

## Performance-Based Adjustments

The performance-based adjustment (PBA) payment has three independent components for which practices are eligible to receive payments: utilization, clinical quality, and patient experience of care.

2021 PCF Performance-Based Adjustment Components	
<b>Utilization</b>	ED Utilization • Inpatient Admission • 30-Day Readmission
<b>Clinical Quality</b>	8 clinical quality metrics
<b>Patient Experience</b>	Patient Experience of Care Survey

Primary Care First provides the tools and incentives for practices to provide comprehensive and continuous care, with a goal of reducing patients' complications and overutilization of higher cost settings, leading to higher quality of care and reduced spending.

Practices will receive information and training to achieve these goals. Practices can monitor their performance and view the metric specifications on the Care Management portal.



The **utilization component** includes three measures: emergency department utilization, hospital admissions, and 30-day hospital readmissions. Providers may earn each of the utilization components independently of each other. Utilization targets are case mix adjusted on a per practice basis. Practices with fewer than 250 aligned members may be pooled for utilization measures. Performance on the utilization component will be based on submitted claims.

Performance on utilization measures determines the adjustment to the care management fees. Adjustments will be based on the number of metrics met, with the maximum PMPM adjustment for achieving targets on all three metrics. Utilization performance will be calculated quarterly. Practices must meet at least one utilization metric to receive a positive adjustment. Practices who fail to meet at least one of the utilization targets will have a negative utilization adjustment (downside risk). Adjustments will be applied to the care management fees the second quarter following the performance period.

The **clinical quality component** will be based on 8 clinical quality metrics. Providers will earn incentives based on performance. Practices meeting 7+ quality metrics will earn the maximum clinical quality incentive. Practices must meet a minimum of 5 clinical quality metrics to earn a portion of the clinical quality component of the PBA. Performance on all 8 quality measures will be based on submitted claims, calculated and paid annually.

2021 Claims-Based Quality Metrics	Targets
1. <b>Breast CA Screening:</b> Percentage of female patients 50-74 years of age that had a screening mammogram in the past 27 months.	≥60%
2. <b>Colorectal CA Screening:</b> Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer.	≥50%
3. <b>Cervical CA Screening:</b> Percentage of female patients 21-64 years of age who had appropriate screening for cervical cancer.	≥65%
4. <b>Diabetes Retinopathy Test:</b> Percentage of patients 18-75 years of age with a diagnosis of diabetes who had an eye exam performed.	≥50%
5. <b>Diabetes Nephropathy Test:</b> Percentage of patients 18 - 75 years of age with a diagnosis of diabetes that had an annual screening for nephropathy or evidence of nephropathy.	≥85%
6. <b>Diabetes HbA1c (Poor Controlled):</b> Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) whose most recent HbA1C level during the measurement period was greater than 9.0% (poor control) or was missing the most recent result, or an HbA1C test was not done during the measurement period.	≤28%
7. <b>HTN Controlling Blood Pressure:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	≥68%
8. <b>Diabetes Rx Adherence:</b> Percentage of patients 18 years and older who met the proportion of days covered threshold of 80% during the measurement year for diabetes medication. <i>This is a pharmacy measured metric.</i>	≥65%

The **patient experience of care component** will be based on a survey that will be administered by a vendor chosen by Arkansas Blue Cross. Practices must reach an acceptable threshold to earn this component of the PBA. Payment for patient experience of care component will be on an annual basis.



## INFORMATION:

For more information about Primary Care First or any other Arkansas Blue Cross and Blue Shield Value-Based program, contact the Primary Care department at [primarycare@arkbluecross.com](mailto:primarycare@arkbluecross.com).

