

MCG message

Title: **Blue Cross Complete to implement new “connecting our members to premier ancillary services and specialists” COMPASS program**

Posting date: **March 22, 2022**

Summary: Beginning May 1, 2022, Blue Cross Complete will implement the AmeriHealth Caritas COMPASSSM, a referral optimization initiative designed to give referring primary care providers information about specialists’ performance as measured by established and objective quality and efficiency performance measures.

AmeriHealth CaritasSM is a separate company that provides provider performance ratings for referral optimization. Initially, the program will assess the performance of specialist providers, but ancillary service providers will be included in a later phase.

At Blue Cross Complete, our mission is to help people get care, stay well and build healthy communities. To help achieve this mission, we are committed to providing members access to effective, efficient and quality services. The Blue Cross Complete COMPASS program supports these objectives.

This program, which is voluntary for primary care providers and specialists, strives to increase member access to high-performing specialists by:

1. Twice per year, calculating the quality and efficiency of specialists’ performance based upon established and objective quality and efficiency performance measures
2. Using that information to rank specialists in our provider network by a defined set of episode categories
3. Assigning a score to in-network specialist providers who meet the minimum number of episodes to participate in the program based on their ranked performance against their peers
4. Sharing the scores of providers who are participating in the program with primary care providers (and specialists) in the form of a *Referral Guide* for each episode category, broken down by provider specialty and hospital referral region

What are episode categories?

The episode categories used in the program have condition-specific definitions that group the entire range of care used to treat a clinical condition for a specific time period across the continuum of care. The episode categories are defined by PROMETHEUS Analytics and are used across the health care sector. Episode category descriptions are included in the *Program Guide*.



What are episodes?

An episode is a measurement of a single occurrence that meets the criteria of an episode category (e.g., an asthma episode includes services occurring 30 days prior to the date of the trigger service and lasts until the end of the study period, or until the patient's date of death).

What episode categories are being implemented?

Blue Cross Complete will implement the initiative for the following episode categories:

- Allergic rhinitis-chronic sinusitis
- Asthma
- Depression and anxiety
- Diabetes
- Gastro-esophageal reflux disease
- Hypertension
- Low back pain
- Newborn
- Osteoarthritis
- Pregnancy

The publication of provider scores is limited to the program participating specialists providing care that meets the criteria within the aforementioned set of episode categories for each of the reporting periods twice a year.

How are provider scores calculated?

In-network specialty providers are scored based on their ranked performance against peers meeting the episode category criteria within a hospital referral region. Hospital referral regions are geographic delineations that use ZIP code area groupings to define unique healthcare market regions. After implementation, provider scores will be updated twice annually in the *Referral Guide* for program participating providers.

Provider scores are calculated utilizing established and objective quality and efficiency performance measures through the following steps:

1. Attribute episodes to individual specialist providers based on episode category criteria. To qualify for program participation, individual specialist providers must be attributed to five or more episodes within a one-year reporting period for chronic episode categories and a two-year reporting period for procedural episode categories.
2. Calculate episode case rates
3. Apply episode-specific risk adjustment
4. Evaluate quality performance and efficiency performance
5. Rank provider performance against like peers within the specialist's hospital referral region
6. Calculate provider scores
7. Publish scores for providers participating in the program



How will the *Referral Guide* be used?

The *Referral Guide* will be a resource for primary care providers who would like to access additional information to make informed referrals for their patients. The *Referral Guide* will be updated twice annually and will be available to both primary care providers and specialists on our secure provider portal, [NaviNet](#).^{*} You can access the *Referral Guide* from the NaviNet landing page.

The *Referral Guide* is organized by episode category, provider specialty and hospital referral region. Providers with performance above the network average, as compared to peers, and who are participating in the program will be indicated by a score of 2.5 or more in the *Referral Guide*. Program-participating specialty providers with scores lower than 2.5 will be listed in the *Referral Guide* in alphabetical order but won't have a score indicated. Specialist providers who don't meet the minimum number of attributed episodes for the episode category associated with their specialty, or who are part of a practice that has opted out of the program, won't be listed in the *Referral Guide*.

Although primary care providers will have access to the *Referral Guide* to aid in making referrals, they aren't required to utilize the *Referral Guide* in their referral process.

Referrals made on the basis of the information presented in the *Referral Guide* shouldn't affect a member's ability to choose who they see for in-network specialty care. Members have the right to decide the specialist from whom they ultimately receive care.

Can a specialist provider opt out of this program?

Practices may opt out of the program at the tax ID level, but individual specialists within a practice can't opt out, individually.

If a practice in which a specialist is affiliated doesn't wish to appear in the initial *Referral Guide*, a practice representative must submit a written request to their Blue Cross Complete provider account executive **by April 22, 2022, which is at least seven days prior to the *Referral Guide* deployment on May 1, 2022**. The request must include the practice tax name, tax ID and acknowledgement that once the opt-out request is submitted, no individual specialists within the practice will be listed in the *Referral Guide*.

Practices wanting to opt out post-implementation must submit a request **at least fourteen days prior to the next scheduled *Referral Guide* update**, which occurs twice a year on or about April 1 and October 1. Providers will be updated if the report publication date changes.

Once a practice has opted out, the specialist practice providers won't be included in the *Referral Guide* unless a formal request is made by the practice to participate.



Failure to opt out of the program is equivalent to agreeing to participate. By agreeing to participate in the program, the practice permits Blue Cross Complete to publish the score of each specialist within your practice as described above and in the *Program Guide*.

For detailed information about the program (including a complete list of episode category descriptions, the opt-out process, and how to appeal program determinations), please refer to the *Program Guide* on our website at mibluccrosscomplete.com.

Questions

If you have questions, please contact your Blue Cross Complete provider account executive or Blue Cross Complete's Provider Inquiry department at **1-888-312-5713**.

*Our website is mibluccrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content.

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