



BlueCross BlueShield of Texas

PEAQ

Physician Efficiency,
Appropriateness, & Quality



Physician Performance Insights Report User Guide July 2024

Physician Performance Insights Reports

As part of our **Physician Efficiency, Appropriateness, & QualitySM** program, you may receive a PPI report. The PPI report shows how you compare to peers in your working specialty. **PEAQSM** results help our members find care.

This guide has details on reading your PPI report. See our [PEAQ page](#) for the program’s methodology.

Options for Accessing Your Report

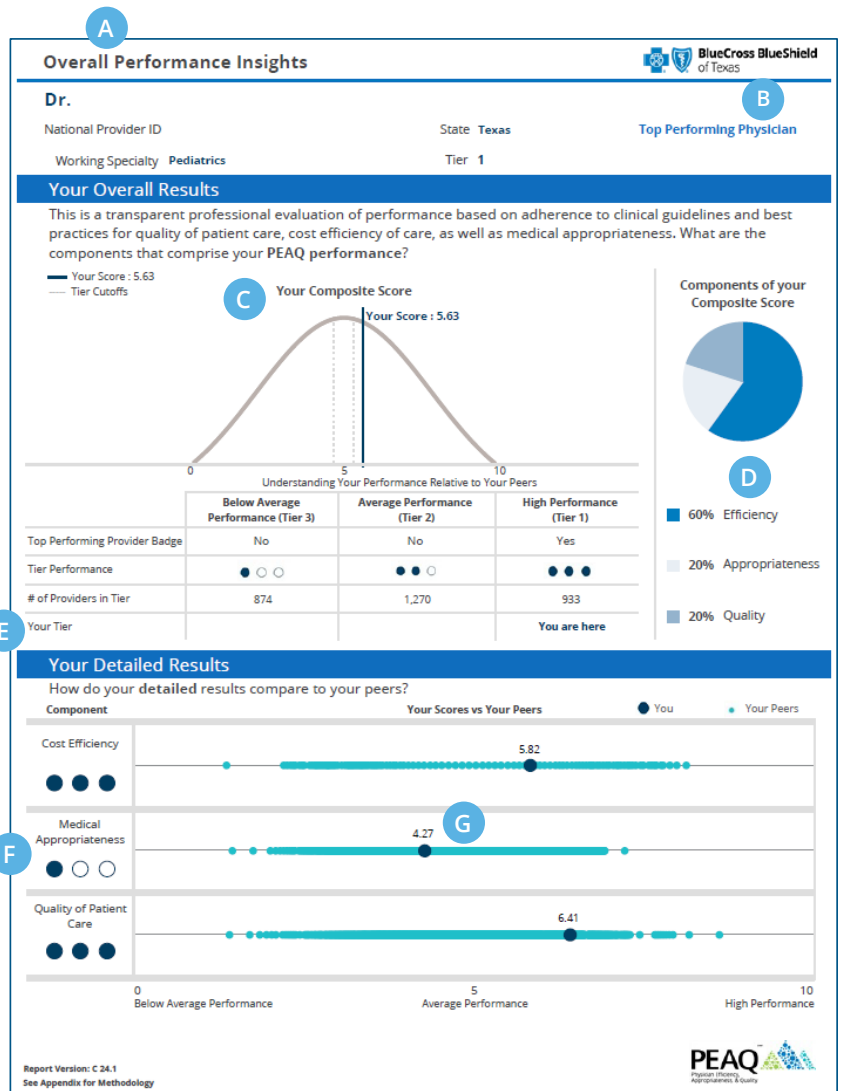
- Sign in to [Availity[®] Essentials](#).
 - Select Payer Spaces from the navigation menu.
 - Under Applications, select **PEAQ Report**.
 - If you don’t yet have an Availity account, [register here](#) at no cost.
- Contact your [Network Representative](#) with Blue Cross and Blue Shield of Texas.

If you have questions about PEAQ, email [PEAQ Inquiries](#).

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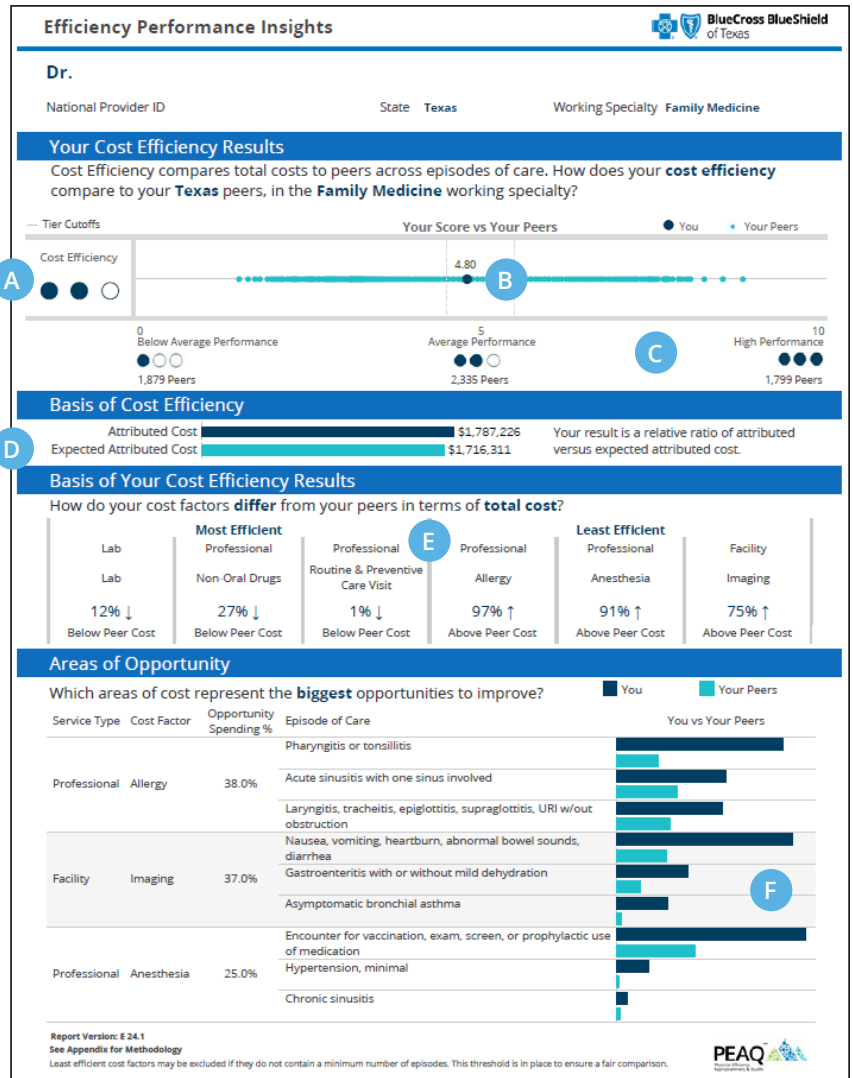
Composite Summary

- A** If you have questions about the header demographics or would like to report an error, email [PEAQ Inquiries](#). A representative will respond.
- B** A **Top Performing Physician** designation means you've received high composite scores. The designation appears in Provider Finder®.
- C** This section shows **Your Composite Score** related to **Tier Performance**. Dotted vertical lines indicate approximate tier cutoffs. The blue line shows your individual ranking.
- D** **Composite Scores** are based on a weighted average of the PEAQ components you were scored on during the reporting period.
If you haven't met the minimum criteria for a component, you won't receive a report for that component.
- E** This row indicates **Your Tier**. This may impact cost-sharing for members in employer groups participating in a tiered benefit option.
- F** The blue dots on the left indicate how [Provider Finder](#) summarizes your performance. Only you have access to the evaluation details in this report.
- G** This section summarizes your performance among peers in PEAQ components. Details about these results are in the following pages of the PPI report.
The dark blue dot represents your individual ranking among your peer group. The aqua dots represent where peers rank among the group.



Efficiency Summary

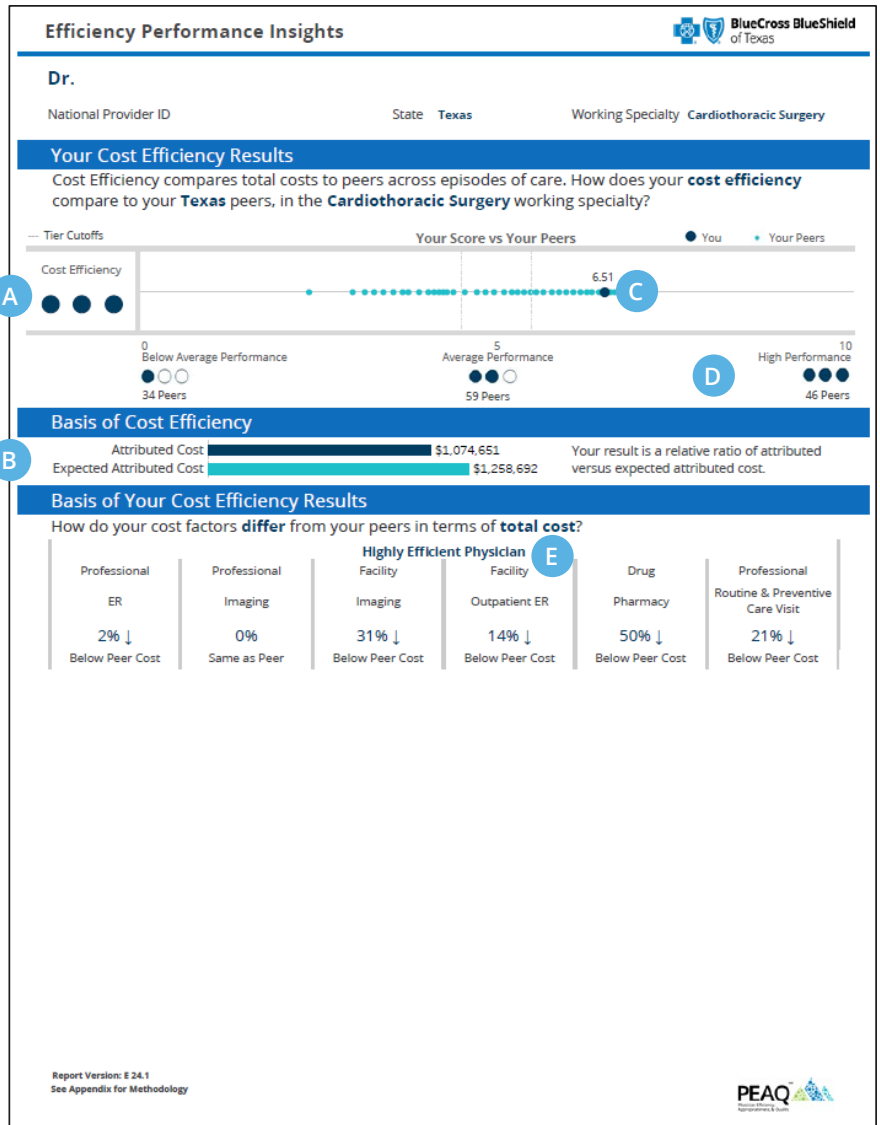
- A** This section indicates how Provider Finder summarizes your **Efficiency** performance
- B** The dark blue dot represents your individual ranking among your peer group. The smaller aqua dots represent where peers rank among the group.
- C** There are three performance tiers. Each physician within the peer group is assigned to one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.
- D** **Attributed Cost** is the allowed amount from claims attributed to you, weighted by the proportion of Relative Value Units you contributed to each of the measured episodes.
Expected Attributed Cost is the peer group's average. It assumes the same mix of diagnostic groups and episode counts, adjusted for the physicians' patients' risk and the proportion of RVUs the physicians contributed to each measured episode.
- E** All medical and pharmaceutical services for Episodes of Care attributed to you are grouped into 27 cost factors based on procedure code and place of treatment.
Up to three factors depict where you are **Most Efficient** compared to peers. Up to three depict where you are **Least Efficient**. If you are a highly efficient physician, you will see up to six of your Most Efficient factors.
- F** The Episodes of Care associated with your Least Efficient Service Types and Cost Factors are reported as **Areas of Opportunity**. The dark blue bar on top depicts total costs for the episodes attributed to you.
Your Peers' total cost is case-mix adjusted to reflect the same count and combination of episodes of care attributed to you to ensure fair comparisons.
The **Opportunity Spending %** represents the proportion of allowed dollars that could be saved if your costs were at the peer amount.



Efficiency Summary – Highly Efficient Physician

- A** This section indicates how Provider Finder summarizes your **Efficiency** performance.
- B** **Attributed Cost** is the allowed amount from claims attributed to you weighted by the proportion of RVUs you contributed 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 the physicians' patients' risk and the proportion of RVUs the physicians contributed to each measured episode.
- C** The dark blue dot represents your individual ranking among your peer group. The smaller aqua dots represent where peers rank among the group.
- D** There are three performance tiers. Each physician within the peer group is assigned to one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.
- E** All medical and pharmaceutical services for Episodes of Care attributed to you are grouped into 27 cost factors based on procedure code and place of treatment. As a highly efficient physician, you will see up to six Most Efficient factors.



Efficiency Summary – Professional Spending

A Professional Spending Details

Dr.

How are your **top peers** treating episodes of care within your **least efficient** cost factors?

(When variance between You vs Your Top Peers is > 10%)


■ You ■ Your Top Peers E

Cost Factor	Episode of Care	Procedure Completed	You vs Your Top Peers	
Imaging	Asymptomatic primary hypothyroidism	45378 - colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by br..	100%	45%
		45385 - colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by s..	0%	13%
		45380 - colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	0%	34%
	Diverticulitis	45378 - colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by br..	100%	70%
		45380 - colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	0%	18%
	Encounter for vaccination, exam, screen, or prophylactic use of medication	45378 - colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by br..	31%	11%
77067 - screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad)..		29%	71%	
45380 - colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple		24%	7%	

- A If any of your Areas of Opportunity include the Professional Service Type, the PPI report includes a **Professional Spending Details** page.
- B The Least Efficient Cost Factors within Professional Spending are carried over from the first page of the Efficiency report, along with **Episodes of Care** where spending was most different from your peers. **Procedure Completed** represents services delivered to patients.
- C **Episodes of Care** are based on a 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.
- D Procedures depicted are those accounting for at least 10% of your or your peers' costs within each Episode of Care.

- E **Your Top Peers** is comprised of the top 50th percentile within your peer group treating the same Episodes of Care. This shows the differences in treatment decisions for your patients as compared to peers. Reviewing how top peers are treating the same Episodes of Care may reveal cost-saving opportunities. The percentages represent the proportion of spend within an Episode of Care.
- F The percentages represent the proportion of spend within an Episode of Care.

Efficiency Summary – Facility Spending

Facility Spending Details A				
Dr.				
Which sites of service present cost efficient opportunities?				
Cost Factor B	Episode of Care C	Site of Service	Site Average Cost/Episode	Site Proportion of Cost D
Imaging	Angina w/ hypertrophy/akinesia/dyskinesia/S3 or S4 ..	METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO, LTD., L.L.P.	\$2,485	100%
		VHS SAN ANTONIO PARTNERS LLC	\$2,929	15%
	Hypertension, minimal	METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO, LTD., L.L.P.	\$426	2%
			\$1,953	81%
	Unstable angina pectoris	METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO, LTD., L.L.P.	\$4,009	100%

- A If any of your Areas of Opportunity include the Facility Service Type, the PPI report includes a **Facility Spending Details** page.
- B The Least Efficient Cost Factors within Facility Spending are carried over from the first page of the Efficiency report, along with **Episodes of Care** where spending was most different from your peers. The **Site of Service** highlights the facilities where your patients received care.
- C **Episodes of Care** are based on a 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.
- D **Site Proportion of Cost** is the percentage of spend for each Site of Service for the Episode of Care.

Efficiency Summary – Lab Spending



A If any of your Areas of Opportunity include the Lab Service Type, the PPI report includes a **Lab Spending Details** page.

B **Episodes of Care** are based on a 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.

C The Least Efficient Cost Factors within Lab Spending are carried over from the first page of the Efficiency report, along with **Episodes of Care** where spending was most different from your peers. The **Lab Panel Completed** column shows services delivered to patients.

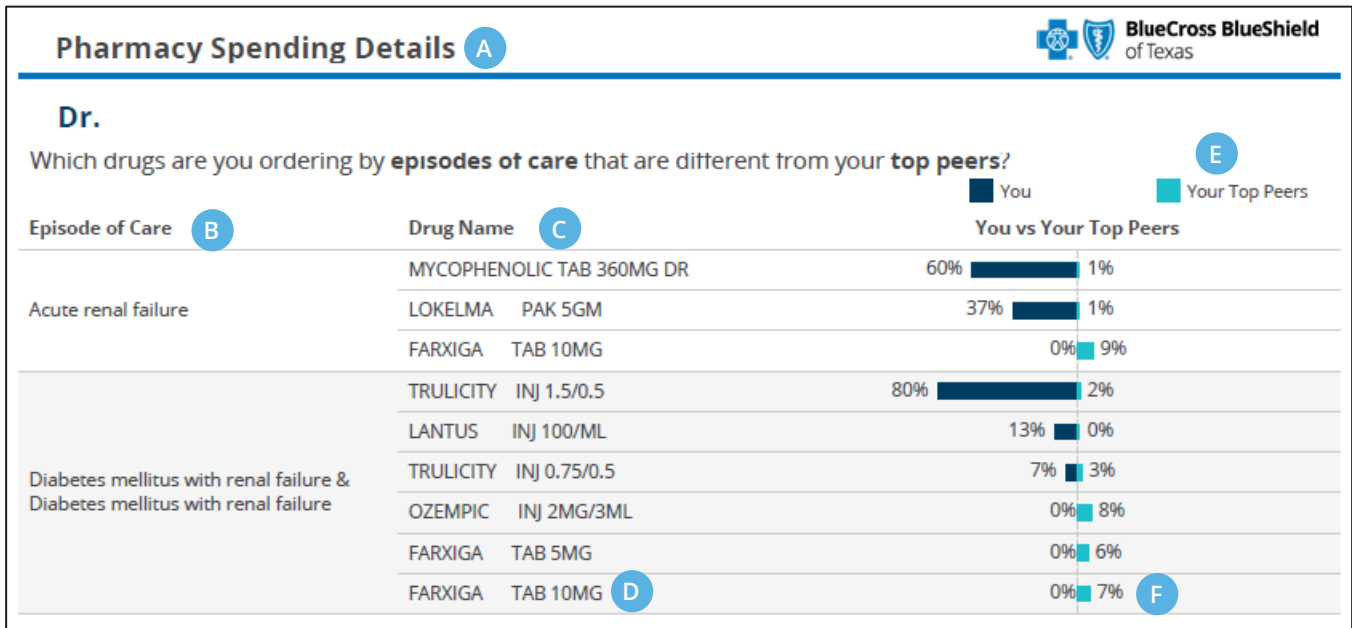
D Labs depicted are those accounting for at least 10% of your or your peers' costs within each Episode of Care.

E **Your Top Peers** is comprised of the top 50th percentile within your peer group treating the same Episodes of Care.

This shows the differences in treatment decisions for your patients as compared to peers. Reviewing how top peers are treating the same Episodes of Care may reveal cost-saving opportunities.

F The percentages represent the proportion of spend within an Episode of Care.

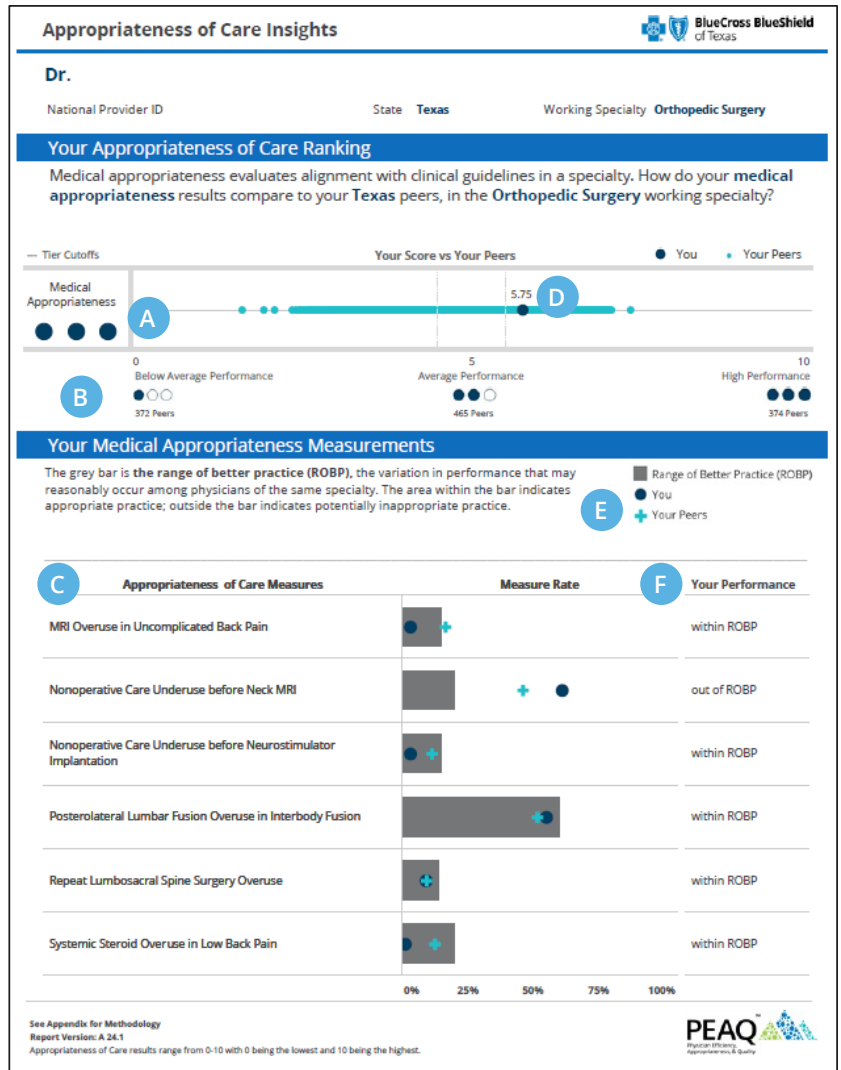
Efficiency Summary – Pharmacy Spending



- A If any of your Areas of Opportunity include the Pharmacy Service Type, the PPI report includes a **Pharmacy Spending Details** page.
- B **Episodes of Care** are based on a 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.
- C The Least Efficient Cost Factors within Pharmacy Spending are carried over from the first page of the Efficiency report, along with **Episodes of Care** where spending was most different from your peers. The **Drug Name** represents services delivered to patients.
- D Drugs depicted are those accounting for at least 5% of your or your peers' cost within each Episode of Care.
- E **Your Top Peers** is comprised of the top 50th percentile within your peer group treating the same Episodes of Care. This shows the differences in treatment decisions for your patients as compared to peers. Reviewing how top peers are treating the same Episodes of Care may reveal cost-saving opportunities.
- F The percentages represent the proportion of spend within an Episode of Care.

Appropriateness Summary

- A** This section indicates how Provider Finder summarizes your **Appropriateness** performance.
- B** There are three performance tiers. Each physician within the peer group is assigned to one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.
- C** BCBSTX selected a subset of appropriateness measures representative of your working specialty.
- D** The dark blue dot represents your individual ranking among your peer group. The smaller aqua dots represent where peers rank among the group.
- E** **Range of Better Practice:** This is the variation in performance that may reasonably occur among physicians within the same specialty. The area within the gray bar indicates appropriate practice.
- You:** Your performance within the measure is depicted with a dark blue dot.
- Your Peers:** Your peer group's performance within the measure is depicted with a plus sign.
- F** The **Your Performance** column indicates if performance is within or outside the ROBP. Performance outside of ROBP does not always equate to inappropriate behavior.



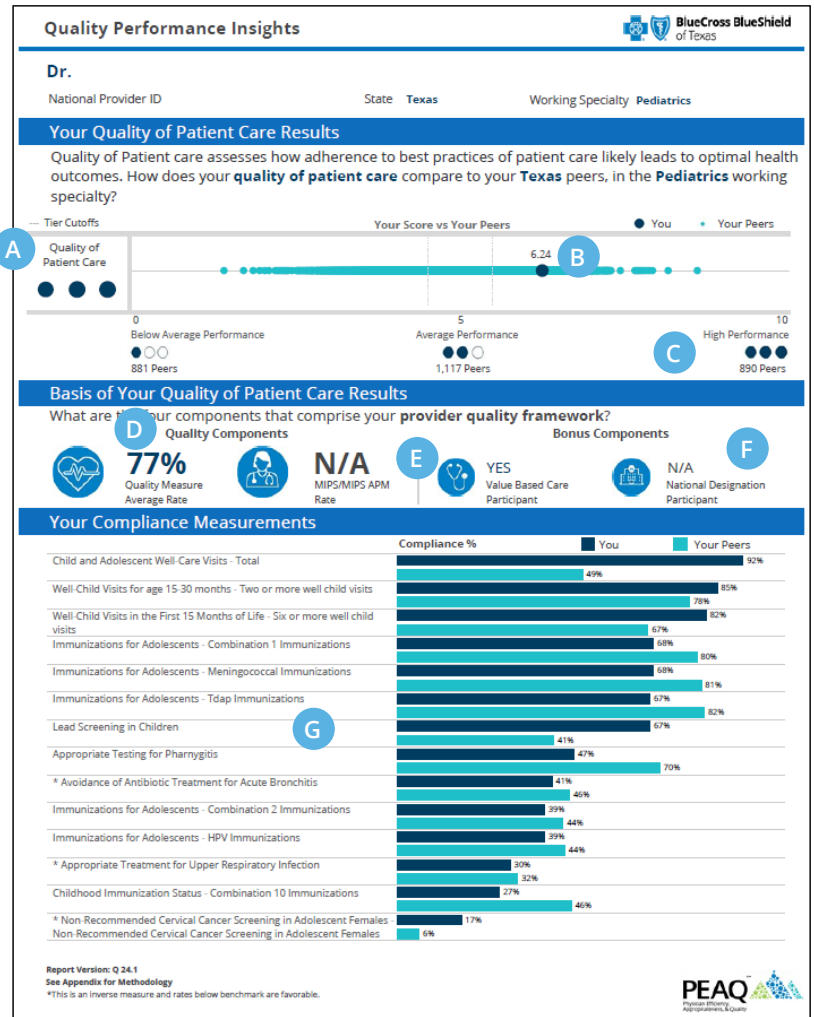
Quality Summary

- A** This section shows how Provider Finder summarizes your **Quality** performance.
- B** The dark blue dot represents your individual ranking among your peer group. The smaller aqua dots represent where peers rank among the group.
- C** There are three performance tiers. Each physician within the peer group is assigned to one of the tiers based on the calculated result and its relationship to the peer group's mean.
- D** The **Quality Measure Average Rate** and **Merit-Based Incentive Payment System/ MIPS Alternative Payment Models Rate** are based on different factors:

- BCBSTX calculates the Quality Measure Average Rate. It is based on a subset of National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS®) and National Quality Forum quality measures selected for your working specialty.
- The MIPS/MIPS APM rate is a self-reported quality measure extracted from the Centers for Medicare & Medicaid Services. It is 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.

- E** You are ranked within your peer group based on four 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 is 80% of the score and the MIPS/MIPS APM result is 20%. If only one quality component is present, it is 100% of the score.



- F** There are two bonus components - **Value-based Care Participant** and **National Designation Participant**. Each bonus component raises the overall quality result by a fixed amount. The most recently published data and provider rosters available at the time of measurement are used.
- G** BCBSTX selected a subset of Quality measures representative of working specialty. If you don't have a rate in the **Quality Measure Average Rate** section, there isn't enough information to provide **Your Compliance Measurements**.

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