PEAQ
Physician Efficiency, Appropriateness, & Quality

Report Design as of June 2023
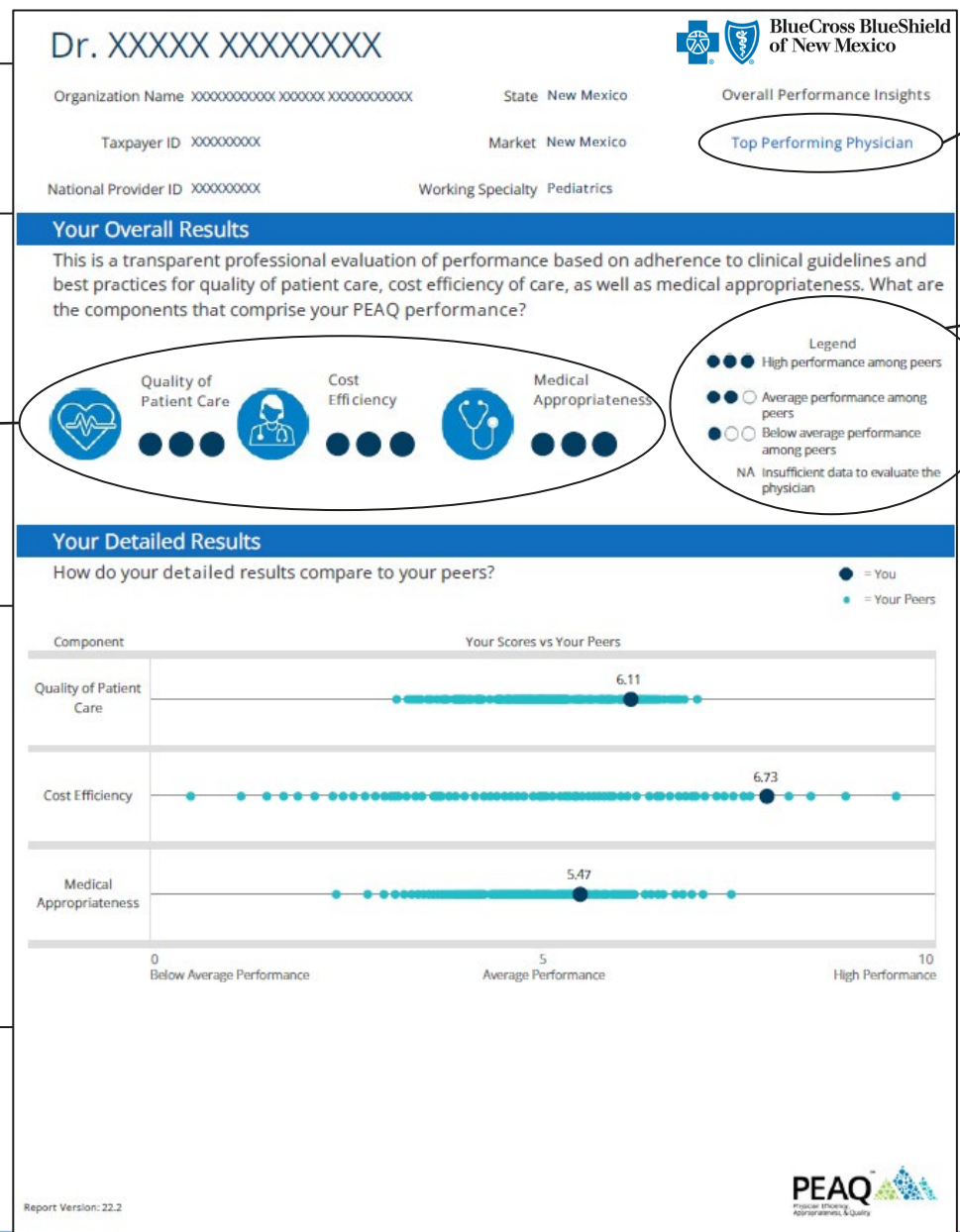
If physicians have questions regarding the header demographics or would like to report an error, they can email PEAQ_inquiries@bcbsnm.com and a representative will respond.

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.

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.

Dr. XXXXX XXXXXXXX

BlueCross BlueShield of New Mexico

Organization Name XXXXXXXXXX XXXXX XXXXXXXXXXX

State New Mexico

Overall Performance Insights

Taxpayer ID XXXXXXXXX

Market New Mexico

Top Performing Physician

National Provider ID XXXXXXXXX

Working Specialty Pediatrics

Your Overall Results

This is a transparent professional evaluation of performance based on adherence to clinical guidelines and best practices for quality of patient care, cost efficiency of care, as well as medical appropriateness. What are the components that comprise your PEAQ performance?

Quality of Patient Care

Cost Efficiency

Medical Appropriateness

Legend
- ●●● High performance among peers
- ●●○ Average performance among peers
- ●○○ Below average performance among peers
- NA Insufficient data to evaluate the physician

Your Detailed Results

How do your detailed results compare to your peers?

● = You
● = Your Peers

Component	Your Scores vs Your Peers
Quality of Patient Care	6.11
Cost Efficiency	6.73
Medical Appropriateness	5.47

0 Below Average Performance   5 Average Performance   10 High Performance

Report Version: 22.2

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Quality Report

If you have questions regarding the header demographics or would like to report an error, please send an email to PEAQ_Inquiries@bcbsnm.com 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 self-reported 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.

The PEAQ quality model considers episodic data from 12 months of incurred services.
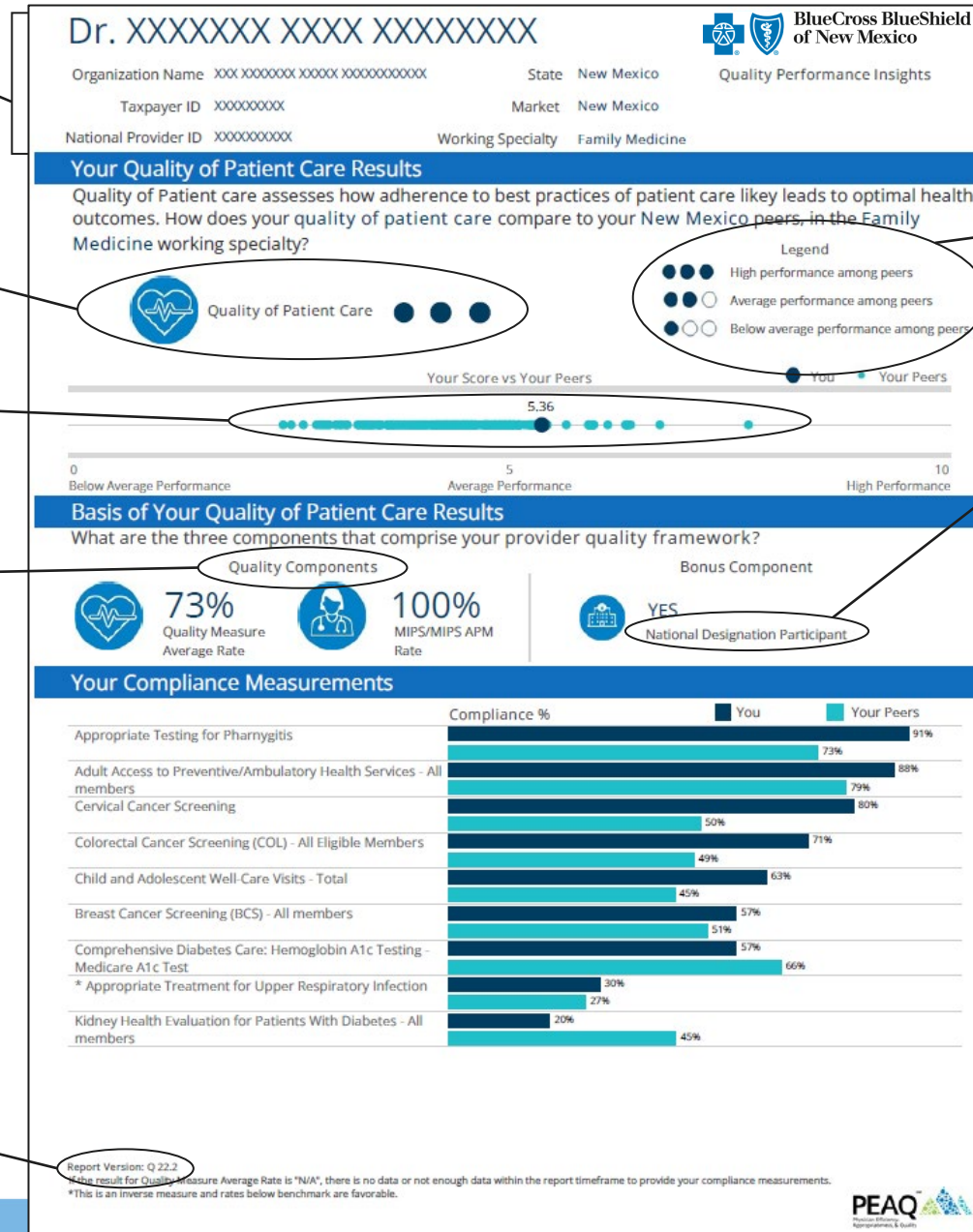
There are 3 performance tiers. Each physician within the peer group will be organized into one of the tiers based on the calculated result and its relationship to the peer group's mean.

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

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.

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."

Report Image Content

Dr. XXXXXXX XXXX XXXXXXXX
BlueCross BlueShield of New Mexico
Quality Performance Insights

Organization Name: XXX XXXXXXX XXXXX XXXXXXXXXXXX
State: New Mexico
Taxpayer ID: XXXXXXXXX
Market: New Mexico
National Provider ID: XXXXXXXXXX
Working Specialty: Family Medicine

Your Quality of Patient Care Results

Quality of Patient care assesses how adherence to best practices of patient care likey leads to optimal health outcomes. How does your quality of patient care compare to your New Mexico peers, in the Family Medicine working specialty?

Quality of Patient Care ● ● ●

Legend
● ● ● High performance among peers
● ● ○ Average performance among peers
● ○ ○ Below average performance among peers

Your Score vs Your Peers — ● You ● Your Peers
5.36

0 — Below Average Performance
5 — Average Performance
10 — High Performance

Basis of Your Quality of Patient Care Results

What are the three components that comprise your provider quality framework?

Quality Components | Bonus Component
73% Quality Measure Average Rate
100% MIPS/MIPS APM Rate
YES National Designation Participant

Your Compliance Measurements

Compliance % — You / Your Peers

Measure	You	Your Peers
Appropriate Testing for Pharnygitis	91%	73%
Adult Access to Preventive/Ambulatory Health Services - All members	88%	79%
Cervical Cancer Screening	80%	50%
Colorectal Cancer Screening (COL) - All Eligible Members	71%	49%
Child and Adolescent Well-Care Visits - Total	63%	45%
Breast Cancer Screening (BCS) - All members	57%	51%
Comprehensive Diabetes Care: Hemoglobin A1c Testing - Medicare A1c Test	57%	66%
* Appropriate Treatment for Upper Respiratory Infection	30%	27%
Kidney Health Evaluation for Patients With Diabetes - All members	20%	45%

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If the result for Quality Measure Average Rate is "N/A", there is no data or not enough data within the report timeframe to provide your compliance measurements.
*This is an inverse measure and rates below benchmark are favorable.

PEAQ — Physician Efficiency, Appropriateness, & Quality

Efficiency Report – Efficiency Summary

If physicians have questions regarding the header demographics or would like to report an error, they can email PEAQ_inquiries@bcbsnm.com and a representative will respond.

This section indicates how Provider Finder will summarize the physician's Efficiency performance.

Attributed Cost is the allowed amount from claims attributed to physicians weighted by the proportion of RVUs a physician contributed to each of the measured episodes. Expected Attributed Cost is the peer group's average assuming the same mix of diagnostic groups and episode counts adjusted for a physician's patients' risk and the proportion of RVUs that the physician contributed to each measured 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. Up to three factors depict where the physician is Most Efficient compared to peers and up to three depict where they are Least Efficient. A highly efficient physician sees up to six Most Efficient factors.

The PEAQ efficiency model considers episodic data from 24 months of incurred services.
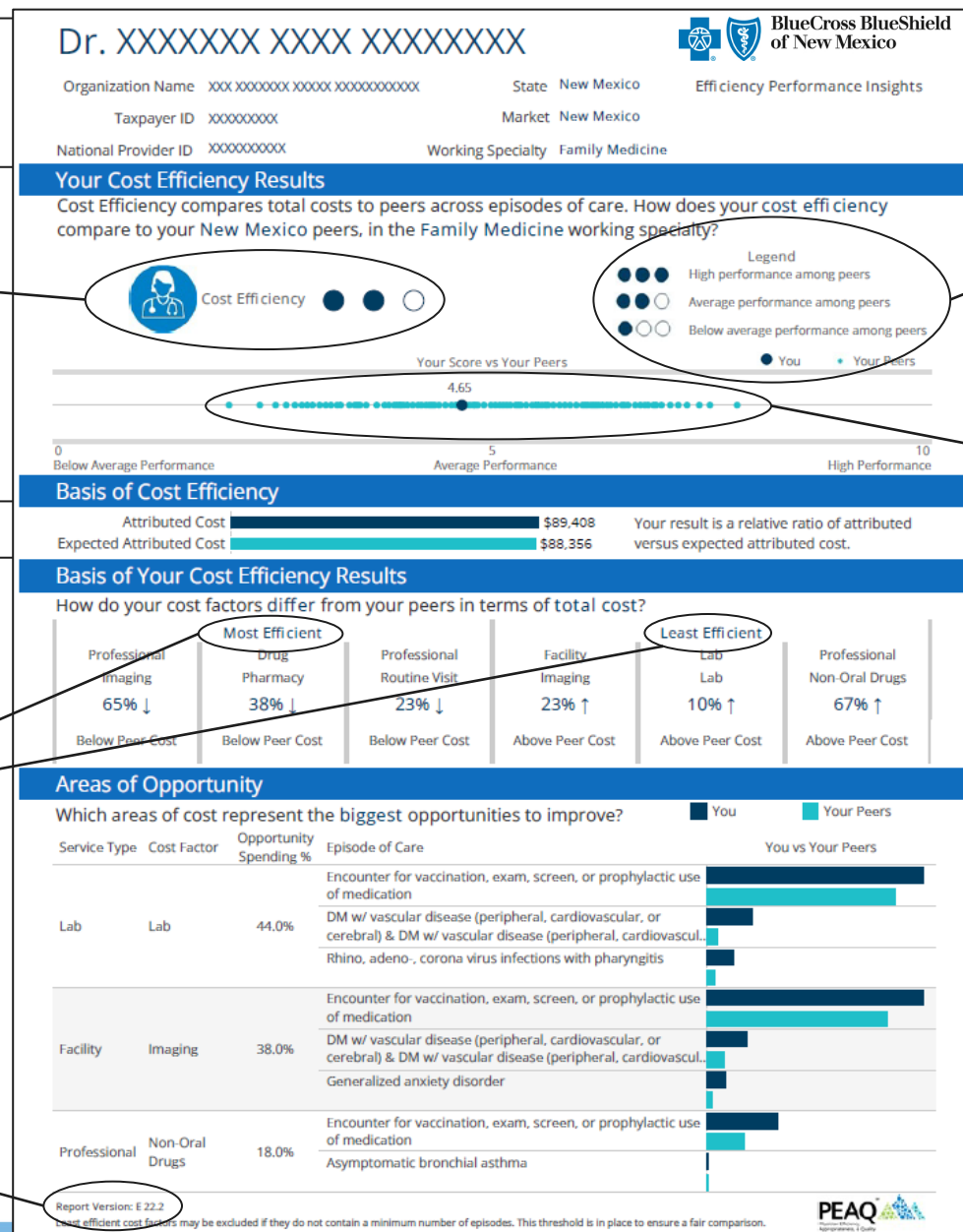
There are 3 performance tiers. Each physician within the peer group will be organized into one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.

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 Diagnostic Groups associated with a physician's Least Efficient Service Types and Cost Factors are reported as Areas of Opportunities. The dark blue bar on top depicts total costs for the episodes attributed to the physician.

Your Peers' total cost is case mix adjusted to reflect the same count and combination of diagnostic groups attributed to the physician to ensure fair comparisons. The Opportunity Spending % represents the proportion of allowed dollars that could be saved if the physician's costs were at the peer amount.

Dr. XXXXXXX XXXX XXXXXXXX

BlueCross BlueShield of New Mexico

Organization Name	XXX XXXXXXX XXXX XXXXXXXXXX	State	New Mexico
Taxpayer ID	XXXXXXXXX	Market	New Mexico
National Provider ID	XXXXXXXXX	Working Specialty	Family Medicine

Efficiency Performance Insights

Your Cost Efficiency Results

Cost Efficiency compares total costs to peers across episodes of care. How does your cost efficiency compare to your New Mexico peers, in the Family Medicine working specialty?

Cost Efficiency ● ● ○

Legend
- ● ● ● High performance among peers
- ● ● ○ Average performance among peers
- ● ○ ○ Below average performance among peers

Your Score vs Your Peers   ● You   • Your Peers

4.65

0	5	10
Below Average Performance	Average Performance	High Performance

Basis of Cost Efficiency

Attributed Cost	$89,408	Your result is a relative ratio of attributed versus expected attributed cost.
Expected Attributed Cost	$88,356	

Basis of Your Cost Efficiency Results

How do your cost factors differ from your peers in terms of total cost?

Professional Imaging	Drug Pharmacy (Most Efficient)	Professional Routine Visit	Facility Imaging	Lab Lab (Least Efficient)	Professional Non-Oral Drugs
65% ↓	38% ↓	23% ↓	23% ↑	10% ↑	67% ↑
Below Peer Cost	Below Peer Cost	Below Peer Cost	Above Peer Cost	Above Peer Cost	Above Peer Cost

Areas of Opportunity

Which areas of cost represent the biggest opportunities to improve?   ■ You   ■ Your Peers

Service Type	Cost Factor	Opportunity Spending %	Episode of Care	You vs Your Peers
Lab	Lab	44.0%	Encounter for vaccination, exam, screen, or prophylactic use of medication	
			DM w/ vascular disease (peripheral, cardiovascular, or cerebral) & DM w/ vascular disease (peripheral, cardiovascul...	
			Rhino, adeno-, corona virus infections with pharyngitis	
Facility	Imaging	38.0%	Encounter for vaccination, exam, screen, or prophylactic use of medication	
			DM w/ vascular disease (peripheral, cardiovascular, or cerebral) & DM w/ vascular disease (peripheral, cardiovascul...	
			Generalized anxiety disorder	
Professional	Non-Oral Drugs	18.0%	Encounter for vaccination, exam, screen, or prophylactic use of medication	
			Asymptomatic bronchial asthma	

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Least efficient cost factors may be excluded if they do not contain a minimum number of episodes. This threshold is in place to ensure a fair comparison.

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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.

Attributed Cost is the allowed amount from claims attributed to physicians weighted by the proportion of RVUs a physician contributed to each of the measured episodes. Expected Attributed Cost is the peer group's average assuming the same mix of diagnostic groups and episode counts adjusted for a physician's patients' risk and the proportion of RVUs that physician contributed to each measured episode.

The PEAQ efficiency model considers episodic data from 24 months of incurred services.
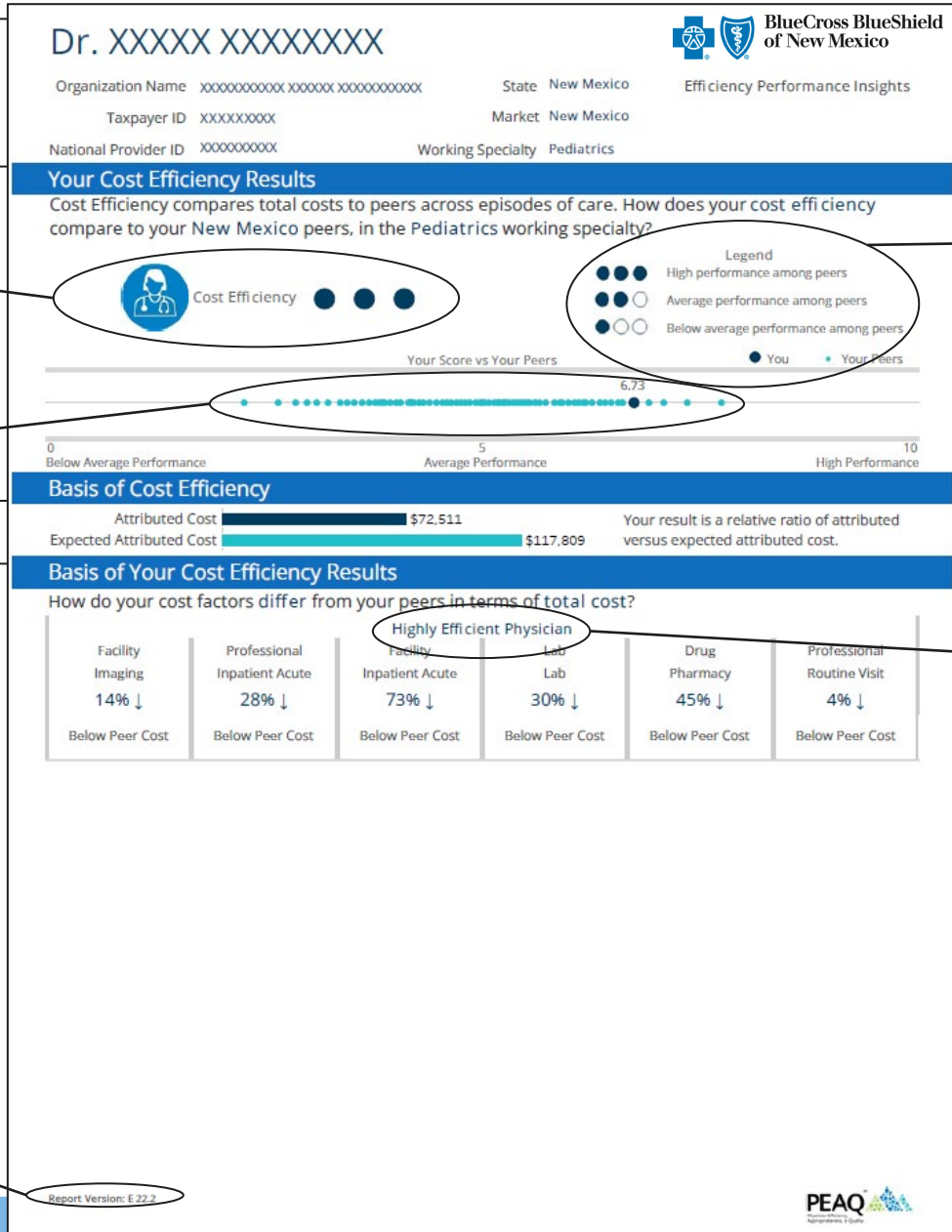
There are 3 performance tiers. Each physician within the peer group will be organized into one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.

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.

Efficiency Report – Professional Spending

If any of a physician's Areas of Opportunity include the Professional Service Type, the PEAQ report includes a Professional Spending Details page.

The Least Efficient Cost Factors within Professional 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 Procedure Completed represents services delivered to patients.

Note: Procedures are included when the difference between You and Your Top Peers is greater than 10%.
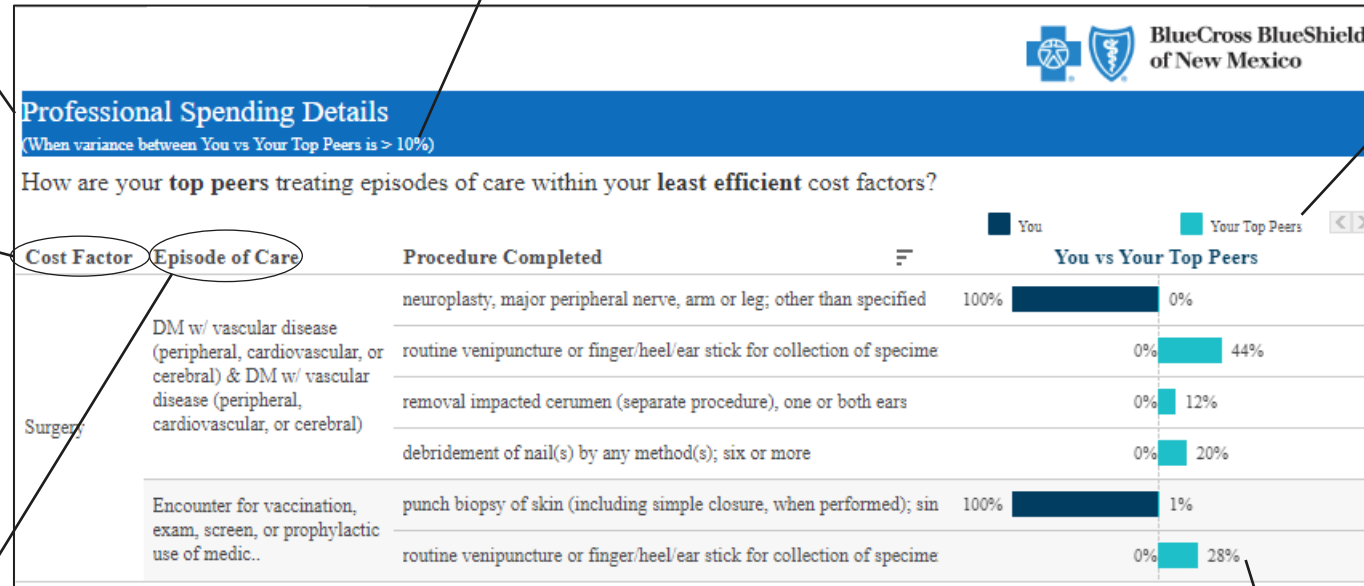
The "Your Top Peers" group is comprised of the top 50th percentile within the physician's peer group treating the same episodes of care. The top physicians through the median peer comprise the comparison group. This is an opportunity to see the differences in treatment decisions for a physician's patients as compared to peers. Physicians should review how their top peers are treating the same episodes of care for cost savings opportunities.

BlueCross BlueShield of New Mexico

Professional Spending Details
(When variance between You vs Your Top Peers is > 10%)

How are your **top peers** treating episodes of care within your **least efficient** cost factors?

Cost Factor	Episode of Care	Procedure Completed		You vs Your Top Peers
	DM w/ vascular disease (peripheral, cardiovascular, or cerebral) & DM w/ vascular disease (peripheral, cardiovascular, or cerebral)	neuroplasty, major peripheral nerve, arm or leg; other than specified	100%	0%
		routine venipuncture or finger/heel/ear stick for collection of specime		0% 44%
Surgery		removal impacted cerumen (separate procedure), one or both ears		0% 12%
		debridement of nail(s) by any method(s); six or more		0% 20%
	Encounter for vaccination, exam, screen, or prophylactic use of medic..	punch biopsy of skin (including simple closure, when performed); sin	100%	1%
		routine venipuncture or finger/heel/ear stick for collection of specime		0% 28%

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.

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

The percentages represent the proportion of spend within a Diagnostic Group.

Efficiency Report – Facility Spending

If any of a physician's Areas of Opportunity include the Facility Service Type, the PEAQ report includes a Facility Spending Details page.

The Least Efficient Cost Factors within Facility 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 Site of Service highlights the facilities where a physician's patients received care.

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.

Site Proportion of Cost is the percentage of spend for each Site of Service for the Diagnostic Group.

Efficiency Report – Lab Spending

If any of a physician's Areas of Opportunity include the Lab Service Type, the PEAQ report includes a Lab 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 Lab 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 Lab Panel Completed represents services delivered to patients.
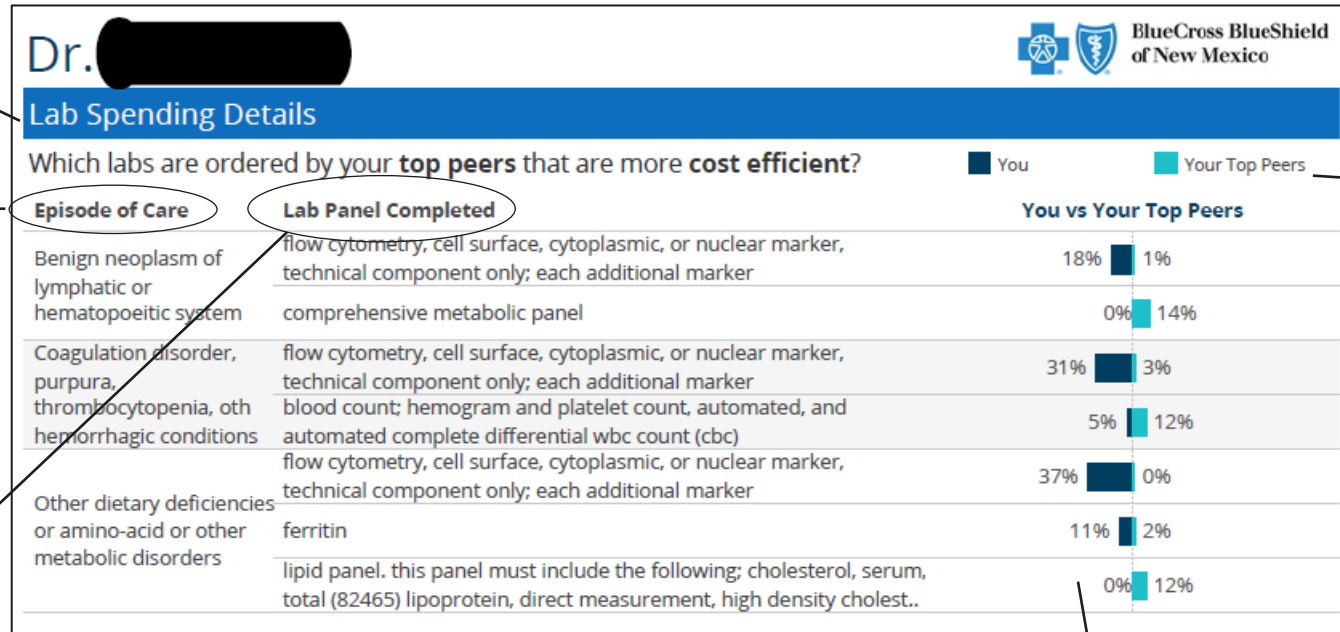
"Your Top Peers" are comprised of the top 50th percentile within the peer group treating the same episodes of care. The top physicians through the median peer make up the comparison group. This is an opportunity to see the differences in treatment decisions for a physician's patients as compared to peers. Physicians should review how their top peers are treating the same episodes of care for cost savings opportunities.

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

The percentages represent the proportion of spend within a Diagnostic Group.

Dr. ████████

BlueCross BlueShield of New Mexico

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 (You)	(Your Top Peers)
Benign neoplasm of lymphatic or hematopoeitic system	flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker	18%	1%
	comprehensive metabolic panel	0%	14%
Coagulation disorder, purpura, thrombocytopenia, oth hemorrhagic conditions	flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker	31%	3%
	blood count; hemogram and platelet count, automated, and automated complete differential wbc count (cbc)	5%	12%
Other dietary deficiencies or amino-acid or other metabolic disorders	flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker	37%	0%
	ferritin	11%	2%
	lipid panel. this panel must include the following; cholesterol, serum, total (82465) lipoprotein, direct measurement, high density cholest..	0%	12%

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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.

"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.

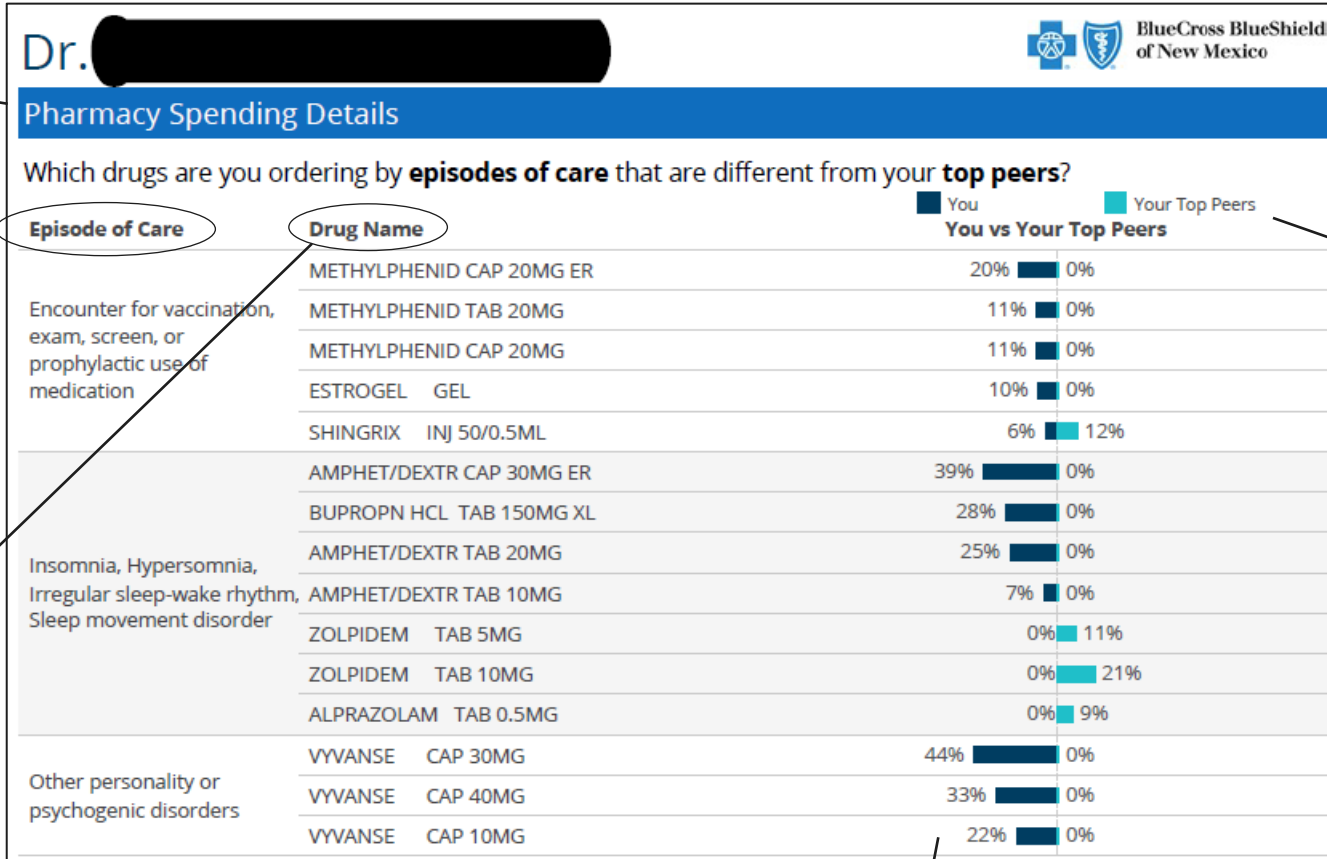Drugs depicted are those accounting for at least 5% of a physician or their peers' cost within each diagnosis group.

The percentages represent the proportion of spend within a Diagnostic Group.

BlueCross BlueShield of New Mexico

Pharmacy Spending Details

Which drugs are you ordering by **episodes of care** that are different from your **top peers**?

You vs Your Top Peers (■ You, ■ Your Top Peers)

Episode of Care	Drug Name	You	Your Top Peers
Encounter for vaccination, exam, screen, or prophylactic use of medication	METHYLPHENID CAP 20MG ER	20%	0%
	METHYLPHENID TAB 20MG	11%	0%
	METHYLPHENID CAP 20MG	11%	0%
	ESTROGEL GEL	10%	0%
	SHINGRIX INJ 50/0.5ML	6%	12%
Insomnia, Hypersomnia, Irregular sleep-wake rhythm, Sleep movement disorder	AMPHET/DEXTR CAP 30MG ER	39%	0%
	BUPROPN HCL TAB 150MG XL	28%	0%
	AMPHET/DEXTR TAB 20MG	25%	0%
	AMPHET/DEXTR TAB 10MG	7%	0%
	ZOLPIDEM TAB 5MG	0%	11%
	ZOLPIDEM TAB 10MG	0%	21%
	ALPRAZOLAM TAB 0.5MG	0%	9%
Other personality or psychogenic disorders	VYVANSE CAP 30MG	44%	0%
	VYVANSE CAP 40MG	33%	0%
	VYVANSE CAP 10MG	22%	0%

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Appropriateness Report

If physicians have questions regarding the header demographics or would like to report an error, they can email PEAQ_inquiries@bcbsnm.com and a representative will respond.

This section indicates how Provider Finder will summarize the physician's Appropriateness 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.

HCSC selected a subset of appropriateness measures representative of your working specialty.

The PEAQ appropriateness model considers episodic data from 24 months of incurred services.
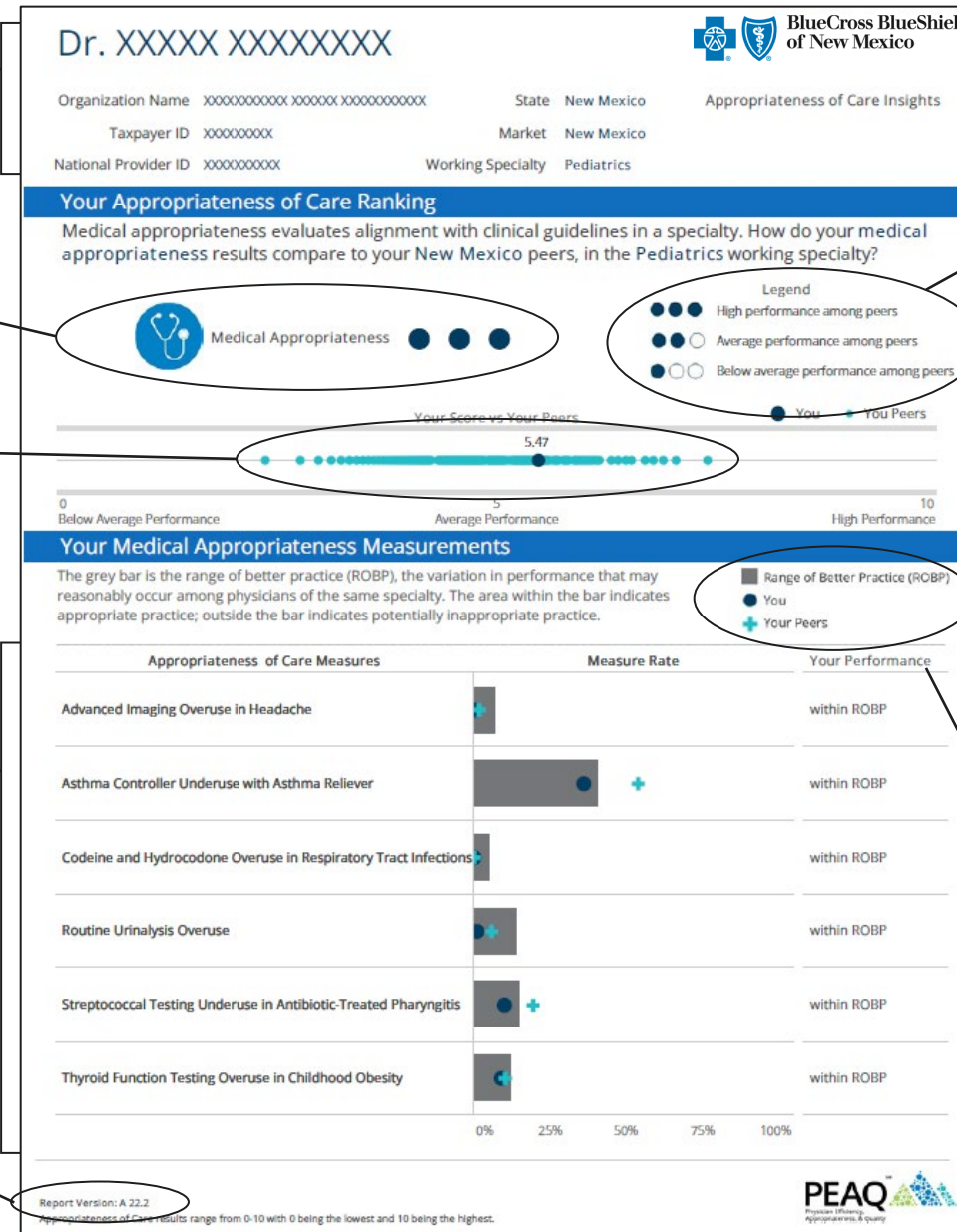
There are 3 performance tiers. Each physician within the peer group will be organized into one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.

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.

Report image

Dr. XXXXX XXXXXXXX

BlueCross BlueShield of New Mexico

Organization Name	XXXXXXXXXX XXXXX XXXXXXXXXXX	State	New Mexico	Appropriateness of Care Insights
Taxpayer ID	XXXXXXXXX	Market	New Mexico	
National Provider ID	XXXXXXXXXX	Working Specialty	Pediatrics	

Your Appropriateness of Care Ranking

Medical appropriateness evaluates alignment with clinical guidelines in a specialty. How do your medical appropriateness results compare to your New Mexico peers, in the Pediatrics working specialty?

Medical Appropriateness

Legend
- High performance among peers
- Average performance among peers
- Below average performance among peers

You   You Peers

Your Score vs Your Peers

5.47

0 Below Average Performance   5 Average Performance   10 High Performance

Your Medical Appropriateness Measurements

The grey bar is the range of better practice (ROBP), the variation in performance that may reasonably occur among physicians of the same specialty. The area within the bar indicates appropriate practice; outside the bar indicates potentially inappropriate practice.

- Range of Better Practice (ROBP)
- You
- Your Peers

Appropriateness of Care Measures	Measure Rate	Your Performance
Advanced Imaging Overuse in Headache		within ROBP
Asthma Controller Underuse with Asthma Reliever		within ROBP
Codeine and Hydrocodone Overuse in Respiratory Tract Infections		within ROBP
Routine Urinalysis Overuse		within ROBP
Streptococcal Testing Underuse in Antibiotic-Treated Pharyngitis		within ROBP
Thyroid Function Testing Overuse in Childhood Obesity		within ROBP

0%   25%   50%   75%   100%

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Report Version: A 22.2
Appropriateness of Care results range from 0-10 with 0 being the lowest and 10 being the highest.