Program overview

Blue Cross Blue Shield of Michigan's peer group 5 hospital Pay-for-Performance Program gives hospitals an opportunity to demonstrate value to their communities and customers by meeting expectations for access, effectiveness, and quality of care.

The program described in this document is effective for the measurement period of April 1, 2024, through March 31, 2025. Performance in the program determines up to 2% of a hospital's payment rate, starting on October 1, 2025.

Program structure

The program structure will consist of two components:

- Culture of patient safety
- Health of the community

The peer group 5 community contact information can be found in Appendix A. Peer group 5 hospitals may contact these representatives to share comments related to the program; any comments received will be presented for consideration at future advisory group meetings.

Culture of patient safety   Required

CEO attestation form

The Pay-for-Performance Program requires hospitals to submit a yearly CEO attestation, certifying that the information being sent to Blue Cross is true and to the best of the knowledge of each hospital. This form also provides documentation for each of the individual program components, outlines information on the results of the patient safety assessment and describes any activities the hospital plans to implement to address findings. Completed CEO attestation forms should be submitted **by June 1, 2025**, to Blue Cross by email at Jamundson@bcbsm.com.

Health of the community   100% of score

Health Information Exchange, or HIE, ADT notification service

HIE ensures caregivers have the data they need to effectively manage the care of their patient population. The focus is on improving the quality of data transmitted through the Michigan Health Information Network statewide service, expanding the types of data available through the service, and developing capabilities that will help facilitate statewide data exchange going forward. Scoring detail can be found in Appendix B.

Pay-for-Performance incentive payments

After the close of the measurement period, Blue Cross will communicate Pay-for-Performance payment rates by the summer of 2025, with rates becoming effective October 1, 2025. Established by Blue Cross' Participating Hospital Agreement for peer group 5 facilities, the program determines up to two percentage points of a hospital's inpatient and outpatient payment rate. Regardless of a hospital's fiscal year end, the Pay-for-Performance payment rate is effective for a 12-month period beginning October 1.

Pay-for-Performance payment rates are calculated by multiplying a facility's final score by the 2% maximum payment rate that each hospital is eligible to receive. For those earning a score less than 100%, the difference between the corresponding payment rate and 2% maximum is subtracted from the overall reimbursement rate. If applicable, any rate adjustments made for the 2022-2023 Pay-for-Performance program year will be added back. Hospitals can expect to receive a revised rate sheet from Blue Cross' Facility Reimbursement department with any applicable changes.

Blue Cross Blue Shield of Michigan

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If you have any program questions, please contact Blue Cross.

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Peer group 5 P4P Program – Health Information Exchange: Admission, discharge, and transfer notification service

Criteria for participation in the MiHIN use cases – 10 points

Measure number	Measure description*	Total points available	Points available by quarter			
			1Q	2Q	3Q	4Q
1	Transmit ADT notifications that meet the data quality conformance	4	1	1	1	1
2	Transmit exchange CCDA data	3	.75	.75	.75	.75
3	Transmit statewide lab result data	3	.75	.75	.75	.75

*Implementation issues in executing successful data transmissions that are beyond a hospital's reasonable ability to resolve will be considered by Blue Cross when scoring the measure.

ADT Measure No. 1

The Blue Cross conformance standards continually improve the data that flows through the Michigan Health Information Network (MiHIN), ensuring it's complete and actionable when received by the practitioners using the information.

To track ADT quality conformance on the required fields, hospitals will have access to conformance reports from MiHIN. This report will include a hospital's results on each of the required fields for the given time frame. The hospital's overall score on the conformance report must be more than 75% to receive the points for the ADT measure.

If a hospital is notified that it's not in full conformance by MiHIN or Blue Cross Blue Shield of Michigan, it must address the issue and regain conformance within 30 days of the notification to continue earning P4P points.

Maintain data quality conformance for specific aspects of ADT transmissions - 4 points

Performance thresholds required for ADT transmissions:

Measure 1 — ADT: Complete Routing Data (population of fields), Mapping and Adherence to Coding Standards – 3 points	
Group A: Complete Routing	**Threshold for full conformance**
PID-5.1: Patient Last Name	≥75%
PID-5.2: Patient First Name	≥75%
PID-7: Patient Date of Birth	≥75%
PID-11.5: Patient Zip	≥75%
PV1-19: Visit Number	≥75%
PV1-44: Admit Date/Time	≥75%
PV1-45: Discharge Date/Time	≥75%
PID-29: Patient Death Date/Time	≥75%

PID-30: Patient Death Indicator	≥75%
IN1-3: Insurance Company ID	≥75%
IN1-4: Insurance Company Name	≥75%
Group B: Complete mapping	**Threshold for full conformance**
MSH-4.1: Sending Facility-Health System OID	≥75%
PV1-36: Discharge Disposition	≥75%
PV1-37: Discharged to Location	≥75%
PID-8: Patient Gender	≥75%
PID-10: Patient Race	≥75%
PID-22: Ethnic Group	≥75%
PV1-2: Patient Class (e.g., observation bed)	≥75%
PV1-4: Admission Type	≥75%
PV1-14: Admit Source	≥75%
DG1-6: Diagnosis Type	≥75%
PV1-10: Hospital Service	≥75%
Group C: Adherence to coding standards	**Threshold for full conformance**
PV1-7.1: Attending Doctor ID	≥75%
PV1-17.1: Admitting Doctor ID	≥75%
DG1-3.1: Diagnosis Code ID	≥75%
DG1-3.2: Diagnosis Code Description	≥75%

Exchange CCDA Measure No. 2

Hospitals will earn .75 points per quarter by transmitting Exchange CCDA (previously Medication Reconciliation) messages. The data will be analyzed with the intent of developing conformance standards for future program years.

Statewide Lab Result Measure No. 3

Hospitals will earn .75 point per quarter by transmitting Statewide Lab Result messages. The first quarter should be used for implementation and no points will be awarded. The data will be analyzed with the intent of developing conformance standards for future program years.