



## Program overview

Blue Cross Blue Shield of Michigan's peer group 5 hospital Pay-for-Performance Program gives hospitals an opportunity to demonstrate value to their communities and customers by meeting expectations for access, effectiveness, and quality of care.

The program described in this document is effective April 1, 2021, through March 31, 2022. Performance in the program determines up to 6% of a hospital's payment rate, effective October 1, 2022.

## Program modernization, 2021-2022

In conjunction with the 2020 work to overhaul the Participating Hospital Agreement, the peer group 5 Pay-for-Performance Program was updated to simplify the program and maintain its objective to ensure rural hospitals deliver the greatest value to the communities they serve.

## Program structure

The updated program structure will consist of three components:

- Culture of patient safety – 30%
- Health of the community – 50%
- Quality – 20%

The peer group 5 community can provide valuable feedback about the Pay-for-Performance Program through its advisory group. This group collaboratively discusses each year's pay-for-performance program. The advisory group includes representatives from Blue Cross, Michigan Health & Hospital Association, and members of the peer group 5 community. Membership and contact information can be found in Appendix A. Peer group 5 hospitals may contact these representatives to share comments related to the program; any comments received will be presented for consideration at future advisory group meetings.



## Culture of patient safety

30%

### Patient safety assessment – 20%

Each hospital must conduct a hospital-wide patient safety assessment survey at least once every two years, in either 2021 or 2022. There are three eligible surveys:

- Hospital Survey on Patient Safety Culture
- Safety Assessment Questionnaire
- SCORE Survey

These surveys can be assessed by a vendor, online assessment tool or a hospital self-assessment process, but the process must provide guidance on how to make improvements in patient safety culture. A hospital that wants to use an alternative survey should contact Blue Cross for consideration.

### CEO attestation form – 10%

The Pay for Performance Program requires hospitals to submit a yearly CEO attestation, certifying that the information being sent to Blue Cross is true and to the best of the knowledge of each hospital. This form also provides documentation for each of the individual program components, outlines information on the results of the patient safety assessment and describes any activities the hospital plans to implement to address findings. Completed CEO attestation forms should be submitted **by June 1, 2022** to Blue Cross by email at [P4PHospital@bcbsm.com](mailto:P4PHospital@bcbsm.com).

## Health of the community

50%

### Population health management attestation – 17%

Hospitals will designate a population health champion to serve as the contact for all population-health management activities and collaboration efforts with other health care providers in the community and across care settings. Champions are encouraged to review the Blue Cross Population Insights Reporting and share insights with hospital staff and other care providers. Additionally, champions will be required to fill out an attestation form (Appendix B) analyzing Population Insights Reporting and explaining current population health management activities within their organization.

### Health Information Exchange, or HIE, ADT notification service – 33%

HIE is designed to ensure caregivers have the data they need to effectively manage the care of their patient population. Focus is on improving the quality of data transmitted through the Michigan Health Information Network statewide service, expanding the types of data available



through the service, and developing capabilities that will help facilitate statewide data exchange going forward.

Scoring detail can be found in Appendix C.

## Quality initiatives

20%

### Michigan Critical Access Hospital Quality Network participation– 10% (CAH only)

Hospitals will participate in the Michigan Critical Access Hospital Quality Network. Participation in the MICAHQN and attendance at quarterly meetings is mandatory for all CAH facilities.

Measure performance	Points earned
Attended all four meetings (in-person or teleconference)	100
Attended two or three meetings	75
Attended one meeting	25
Didn't attend any meetings	0

### Readmissions – 10% CAH, 20% Non-CAH

To align with the larger peer group 1-4 program and achieve coordination across the care continuum, a readmission measure will remain in the program. Due to the low volume of admissions and readmissions that rural hospitals face, peer group 5 hospitals will be measured on the submission of an alternative readmission activity template (see Appendix D for details).

## Pay-for-performance incentive payments

Blue Cross will communicate pay-for-performance payment rates by the summer of 2022 with rates becoming effective October 1, 2022. Established by Blue Cross' Participating Hospital Agreement for peer group 5 facilities, the program determines up to six percentage points of a hospital's inpatient and outpatient payment rate. Regardless of a hospital's fiscal year end, the pay-for-performance payment rate is effective for a 12-month period beginning October 1.

Pay-for-performance payment rates are calculated by multiplying a facility's final score by the 6% maximum payment rate that each hospital is eligible to receive. For those earning a score less than 100%, the difference between the corresponding payment rate and 6% maximum is subtracted from the overall reimbursement rate. If applicable, any rate adjustments made for the 2020-2021 pay-for-performance program year will be added back. In October, hospitals earning less than the full 6 percentage points attributed to performance can expect to receive a revised rate sheet from Blue Cross' Facility Reimbursement department.



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**Blue Cross' Peer Group 5 Pay-for-Performance Program  
Population Health Champion Attestation  
April 1, 2021 through March 31, 2022 P4P (Due June 1, 2022)**

I certify that I have reviewed the Population Insights Report and Population Profiling Tool for the peer group 5 Hospital Pay-for-Performance Program, and it is true to the best of my knowledge.

Printed name – population health champion	Title
Signature	Email
Facility	Facility code

❖ PGIP physician organizations with whom hospital has a shared patient population:

Physician organization	Sub-physician organization

❖ Using Blue Cross' Population Insights Report, identify partnering PGIP PO utilization measures showing opportunity for improvement, if applicable:

Utilization metrics	

❖ For the above, identify any interventions currently in place to improve utilization rates. If none, explain how your hospital intends to work on the issue:

❖ Fill out the table below according to current population health management activities your hospital is participating in:



Population health activities	
Does your hospital currently participate in an accountable care organization? If yes, which one?	
ACO participants	
What population health activities does your hospital participate in as part of an ACO?	
What are your long-term goals of ACO participation?	
Are there any programs or population health management activities your hospital participates in outside of ACO-related activities?	
Non-ACO participants	
What are your barriers to entry in participating in an ACO?	
Are you participating in any population health management activities (for example, actively engaging with physician partners to better coordinate care)?	



**Peer Group 5 P4P Program – Health Information Exchange:  
Admission, Discharge and Transfer notification service**

**Criteria for participation in the MiHIN use cases – 10 points**

Measure Number	Measure Description*	Total Points Available	Points Available by Quarter			
			1Q	2Q	3Q	4Q
1	Transmit ADT notifications that meet the data quality conformance	3	.75	.75	.75	.75
2	Transmit Exchange CCDA data	3	.75	.75	.75	.75
3	Transmit Statewide Lab Result data	3	NA	1	1	1
4	Participate in one or more HIE pilot projects	1	Point requirements and timelines will be determined by the specific pilot. Hospitals will receive clear and timely written communications regarding any pilot expectations.			

\* Implementation issues in executing successful ADT transmission that are beyond a hospital’s reasonable ability to resolve will be considered by Blue Cross when scoring the measure.

**ADT Measure #1**

The Blue Cross conformance standards are designed to continually improve the data that flows through the Michigan Health Information Network, ensuring it’s complete and actionable when received by the practitioners using the information.

To track ADT quality conformance on the required fields, hospitals will receive a weekly report from MiHIN. This report will include a hospital’s results on each of the required fields for the given week. The hospital’s overall score on the conformance report must be over 75% to receive the points for the ADT measure.

If a hospital is notified that it’s not in full conformance by MiHIN or Blue Cross Blue Shield of Michigan, it must address the issue and regain conformance within 30 days of the notification to continue earning P4P points.

**Maintain data quality conformance for specific aspects of ADT transmissions - 3 points**

**Performance thresholds required for ADT transmissions**

Measure 3 - ADT: Complete Routing Data (population of fields), Mapping, and Adherence to Coding Standards – 3 points	
Group A: Complete Routing	Threshold for Full Conformance
PID-5.1: Patient Last Name	≥95%
PID-5.2: Patient First Name	≥95%
PID-7: Patient Date of Birth	≥95%





PID-11.5: Patient Zip	≥95%
PV1-19: Visit Number	≥95%
PV1-44: Admit Date/Time	≥95%
PV1-45: Discharge Date/Time	≥95%
PID-29: Patient Death Date/Time	≥95%
PID-30: Patient Death Indicator	≥95%
<b>Group B: Complete Mapping</b>	<b>Threshold for Full Conformance</b>
MSH-4.1: Sending Facility-Health System OID	≥95%
MSH-4.2: Sending Facility-Hospital OID	≥95%
PV1-36: Discharge Disposition	≥95%
PV1-37: Discharged to Location	≥95%
PID-8: Patient Gender	≥95%
PID-10: Patient Race	≥95%
PID-22: Ethnic Group	≥95%
PV1-2: Patient Class (e.g., observation bed)	≥95%
PV1-4: Admission Type	≥95%
PV1-14: Admit Source	≥95%
DG1-6: Diagnosis Type	≥95%
PV1-10: Hospital Service	≥95%
PV1-18: Patient Type	≥95%
<b>Group C: Adherence to Coding Standards</b>	<b>Threshold for Full Conformance</b>
PV1-7.1: Attending Doctor ID	≥95%
PV1-17.1: Admitting Doctor ID	≥95%
DG1-3.1: Diagnosis Code ID	≥95%
DG1-3.2: Diagnosis Code Description	≥95%

### **Exchange CCDA Measure #2**

Hospitals will earn .75 points per quarter by transmitting Exchange CCDA (previously Medication Reconciliation) messages. The data will be analyzed with the intent of developing conformance standards for future program years.

### **Statewide Lab Result Measure #3**

Hospitals will earn 1 point per quarter by transmitting Statewide Lab Result messages. The first quarter should be used for implementation and no points will be awarded. The data will be analyzed with the intent of developing conformance standards for future program years.

### **Participate in one or more HIE pilot projects Measure #4**

Hospitals can earn up to 1 point by participating in selected pilot projects in collaboration with PGIP organizations. Hospitals selected to participate in a pilot will be given clear expectations in writing at the time they are invited to participate. If hospital isn't selected to participate in a pilot project, the 1 point for this measure will be distributed as follows:

- Measure 1 (ADT conformance) will be reweighted at 3.5 points.
- Measure 2 (CCDA conformance) will be reweighted at 3.5 points.



Option chosen for hospital-specific activity:

	<b>Option 1:</b> Develop a post-acute network strategy.
	<b>Option 2:</b> Collaborate a plan with local social service agencies to better understand and address patients' social determinants of care.
	<b>Option 3:</b> Establish process to identify potentially preventable readmissions.
	<b>Option 4:</b> Develop process to use PG 1-4 P4P Health Information Exchange activities meaningfully for the purposes of improving care transitions and readmission reduction.
	<b>Other:</b> Please describe any current readmission-reducing efforts in place that don't fall into one of the above categories.

**High-level narrative describing plan or intervention, including (but not limited to) the below elements:**

\* Use additional space or alternative format, if necessary.

1. Activity purpose, priorities and goals

2. Descriptions of internal roles and responsibilities

3. Process for external stakeholder engagement, if applicable



4. Core measures and measurement processes:
  - a. Baseline readmission measurement
  - b. Targeted performance goal
  - c. Populations and/or service lines affected
  - d. Expected milestone dates and/or completion date
5. Communication and evaluation plan