



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, 2022, through March 31, 2023. Performance in the program determines up to 2% of a hospital's payment rate, effective October 1, 2023.

Program modernization, 2022-2023

In conjunction with the 2020-2021 work to overhaul the Participating Hospital Agreement, the peer group 5 Pay-for-Performance Program has been 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 two components:

- Culture of patient safety
- Health of the community



Culture of patient safety

CEO attestation form

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, 2023**, to Blue Cross by email at P4PHospital@bcbsm.com.

Health of the community

100%

Health Information Exchange, or HIE, ADT notification service

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 B.

Pay-for-performance incentive payments

Blue Cross will communicate pay-for-performance payment rates by the summer of 2023 with rates becoming effective October 1, 2023. Established by Blue Cross' Participating Hospital Agreement for peer group 5 facilities, the program determines up to two 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 2% 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 2% maximum is subtracted from the overall reimbursement rate. If applicable, any rate adjustments made for the 2021-2022 pay-for-performance program year will be added back. In October, hospitals earning less than the full two percentage points attributed to performance can expect to receive a revised rate sheet from Blue Cross' Facility Reimbursement department.



Blue Cross Blue Shield of Michigan Contacts

Julie Andes

Hospital Incentive Programs
Blue Cross Blue Shield of MI
600 E. Lafayette
Detroit, MI 48226
313-448-4746
jandes@bcbsm.com

Joshua Amundson

Hospital Incentive Programs
Blue Cross Blue Shield of MI
600 E. Lafayette
Detroit, MI 48226
248-223-5523
jamundson@bcbsm.com

Theresa Anderson

Value Partnership – HIE Analyst
Blue Cross Blue Shield of MI
600 E. Lafayette
Detroit, MI 48226
313-448-3905
tanderson2@bcbsm.com

MHA Contacts

Jason Jorkasky

Vice President, Health Finance
MHA Keystone Center
2112 University Park Drive
Okemos, MI 48864
517-648-1441
jjorkasky@mha.org

Renee Smiddy

Senior Director, Policy
MHA Keystone Center
2112 University Park Drive
Okemos, MI 48864
517-703-8205
rsmiddy@mha.org



**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	.75	.75	.75	.75
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 have access to conformance reports from MiHIN. This report will include a hospital's results on each of the required fields for the given time frame. The hospital's overall score on the conformance report must be over 95% 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%
IN1-3: Insurance Company ID	≥95%
IN1-4: Insurance Company Name	≥95%
Group B: Complete Mapping	Threshold for Full Conformance
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%
Group C: Adherence to Coding Standards	Threshold for Full Conformance
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 .75 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 point