



**Blue Care
Network
of Michigan**

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

**Blue Care Network
2012 Performance Recognition Program**

**Blue Care Network
Performance Recognition Program
Commercial HMO
Incentive Materials
2012**

Blue Care Network 2012 Commercial HMO PRP Materials



November 2011

Dear BCN-Affiliated Primary Care Physician or Group Administrator:

Blue Care Network is pleased to provide you with details of our 2012 individual physician incentive materials for the commercial population. Enclosed you will find information about the Performance Recognition Program, including Base PRP, Pay As You Go, and PRP Bonus incentives for 2012.

BCN's philosophy towards our provider incentive programs is to make meaningful payments to encourage appropriate clinical outcomes as well as increase BCN's HEDIS[®] scores. The changes to our program in 2012 are geared toward accomplishing these objectives.

Overall, we have just over \$13 million allocated for the entire commercial HMO incentive program, with total funding divided between the Base PRP/PRP Bonus, and Pay As You Go initiatives. The dollars budgeted are approximately 75 percent and 25 percent, respectively. Below, please find the highlights of our 2012 program:

2012 Base PRP highlights

- Quality composite target for primary care physicians is a tiered payment
- Payout at \$0.75 PMPM, \$1.25 PMPM, or \$2.25 PMPM depending on the PCP's composite target rate

2012 Pay As You Go highlights

- Adolescent immunizations combo 1
- Cervical cancer screening
- Childhood immunizations combo 3
- Chlamydia screening
- Cholesterol management for patients with cardiovascular conditions - LDL-C testing
- Cholesterol management for patients with cardiovascular conditions - LDL-C level <100mg/dL
- Comprehensive diabetes care - A1C testing
- Comprehensive diabetes care - A1C control <8%
- Comprehensive diabetes care - LDL-C testing
- Comprehensive diabetes care - LDL-C level <100 mg/dL
- Comprehensive diabetes care - monitoring for nephropathy
- Comprehensive diabetes care - retinal eye exam
- Well-child visits 15 months
- Well-child visits 3-6 years

2012 PRP Bonus highlights

- Appropriate testing for children with pharyngitis
- Appropriate treatment for children with upper respiratory infection
- Avoidance of antibiotic treatment in adults with acute bronchitis
- Follow-up after hospitalization for mental illness
- Follow-up care for children prescribed ADHD medication initiation phase

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

Please visit the home page on Health e-Blue for all 2012 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,

A handwritten signature in black ink that reads "Karen Kopytek".

Karen Kopytek
Manager, Provider Affairs

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BCN PRP 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.

The 2012 PRP program is designed to reward providers in a more timely manner for specific services provided (PAYG) with an increased emphasis on an overall goal for all required services provided (Base). The higher the providers' quality composite scores, the more incentive dollars they will earn. BCN will not be offering a Blue Reward\$ incentive in 2012.

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>2012 Base PRP Measures:</u></p> <ul style="list-style-type: none"> • 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 • Comprehensive diabetes care – A1C testing • Comprehensive diabetes care – A1C control <8% • Comprehensive diabetes care – LDL-C testing • Comprehensive diabetes care – LDL-C level <100 mg/dL • Comprehensive diabetes care – monitoring for nephropathy • Comprehensive diabetes care – retinal eye exam • Well-child visits – 15 months • Well-child visits – 3-6 years <p>Tiered \$PMPM: Quality Composite Score 70% - 74%: \$0.75 PMPM Quality Composite Score 75% - 79%: \$1.25 PMPM Quality Composite Score >= 80%: \$2.25 PMPM</p> <p>See the quality payment calculation section on page 12</p>
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	<p><u>2012 PRP Bonus Incentives:</u></p> <ul style="list-style-type: none"> • Appropriate testing for children with pharyngitis • Appropriate treatment for children with upper respiratory infection • Avoidance of antibiotic treatment in adults with acute bronchitis • Follow-up care for children prescribed ADHD medication initiation phase • Follow-up after hospitalization for mental illness
<p>Recognition opportunities vary based on BCN funding and desired clinical outcomes based on BCN HEDIS rates</p>	<p><u>2012 Pay As You Go Incentives:</u></p> <ul style="list-style-type: none"> • Adolescent immunizations – Combo 1 • Cervical cancer screening • Childhood immunizations – Combo 3 • Chlamydia screening • Cholesterol management for patients with cardiovascular disease – LDL-C testing • Cholesterol management for patients with cardiovascular disease – LDL-C level <100 mg/dL • Comprehensive diabetes care – A1C testing • Comprehensive diabetes care – A1C control <8% • Comprehensive diabetes care – LDL-C testing • Comprehensive diabetes care – LDL-C level <100 mg/dL • Comprehensive diabetes care – monitoring for nephropathy • Comprehensive diabetes care – retinal eye exam • Well-child visits – 15 months • Well-child visits – 3-6 years <p>Tiered payment per service: Quality Composite Score 0% - 69%: \$5 Quality Composite Score 70% - 79%: \$10 Quality Composite Score >= 80%: \$15</p>

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PRP Bonus

BCN plans to offer five PRP bonus initiatives during 2012 for commercial members. Technical specification documents, which detail timeframes, measures and payments, will be available in December on 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.

<p>Appropriate testing for children with pharyngitis</p> <ul style="list-style-type: none"> • Measurement timeframe is January 1, 2012 – December 31, 2012 • Provider must be with BCN at time of payment to earn the payment • Payment will be made at the MCG level • Potential incentive to be earned = \$40 per eligible member per service • Watch for specific details in email communications and on Health e-Blue
<p>Appropriate treatment for children with upper respiratory infection</p> <ul style="list-style-type: none"> • Measurement timeframe is January 1, 2012 – December 31, 2012 • Provider must be with BCN at time of payment to earn the payment • Payment will be made at the MCG level • Potential incentive to be earned = \$40 per eligible member per service • Watch for specific details in email communications and on Health e-Blue
<p>Avoidance of antibiotic treatment in adults with acute bronchitis</p> <ul style="list-style-type: none"> • Measurement timeframe is January 1, 2012 – December 24, 2012 • Provider must be with BCN at time of payment to earn the payment • Payment will be made at the MCG level • Potential incentive to be earned = \$60 per eligible member per service • Watch for specific details in email communications and on Health e-Blue
<p>Follow-up care for children prescribed ADHD medication initiation phase</p> <ul style="list-style-type: none"> • Measurement timeframe is January 1, 2012 – October 31, 2012 • 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 email communications and on Health e-Blue
<p>Follow-up after Hospitalization for mental illness</p> <ul style="list-style-type: none"> • Measurement timeframe is January 1, 2012 – October 31, 2012 • 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 • Watch for specific details in email communications and on Health e-Blue

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Pay As You Go Incentives

BCN plans to offer several Pay as You Go initiatives during 2012. Technical specification documents, which detail timeframes, measures and payments, will be listed in the back of this booklet for the commercial population quality measures. Technical specification information for the additional commercial PAYG incentive will be available in Health e-Blue in December. 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.

13 Quality PAYG measures

- *Adolescent immunizations – Combo 1*
- *Cervical cancer screening*
- *Childhood immunizations – Combo 3*
- *Cholesterol mgmt for patients with cardiovascular disease – LDL-C testing*
- *Cholesterol mgmt for patients with cardiovascular disease – LDL-C level <100 mg/dL*
- *Comprehensive diabetes care – A1C testing*
- *Comprehensive diabetes care – A1C control <8%*
- *Comprehensive diabetes care – LDL-C testing*
- *Comprehensive diabetes care – LDL-C level <100 mg/dL*
- *Comprehensive diabetes care – monitoring for nephropathy*
- *Comprehensive diabetes care – retinal eye exam*
- *Well-child visits – 15 months*
- *Well-child visits – 3-6 years*

Program Details:

- Measurement January 2012 through December 2012
- **One payment per member for each PAYG service performed in 2012**
- Scoring and payment in fall 2012 and spring 2013
- Provider must be affiliated with BCN at time of payment to earn the payment
- 2012 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% - 69%	\$5
70% - 79%	\$10
80% or greater	\$15

- If a provider scores better than 69 percent 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.**

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Additional PAYG – Chlamydia screening

- Measurement timeframe is January 2012 – December 2012
- Scoring and payment in fall 2012 and spring 2013
- Provider must be with BCN at time of payment to earn the payment
- Potential incentive to be earned = **\$25 per eligible member per service**
- **One payment per member for each chlamydia screening performed in 2012**
- **Watch for specific details in email communications and on Health e-Blue**

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Base PRP Introduction

The objective of the Base PRP is to recognize PCPs and MCGs for helping BCN meet its goals for performance in areas that are of significant importance to BCN and BCN customers. BCN will recognize PCPs who participate with BCN for the entire calendar year 2012 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 \$0.75 - \$2.25 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/MCG must have signed the BCN 2012 Medical Services Agreement.
- B. PCP/MCG 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 2012 calendar year.
- D. PCP must be affiliated with the HMO product at the time of payment in 2012 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

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services needed in preventive screening and disease management **combined** is required for a PCP to receive a quality composite score.

- **Exhibit A** (*2012 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, 2012, 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 or may not see certain members in their offices who are identified by BCN as needing certain services. Occurrences such as these **will not count** as credit in place of the provision of the service for the PCP toward the component measure.
- 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 MCGs
- BCN's expectation is that the PCP offices and MCGs 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.

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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, email 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)

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- (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 2012 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% - 69%	Zero
70% - 74%	(Quality Composite Score) x (\$0.75 PMPM) x (MM)
75% - 79%	(Quality Composite Score) x (\$1.25 PMPM) x (MM)
80% or greater	(Quality Composite Score) x (\$2.25 PMPM) x (MM)

Distribution of PRP Payment Reports and Payments

BCN will make every reasonable effort to remit the 2012 PRP payment reports and payments by summer 2013. 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 MCG the PCP is affiliated with as of Dec. 31, 2012.

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 MCGs 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 MCG 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:

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Regional Provide Affairs Contacts

BCN – Southeast Region

Dan Martin, Director
Hashim Yar, M.D., Medical Director
Julie Marvin, R.N., Network Performance Improvement

20500 Civic Center Drive
Mail Code: C300
Southfield, MI 48076

BCN – Central (Mid/East) Region

Dan Martin, Director
Julie Marvin, R.N., Network Performance Improvement – East
Christine Wojtaszek, M.M., R.N., C.D.M.S., C.C.M. – Network Performance Improvement - Mid

232 S. Capitol Ave
Mail Code: L02D
Lansing, MI 48933
1-877-258-0168 (Lansing)
1-800-527-1906 (Flint)

BCN - West Region

Dan Martin, Director
Denice Logan, M.D., Medical Director
Christine Wojtaszek, M.M., R.N., C.D.M.S., C.C.M. – Network Performance Improvement

611 Cascade West Parkway, S.E.
Mail Code: B205
Grand Rapids, MI 49546
1-800-968-2583, Ext. 6158

Health Management Program/Health e-Blue technical support

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

EXHIBIT A
2012 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 12/31/2012 Received one or more mammograms during 2011 or 2012 Exclusion: Women who have had a bilateral mastectomy Measured against HEDIS specification (continuously enrolled with BCN 2011 - 2012)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue JVHL	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 12/31/2012 Received one or more pap tests during 2010, 2011, or 2012 Exclusion: Women who have had a hysterectomy with no residual cervix Measured against HEDIS® specification (continuously enrolled with BCN 2010 - 2012)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue JVHL	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 12/31/2012 Measured for one or more of the following: One or more fecal occult blood tests (FOBT) in 2012 One or more sigmoidoscopy in 2008 through 2012 One or more colonoscopy in 2003 through 2012 Exclusion: Members who have had colorectal cancer or total colectomy Measured against HEDIS specification (continuously enrolled with BCN 2011 - 2012)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue JVHL	Part of quality composite measure (preventive screening)

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2012 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
<p><i>(Note: Please consult the latest Health e-Blue/HMP materials for updates regarding which HEDIS 2012 codes are applicable for each measure)</i></p>						
<p>Immunization: Childhood – combination 3</p> <p>Children who turn age 2 during 2012</p> <p>Meeting the combination 3 criteria: (4) DTaP* vaccinations, (3) IPV* vaccinations, (1) MMR, (1) VZV, (3) 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>*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 JVHL	Immunization data downloaded from MCIR by BCN monthly before Health e-Blue data is run Measure is "all or none" - no partial credit given for individual vaccinations Part of quality composite measure (preventive screening)
<p>Immunization: Adolescent – combination 1</p> <p>Adolescents who turn age 13 during 2012</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 JVHL	Immunization data downloaded from MCIR by BCN monthly before Health e-Blue data is run Measure is "all or none" - no partial credit given for individual vaccinations Part of quality composite measure (preventive screening)
<p>Well child visits – 15 months</p> <p>Children turning 15 months old during 2012</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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2012 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 I P	P E D	Data Sources	Comments
<i>(Note: Please consult the latest Health e-Blue/HMP materials for updates regarding which HEDIS 2012 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 12/31/2012 Received at least one well-child visit with a PCP in 2012 Measured against HEDIS specification (continuously enrolled with BCN for 2012)	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 - A1C testing Members with diabetes as identified through HEDIS specification Age 18 through 75 years old as of 12/31/2012 One (or more) A1C tests conducted during 2012 Measured against HEDIS specification (continuously enrolled with BCN for 2012)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue JVHL	Part of quality composite measure (disease management)
Diabetes - A1C <8% Members with diabetes as identified through HEDIS specification Age 18 through 75 years old as of 12/31/2012 Last A1C test performed in 2012 shows a level < 8% Measured against HEDIS specification (continuously enrolled with BCN for 2012)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue JVHL	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 12/31/2012 At least one LDL-C test done during 2012 Measured against HEDIS specification (continuously enrolled with BCN for 2012)	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue JVHL	Part of quality composite measure (disease management)

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2012 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 I P	P E D	Data Sources	Comments
<p><i>(Note: Please consult the latest Health e-Blue/HMP materials for updates regarding which HEDIS 2012 codes are applicable for each measure)</i></p>						
<p>Diabetes - LDL-C level <100 mg/dL</p> <p>Members with diabetes as identified through HEDIS specification</p> <p>Age 18 through 75 years old as of 12/31/2012</p> <p>Last LDL-C test performed in 2012 shows a level <100 mg/dL</p> <p>Measured against HEDIS specification (continuously enrolled with BCN for 2012)</p>	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue JVHL	Part of quality composite measure (disease management)
<p>Diabetes – Monitoring for nephropathy</p> <p>Members with diabetes as identified through HEDIS specification</p> <p>Age 18 through 75 years old as of 12/31/2012</p> <p>At least one screen for microalbuminuria in 2012 OR Had one positive macroalbuminuria result in 2012 OR Received medical treatment for nephropathy in 2012 OR Had a visit with a nephrologist in 2012 OR Evidence of ACE inhibitor/ARB therapy in 2012</p> <p>Measured against HEDIS specification (continuously enrolled with BCN for 2012)</p>	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue JVHL	Part of quality composite measure (disease management)
<p>Diabetes – retinal eye exam</p> <p>Members with diabetes as identified through HEDIS specification</p> <p>Age 18 through 75 years old as of 12/31/2012</p> <p>One or more retinal exams by an eye care professional (optometrist, ophthalmologist or EyeTel Imaging DigiScope) in 2012 or a retinal exam in 2011 if found to be a negative (no evidence of retinopathy).</p> <p>Measured against HEDIS specification (continuously enrolled with BCN for 2012)</p>	HMP Quality Summary Report (QSR)	X	X		Administrative HMP via Health e-Blue JVHL	Part of quality composite measure (disease management)

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2012 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 I P	P E D	Data Sources	Comments
<p><i>(Note: Please consult the latest Health e-Blue/HMP materials for updates regarding which HEDIS 2012 codes are applicable for each measure)</i></p>						
<p>Cholesterol management for patients with cardiovascular disease - LDL-C testing</p> <p>Member 18 to 75 years as of 12/31/2012 identified through HEDIS Cholesterol Management for Patients with Cardiovascular Condition (CMC) specification</p> <p>An LDL-C test performed in 2012</p> <p>Measured against HEDIS specification (the measurement year and the year prior to the measurement year)</p>	HMP Quality Summary Report	X	X		Administrative HMP via Health e-Blue JVHL	Part of quality composite measure (disease management)
<p>Cholesterol management for patients with cardiovascular disease - LDL-C level <100 mg/dL</p> <p>Member 18 to 75 years as of 12/31/2012 identified through HEDIS Cholesterol Management for Patients with Cardiovascular Condition (CMC) specification</p> <p>Last LDL-C test performed in 2012 shows a level <100 mg/dL</p> <p>Measured against HEDIS specification (the measurement year and the year prior to the measurement year)</p>	HMP Quality Summary Report	X	X		Administrative HMP via Health e-Blue JVHL	Part of quality composite measure (disease management)

EXHIBIT B
2011 COMMERCIAL HMO / BCN ADVANTAGE HMO PRP INCENTIVE SCHEDULE PAID OUT IN 2012
2012 COMMERCIAL HMO PRP INCENTIVE SCHEDULE

INCENTIVE	MEASUREMENT PERIOD	PAYMENT	PAYMENT MADE TO
2011 Commercial & BCNA Pay As You Go - second payment	Jan - Dec 2011	May 2012	Individual PCP
2011 Additional Commercial Pay As You Go - second payment			
Chlamydia screening	Jan - Dec 2011	May 2012	Individual PCP or OB/GYN
2011 Commercial and BCNA PRP Bonus			
Appropriate testing for children with pharyngitis (commercial)	Jan - Dec 2011	April 2012	MCG Group
Avoidance of antibiotic treatment in adults with acute bronchitis (commercial)	Jan - Dec 2011	April 2012	MCG Group
Follow-up care for children - ADHD medication (commercial)	Jan - Oct 2011	April 2012	Individual PCP
Follow-up after hospitalization - medical admission (BCNA)	Jan - Oct 2011	April 2012	Individual PCP
Follow-up after hospitalization - mental illness (commercial)	Jan - Oct 2011	April 2012	Behavioral health specialist
Follow-up after hospitalization - mental illness (BCNA)	Jan - Oct 2011	April 2012	Behavioral health specialist
2011 Commercial Base PRP	Jan - Dec 2011	May/June 2012	Individual PCP
2012 Commercial Pay As You Go:			
Adolescent immunizations – combo 1	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Cervical cancer screening	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Childhood immunizations – combo 3	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Cholesterol mgmt for pts with cardiovascular disease - LDL-C testing	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Cholesterol mgmt for pts with cardiovascular disease - LDL-C level <100 mg/dL	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Comprehensive diabetes care – A1C testing	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Comprehensive diabetes care – A1C control < 8%	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Comprehensive diabetes care – LDL-C testing	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Comprehensive diabetes care – LDL-C level < 100 mg/dL	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Comprehensive diabetes care – monitoring for nephropathy	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Comprehensive diabetes care – retinal eye exam	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Well child visit – 15 months	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
Well child visit – 3-6 years	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP
2012 Additional Commercial Pay As You Go:			
Chlamydia screening	Jan - Dec 2012	Sep 2012 and May 2013	Individual PCP or OB/GYN
2012 Commercial Base PRP	Jan - Dec 2012	May/June 2013	Individual PCP
2012 Commercial PRP Bonus			
Appropriate testing for children with pharyngitis	Jan - Dec 2012	April 2013	MCG Group
Appropriate treatment for children with upper respiratory infection	Jan - Dec 2012	April 2013	MCG Group
Avoidance of antibiotic treatment in adults with acute bronchitis	Jan - Dec 2012	April 2013	MCG Group
Follow-up care for children - ADHD medication	Jan - Oct 2012	April 2013	Individual PCP
Follow-up after hospitalization - mental illness	Jan - Oct 2012	April 2013	Behavioral health specialist