

Primary Care Pay-for-Value Hybrid Payment Model Value-Based Reporting Tool FAQ

The purpose of this document is to provide answers to basic questions about Blue Shield of California's Primary Care Pay-for-Value Hybrid Payment Model Value-Based Reporting Tool. Use the **table of contents** below to navigate directly to the information you need.

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GENERAL

What is value-based reporting?

Primary Care Pay-for-Value Hybrid Payment Model Value-Based Reporting (aka value-based reporting) is an online analytical and reporting tool that provides key information to Primary Care Reimagined participating practices regarding their attributed Commercial PPO members and performance against incentive metrics.

Is there any cost to my practice to use value-based reporting?

Access to the tool is free to practices enrolled in the Primary Care Reimagined program. No license is required.

How can I get access to value-based reporting?

You will automatically have access once your practice's Pay-for-Value Hybrid Payment Model contract becomes effective. Your practice will also receive training on the tool.

Where do I access value-based reporting?

Value-based reporting is accessible from Blue Shield's Provider Connection website (<https://www.blueshieldca.com/provider>) after login. If you have questions or concerns about accessing the value-based reporting tool, please email the Primary Care Reimagined inbox (primarycarereimagined@blueshieldca.com).

Which web browser should be used to access the value-based reporting tool?

The value-based reporting tool is compatible with Google Chrome and Microsoft Edge web browsers only. It is not compatible with Internet Explorer.

Where can I find more detailed information about value-based reporting?

Please consult the Primary Care Pay-for-Value Hybrid Payment Model Operations Manual (page 34) and/or the training resources located on Blue Shield's Provider Connection site(<https://www.blueshieldca.com/provider>).



MEMBER ATTRIBUTION

How long before a new patient appears on my practice's member attribution?

The earliest a new patient will appear on your practice's member attribution is two (2) months after their first visit. For example, if a new patient has an office visit with you in June, that member should appear on the practice's attribution report in August. However, to achieve this two-month turnaround the claim must be submitted in a timely manner.

Can my practice view detail on members added or removed from our monthly attribution?

This feature is not available currently. You will see that a member has been added or removed but will not see who or the reason why.

If this information is needed, send an email to the Primary Care Reimagined Inbox (primarycarereimagined@blueshieldca.com). Someone will contact you within two (2) business days.

There is a member not listed on our attribution report.

The member may have not had an office visit in the last 18 months or may have seen a physician at a different practice.

If there are specific questions, send an email to the Primary Care Reimagined Inbox (primarycarereimagined@blueshieldca.com). Someone will contact you within two (2) business days.

Is it possible to request the removal of a member from attribution for my practice?

It is not possible as attribution is based on claims data.

QUALITY REPORTING



How is the PMPM for each measure determined?

Please see the [Primary Care Pay-for-Value Hybrid Payment Model Operations Manual](#) located on Blue Shield's Provider Connection site (<https://www.blueshieldca.com/provider>) for more detailed information about the per member per month (PMPM) calculation.

If my practice does not meet minimum member requirements for a quality measure, will it display on our incentive report?

The line for the quality measure will appear but be grayed out and not show an estimated incentive per member per month (PMPM) amount.

If my practice does not meet minimum denominator requirements for a measure, are we still eligible for that measure's PMPM incentive?

If your practice does not meet minimum denominator requirements, your practice will not be eligible for that measure's per member per month (PMPM) incentive.

Can I filter the number of emergency room (ER) visits by member to identify the highest utilizers?

Yes. However, it may be easier to export the page to Excel and use Excel tools to create pivots and perform further data analysis.

The care gap report shows Member X does not meet compliance for a measure but my practice's EMR indicates they do.

Compliance for measures is captured via information received on claims. If the measure compliance information is not included on a claim, Blue Shield cannot capture it.

Data in the value-based reporting tool is refreshed monthly. There is typically a lag between when a claim is submitted vs. when it appears in the tool. It is important to submit claims in a timely manner so that information in the tool is up to date.

While not required, practices are encouraged to submit supplemental data (additional clinical data about a member) to enhance performance rates for measures.

Please reach out to the Blue Shield supplemental data team (HEDISSUPPDATA@blueshieldca.com) to request help with setting up supplemental data feeds or ask questions regarding supplemental data submissions.

Can I stratify performance on quality measures?

Yes. You can stratify one quality measure at a time on the Practice Variation page.

Can I view all care gaps for a member across all measures?

This functionality is currently not available, but we hope to make an enhancement to the platform in the future that will allow this type of view.

FINANCIAL

Why do additional months display on a particular monthly payment report?

Each monthly payment report includes reconciliation adjustments for previous months. For example, a December 2021 report may include November 2021 even though the per member per month (PMPM) payment for November was already made.

Why is there an ellipsis (...) after some numbers?

The ellipsis indicates there are more decimals to display. The additional decimals can be viewed by hovering over the number. These additional decimals allow a more accurate calculation of the per member per month (PMPM) payment.

If there is a reconciliation adjustment made for a month, where will I see it?

The reconciliation adjustment displays in the month the adjustment is made, not in the month for which it is made. For example, if an adjustment is made for the November 2021 payment in the month of December 2021, that adjustment will display in the December report and not in the November report. The December payment will be adjusted for the reconciliation adjustment of the November payment.

EXPORT

What information will be included when using Export Table?

Customized columns are not applied to the export, but filter(s) are.

Can I create custom view-only pages on the platform?

Yes. You can create one customized view. The platform will not save multiple customized views.

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