



**BlueCross BlueShield
of Texas**

PEAQ

Physician Efficiency,
Appropriateness, & Quality



Report Design as of July 2023 (PPI TX 2023A)

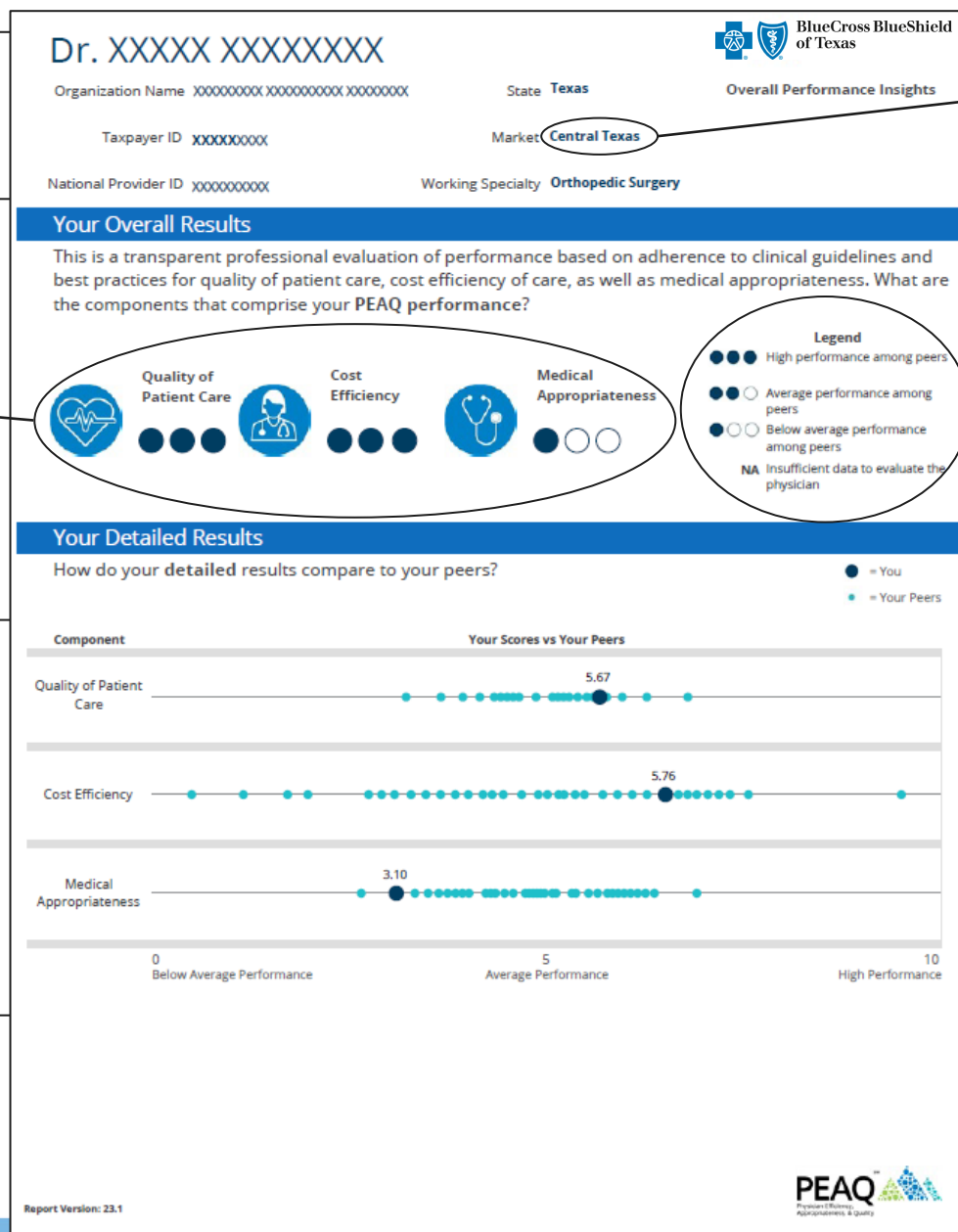
Composite Report

If physicians have questions regarding the header demographics or would like to report an error, they can email PEAQ_Inquiries@bcbstx.com and a representative will respond.

This section indicates how Provider Finder will summarize a physician's performance. Details about the evaluations are only available in this report.

This section summarizes a physician's performance among peers in PEAQ components. Details about these results are shown in the subsequent pages of the report.

The dark blue dot represents a physician's individual ranking among their peer group. The aqua dots represent where peers rank among the group.



Depending on the concentration of members and providers in a geographic area, a market region area can be limited to several ZIP codes.

There are 3 performance tiers. Each physician who met minimum criteria will be organized into one of the tiers based on the calculated result and its relationship to the peer group's mean.

Provider Finder will show which tier a physician was sorted in.

If a provider has not met the minimum criteria for a component, they will not receive a report for that component and Provider Finder will show "NA" for that component.

Quality Report

If physicians have questions regarding the header demographics or would like to report an error, they can email PEAQ_inquiries@bcbstx.com and a representative will respond.

This section indicates how Provider Finder will summarize the physician's Quality performance.

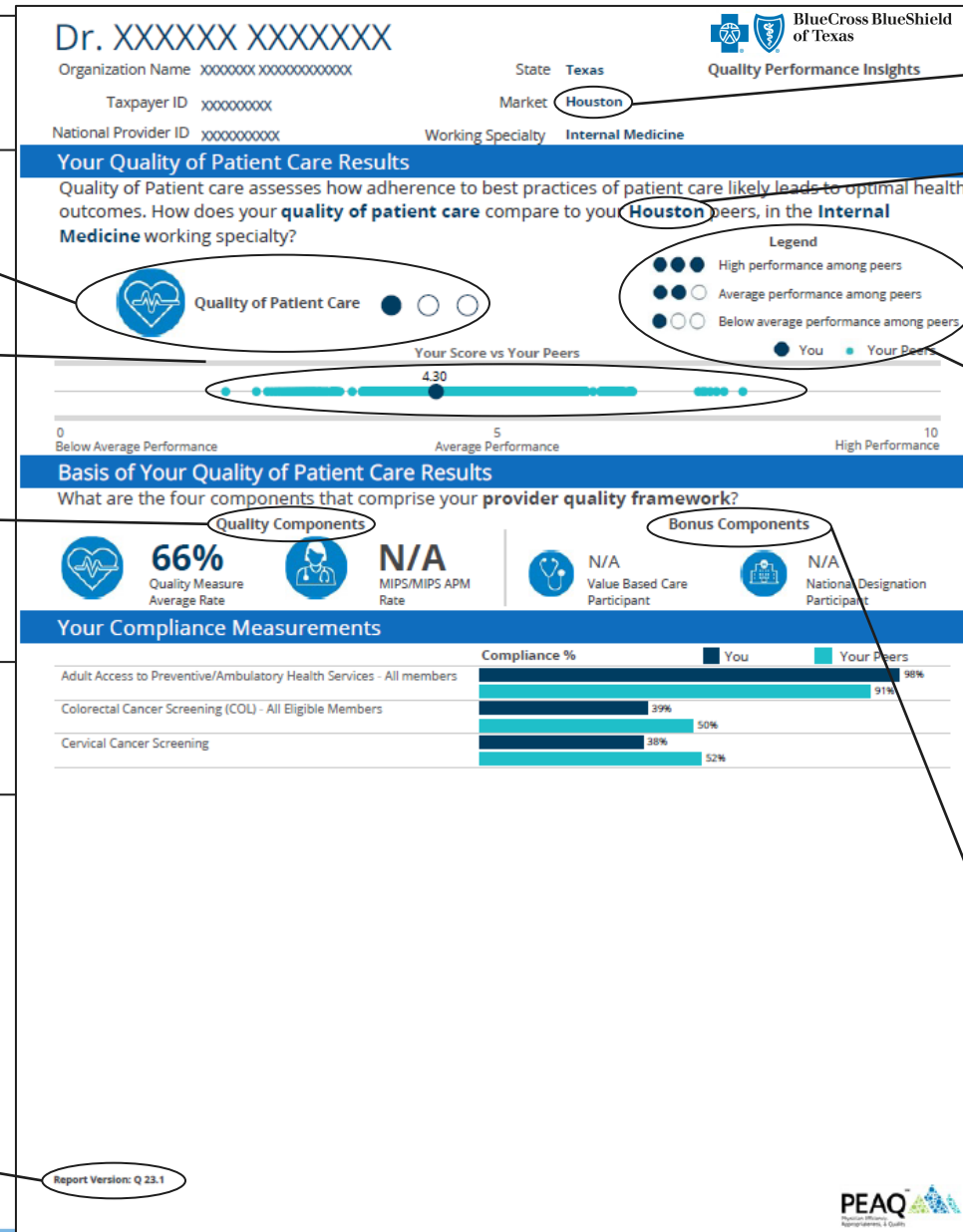
The large dark blue dot represents a physician's individual ranking among their peer group. The smaller aqua dots represent where peers rank among the group.

The Quality Measure and MIPS/MIPS APM rates are based on different factors. The Quality Measure rate is calculated by BCBSTX and based on a subset of NCQA's HEDIS® and NQF quality measures selected for a physician's working specialty. The MIPS/MIPS APM rate is a self-reported quality measure extracted from CMS and normalized based on peer groups within the geographic area.

The model employs the latest machine learning and predictive modeling techniques to accurately adjust for patient population differences related to comorbidities and demographics.

BCBSTX selected a subset of Quality measures representative of a physician's working specialty. If a physician does not have a rate in the "Quality Measure Average Rate" section, there is not enough information to provide "Your Compliance Measurements."

The PEAQ quality model considers episodic data from 12 months of incurred services.



Depending on the concentration of members and providers in a geographic area, a market region area can be limited to several ZIP codes.

In order to fairly compare peers, peer groups consist of providers who share the same working specialty and provide services for similar clinical conditions within the same geographic area.

There are 3 performance tiers. Each physician within the peer group will be organized into one of the tiers based on the calculated result and its relationship to the peer group's mean.

Physicians are ranked within their peer group based on three quality components. Two components make up the quality result - Quality Measure Average Rate and MIPS/MIPS APM Rate. If both quality components are present, the Quality Measure result will be 80% of the score and the MIPS/MIPS APM result will be 20%. If only one quality component is present, it will be 100% of the score. National Designation Participation counts as a bonus component and will raise the overall quality result by a fixed amount.

The most recently published data and provider rosters available at the time of measurement are used.

Efficiency Report – Efficiency Summary

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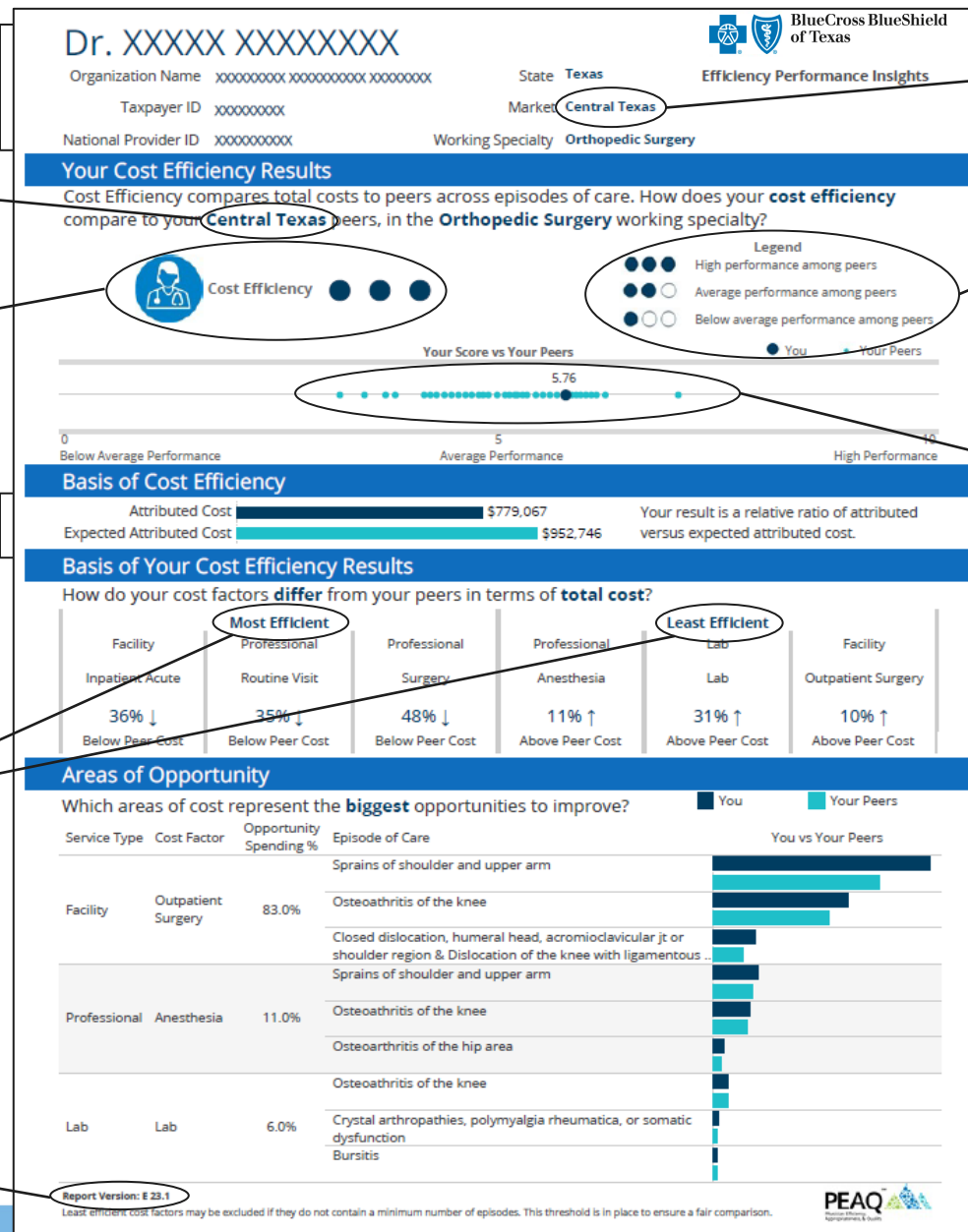
In order to fairly compare peers, peer groups consist of providers who share the same working specialty and provide services for similar clinical conditions within the same geographic area.

This section indicates how Provider Finder will summarize the physician's Efficiency performance.

Attributed Cost is the allowed amount from claims attributed to physicians weighted by the proportion of RVUs a physician contributed to each of the measured episodes. Expected Attributed Cost is the peer group's average assuming the same mix of diagnostic groups and episode counts adjusted for a physician's patients' risk and the proportion of RVUs that the physician contributed to each measured episode.

All medical and pharmaceutical services for episodes of care attributed to a physician are grouped into 27 cost factors based on procedure code and place of treatment. Up to three factors depict where the physician is Most Efficient compared to peers and up to three depict where they are Least Efficient. A highly efficient physician sees up to six Most Efficient factors.

The PEAQ efficiency model considers episodic data from 24 months of incurred services.



Depending on the concentration of members and providers in a geographic area, a market region area can be limited to several ZIP codes.

There are 3 performance tiers. Each physician within the peer group will be organized into one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.

The large dark blue dot represents a physician's individual ranking among their peer group. The smaller aqua dots represent where peers rank among the group.

The Diagnostic Groups associated with a physician's Least Efficient Service Types and Cost Factors are reported as Areas of Opportunities. The dark blue bar on top depicts total costs for the episodes attributed to the physician.

Your Peers' total cost is case mix adjusted to reflect the same count and combination of diagnostic groups attributed to the physician to ensure fair comparisons. The Opportunity Spending % represents the proportion of allowed dollars that could be saved if the physician's costs were at the peer amount.

Efficiency Report – Highly Efficient Physician

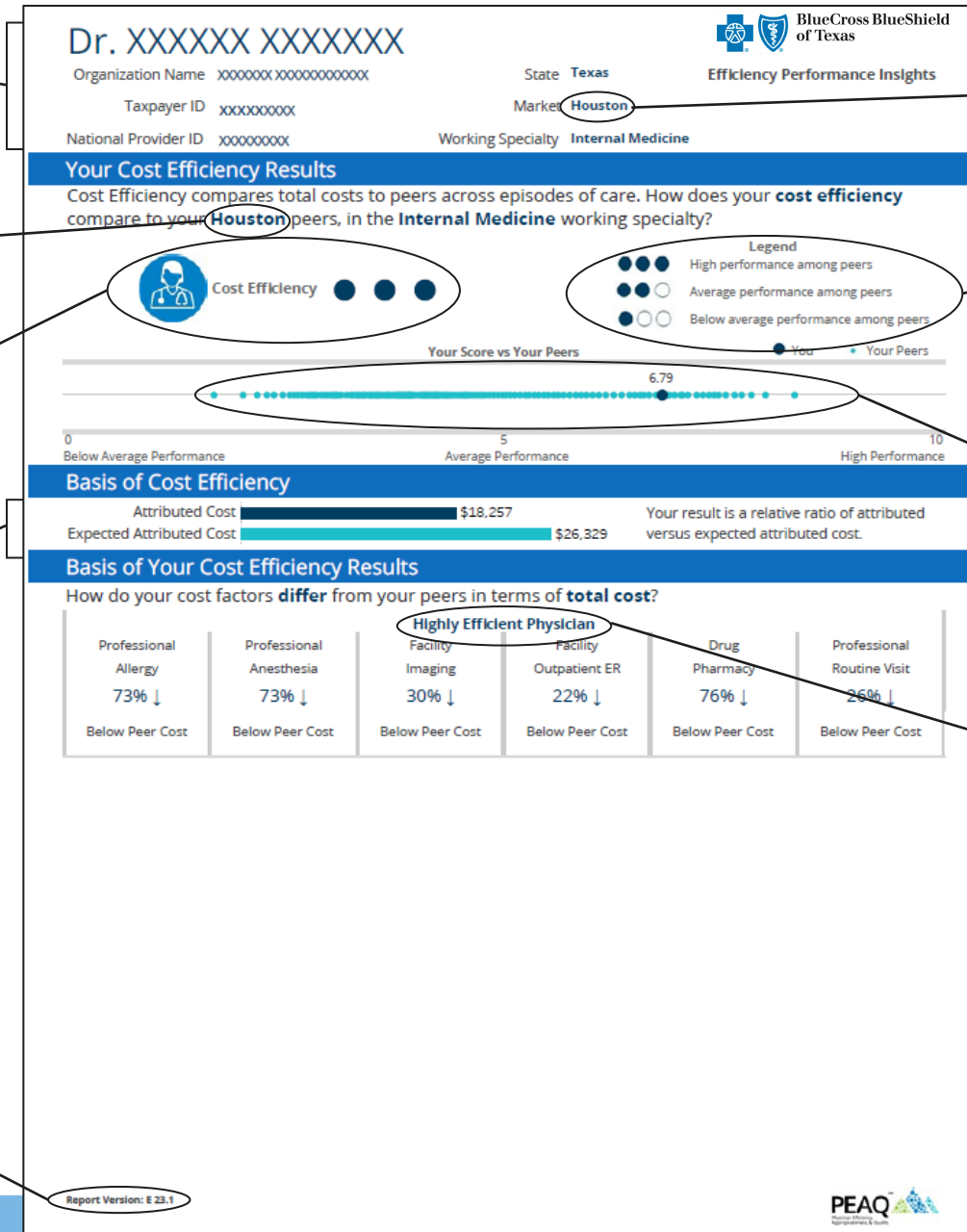
If physicians have questions regarding the header demographics or would like to report an error, they can email PEAQ_inquiries@bcbstx.com and a representative will respond.

In order to fairly compare peers, your peer group consists of providers who share your working specialty and provide services within the same geographic area.

This section indicates how Provider Finder will summarize the physician's Efficiency performance.

Attributed Cost is the allowed amount from claims attributed to you weighted by the proportion of RVUs you contribute to each of the measured episodes. Expected Attributed Cost is your peer group's average assuming the same mix of diagnostic groups and episode counts adjusted for your patients' risk and the proportion of RVUs you contribute to each measured episode.

The PEAQ efficiency model considers episodic data from 24 months of incurred services.



Depending on the concentration of members and providers in a geographic area, a market region area can be limited to several ZIP codes.

There are 3 performance tiers. Each physician within the peer group will be organized into one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.

The large dark blue dot represents a physician's individual ranking among their peer group. The smaller aqua dots represent where peers rank among the group.

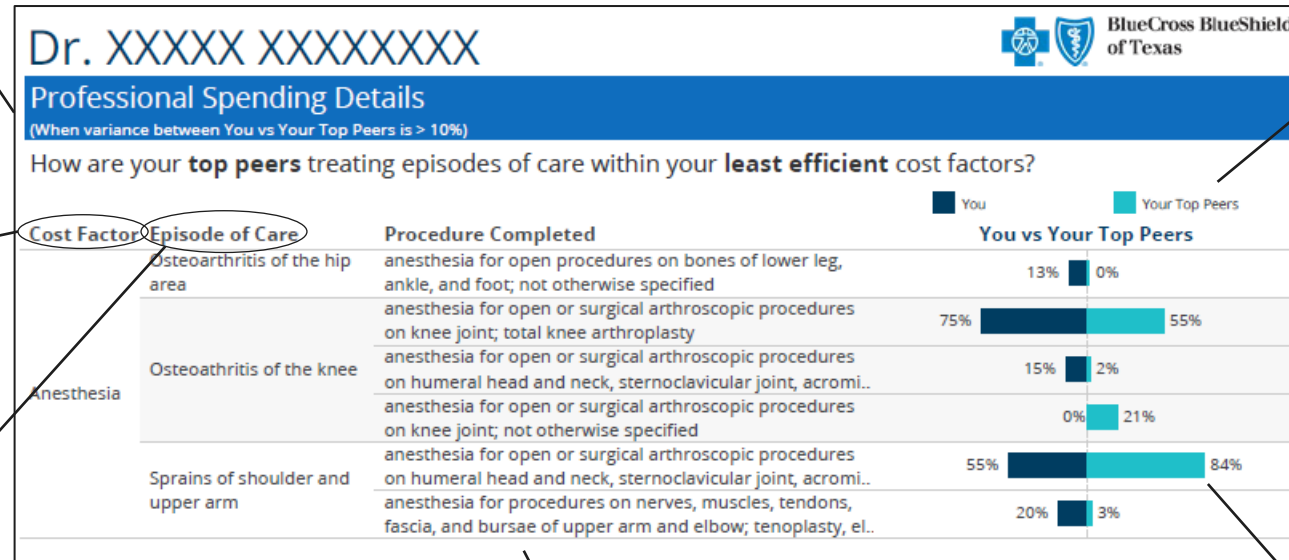
All medical and pharmaceutical services for episodes of care attributed to a physician are grouped into 27 cost factors based on procedure code and place of treatment. A highly efficient physician sees up to six of their Most Efficient factors.

Efficiency Report – Professional Spending

If any of a physician's Areas of Opportunity include the Professional Service Type, the PEAQ report includes a Professional Spending Details page.

The Least Efficient Cost Factors within Professional Spending are carried over from the first page of the Efficiency report along with Diagnostic Groups where spending was most different from the physician's peers. The Procedure Completed represents services delivered to patients.

Diagnostic Groups, also known as MEGs® (Medical Episode Groupers) are Merative's proprietary episode grouping methodology. Patients are grouped into one of over 500 clinical categories based on their diagnosis. Categories are further segmented by severity and disease stage progression.



The "Your Top Peers" group is comprised of the top 50th percentile within the physician's peer group treating the same episodes of care. The top physicians through the median peer comprise the comparison group. This is an opportunity to see the differences in treatment decisions for a physician's patients as compared to peers. Physicians should review how their top peers are treating the same episodes of care for cost savings opportunities.

Procedures depicted are those accounting for at least 10% of a physician or their peers' costs within each diagnosis group.

The percentages represent the proportion of spend within a Diagnostic Group.

Efficiency Report – Facility Spending

If any of a physician's Areas of Opportunity include the Facility Service Type, the PEAQ report includes a Facility Spending Details page.

Dr. XXXXX XXXXXXXXX

BlueCross BlueShield of Texas

Facility Spending Details

Which sites of service present **cost efficient** opportunities?

Cost Factor	Episode of Care	Site of Service	Site Average Cost/Episode	Site Proportion of Cost
Outpatient Surgery	Closed dislocation, humeral head, acromioclavicular jt or shoulder region & D..	ST JOSEPH REGIONAL HEALTH CENTER	\$5,037	100%
	Osteoathritis of the knee	ST JOSEPH REGIONAL HEALTH CENTER	\$6,877	100%
	Sprains of shoulder and upper arm	ST JOSEPH REGIONAL HEALTH CENTER	\$5,168	100%

The Least Efficient Cost Factors within Facility Spending are carried over from the first page of the Efficiency report along with Diagnostic Groups where spending was most different from the physician's peers. The Site of Service highlights the facilities where a physician's patients received care.

Site Proportion of Cost is the percentage of spend for each Site of Service for the Diagnostic Group.

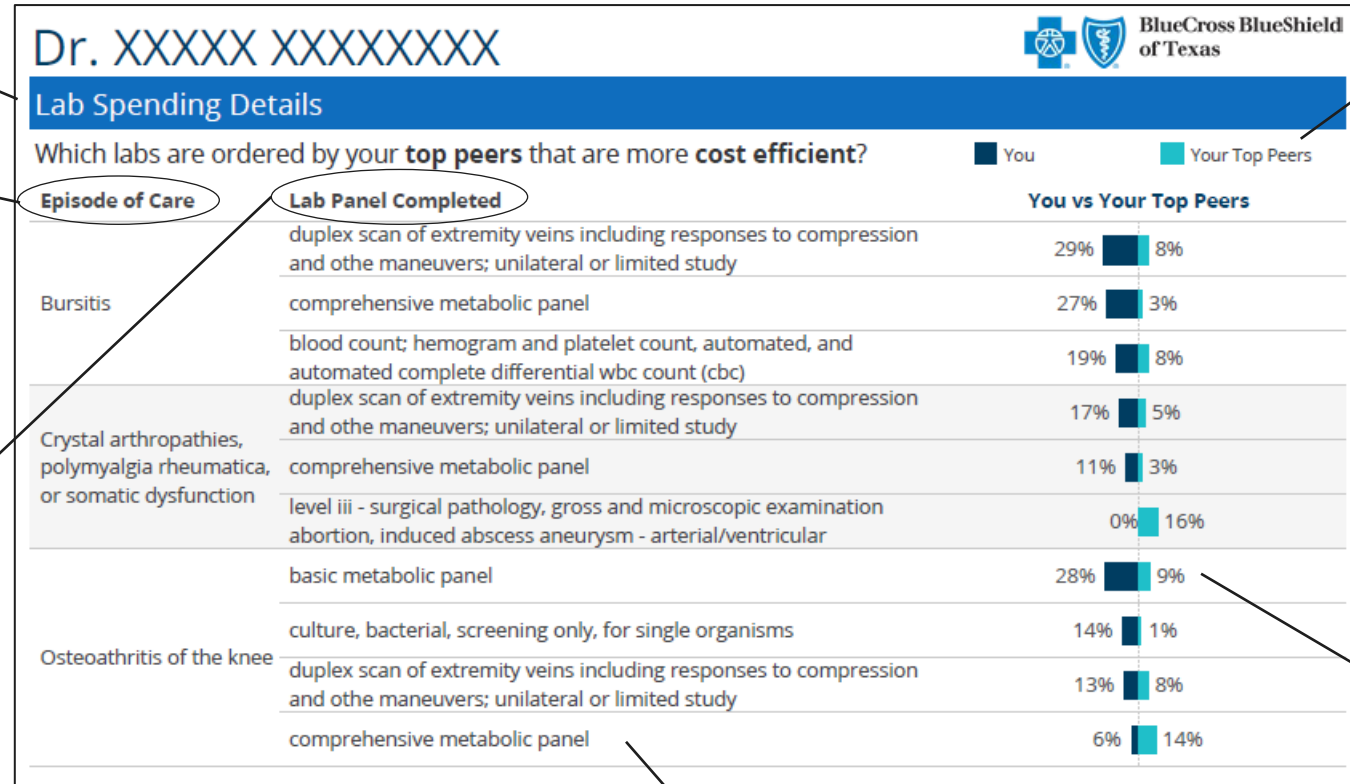
Diagnostic Groups, also known as MEGs® (Medical Episode Grouper) are Merative's proprietary episode grouping methodology. Patients are grouped into one of over 500 clinical categories based on their diagnosis. Categories are further segmented by severity and disease stage progression.

Efficiency Report – Lab Spending

If any of a physician's Areas of Opportunity include the Lab Service Type, the PEAQ report includes a Lab Spending Details page.

Diagnostic Groups, also known as MEGs® (Medical Episode Grouper) are Merative's proprietary episode grouping methodology. Patients are grouped into one of over 500 clinical categories based on their diagnosis. Categories are further segmented by severity and disease stage progression.

The Least Efficient Cost Factors within Lab Spending are carried over from the first page of the Efficiency report along with Diagnostic Groups where spending was most different from the physician's peers. The Lab Panel Completed represents services delivered to patients.



"Your Top Peers" are comprised of the top 50th percentile within the peer group treating the same episodes of care. The top physicians through the median peer make up the comparison group. This is an opportunity to see the differences in treatment decisions for a physician's patients as compared to peers. Physicians should review how their top peers are treating the same episodes of care for cost savings opportunities.

The percentages represent the proportion of spend within a Diagnostic Group.

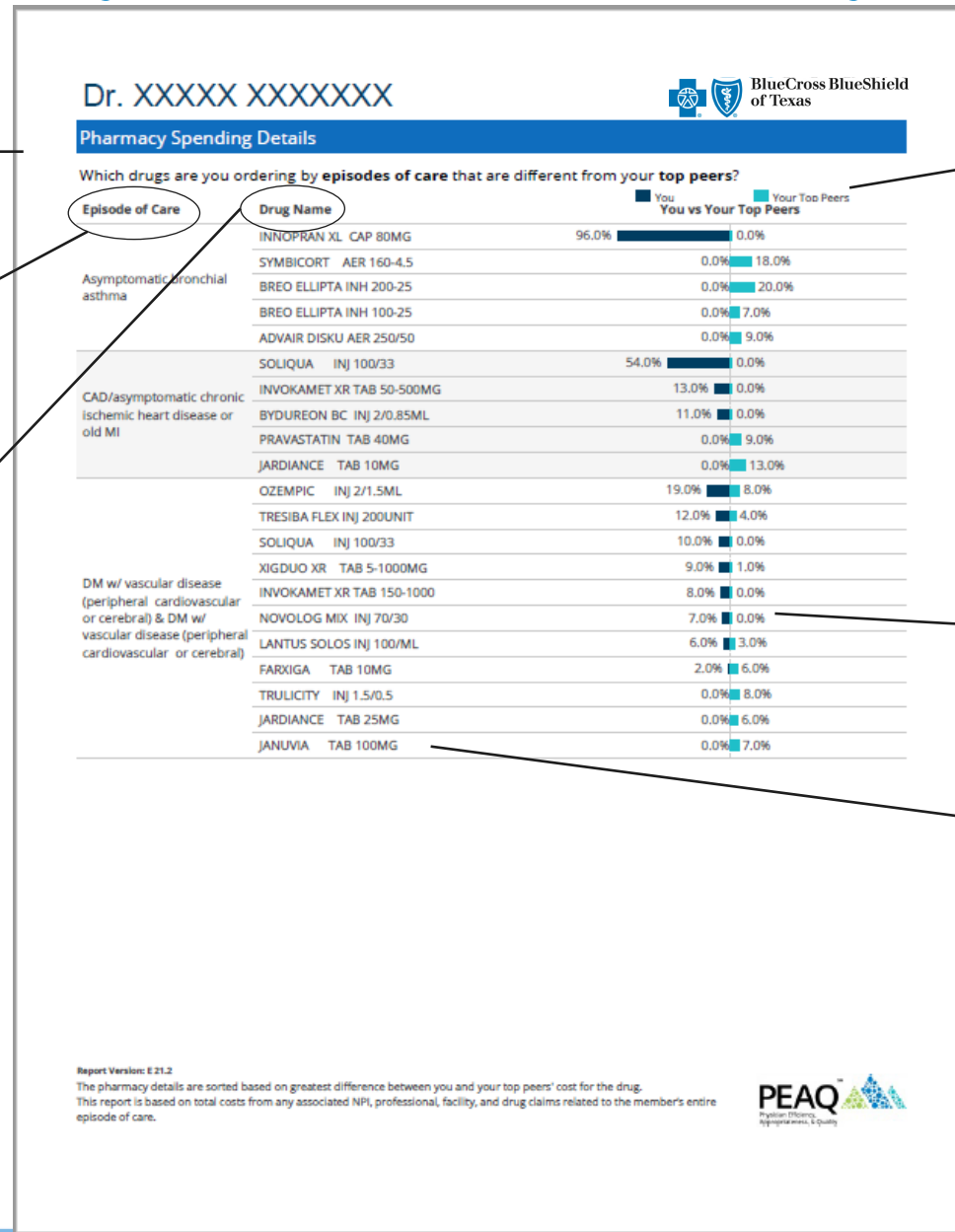
Labs depicted are those accounting for at least 10% of a physician or their peers' costs within each diagnosis group.

Efficiency Report – Pharmacy Spending

If any of a physician's Areas of Opportunity include the Pharmacy Service Type, the PEAQ report includes a Pharmacy Spending Details page.

Diagnostic Groups, also known as MEGs® (Medical Episode Grouper) are Merative's proprietary episode grouping methodology. Patients are grouped into one of over 500 clinical categories based on their diagnosis. Categories are further segmented by severity and disease stage progression.

The Least Efficient Cost Factors within Pharmacy Spending are carried over from the first page of the Efficiency report along with Diagnostic Groups where spending was most different from the physician's peers. The Drug Name represents services delivered to patients.



"Your Top Peers" are comprised of the top 50th percentile within the peer group treating the same episodes of care. The top physicians through the median peer make up the comparison group. This is an opportunity to see the differences in treatment decisions for a physician's patients as compared to peers. Physicians should review how their top peers are treating the same episodes of care for cost savings opportunities.

The percentages represent the proportion of spend within a Diagnostic Group.

Drugs depicted are those accounting for at least 5% of a physician or their peers' cost within each diagnosis group.

Appropriateness Report

If physicians have questions regarding the header demographics or would like to report an error, they can email PEAQ_inquiries@bcbstx.com and a representative will respond.

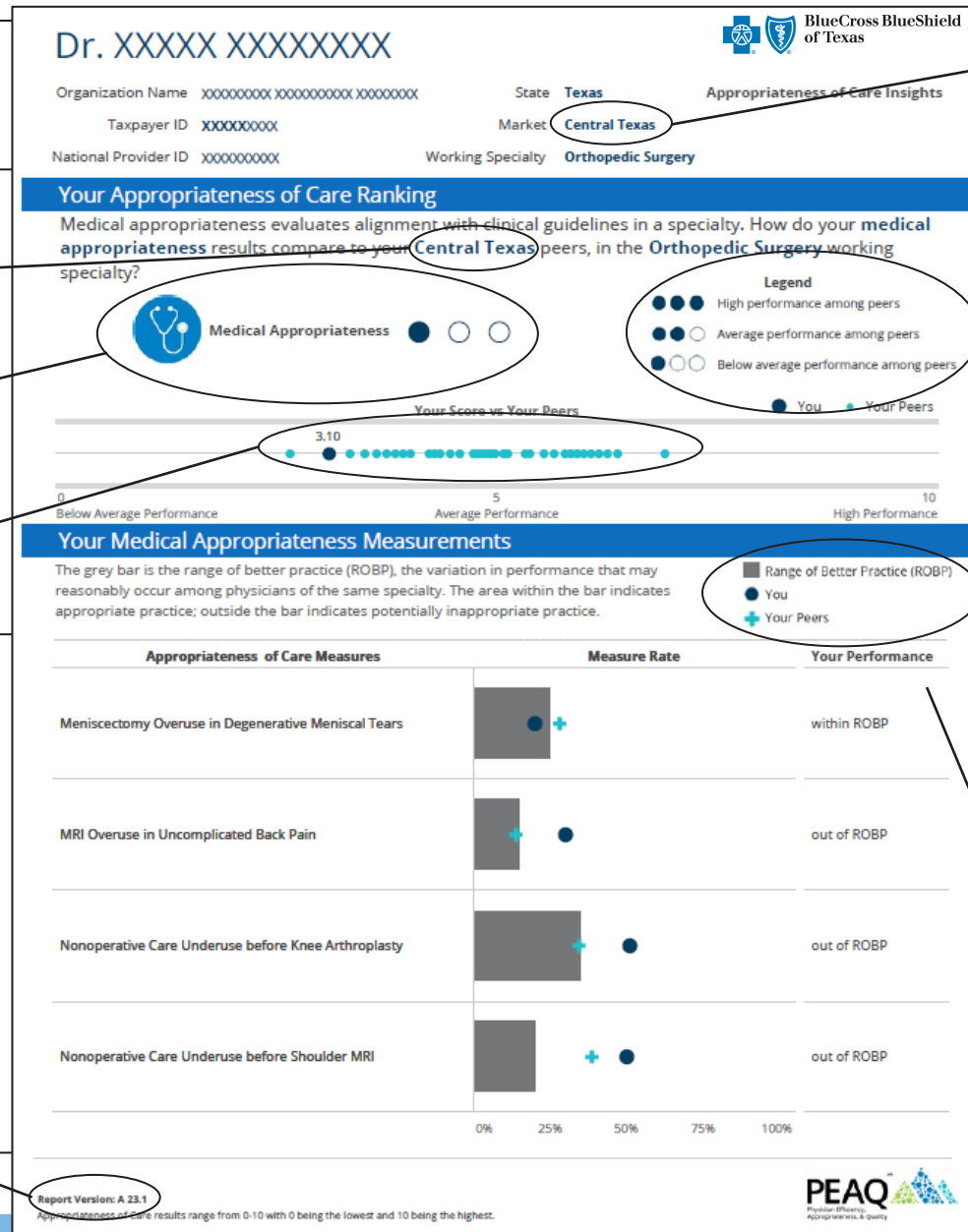
In order to fairly compare peers, peer groups consist of providers who share the same working specialty and provide services for similar clinical conditions within the same geographic area.

This section indicates how Provider Finder will summarize the physician's Appropriateness performance.

The large dark blue dot represents a physician's individual ranking among their peer group. The smaller aqua dots represent where peers rank among the group.

BCBSTX selected a subset of appropriateness measures representative of a physician's working specialty.

The PEAQ appropriateness model considers episodic data from 24 months of incurred services.



Depending on the concentration of members and providers in a geographic area, a market region area can be limited to several ZIP codes.

There are 3 performance tiers. Each physician within the peer group will be organized into one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.

Range of Better Practice (ROBP) – The variation in performance that may reasonably occur among physicians within the same specialty. The area within the gray bar indicates appropriate practice.

You – The physician's performance within the measure is depicted with a dark blue dot.

Your Peers – The physician's peer group's performance within the measure is depicted with a plus sign. The peer group includes physicians practicing in the same region and working specialty as the reporting physician.

This column indicates if performance is within or outside of the ROBP. Performance outside of ROBP does not always equate to inappropriate behavior.