

**BCBSM Peer Group 5 P4P Program  
2020-2021 Performance Dashboard  
April 1, 2020 - March 31, 2021 Reporting Guidelines  
(Incentive Effective: October 1, 2021)**

Measure Name		Threshold Scoring	Program Weight	Measure Performance		
Pre-Qualifying Condition - CEO Attestation Form		Full Credit for Reporting; Return to BCBSM by June 1, 2021	0.0%	Num	Den	Rate/ Minutes
Clinical Quality Indicators CAH: 40% Non-CAH: 50%	ED-2	Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status	Reporting Only  CAH: 10.0%* Non-CAH: 12.5%*			
	OP-27	Influenza vaccination coverage among healthcare personnel	>= 85% compliance = 100% 70-84% compliance = 90% 60-69% compliance = 75% Less 60% compliance = 0%  CAH: 10.0%* Non-CAH: 12.5%*			
	NQF 1789	Hospital-Wide All-Cause Unplanned Readmissions	Reporting Only (Alternative Readmission Activity Template)  CAH: 10.0%* Non-CAH: 12.5%*			
	PSI 90	Patient Safety and Adverse Events Composite	>= 80% performance = 100% Less 80% performance = 0%  CAH: N/A Non-CAH: 12.5%*			
	EDTC	Emergency Department Transfer Communication Composite Measure	Reporting Only  CAH: 10.0%* Non-CAH: N/A			
Health of the Community CAH: 40% Non-CAH: 50%	HCAHPS Composite Measure		Hospital must submit one of the following HCAHPS composite measures: 1. Care Transition Composite (Q23-25) 2. Discharge Information Composite (Q19-20)  CAH: 15.0% Non-CAH: 20.0%			
	Population Health Management "Champion"		Designation of "Champion" and completion of Population Insights Attestation; full credit for participation  CAH: 15.0% Non-CAH: 15.0%			
	Admission, Discharge, and Transfer (ADT) Notification Service		Meet all requirements as defined on page 5 of the 2020-2021 PG5 Hospital Pay-for-Performance Program Guide  CAH: 10.0% Non-CAH: 15.0%			
Quality Initiatives CAH ONLY: 20%	MICAH Quality Network		Attendance at MICAH quarterly meetings  CAH: 20.0%			

**Notes:**

\* Program weights for measures with less than 20 cases will be equally redistributed across remaining eligible measures

**Hospital Name:** \_\_\_\_\_

**Facility Code:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Submit to Joshua Amundson, via fax at (248) 223-5523,  
or email to Jamundson@bcbsm.com by **June 1, 2021**