



# Medicare Advantage

Provider Excellence Program  
2022

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## 2022 Medicare Advantage Provider Excellence Program

The Medicare Advantage (MA) Provider Excellence Program is designed to reward participating MA providers for the role they play in helping achieve the objectives of the National Committee for Quality Assurance (NCQA) and Centers for Medicare and Medicaid Services (CMS) star ratings program.

The objectives of the incentive program are aligned with the “triple aim” of achieving:

- Higher quality of care
- Healthier people and communities
- Increased affordability of care

The goal of the MA Provider Excellence Program is to achieve positive clinical results and to improve performance on Healthcare Effectiveness Data and Information Set (HEDIS®) measures and CMS star ratings.

This booklet describes the components of the MA Provider Excellence Program and the attribution methodology utilized to assign a member to a Primary Care Provider (PCP).

PCPs must have attributed/assigned members to participate in the MA Provider Excellence Program.

## Incentive Program Measures

The MA Provider Excellence Program rewards participating providers for successfully managing their patients by encouraging them to get preventive care and properly managing their health in key areas. Blue Cross and Blue Shield of Nebraska (BCBSNE) will award the participating MA provider \$50 for each of the following closed HEDIS quality gaps.\*

- [Annual wellness visit](#)
- [Breast cancer screening](#)
- [Colorectal cancer screening](#)
- [Controlling high blood pressure](#)
- [Eye exam for patients with diabetes](#)
- [Hemoglobin A1C control for patients with diabetes](#)
- [Statin therapy for patients with cardiovascular disease](#)
- [Statin use in persons with diabetes](#)

Provider Excellence Program incentive potential = \$400 per member

## Program Qualifications

1. The MA provider must have signed a valid BCBSNE Medical Services Agreement and must be in full compliance with all terms and conditions of the BCBSNE Medical Services Agreement, including:
  - BCBSNE standards for timely and accurate provision of encounter, referral and claims data
  - Remittance of any funds due to BCBSNE for prior contract years
2. The MA provider must be in the BCBSNE Medicare Advantage Provider Network for the entire 2022 calendar year and be affiliated with BCBSNE at the time of payment (with the exception of recently retired providers).
3. BCBSNE retains the right to modify the incentive program for any reason and at any time. Modifications may include, but are not limited to:
  - Exclusion or removal of measures from the program
  - Changes to the program's calculation methodologies
4. Provider data submitted in relation to this incentive program are auditable. BCBSNE retains the right to conduct periodic random audits.

## Performance Measurement Guidelines

- PCPs will be credited for services provided through Dec. 31, 2022, to members continuously enrolled with the plan for the entire year.
- Credit will be granted to the PCP for each measure only when the specific, identified service is documented as provided to the member either through a claim (received by Feb. 28, 2023) or by submitting supplemental medical record documentation. Supplemental medical record documentation is to be submitted by \*Dec. 15, 2022.

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- We recognize that many PCP offices send reminder letters or document that a diagnostic test has been ordered. This type of documentation will not be accepted in place of the provision of the service to count toward the PCP's credit for the measure.

Each PCP's quality performance measurement data is derived directly from BCBSNE reporting data.



## Payment Guidelines

Payment for the MA Provider Excellence Program is based on the member’s eligibility for each quality metric in each category and will be calculated as follows:

- \$50 for each annual wellness visit gap closed
- \$50 for each breast cancer screening gap closed
- \$50 for each colorectal cancer screening gap closed
- \$50 for each controlling high blood pressure gap closed
- \$50 for each eye exam for patients with diabetes gap closed
- \$50 for each hemoglobin A1C control for patients with diabetes gap closed
- \$50 for each statin therapy for patients with cardiovascular disease gap closed
- \$50 for each statin use in persons with diabetes gap closed

## Payment Schedule

2022												2023				
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Services completed from Jan. 1 – Dec. 31, 2022															Payment	

**Disclaimer:** BCBSNE will make every reasonable effort to remit the 2022 incentive payment for services received Jan. 1 through Dec. 31, 2022, (based on claims received through Feb. 28, 2023, and medical records received through \*Dec. 15, 2022), by second quarter 2023.

\* It is recommended to have all supplemental medical record documentation submitted by Dec. 15, 2022, for timely abstraction and reporting.

## Member Attribution Methodology

In order to evaluate incentive payments, BCBSNE uses the following care relationship / attribution model.

### Care Relationship / Attribution Model

A care relationship is the relationship between a patient and the provider most responsible for that patient's care during a specific time period, based on relevant claims data. The steps below are used to automatically determine attributed members for each PCP.

#### STEP 1: Determine eligible providers and members

##### Providers are eligible if they:

- Have an appropriate specialty: Internal medicine, family practice, etc.
- Are the rendering provider on a claim

##### Patients are eligible if they are:

- Members with an eligible BCBSNE MA product
- Nebraska residents

#### STEP 2: Define eligible claims

##### Claims are eligible if they:

- Occurred in an outpatient hospital or office setting
- Are paid claims
- Have a date of service within last 24 months using two months of run-out

##### Billed with one or more of the following procedure codes:

- Base E&M (99201-99205, 99211-99215, 99381-99387, 99391-99397, 99490, 99495,99496)
- Consultations (99241-99245)
- Preventive counseling (99401-99429)
- Immunization (90281-90756)

#### STEP 3: Assessment logic

##### Blue Cross and Blue Shield of Nebraska applies the following logic when determining attribution

1. Review E&M claims to the PCP within the last 12 months.
  - If none exist, search within 18 months and then 24 months.
  - If no E&M claims are found, review for consult / prevent / immunization claims to PCP in past 12, 18 and 24 months.
2. If more than one PCP is identified, the physician with the most visits is selected.
3. If the number is the same, the PCP with the most recent visit is selected.

## Contact Information

If you have questions or concerns regarding the MA Provider Excellence Program, please contact:

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