) x (\$0.75 PMPM) x (MM)
78% or greater	(Quality Composite Score) x (\$1.25 PMPM) x (MM)

Distribution of PRP Payment Reports and Payments

BCN will make every reasonable effort to remit the 2010 PRP payment reports and payments by summer 2011. PRP payments will be made according to BCN's incentive payment policy, subject to the requirements outlined in this PRP document. The PCP's PRP payment will be associated with the PCG the PCP is affiliated with as of Dec. 31, 2010.

Reconsideration

BCN discontinued any type of retrospective reconsideration beginning with the 2004 PRP, changing the focus to a more prospective data capture and reporting scenario. As such, BCN strongly encourages PCPs and PCGs to focus on the ongoing review and data return using BCN's Health e-Blue application *during each PRP year*. In the event any future reconsideration process is provided based on extenuating circumstances, BCN will appropriately notify the PCP or PCG of the terms, conditions and limitations of such a process.

PRP Questions

If you have questions or concerns regarding the PRP, please direct them to your BCN provider representative or the BCN contacts for your region, as follows:

Regional Provide Affairs Contacts
<p>BCN – Southeast Region Dan Martin, Director Hashim Yar, M.D., Medical Director Julie Marvin, R.N., Network Performance Improvement</p> <p>20500 Civic Center Drive Mail Code: C300 Southfield, MI 48076 866-299-4667</p>
<p>BCN – Central (Mid/East) Region Dan Martin, Director Robert Klimek, M.D., Medical Director Julie Marvin, R.N., Network Performance Improvement – East Christine Wojtaszek, MM, RN, CDMS, CCM – Network Performance Improvement - Mid</p> <p>1403 S. Creyts Road Mail Code: B193 Lansing, MI 48917-9959 877-258-0168 (Lansing)</p>

800-859-2898 (Saginaw)
800-527-1906 (Flint)

BCN - West Region

Dan Martin, Director

William Granger, M.D., Medical Director

Christine Wojtaszek, MM, RN, CDMS, CCM – Network Performance Improvement

611 Cascade West Parkway, S.E.

Mail Code: B205

Grand Rapids, MI 49546

800-968-2583, Ext. 6158

Health Management Program/Health e-Blue technical support

248-455-3623 or e-mail: healthblue@bcbsm.com

EXHIBIT A
2010 BCN Performance Recognition Program
 Performance Measures and Scoring Methodology
 COMMERCIAL MEMBERS ONLY

Performance Measure (Start Year for Measure) Scoring Methodology / Measured Population	Interim Reporting Data Source	F P G P	I M I P	P E D	Data Sources	Comments
QUALITY - Preventive Screening						
Breast cancer screening Women who are age 42 – 69 as of 12/31/2010 Received one or more mammograms during 2009 or 2010 Exclusion: Women who have had a bilateral mastectomy Measured against HEDIS specification (continuously enrolled with BCN 2009 - 2010)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue	PCP will get credit for tests performed by OB/GYN Part of quality composite measure (preventive screening) Measure criteria may change if BCN clinical guidelines are changed
Cervical cancer screening Women who are age 24 – 64 as of 12/31/2010 Received one or more pap tests during 2008, 2009, or 2010 Exclusion: Women who have had a hysterectomy with no residual cervix Measured against HEDIS® specification (continuously enrolled with BCN 2008 - 2010)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue	PCP will get credit for tests performed by OB/GYN Part of quality composite measure (preventive screening)
Colorectal cancer screening 51 - 75 years old as of 12/31/2010 Measured for one or more of the following: One or more fecal occult blood tests (FOBT) in 2010 One or more sigmoidoscopy in 2006 through 2010 One or more colonoscopy in 2001 through 2010 Exclusion: Members who have had colorectal cancer or total colectomy Measured against HEDIS specification (continuously enrolled with BCN 2009 - 2010)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue	Part of quality composite measure (preventive screening)

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2010 BCN Performance Recognition Program
 Performance Measures and Scoring Methodology
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Performance Measure (Start Year for Measure) Scoring Methodology / Measured Population	Interim Reporting Data Source	F P G P	I M IP	P E D	Data Sources	Comments
<p><i>(Note: Please consult the latest Health e-Blue/HMP materials for updates regarding which HEDIS 2010 codes are applicable for each measure)</i></p>						
<p>Immunization: Childhood – combination 3</p> <p>Children who turn age 2 during 2010</p> <p>Meeting the combination 3 criteria: (4) DTaP vaccinations, (3) IPV vaccinations, (1) MMR, (1) VZV, (2) HiB vaccinations, (3) hepatitis B vaccinations, and (4) pneumococcal conjugate vaccinations (PCV)* on or before the second birthday.</p> <p>Measured against HEDIS specification (continuously enrolled with BCN for 12 months prior to 2nd birthday)</p> <p>*Pneumococcal conjugate vaccinations administered prior to 42 days after birth should not be counted as a numerator hit.</p>	HMP Quality Summary Report (QSR)	X	X	X	Administrative HMP via Health e-Blue MCIR	<p>Immunization data downloaded from MCIR by BCN monthly before Health e-Blue data is run</p> <p>Measure is "all or none" - no partial credit given for individual vaccinations</p> <p>Part of quality composite measure (preventive screening)</p>
<p>Immunization: Adolescent – combination 1</p> <p>Adolescents who turn age 13 during 2010</p> <p>Meeting the combo 1 criteria: (1) meningococcal conjugate or polysaccharide vaccination on or between the 11th and 13th birthday. (1) Tdap or (1) Td vaccination on or between the 10th and 13th birthday.</p> <p>Measured against HEDIS specification (continuously enrolled with BCN for 12 months prior to 13th birthday)</p>	HMP Quality Summary Report (QSR)	X	X	X	Administrative HMP via Health e-Blue MCIR	<p>Immunization data downloaded from MCIR by BCN monthly before Health e-Blue data is run</p> <p>Measure is "all or none" - no partial credit given for individual vaccinations</p> <p>Part of quality composite measure (preventive screening)</p>
<p>Well child visits – 15 months</p> <p>Children turning 15 months old during 2010</p> <p>Received at least six (6) well-child visits with a PCP during first 15 months of life</p> <p>Measured against HEDIS specification (continuously enrolled with BCN 31 days after birth through the 15 month birth date)</p>	HMP Quality Summary Report (QSR)	X	X	X	Administrative HMP via Health e-Blue	Part of quality composite measure (preventive screening)

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2010 BCN Performance Recognition Program
 Performance Measures and Scoring Methodology
 COMMERCIAL MEMBERS ONLY

Performance Measure (Start Year for Measure) Scoring Methodology / Measured Population	Interim Reporting Data Source	F P G P	I M I P	P E D	Data Sources	Comments
<i>(Note: Please consult the latest Health e-Blue/HMP materials for updates regarding which HEDIS 2010 codes are applicable for each measure)</i>						
Well child visits – 3-6 years Children who turn 3, 4, 5, or 6 years old as of 12/31/2010 Received at least one well-child visit with a PCP in 2010 Measured against HEDIS specification (continuously enrolled with BCN for 2010)	HMP Quality Summary Report (QSR)	X	X	X	Administrative HMP via Health e-Blue	Part of quality composite measure (preventive screening)
QUALITY - Disease Management						
Diabetes - Hemoglobin A1c (HbA1c) testing Members with diabetes as identified through HEDIS specification Age 18 through 75 years old as of 12/31/2010 One (or more) HbA1c tests conducted during 2010 Measured against HEDIS specification (continuously enrolled with BCN for 2010)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue	Part of quality composite measure (disease management)
Diabetes - Hemoglobin A1c <8% Members with diabetes as identified through HEDIS specification Age 18 through 75 years old as of 12/31/2010 Last HbA1c test performed in 2010 shows a level < 8% Measured against HEDIS specification (continuously enrolled with BCN for 2010)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue	Part of quality composite measure (disease management)
Diabetes - LDL-C screening Members with diabetes as identified through HEDIS specification Age 18 through 75 years old as of 12/31/2010 At least one LDL-C test done during 2010 Measured against HEDIS specification (continuously enrolled with BCN for 2010)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue	Part of quality composite measure (disease management)

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Performance Measure (Start Year for Measure) Scoring Methodology / Measured Population <i>(Note: Please consult the latest Health e-Blue/HMP materials for updates regarding which HEDIS 2010 codes are applicable for each measure)</i>	Interim Reporting Data Source	F P G P	I M I P	P E D	Data Sources	Comments
Diabetes - LDL-C level <100 mg/dL Members with diabetes as identified through HEDIS specification Age 18 through 75 years old as of 12/31/2010 Last LDL-C test performed in 2010 shows a level <100 mg/dL Measured against HEDIS specification (continuously enrolled with BCN for 2010)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue	Part of quality composite measure (disease management)
Diabetes – Monitoring for nephropathy Members with diabetes as identified through HEDIS specification Age 18 through 75 years old as of 12/31/2010 At least one screen for microalbuminuria in 2010 <u>OR</u> Had one positive macroalbuminuria result in 2010 <u>OR</u> Received medical treatment for nephropathy in 2010 <u>OR</u> Had a visit with a nephrologist in 2010 <u>OR</u> Evidence of ACE inhibitor/ARB therapy in 2010 Measured against HEDIS specification (continuously enrolled with BCN for 2010)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue	Part of quality composite measure (disease management)
Diabetes – retinal eye exam Members with diabetes as identified through HEDIS specification Age 18 through 75 years old as of 12/31/2010 One or more retinal exams by an eye care professional (optometrist, ophthalmologist or EyeTel Imaging DigiScope) in 2010 or a retinal exam in 2009 if found to be a negative (no evidence of retinopathy). Measured against HEDIS specification (continuously enrolled with BCN for 2010)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue	Part of quality composite measure (disease management)

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2010 BCN Performance Recognition Program
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Performance Measure (Start Year for Measure) Scoring Methodology / Measured Population <i>(Note: Please consult the latest Health e-Blue/HMP materials for updates regarding which HEDIS 2010 codes are applicable for each measure)</i>	Interim Reporting Data Source	F P P	I M I P	P E D	Data Sources	Comments
Cholesterol management for patients with cardiovascular disease - LDL-C testing Member 18 to 75 years as of 12/31/2010 identified through HEDIS Cholesterol Management for Patients with Cardiovascular Condition (CMC) specification An LDL-C test performed in 2010 Measured against HEDIS specification (the measurement year and the year prior to the measurement year)	HMP Quality Summary Report	X	X		Administrative HMP via Health e-Blue	Part of quality composite measure (disease management)
Cholesterol management for patients with cardiovascular disease - LDL-C level <100 mg/dL Member 18 to 75 years as of 12/31/2010 identified through HEDIS Cholesterol Management for Patients with Cardiovascular Condition (CMC) specification Last LDL-C test performed in 2010 shows a level <100 mg/dL Measured against HEDIS specification (the measurement year and the year prior to the measurement year)	HMP Quality Summary Report	X	X		Administrative HMP via Health e-Blue	Part of quality composite measure (disease management)

EXHIBIT B
2010 INCENTIVE SCHEDULE

INCENTIVE	MEASUREMENT PERIOD	PAYMENT	PAYMENT MADE TO:
2009 Blue Reward Commercial	Oct - Dec 2009	March 2010	Individual PCP
2009 Blue Reward BCNA	Oct - Dec 2009	March 2010	PCG Group
2009 Pay As You Go Commercial - second payment	Jan - Dec 2009	May 2010	Individual PCP
2009 Pay As You Go BCNA - second payment	Jan - Dec 2009	April 2010	PCG Group
2009 Commercial Base PRP	Jan - Dec 2009	May/June 2010	Individual PCP
2010 Commercial Pay As You Go:			
Adolescent immunizations – combo 1	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Cervical cancer screening	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Childhood immunizations – combo 3	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Colorectal cancer screening	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Cholesterol mgmt for pts with cardiovascular disease - LDL-C testing	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Cholesterol mgmt for pts with cardiovascular disease - LDL-C level <100 mg/dL	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Diabetes – HbA1c testing	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Diabetes – HbA1c control <8	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Diabetes – LDL-C testing	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Diabetes – LDL-C level < 100 mg/dL	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Diabetes – monitoring for nephropathy	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Diabetes – retinal eye exam	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Well child visit – 15 months	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Well child visit – 3-6 years	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
2010 Additional Commercial Pay As You Go:			
Follow-up care for children - ADHD medication	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
Follow-up after hospitalization - mental illness	Jan - Dec 2010	Aug 2010 and May 2011	Individual PCP
2010 BCNA Pay As You Go:			
Diabetes - Retinal Eye Exam	Jan - Dec 2010	Aug 2010 and April 2011	PCG Group
Follow-up after hospitalization - medical	Jan - Dec 2010	Aug 2010 and April 2011	PCG Group
Follow-up after hospitalization - mental illness	Jan - Dec 2010	Aug 2010 and April 2011	PCG Group
2010 Commercial Blue Reward	Oct - Dec 2010	March 2011	Individual PCP
2010 Commercial Base PRP	Jan - Dec 2010	May/June 2011	Individual PCP

Blue Care Network of Michigan Noncompliant (Failure to Comply) Member Policy for 2010 Base PRP (See the list of 2010 Base PRP measures below)

DEFINITION: Noncompliance refers to patients who do not follow the primary care physician's recommendations for appropriate screening or treatment.

Effective Date: January 1, 2010

Reporting Noncompliance to BCN: We will only accept noncompliant entries between *October 1 and December 31, 2010*. The attached form must be filled out completely and all proper documentation from the member's chart or EMR must be included.

SCOPE: A flat amount of \$20 per member will be paid for noncompliant members who meet specific conditions:

Blue Care Network will accept the following four reasons for the noncompliant (failure to comply) exclusions:

- 1) Patient has not responded to three attempts to provide the appropriate care - Patient noncompliant three or more times in a 12-month period. The three or more attempts to provide the member with the appropriate care can be made through documented phone calls, office visits, or written communications. **At least one of the attempts must be a written communication to the member and one attempt must be a phone call where there is a conversation with the member or parent. The written communication must state the specific noncompliant services needed and the medical need for regular follow up.**
 - Documentation of attempts to provide members with the appropriate care must be in the member's chart or electronic medical record.
 - There must be at least 15 days between each attempt made to provide needed services.

- 2) Terminal illness

- 3) Waiver - If a member signs a waiver in the office stating he or she does not want to receive a service for the following measures, that is sufficient documentation for the PCP to earn credit for that service. Three attempts are not required.
 - Immunizations
 - Breast cancer screening
 - Cervical cancer screening
 - Colorectal cancer screening

- 4) Unable to reach - For members who have never been seen in the PCP's office and the member address and phone number are incorrect. This should be well documented in the patient's chart.

PROCEDURE: If the member meets the above criteria and the PCP would like noncompliance credit, the PCP office must document the noncompliant member information in Health e-BlueSM **AND** fax the attached form with all appropriate documentation to BCN Provider Affairs at 1-800-431-9358.

- Reports will be available to providers who submit names of noncompliant members. The report will list names of members submitted for noncompliance and the status of the submission. This report will be available to providers by contacting their BCN provider representative.
- Noncompliance outliers: BCN reserves the right to audit all provider data submissions.
- Credit will be given for a member who has been identified as noncompliant as long as appropriate documentation has been sent to BCN and the information is entered into Health e-Blue.
- Credit for a member is for the current year only. Efforts must be undertaken every year to provide appropriate care to the member.
- The Noncompliant Member Policy does not apply for Blue Reward^{\$SM}, Pay As You Go measures or other incentives BCN may offer to PCPs and specialists.

2010 BASE PRP MEASURES:

- Adolescent immunizations – Combo 1
- Breast cancer screening
- Cervical cancer screening
- Childhood immunizations – Combo 3
- Cholesterol management for patients with cardiovascular disease – LDL-C testing
- Cholesterol management for patients with cardiovascular disease – LDL-C level <100 mg/dL
- Colorectal cancer screening
- Diabetes – HbA1c testing
- Diabetes – HbA1c control <8%
- Diabetes – LDL-C testing
- Diabetes – LDL-C level <100 mg/dL
- Diabetes – monitoring for nephropathy
- Diabetes – retinal eye exam
- Well-child visits – 15 months
- Well-child visits – 3-6 years