



*Improving quality and connectivity of care
through a clinically integrated network*

BPP Distribution Methodology

- 1. PCP vs. Specialist Split**
 - 80% available pool allocated to PCPs (family medicine, internal medicine, pediatrics).
 - **20% available pool allocated to specialists. (Of note, hospitalists are defined as specialists .)
- 2. Minimum Threshold for Participation**
 - The threshold should be used as the second “gate” for participation in shared savings payouts.
 - Primary Care: Minimum of one (1) attributed life for respective contract, calculated at provider level.
 - **Specialists: Minimum of one (1) unique beneficiary encounter for respective contract, calculated at provider level.
- 3. Role of Attribution (PCPs) or Unique Beneficiaries (specialists)**
 - Adjustment applied to performance metric calculation for primary care based on % of attributed lives as compared to total number of contracted lives. No threshold or adjustment made based on panel size / unique patients for citizenship measures.

Shared Savings Distribution Methodology

Metric Number

4. **Zero Sum Game vs. Pool of Undistributed Funds (a withhold for future risk mitigations)**
The shared savings pool allocated for physician distribution is fully paid out; zero-sum game.

Physicians must maintain BPP membership for at least 9 months of the current contract performance year and on last day of performance year (i.e.: 12/31/XX)

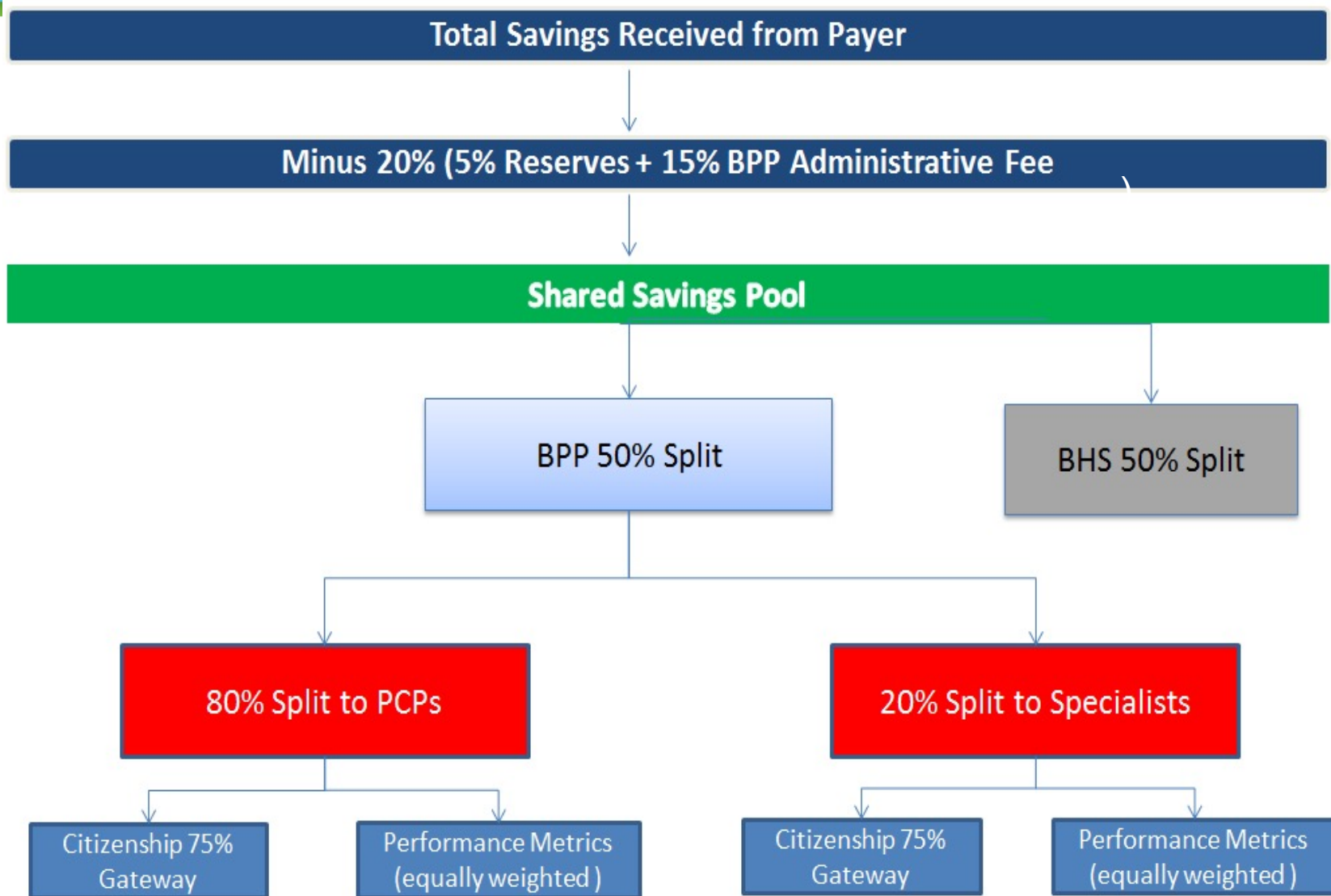
2021 Distribution Methodology Changes

Zero Sum Game vs. Pool of Undistributed Funds (a withhold for future risk mitigations)

- Effective 2021, the Board approved a reserve pool consisting of 5% of the total shared savings
- Reserve pool is for future risk mitigations
- Effective for savings generated in calendar year 2021

Shared Savings Distributions

Visual for All Payers (minus BPCIA & EHP)



Shared Savings Distribution Methodology

2020 Citizenship Metrics

Metric Number	Citizenship Metric Name
1.	**Participation and satisfactory completion of one (1) BPP educational event annually, either webinar, recorded video, or live lecture
2.	Attendance at BPP Annual Meeting (Fall, 2021) **Specialty TINs \geq 10% of group attends Primary care TINs \geq 50% of group attends
3.	**Review of BPP email communication delivered to Baptist email for PCPs and active email address on file for specialists
4.	**Obtain (if necessary) and maintain a Baptist email address
5.	**Methodology to assess patient experience and feedback

2021 Distribution Methodology

Metric Changes (in red)

- **Citizenship Metric Related**
 - Added an educational event to Metric 1
 - Attend BPP Valued Based Program education event (for all BPP members)
- **Distribution Methodology**
 - Added language around leave of absence not being considered a valid reason for missing citizenship requirements
- **Utilization Metric Related 3NA**
 - Exclude all physicians that identify as working ONLY in the inpatient facility setting (making them not applicable for this metric)
 - Updated 3NA verbiage: Removed “Post Hospital Discharge” and changed to “New Patient and Follow Up/ Post Op Visit”
 - **New Patient and Follow up/Post Op** Visit defined as an appointment scheduled after an initial visit or performed procedure
 - Reporting only for 2021, but must report actual data 100% of the time starting April 1st 2021. Starting 2022, target= MGMA median.

New Value-Based Care Contract Summary

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Financial

Payment Methodology

- Upside only, no downside risk
- Earn shared savings after reducing cost below the target medical loss ratio AND clearing quality threshold
- 60% shared savings year one, and 50% of shared savings for subsequent years

Financial Performance Periods

- 12 months starting effective date

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Quality

Physician Quality Metrics	At least three of six measures must be met to achieve savings potential.						
1. Breast Cancer Screening - The percentage of members aged 50 through 74 who had a mammogram to screen for breast cancer during measurement year or 15 months prior to measurement year.	<table border="1"> <tr> <td>Better</td> <td>>+2 Standard Deviations</td> </tr> <tr> <td>Same</td> <td>Between +2 and -2 Standard Deviations</td> </tr> <tr> <td>Worse</td> <td><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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2. Adult BMI – The percentage of members, aged 18-74, who had an outpatient visit and whose body mass index (BMI) was documented during the measurement period or the 12 months prior to the measurement period.	<table border="1"> <tr> <td>Better</td> <td>>+2 Standard Deviations</td> </tr> <tr> <td>Same</td> <td>Between +2 and -2 Standard Deviations</td> </tr> <tr> <td>Worse</td> <td><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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3. Comprehensive Diabetes Care: HbA1C Testing - The percentage of members, aged 18–75, who were diagnosed with Diabetes (type 1 and type 2) during the measurement period, and who had one Hemoglobin A1c (HbA1c) test during the measurement period. The only testing required for this metric is HbA1C.	<table border="1"> <tr> <td>Better</td> <td>>+2 Standard Deviations</td> </tr> <tr> <td>Same</td> <td>Between +2 and -2 Standard Deviations</td> </tr> <tr> <td>Worse</td> <td><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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4. Colorectal Cancer Screening – The percentage of members, aged 50-75, who had an appropriate screening for colorectal cancer.	<table border="1"> <tr> <td>Better</td> <td>>+2 Standard Deviations</td> </tr> <tr> <td>Same</td> <td>Between +2 and -2 Standard Deviations</td> </tr> <tr> <td>Worse</td> <td><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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5. Cervical Cancer Screening – The percentage of women, aged 21-64, who received one or more Pap tests to screen for cervical cancer. The percentage of women, aged 21-64, who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> • Women, aged 21-64, who had cervical cytology performed at least once every 3 years. • Women, aged 30-64, who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. 	<table border="1"> <tr> <td>Better</td> <td>>+2 Standard Deviations</td> </tr> <tr> <td>Same</td> <td>Between +2 and -2 Standard Deviations</td> </tr> <tr> <td>Worse</td> <td><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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Worse	<-2 Standard Deviations						
6. Controlling High Blood Pressure – The percentage of members, aged 18-85, with a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year.	<table border="1"> <tr> <td>Better</td> <td>>+2 Standard Deviations</td> </tr> <tr> <td>Same</td> <td>Between +2 and -2 Standard Deviations</td> </tr> <tr> <td>Worse</td> <td><-2 Standard Deviations</td> </tr> </table>	Better	>+2 Standard Deviations	Same	Between +2 and -2 Standard Deviations	Worse	<-2 Standard Deviations
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Must score in the “Same” or “Better” category compared to market to meet a measure.

2021 metrics and benchmarks for adult PCPs

Quality Metric	2020 Target	2021 Targets	CIN/ACO Contract(s)
Colorectal Cancer Screening	60%	70%	Aetna, EHP, MSSP, MAPCPI
Breast Cancer Screening	75%	75%	Aetna, EHP, MSSP, MAPCPI
Comprehensive Diabetes Care HbA1c Testing	90%	90%	Aetna, EHP, UMA
Comprehensive Diabetes Care Medical Attention for Nephropathy	90%	95%	Aetna, EHP, UMA
DM: HgbA1c < 8%	70%	70%	EHP, (MSSP>9), (MAPCPI<9), (Aetna>9)
Diabetes Care Eye Exam	Reporting only	Reporting only	MSSP (Not in 2019), MAPCPI
Controlling High Blood Pressure	75%	75%	EHP (reporting only), MSSP, MAPCPI
Statin Therapy Generic Diabetic Group	80%	80%	MAPCPI
Cervical Cancer Screening		70%	Aetna, FL Blue