

Primary Care Pay-for-Value
Hybrid Payment Model

Value-Based Reporting User Guide

Updated July 2023



Value-Based Reporting platform introduction

- The Value-Based Reporting platform is a read-only data interface designed to help you easily:
 - Optimize patient care based on standardized metrics
 - Track progress to contract goals with timely performance and financial reports
- It provides your practice with reporting options related to member attribution, quality improvement, and financial performance.
- System data is updated monthly except for member experience (CAHPS) measures, which are updated quarterly.

Tip: Use Google Chrome or Microsoft Edge to access this system. It is not compatible with other browsers including Internet Explorer.

Note: The images in this user guide do not contain protected health information (PHI), or protected business/financial information related to a specific practice.

Help: If after reviewing this guide you need additional help working in the Value-Based Reporting platform, please email [Primary Care Reimagined](#).

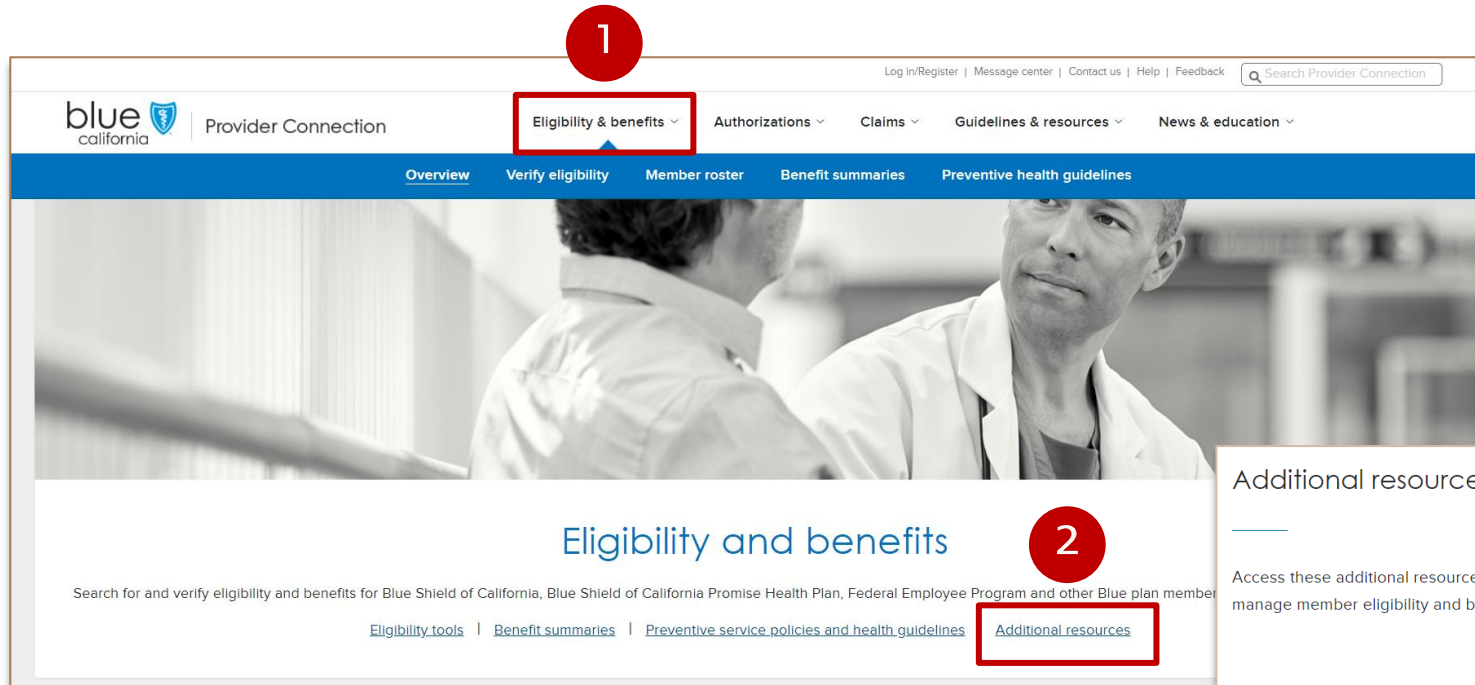
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The linked page numbers take you directly to step-by-step instructions for the topic. Use the *Table of contents* button at the bottom of each page to return here.

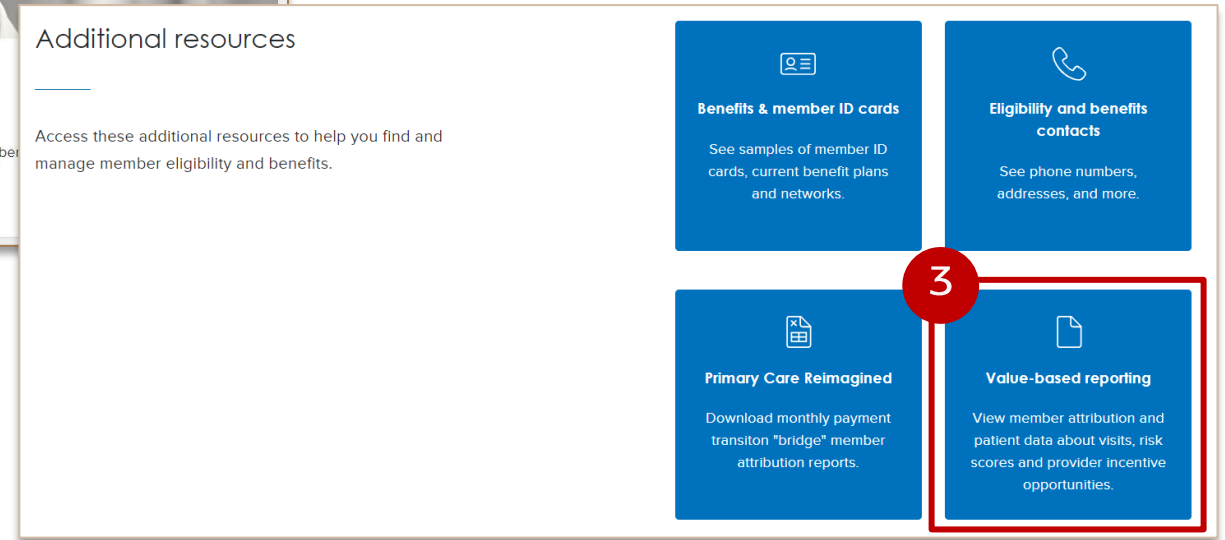
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Access the Value-Based Reporting platform

Any practice user in the Primary Care Reimagined Program has single-sign on (SSO) access to the platform if associated in Provider Connection with the practice's Tax ID Number (TIN). **Here's how to access the platform.**

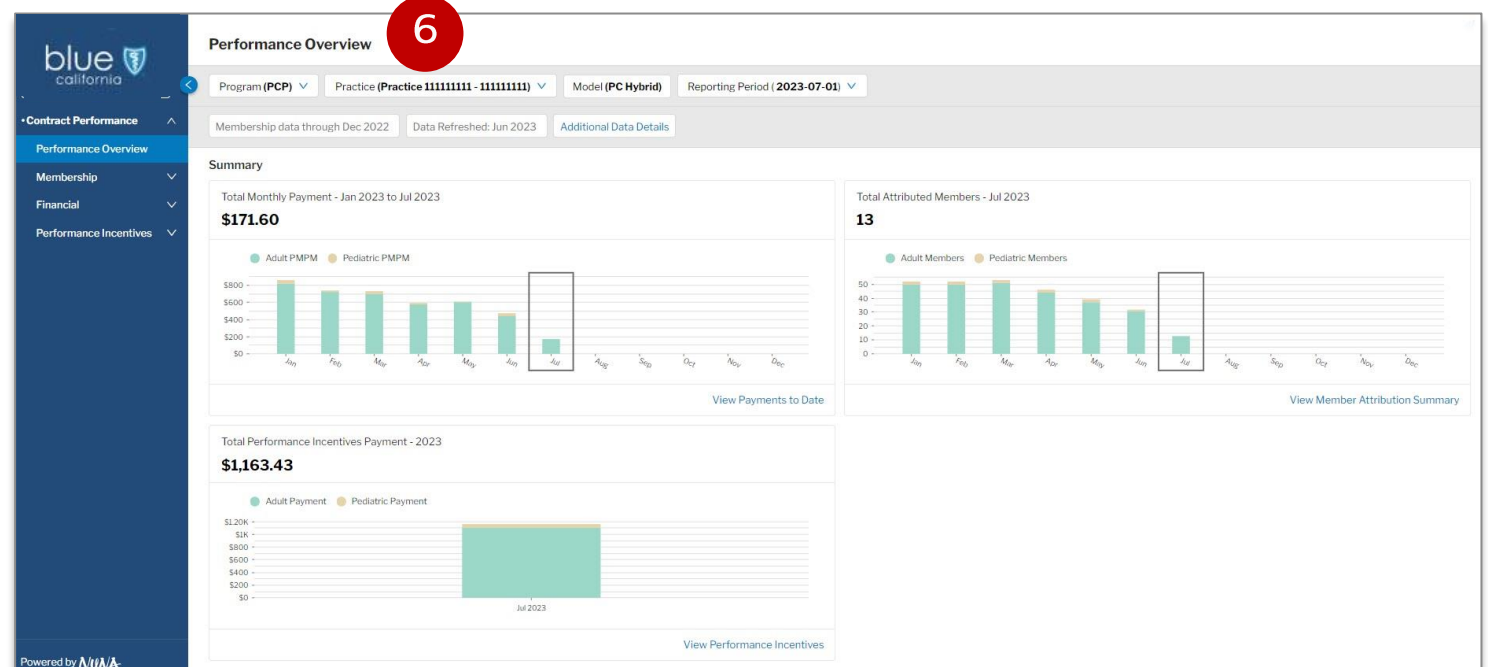
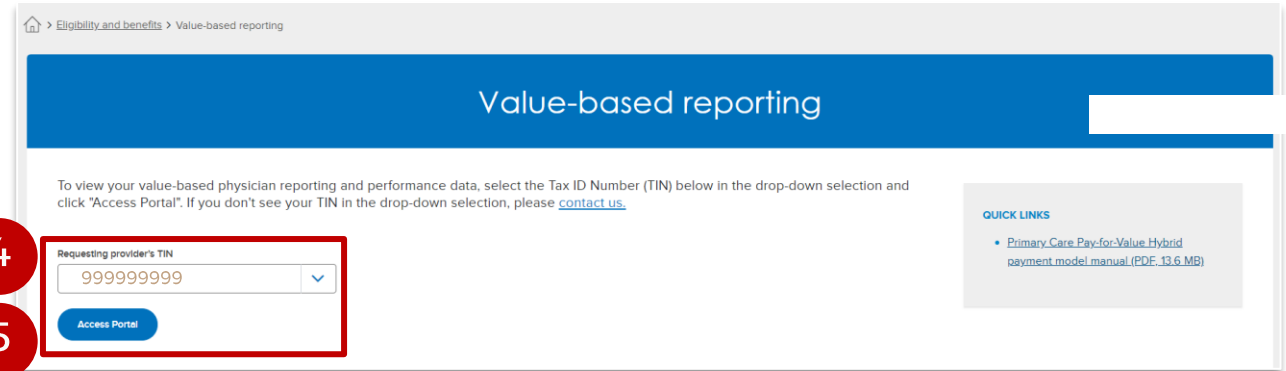


1. Log in to [Provider Connection](#) and click **Eligibility & benefits**.
2. Click **Additional resources** under the section title.
3. Click the **Value-based reporting** box.



Access the Value-Based Reporting platform *continued*

4. Your Tax ID (TIN) displays in the *Requesting provider's TIN* field.
 - If you have more than one TIN, click the drop-down arrow to select the appropriate number.
5. Click **Access Portal**.
6. The *Value-Based Reporting Performance Overview* displays for the selected TIN. The *Performance Overview* is the home screen for the platform.



Performance Overview screen and navigation

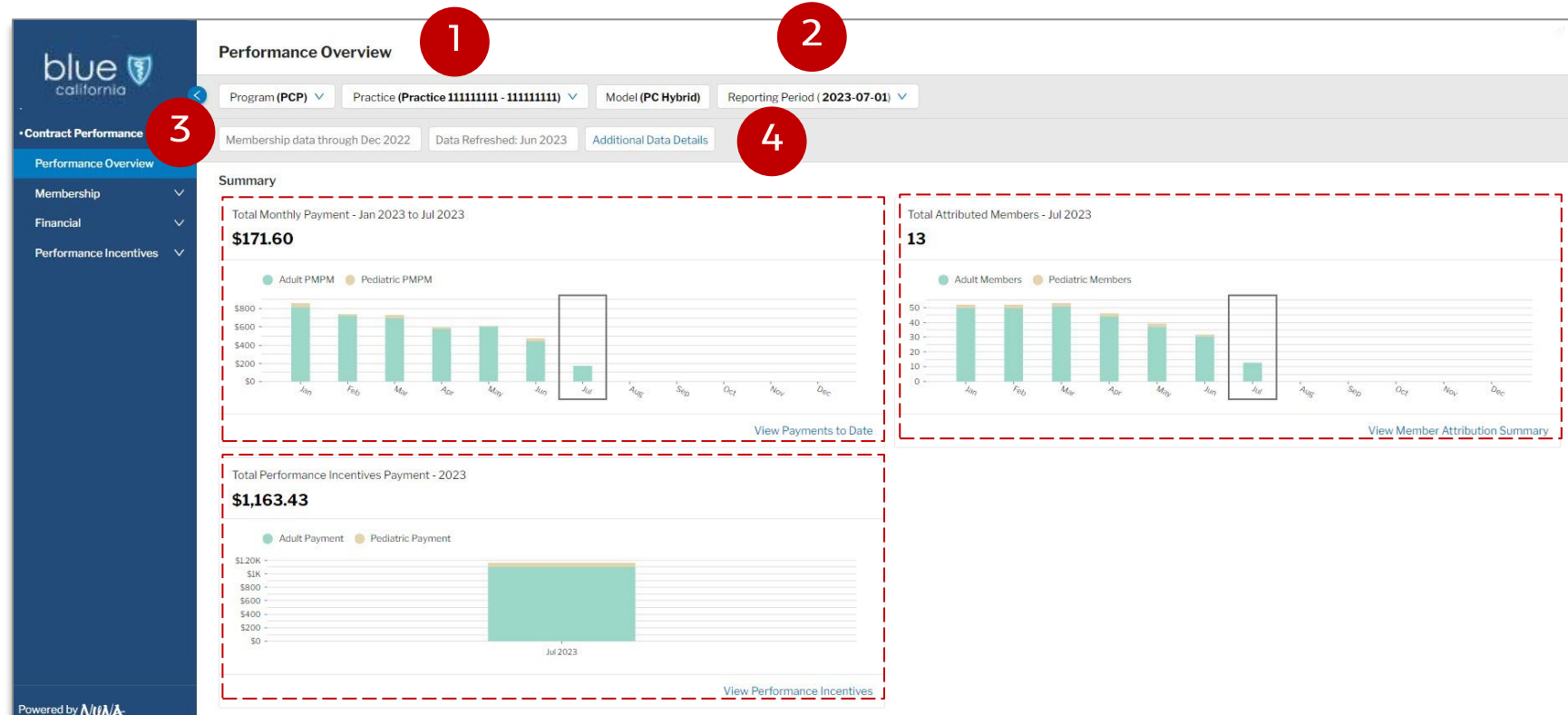
The *Performance Overview* is the home screen for your practice. It provides year-to-date summary level information on your payments and attribution.

This view displays summary graphs by month for your practice's total 1) Monthly Payment, 2) Attributed Members, and 3) Performance Incentives Payment.

- Note: Data will not display in the *Performance Incentives* graph until payment is made.

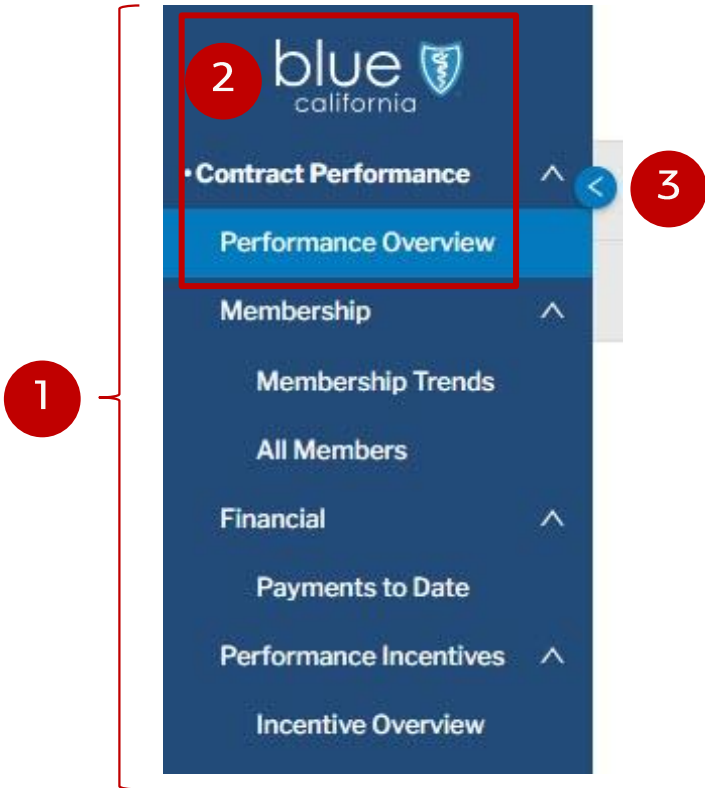
The header includes the following:

1. Your practice identification. Note, you only see your data in the system.
2. The *Reporting Period*, which defaults to the most recent period but can be changed.
3. The *Membership data through* and the *Data Refreshed* fields. These fields are updated monthly.
4. The *Additional Data Details* field provides data refresh dates.



Performance Overview screen and navigation *continued*

1. Use left navigation to access the three report types you can view in the platform. You can also navigate to reports by clicking the *View* links in each summary section of the *Performance Overview* screen.



Membership reports	<ul style="list-style-type: none">• Membership Trends: Summary of the member attribution for your practice, including a month-to-month trend and the attributed adult and pediatric members by individual practitioner.• All Members: Total practice attribution by member and by member assigned to each practitioner.
Financial reports	<ul style="list-style-type: none">• Payments to Date: Summary of payments made to your practice, plus monthly detail on PMPM and reconciliation adjustments by member type and line of business.
Performance Incentive reports	<ul style="list-style-type: none">• Incentive Overview: Summary of your practice's clinical quality, resource utilization, and member experience performance and incentive payments by adult and by pediatric members. Includes <i>Practice Variation and Care Gap</i> reports for drill down into individual measures so you can better understand and close care gaps.

2. Click the **Blue Shield logo** or the **Performance Overview** link to return to the home page.
3. Click the **arrow** to collapse/expand the left navigation pane.

Membership reporting: Membership Trends

Membership Trends displays a summary of the member attribution for your practice, including a month-to-month trend and the attributed adult and pediatric members by individual practitioner.

1. Click the **Membership** drop-down arrow, then click **Membership Trends**.

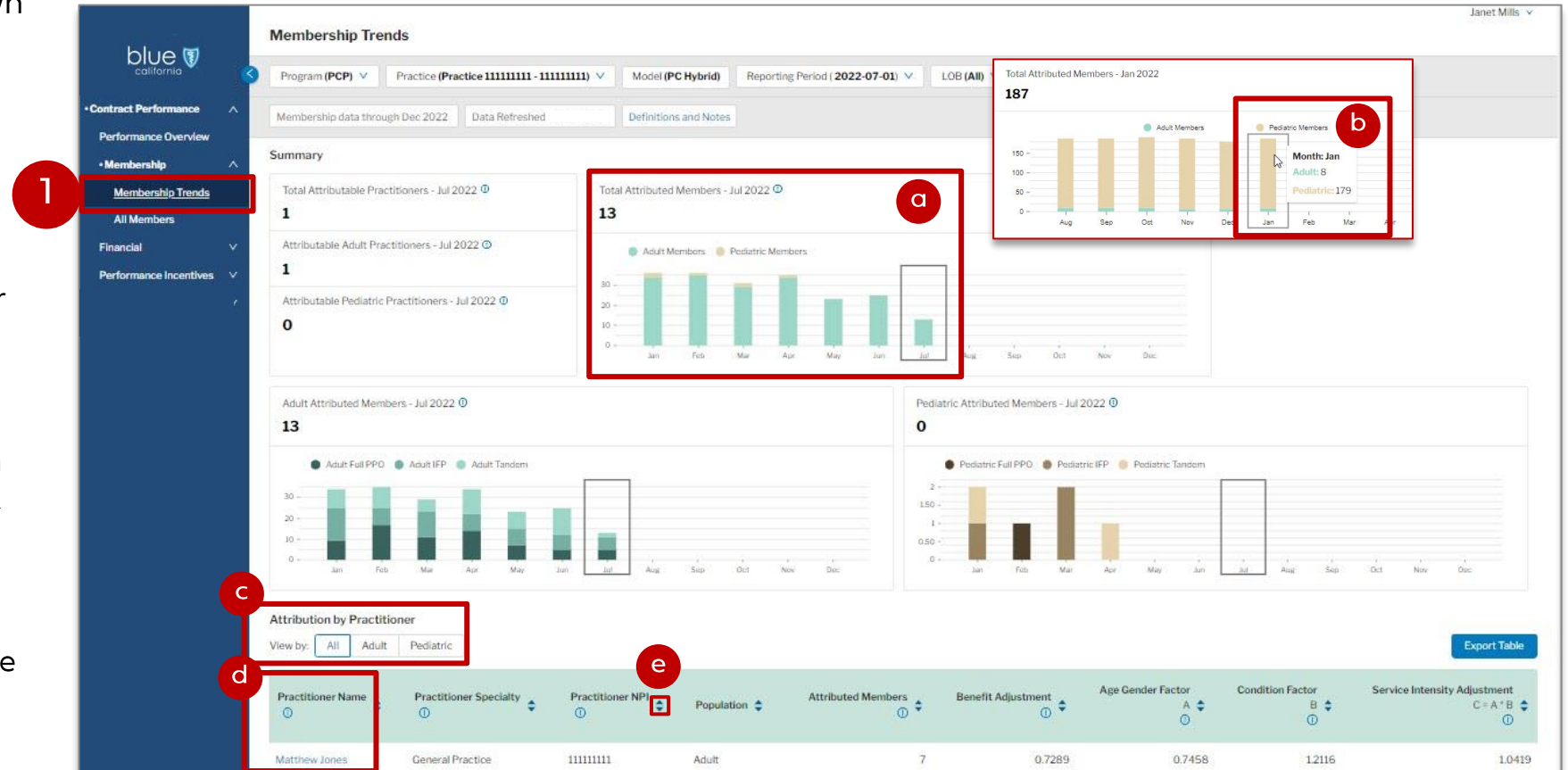
a) The *Reporting Period* is highlighted on each summary graph with a rectangle.

b) Hover your cursor over a bar to view exact attribution counts by month.

c) In the *Attribution By Practitioner* section, you can view all practitioners or click **Adult** or **Pediatric** to filter results.

d) Click a practitioner name to access the *All Members* page filtered for that physician.

e) Use the up/down arrows to sort records in numerical or alphabetical ascending/descending order.



Membership reporting: All Members

All Members shows the total practice attribution by member including the practitioner assigned.

1. Click the **Membership** drop-down arrow, then click **All Members** to view the total attribution by member.
You can also click a practitioner name on the *Membership Trends* screen to access the *All Members* page, filtered for a specific physician.

The screenshot shows the 'All Members' reporting page. A sidebar on the left has 'All Members' highlighted under the 'Membership' section, marked with a red circle '1'. The main area has filters for Program (PCP), Practice (Practice 111111111 - 111111111), and Model (PC Hybrid). A 'Reporting Period' dropdown is set to '2022-07-01' and is marked with a red circle 'a'. A 'LOB (All)' dropdown is marked with a red circle 'b'. A table of member data is shown with columns for Member Unique ID, Coverage Month, Member HCPK ID, Member Gender, Member Age at Attribution Date, Member ZIP, Member Type, Member Most Recent Visit, # Months Attributed, LOB, Practice Name, Practitioner NPI, and Practitioner Name. A red circle 'd' is over the 'Member Type' column header. A red circle 'c' is over the 'Practitioner NPI' column header. A tooltip box on the right explains that the NPI is used for attribution in financial recon and payouts.

Member Unique ID	Coverage Month	Member HCPK ID	Member Gender	Member Age at Attribution Date	Member ZIP	Member Type	Member Most Recent Visit	# Months Attributed	LOB	Practice Name	Practitioner NPI	Practitioner Last Name	Practitioner First Name	Office Visit Count	Emergency Department Visits
90015808925	2022-07-01	90015808925	F	39	07039	Adult	2022-07-01	3	Commercial PPO - IFP	Practice 111111111	111111111	Jones	Matthew	3	1
90020844169	2022-07-01	90020844169	M	28	44444	Adult	2021-03-31	2	Commercial PPO - Tandem	Practice 111111111	111111111	Jones	Matthew	8	3
90048871886	2022-07-01	90048871886	F	82	89449	Adult	2019-07-09	2	Commercial PPO - Tandem	Practice 111111111	111111111	Smith	John	2	3

- a) The *Reporting Period* defaults to the latest month but can be changed to *Contract Period*. You can also select a specific month by clicking the desired month, and then **Update**.
- b) The *LOB* field allows you to view data by individual lines of business.
- c) Hover your cursor over the [blue circled i icon](#) to view additional helpful information.
- d) Use the up/down arrows to sort records in numerical or alphabetical ascending/descending order.

Membership reporting: All Members *continued*

2. Report data can be displayed by four membership categories:

- *Current*: Members attributed for the reporting period selected.
- *Added*: Members not on the previous month's attribution but on this month's attribution. (Subset of Current)
- *Dropped*: Members on the previous month's attribution but not on this month's attribution.
- *All Members*: Current and dropped members in one report.

The screenshot shows the 'All Members' report interface. The top navigation bar includes filters for Program (PCP), Practice (Practice 11111111 - 11111111), Model (PC Hybrid), Reporting Period (2022-07-01), and LOB (All). A red box highlights the 'Definitions and Notes' tab in the top navigation bar. A red circle with the number '2' is placed over the 'All Members' tab in the sidebar. A red circle with the number '3' is placed over the 'Definitions and Notes' pop-up window, which is open and shows detailed definitions for 'Current Members', 'Added Members', and 'Dropped Members', as well as 'Membership Reason Codes' such as 'Attributed', 'Disqualified', 'Move TIN', and 'Visit Drop'.

3. The *Definitions and Notes* pop-up provides additional information to help you interpret report data.

Membership reporting: All Members *continued*

All Members

Program (PCP) Practice (Practice 11111111 - 11111111) Model (PC Hybrid) Reporting Period (2022-07-01) LOB (All) **Add Filter**

Membership data through Dec 2022 Data Refreshed: Definitions and Notes

All Members

Program (PCP) Practice (Practice 11111111 - 11111111) Model (PC Hybrid) Reporting Period (2022-07-01) LOB (All) **Add Filter**

Membership data through Dec 2022 Data Refreshed: Definitions and Notes

[Current Members](#) Added Members Dropped Members All Members

Member Unique	Coverage Month	Member HCBK ID	Member Gender	Member Age at Attribution	Member ZIP	Member Type	Member Most Recent	# Months Attributed	LOB	Practice	NPI	Last
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All Members

Program (PCP) Practice (Practice 11111111 - 11111111) Model (PC Hybrid) Reporting Period (2022-07-01) LOB (All) **Diabetes Indicator** **X** **Add Filter**

Membership data through Dec 2022 Data Refreshed: Definitions and Notes

[Current Members](#) Added Members Dropped Members All Members

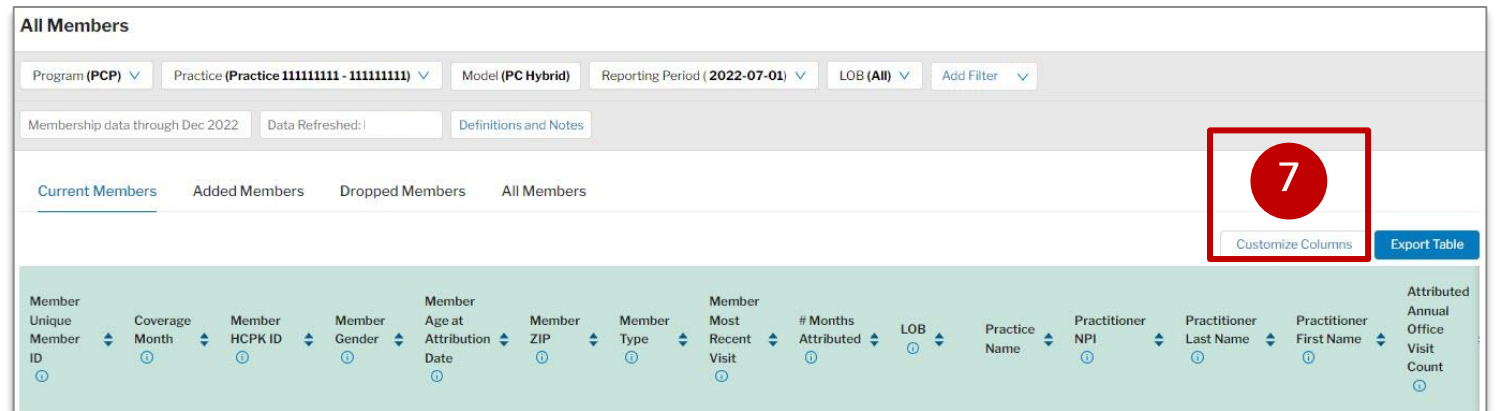
There are multiple filters you can apply to the data in this report. Each filter must be added separately.

4. Click **Add Filter**.
5. Select a filter from the drop-down or type in the field to activate predictive search.
6. Add one or more items from the list of sub-options that display.
 - Click **X** to remove a filter.

Membership reporting: All Members *continued*

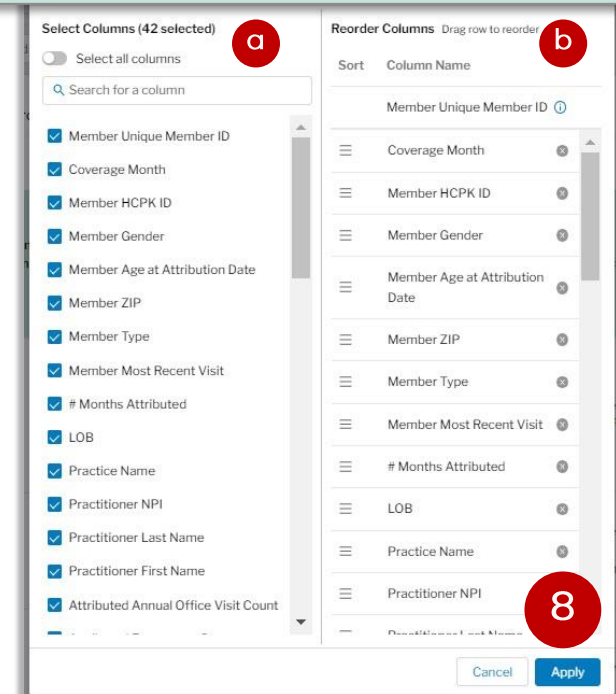
The All Members table columns contain:

- Member, practitioner, & claims information.
- Risk driver & key medical condition data.
- Product information such as copays & deductibles.
- Benefit, age, gender, & condition factors used to calculate monthly payments.
- Attribution rank (member attribution criteria).



The *Customize Columns* button allows you to tailor the member data you see on the screen.

7. Click **Customize Table**. The *Customize Columns* pop-up window displays with two sections.
 - a) Under *Select Columns*, check or uncheck the box next to each option to add or remove.
 - b) Under *Reorder Columns*, click the **three gray lines icon** next to the column name and drag to your preferred order.
8. Click **Apply**. The view is now customized based on your selections. Selections remain in place for this table until you change them or delete system cookies.
 - Data export will contain all filters/customization – see page 21 for data export instructions.



Financial reporting: Payments to Date

Payments to Date displays a summary of payments made to an individual practice. It also provides access to monthly reports that show payment plus reconciliation adjustment calculations by member type and line of business and by individual practitioner.

1 Click the **Financial** drop-down arrow, then click **Payments to Date**.

a) The summary of all monthly and all incentive payments and their totals display here.

2 Click an active link in the *All Payment Reports* column to view a *Monthly Payment Report*. Two view options present:

b) Overview (default)

c) Physician Report

Financial reporting: Monthly Payment Report – Overview Report

1. The *Overview* tab shows summaries of the DMHC and DOI portion of the payment, as well as total monthly payments by adult and pediatric members and lines of business.
2. Below the summary are multiple tables that break out financial data by category.
3. The total PMPM before and after adjustments is provided at the bottom of the screen.

Jul 2023 Monthly Payment Report

Program (PCP) Practice (Practice 555555555 - 555555555) Model (PC Hybrid) Reporting Period (Contract 2023 YTD)

Membership data through Dec 2022 Data Refreshed:

Overview Physician Report

Generated 2023-07-01 [Export Page](#)

DMHC Monthly Payment \$277.14 A	DOI Monthly Payment \$357.11 B	Total Payment \$634.24 (C=A+B)
Total Adult Full PPO Pa... \$412.39	Total Adult Tandem Pay... \$43.59	Total Adult IFP Payment \$272.64
Total Pediatric Full PPO ... -\$69.64	Total Pediatric Tandem ... -\$24.74	Total Pediatric IFP Pay... \$0.00

2 Monthly Payment - Adult Full PPO

Month	Attributed Members A	Base PMPM B	Weighted Benefit Adjustment C	Weighted Service Intensity Adjustment D	Pay for Value PMPM E	PMPM Payment or Adjustment F=A*(B*C*D)+E
Jul 2023	4	\$18.00	0.9136...	0.7287...	\$5.00	\$67.93
Jun 2023						

3 Payment Report Adjustments Summary

Payment Type	Payment Amount
Total PMPM before Adjustments	\$123.15
Total Adjustments	\$511.09
Total PMPM after Adjustments	\$634.24

Financial reporting: Monthly Payment Report – Physician Report

1. The *Physician* tab breaks down the total practice payment by provider.

1 Monthly Payment Report

Program (PCP) Practice (Practice 222222222 - 222222222) Model (PC Hybrid) Reporting Period (Contract 2023 YTD)

Membership data through Dec 2022. Data Refreshed:

Overview **Physician Report**

This report breaks down the practice payment by provider, however payments are made to the practice directly.

Report Generated 2023-07-01 [Export Page](#)

Total Payment
\$141.09 for 4 total providers

Monthly Payment by Physician

Provider NPI	Provider Last Name	Provider First Name	Adult Members	Pediatric Members	Total Attributed Members	Avg. PMPM Payment	Total Payment
6486326732	Andrews	George	0	1	1	\$4.03	\$4.03
4198107256	Fleming	Christopher	0	1	1	\$19.73	\$19.73
5092871514	Davis	Judith	1	0	1	\$6.47	\$6.47
8111278773	Hernandez	George	11	1	12	\$9.24	\$110.86

1-4 of 4 items 10 / page

Performance incentive reporting: Incentives Overview

Incentive Overview displays a summary of your practice's quality performance incentive payments by adult and by pediatric members. It provides the ability to drill down into individual measures to help understand and close gaps.

1. Click the **Performance Incentives** drop-down arrow, then click **Incentive Overview**.
 - a) Fixed data fields display the most recent feed of clinical quality, patient experience, and claims.
 - b) A summary of *Adult Performance Incentives* payments display based on the reporting period. Click *Pediatric Performance Incentives* to change your view.

The screenshot shows the 'Incentive Overview' page. On the left is a navigation menu with 'Performance Incentives' expanded to 'Incentive Overview'. The main content area has filters for Program (PCP), Practice, Model (PC Hybrid), and Reporting Period (Contract 2023 YTD). Below these are data refresh and date filters. A red box labeled '1' highlights the navigation menu. A red box labeled '2' highlights the 'Pediatric Performance Incentives' tab and the 'Adult Clinical Quality Measures' table below it. A red box labeled 'a' highlights the 'Adult Performance Incentives' summary table, and a red box labeled 'b' highlights the 'Pediatric Performance Incentives' summary table.

Category	Value	vs. max	Value	vs. max
Estimated Incentive Payment	\$4,121.58	\$15,242.50	Estimated Clinical Quality PMPM	\$0.97...
Total Estimated Incentive PMPM	\$1.75...	\$6.50	Estimated Resource Utilization PMPM	\$0.78...
Attributed Member Months	2,345		Estimated Patient Experience PMPM	\$0.00

Measure	Members Compliant	Members Eligible	Performance Rate	Performance vs. BSC Regional Benchmark	Total Open Gaps	Gaps To Next Threshold	Baseline Maximum Incentive PMPM	Maximum PMPM After Re-Weighting	Estimated Incentive PMPM
HbA1c Poor Control >9.0%	8	30	73.3%	36.00% - 25.00%	22	15	\$0.65	\$0.65	\$0.00
Controlling High Blood Pressure	0	63	0.0%	25.00% - 35.00%	63	16	\$0.65	\$0.65	\$0.00

2. To help understand the financial impacts to your practice, the adult and pediatric incentive measure tables display an overview of measure performance including the estimated and maximum incentive PMPM.
 - **Three tables:** 1) Clinical Quality Measures; 2) Resource Utilization Measures; 3) Member Experience Measures..

Performance incentives reporting: Incentive Overview *continued*

Table functionality is the same for *Adult and Pediatric* views, but they have different clinical quality measures and there is only one pediatric resource utilization measure. An *ellipsis* indicates that more decimals will display upon hover.

3. Adult Clinical Quality Measures

- c) Click an active link to view performance by provider for a measure. The *Practice Variation* screen displays. (See next page for additional details on this report.)
- d) Click an active link. The *Care Gaps* screen displays, listing members with open gaps for the measure. (See page 19 for additional details on this report.)

3

Measure	Members Compliant	Members Eligible	Performance Rate	Performance vs. BSC Regional Benchmark	Total Open Gaps	Gaps To Next Threshold	Baseline Maximum Incentive PMPM	Maximum PMPM After Re-Weighting	Estimated Incentive PMPM
HbA1c Poor Control >9.0%	8	30	73.3%	36.00% - 25.00%	22	15	\$0.65	\$0.65	\$0.00
Controlling High Blood Pressure	0	63	0.0%	25.00% - 95.00%	63	16	\$0.65	\$0.65	\$0.00
Breast Cancer Screening	50	64	78.1%	74.00% - 75.00%	14	0	\$0.65	\$0.65	\$0.65
Colorectal Cancer Screening	82	164	50.0%	62.00% - 70.00%	82	20	\$0.65	\$0.65	\$0.00
Asthma Medication Ratio - Ages 19 - 50	0	0	0.0%	Minimum Denominator Not Met	0	N/A	\$0.32	\$0.32	\$0.00
Asthma Medication Ratio - Ages 51-64	2	2	100.0%	85.00% - 90.00%	0	0	\$0.32	\$0.32	\$0.32

4. Adult Resource Utilization Measures

- e) Click an active link to view member utilization by provider.

4

Measure	Rate (per 1,000 members)	Performance vs. BSC Regional Benchmark	Estimated Incentive PMPM	Maximum Incentive PMPM
Emergency Room (ER) Visits per 1,000 members	152.28 per 1,000	122.31 - 108.20	\$0.00	\$0.81
Inpatient Admits (IA) per 1,000 members	152.28 per 1,000	0.56	\$0.00	\$0.81

5. Adult Patient Experience Measures

- f) Hover your cursor over the blue circled *i* icon to view each CAHPS measure's definition.

5

Measure	Denominator	Performance Rate	Performance vs. BSC Regional Benchmark	Estimated Incentive PMPM	Maximum Incentive PMPM
Rating of Provider	26	43.0%	73.0% - 90.0%	\$0.00	\$0.32
Provider Office Test Results Follow-Up	39	93.0%	76.0% - 88.0%	\$0.32	\$0.32
Getting Needed Care Composite	38	92.0%	90.00% - 90.00%	\$0.32	\$0.32
Getting Care Quickly Composite	25	93.0%	90.0% - 81.0%	\$0.32	\$0.32
Office Staff Courtesy and Respect	29	92.0%	85.00% - 93.00%	\$0.30	\$0.32

Performance incentives reporting: Practice Variation

The *Practice Variation* screen provides an overview at the provider (practitioner) level of member compliance and care gaps for a specific clinical quality measure.

Adult Clinical Quality Measures

Measure	Members Compliant	Members Eligible	Performance Rate	Performance vs. BSC Regional Benchmark	Total Open Gaps	Gaps To Next Threshold	Baseline Maximum Incentive PMPM	Maximum PMPM After Re-Weighting	Estimated Incentive PMPM
HbA1c Poor Control >9.0%	8	30	73.3%	Min 36.00% Target 25.00%	22	15	\$0.65	\$0.65	\$0.00
Controlling High Blood Pressure	0	63	0.0%	Min 25.00% Target 35.00%	63	16	\$0.65	\$0.65	\$0.00
Breast Cancer Screening	50	64	78.1%	Min 74.00% Target 75.00%	14	0	\$0.65	\$0.65	\$0.65
Colorectal Cancer Screening	82	164	50.0%	Min 65.00% Target 70.00%	82	20	\$0.65	\$0.65	\$0.00
Asthma Medication Ratio - Ages 19 -50	0	0	0.0%	Minimum Denominator Not Met	0	N/A	\$0.32..	\$0.32..	\$0.00
Asthma Medication Ratio - Ages 51-64	2	2	100.0%	Min 85.00% Target 90.00%	0	0	\$0.32..	\$0.32..	\$0.32..

1

1. To reach this screen, click an active link in the *Clinical Quality Measures* column on the *Incentive Overview* screen.

2. The *Practice Variation* screen displays.

a) This screen summarizes practice performance for a specific measure.

b) It also shows by practitioner, the attributed members who are compliant and eligible for the measure, plus the number of open care gaps.

3. Click an active provider link to open the *Care Gap* report and view all open and closed care gaps filtered for that physician.

Practice Variation Care Gaps

Summary

How do practices perform on HbA1c Poor Control >9.0%?

Total Open Gaps	Performance Rate
22	73.3%

2

Performance by Provider

Provider Name	Members Compliant A	Members Eligible B	Performance Rate A / B	Open Gaps C=B-A
David Powell	2	3	33.3%	1
Zachary Simpson	1	1	0.0%	0
Nicole Patton	0	1	100.0%	1
Laura Jackson	1	1	0.0%	0

3

Performance incentives reporting: Care Gaps

There are three ways to view clinical quality measure care gaps: From *Incentives Overview*: 1) Click a number under the *Total Open Gaps* column to **view open care gaps by measure** or 2) Click a measure and select a practitioner to **view open/closed care gaps by physician**. The third option is described below.

To reach this screen, click an active link in the *Measure* column on the *Incentives Overview* screen.

1. Click **Care Gaps**. The screen displays with your practice's **open/ closed care gaps at the member level**.

The screenshot shows a web interface for 'HbA1c Poor Control >9.0%'. At the top, there are filters for Program (PCP), Practice (Practice 11111111 - 11111111), Model (PC Hybrid), and Reporting Period (Contract 2023 YTD). Below these are data refresh and date filters. The main section is titled 'Practice Variation' and 'Care Gaps'. A red box labeled '1' highlights the 'Care Gaps' link. A red box labeled '2' highlights the 'Add Filter' dropdown menu. A red box labeled '3' highlights the filter selection menu, which includes options like 'External Member ID', 'HCPK ID', 'Open Gap?', 'Member Gender', 'Member Age at Attribution Date', 'Member Address', 'Member City', and 'Member State'. A red box labeled 'a' highlights the 'Member County' column header, which has an up/down arrow icon. A red box labeled 'b' highlights the 'Enrollment Date' column header, which has a blue circled 'i' icon. The table below shows three rows of member data with columns for Open Gap?, Member Gender, Member Age at Attribution Date, Member Address, Member City, Member State, Member County, Member Zip Code, Provider First Name, Provider Last Name, Attribution As Of Date, Enrollment Date, LOB, Measure Name, Risk Driver 1, and Risk Driver 2. The bottom right of the table shows '1-3 of 3 items' and '10 / page'.

2. You can apply multiple filters to this data. Each must be added separately. Click **Add Filter**.
3. Select a filter then add one or more items from the list of sub-options that display. Click the **X** to remove a filter.
 - a) Use the up/down arrows to sort records in numerical or alphabetical ascending/ descending order.
 - b) Hover your cursor over the **blue circled i icon** to view helpful information.

Performance incentives reporting: Care Gaps *continued*

The *Care Gap* screen displays your practice's **open/closed care gaps at the member level**.

The *Customize Table* button allows you to tailor your view on the screen.

4. Click **Customize Table**. The *Customize Columns* pop-up window displays with two sections.
 - c) Under *Select Columns*, check or uncheck the box next to each option to add or remove.
 - d) Under *Reorder Columns*, click the **three gray lines icon** next to the column name and drag to your preferred order.
5. Click **Apply**. The view is customized based on your selections. Selections remain in place for this table until you change them or delete system cookies.
 - See the next slide for data export instructions.

The screenshot shows the 'HbA1c Poor Control >9.0%' report. The 'Customize Columns' window is open, showing 26 selected columns. The 'Select Columns' section has checkboxes for various fields, with 'External Member ID' highlighted by a red box and callout 'c'. The 'Reorder Columns' section shows a list of columns with a three-line icon next to 'External Member ID' highlighted by a red box and callout 'd'. The background table shows columns for 'External Member ID', 'Open Gap?', 'Member Gender', 'Member Age at Attribution Date', 'Member Address', and 'Member City'. A red callout '4' is positioned over the 'Customize Table' button in the top right of the main interface. A red callout '5' is at the bottom right of the slide.

Exporting data

Data can be downloaded in XLS or CSV format (depending on the file size) from multiple screens.

- You can export data as in an XLS or CVS format file from the following locations in the system:

Export Table button	Export Page button
<ul style="list-style-type: none">Membership > Membership Trends > Attribution by PractitionerMembership > All MembersPerformance Incentives > Incentive Overview > Clinical Quality Measure > Total Open Gaps > Care GapsPerformance Incentives > Incentive Overview > Adult Utilization Measure > Measure data	<ul style="list-style-type: none">Financial > Payments to Date > Monthly Payment ReportFinancial > Payments to Date > Physician ReportIncentive OverviewPerformance Incentives > Incentive Overview > Clinical Quality Measure > Practice Variation

- For *All Members* and *Care Gaps*, you can set filters before clicking **Export Table**. These filters will be reflected in the exported document. (See the previous page in this user guide for filtering instructions.)
- XLS exports include a cover sheet.. CSV files do not.

Legal disclaimer

This document does not modify and may not be used to assert the modification of any contractual obligation. This document is not intended as medical advice or a definitive source for coding claims. Health care providers assume full responsibility for how to use this information. Providers should submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. Nothing in this document guarantees that the service or treatment is a covered benefit. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider. Any efficiencies generated through this program are to result from care coordination and/or elimination of unnecessary expenses. Blue Shield of California disclaims any and all liability for any direct, indirect, implied, punitive, special, incidental or other consequential damages arising directly or indirectly from any use of this document, which is provided as is and without warranties.

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