



Report Design as of June 2023

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Composite Report

If physicians have questions regarding the header demographics or would like to report an error, they can email <u>PEAQ inquiries@bcbsok.com</u> 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 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.



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

Physicians with high composite scores will receive a "Top Performing Physician" designation in Provider Finder.

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.





If physicians have questions regarding the header demographics or would like to report an error, they can email <u>PEAQ inquiries@bcbsok.com</u> 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 HCSC 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 selfreported 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.

HCSC 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.



recuit for Querity Measure Average Rate is "N/A", there is no data or not enough data within the report timeframe to provide your compliance measurement

eport Version: 0.22.

*This is an inverse measure and rates below benchmark are favorable

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.

Participation is based on the most recently published data and provider rosters available at the time of measurement.

PEAQ



Efficiency Report – Efficiency Summary

BlueCross BlueShield of Oklahoma If physicians have questions regarding the header Dr. XXXXXXX XXXXXXXX Depending on the concentration of demographics or would like to report an error, State Oklahoma members and providers in a geographic Efficiency Performance In they can email PEAQ inquiries@bcbsok.com and Oklahoma City area, a market region area can be limited Marke a representative will respond. Taxpayer ID XXXXXXXXX to several 7IP codes. National Provider ID XXXXXXXXX Working Specialty Family Medicine Your Cost Efficiency Results In order to fairly compare peers, peer groups Cost Efficiency compares total costs to peers across episodes of care. How does your cost efficiency consist of providers who share the same working compare to you Oklahoma City peers, in the Family Medicine working specie specialty and provide services for similar clinical There are 3 performance tiers. Each Legend High performance among peers conditions within the same geographic area. physician within the peer group will be Cost Efficiency 🔵 🔿 Average performance among peers organized into one of the performance tier Below average performance among peers groups based on the calculated result and This section indicates how Provider Finder will You Your Score vs Your Peer its relationship to the peer group's mean. summarize the physician's Efficiency 3.94 performance. Below Average Performance Average Performance High Performance Basis of Cost Efficiency Attributed Cost is the allowed amount from The large dark blue dot represents a Attributed Cost \$364,927 Your result is a relative ratio of attributed claims attributed to physicians weighted by the physician's individual ranking among their Expected Attributed Cost \$328,727 versus expected attributed cost. proportion of RVUs a physician contributed to peer group. The smaller aqua dots Basis of Your Cost Efficiency Results each of the measured episodes. Expected represent where peers rank among the How do your cost factors differ from your peers in terms of total cost? Attributed Cost is the peer group's average group. Most Efficient Least Efficient assuming the same mix of diagnostic groups and Professional Professional Facilit episode counts adjusted for a physician's Vaccines Routine Visit Non-Oral Drugs Surgery laging Pharmacy patients' risk and the proportion of RVUs that the 79% 58% 12% ↑ 21% ↑ 19% ↑ physician contributed to each measured Below Peer Cost eer Cost Below Peer Cost Above Peer Cost Above Peer Cost Above Peer Cost The Diagnostic Groups associated with a episode. physician's Least Efficient Service Types Areas of Opportunity and Cost Factors are reported as Areas of You Your Peers Which areas of cost represent the biggest opportunities to improve? All medical and pharmaceutical services for Opportunities. The dark blue bar on top Opportunity Service Type Cost Factor Episode of Care You vs Your Peers episodes of care attributed to a physician are depicts total costs for the episodes pending % Encounter for vaccination, exam, screen, or prophylactic use grouped into 27 cost factors based on procedure attributed to the physician. of medication Other personality or psychogenic disorders code and place of treatment. Up to three factors Drug depict where the physician is Most Efficient DM w/ vascular disease (peripheral, cardiovascular, or Your Peers' total cost is case mix adjusted cerebral) & DM w/ vascular disease (peripheral, cardiovascul. compared to peers and up to three depict where to reflect the same count and combination Encounter for vaccination, exam, screen, or prophylactic use they are Least Efficient. A highly efficient of medication of diagnostic groups attributed to the Crystal arthropathies, polymyalgia rheumatica, or somatic Professional Routine Visit 38.0% physician sees up to six Most Efficient factors. physician to ensure fair comparisons. The dysfunction Other disorders of thyroid, parathyroid, pituitary, oth Opportunity Spending % represents the endocrine function proportion of allowed dollars that could be Encounter for vaccination, exam, screen, or prophylactic use of medication saved if the physician's costs were at the The PEAQ efficiency model considers episodic Hypervent/apnea/dyspnea/short breath/chest Eacility 7.0% pain/hemopty/hiccough/abnor func peer amount. data from 24 months of incurred services. Generalized anxiety disorder Report Version: E 22.2 PEAQ

xduded if they do not contain a minimum number of episodes. This threshold is in place to ensure a fair compariso

efficient cost



Efficiency Report – Highly Efficient Physician

BlueCross BlueShield of Oklahoma If physicians have questions regarding the header Dr. XXXXX XXXXXXXXX demographics or would like to report an error, they Depending on the concentration of members and providers in a geographic can email PEAO inquiries@bcbsok.com and a State Oklahoma Efficiency Performance Insights Organization Name xxxxxxxxxxx xxxxxxxxxx area, a market region area can be limited representative will respond. Market Tulsa Taxpayer ID XXXXXXXXXXX to several ZIP codes. Working Specialty Cardiology Your Cost Efficiency Results In order to fairly compare peers, peer groups consist Cost Efficiency compares total costs to peers across episodes of care. How does your cost efficiency of providers who share the same working specialty compare to your Tulsa peers, in the Cardiology working specialty? There are 3 performance tiers. Each and provide services for similar clinical conditions physician within the peer group will be Legend ... within the same geographic area. High performance among peers organized into one of the performance Cost Efficiency Average performance among peers tier groups based on the calculated Below average performance among peer result and its relationship to the peer • You Your Score vs Your Peers This section indicates how Provider Finder wil group's mean. 6.49 summarize the physician's Efficiency performance. The large dark blue dot represents a Below Average Performance Average Performance High Performance physician's individual ranking among Basis of Cost Efficiency their peer group. The smaller agua dots Attributed Cost \$183,412 Your result is a relative ratio of attributed Attributed Cost is the allowed amount from claims Expected Attributed Cost versus expected attributed cost. represent where peers rank among the \$328,018 attributed to physicians weighted by the proportion Basis of Your Cost Efficiency Results group. of RVUs a physician contributed to each of the How do your cost factors differ from your peers in terms of total cost? measured episodes. Expected Attributed Cost is the Highly Efficient Physician peer group's average assuming the same mix of Facility Facility Professional Professional diagnostic groups and episode counts adjusted for a ent Acute Outpatient Surgery Routine Visit Imaging Inpat Inpatient Acute Surgery physician's patients' risk and the proportion of RVUs 36% 39% | 53% | 46% | 22% 82% 1 that physician contributed to each measured er Cost Below Peer Cost 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. A highly efficient physician sees up to six of their Most Efficient factors. The PEAQ efficiency model considers episodic data from 24 months of incurred services. Report Version: E 22.2 PEAQ



Efficiency Report – Professional Spending



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



Efficiency Report – Facility Spending



PEAQ Physician Efficiency, Appropriateness, & Quality

Efficiency Report – Lab Spending

If any of a physician's Areas of Opportunity include the Lab Service Type, the PEAO report includes a Lab Spending Details BlueCross BlueShield page. Dr. of Oklahoma Lab Spending Details Which labs are ordered by your top peers that are more cost efficient? You Your Top Peers Episode of Care Lab Panel Completed You vs Your Top Peers Diagnostic Groups, also known as 🖌 provision of covid-19 test, nonprescription self-administered and 32% 3% MEGs[®] (Medical Episode Grouper) self-collected use, fda approved, authorized or cleared, one test co.. are Merative's proprietary episode 11% 🚺 0% parathormone (parathyroid hormone) grouping methodology. Patients are grouped into one of over 500 clinical 11% 🚺 0% folic acid: serum categories based on their diagnosis. Hypertension, minimal lipid panel. this panel must include the following; cholesterol, serum, 6% 18% Categories are further segmented by total (82465) lipoprotein, direct measurement, high density cholest.. severity and disease stage general health panel. this panel must include the following: 0% 11% progression. comprehensive metabolic panel (80053) b...tomated and automate.. comprehensive metabolic panel 0% 11% duplex scan of extremity veins including responses to compression 61% 0% and othe maneuvers; unilateral or limited study 16% 🚺 0% nalorphine new code description 2003 natriuretic peptide The Least Efficient Cost Factors Tachycardia, palpitations, murmurs within Lab Spending are carried over 14% 1% troponin from the first page of the Efficiency general health panel. this panel must include the following: 0% 22% report along with Diagnostic Groups comprehensive metabolic panel (80053) b...tomated and automate.. where spending was most different from the physician's peers. The Lab Panel Completed represents services delivered to patients. The percentages represent the Labs depicted are those accounting for at least 10% of a proportion of spend within a physician or their peers' costs within each diagnosis Diagnostic Group. group.

"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.



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.

Pharmacy Spending		
Which drugs are you or	dering by episodes of care that are di	· _ · ·
Episode of Care	Drug Name	You Your Top Peers
Asymptomatic diabetes mellitus	JARDIANCE TAB 10MG	25% 2%
	PRADAXA CAP 150MG	20%
	RYBELSUS TAB 7MG	16% 3%
	OZEMPIC INJ 4MG/3ML	11% 🔤 5%
	OZEMPIC INJ 2/1.5ML	11% 📕 17%
	TRULICITY INJ 1.5/0.5	0%
Encounter for vaccination, exam, screen, or prophylactic use of medication	BREO ELLIPTA INH 200-25	27% 1%
	BREO ELLIPTA INH 100-25	15% 🗾 1%
	VYVANSE CAP 70MG	12% 🔲 0%
Hypertension, minimal	FENOFIBRATE TAB 120MG	59%
	1	

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.

"Your Top Peers" are comprised

Drugs depicted are those accounting for at least 5% of a physician or their peers' cost within each diagnosis group. The percentages represent the proportion of spend within a Diagnostic Group.



Appropriateness Report

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HCSC 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.

