

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA



Top Performing Provider Quality Designation

Methodology Guide

Blue Cross and Blue Shield of North Carolina (Blue Cross NC)

Top Performing Provider Quality Designation

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Purpose and Overview

Blue Cross and Blue Shield of North Carolina (“Blue Cross NC”) is committed to helping members find care that is high quality, clinically appropriate, and affordable. The Top Performing Provider Quality Designation is part of Blue Cross NC’s broader Provider Performance Analytics framework and may be displayed in the Provider Directory to provide transparent, methodology-based information about provider performance.

This methodology guide explains how Blue Cross NC evaluates eligible providers for the Top Performing Provider Quality Designation. It describes the data sources, attribution approach, performance measurement framework, composite scoring methodology, and designation eligibility criteria used to determine designation status.

The designation is intended to recognize providers who demonstrate favorable performance across applicable domains of care. Depending on specialty and data availability, those domains may include:

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Quality of Care

02

Appropriateness of Care

03

Cost of Care Efficiency

A Transparency-Focused Designation

The designation is informational and transparency focused. It is designed to support provider education, quality improvement, and member navigation.

It is not intended to replace independent clinical judgment, determine medical necessity, or serve as a complete assessment of all aspects of provider performance.

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Program Scope and Intended Use

The Top Performing Provider Quality Designation may be used in Blue Cross NC experiences, including the provider directory. When displayed, the designation is intended to help members identify providers who meet Blue Cross NC's methodology criteria for favorable performance within applicable specialty areas.

The Top Performing Provider Quality Designation is intended to:

- Increase transparency regarding provider performance evaluation.
- Recognize providers who demonstrate favorable performance across applicable domains.
- Support member decision-making within the provider directory.
- Encourage ongoing provider engagement in quality improvement activities.

What the Designation Does Not Mean

The designation does not indicate that a provider is the only appropriate choice for a member. It also does not mean that a provider without a designation delivers poor care.

Providers may not receive a designation for reasons such as insufficient data, specialty ineligibility, attribution limitations, or not meeting the applicable methodology threshold during the measurement period.

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Quality Designation Measurement Framework

Blue Cross NC evaluates provider performance using a multidimensional framework that may incorporate Quality of Care, Appropriateness of Care, and Cost of Care measures. Applicable domain results are combined through a composite performance methodology to determine designation of eligibility.

Related Reading

Additional information about the broader Provider Performance Analytics measurement domains is available in the Provider Performance Analytics Core Methodology.

This document focuses on how applicable domain results are used for the Top Performing Provider Quality Designation and does not repeat the full technical methodology described in the Core Methodology.

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Data Sources and Measurement Period

The designation methodology uses claims-based, enrollment, provider, specialty, and administrative data available to Blue Cross NC and its contracted methodology partners. Data sources, measurement methodologies, and general attribution principles are described in the Provider Performance Analytics Core Methodology.

Measurement Period

The measurement period may vary by methodology cycle, data availability, vendor refresh timing, and operational requirements.

Blue Cross NC generally uses a defined historical measurement period with sufficient claims runout to support data completeness. Measurement periods and refresh timing may be updated as the methodology evolves.

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Specialty Eligibility and Provider Inclusion

The Top Performing Provider Quality Designation applies only to specialties approved by Blue Cross NC for evaluation and display under this methodology. Specialty eligibility is based on factors such as data sufficiency, methodological validity, measure availability, clinical relevance, provider volume, and operational readiness.

Initial specialty areas may include:

- Cardiovascular Disease
- Endocrinology
- Gastroenterology
- Neurology
- Obstetrics and Gynecology
- Orthopedics
- Otolaryngology
- Pulmonology

Blue Cross NC may expand, modify, or retire specialty eligibility over time. A provider must be assigned an eligible specialty cohort before being evaluated for designation. Specialty assignment may consider provider taxonomy, specialty records, claims activity, practice information, and other available provider data.

Provider inclusion may require:

- Participation in an applicable Blue Cross NC network.
- Assignment to an eligible specialty.
- Sufficient attributed claims, cases, episodes, or measure denominators.
- Availability of applicable quality, appropriateness, and/or cost scores.
- Satisfaction of data credibility and reliability standards.
- Alignment with provider directory to display requirements when applicable.

Providers who do not meet inclusion requirements may not be evaluated or may not receive a displayed designation for the applicable cycle.

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Provider Attribution Methodology

Provider attribution is the process used to assign performance results to the provider most responsible for the care being evaluated. Attribution methodologies vary by measure and are designed to support fair and clinically appropriate performance evaluation.

Individual vs. Practice-Level Scoring

When sufficient individual provider data is available, performance is evaluated at the individual provider level. If an individual provider does not have sufficient reportable data, the methodology may use the provider's primary practice score, when available and permitted by methodology rules, to support composite score calculation and designation of eligibility.

Cases that cannot be confidently attributed or fairly evaluated under applicable methodology rules may be excluded from scoring. Excluding these cases helps improve fairness and reduce the risk of inaccurate provider performance measurement.

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Measure Selection and Inclusion Criteria

Measures included in the designation methodology are selected based on clinical relevance, evidence support, specialty applicability, data availability, and measurement reliability.

Not all measures apply to all providers. Applicable measures may vary based on specialty, patient population, claims volume, attribution requirements, and data sufficiency standards.

Methodology Evolves Over Time

Blue Cross NC may add, modify, retire, or replace measures such as clinical evidence, data availability, vendor methodology, provider feedback, or program requirements evolve.

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Composite Performance Methodology

The Top Performing Provider Quality Designation is determined using a composite performance methodology that combines applicable and reportable domain results when available.

- APS: Appropriate Practice Score
- QPS: Quality Practice Score
- Cost: Cost of Care score.

The composite methodology is designed to create a balanced view of provider performance and is not intended to evaluate providers on cost alone. Composite scores are calculated only when sufficient and reliable data are available.

8.1 Score Scaling

Before the final composite score is calculated, applicable component scores are translated to a common 0–100 scale. This standardization allows available domain results to be combined consistently within the methodology.

8.2 Composite Weighting When APS, QPS, and Cost Are Available

Composite Scenario	Domains Available	Composite Weighting
Scenario 1	Cost of Care, Quality, and Appropriateness	Cost of Care 60% + Quality 20% + Appropriateness 20%
Scenario 2	Cost of Care and Quality	Cost of Care 60% + Quality 40%
Scenario 3	Cost of Care and Appropriateness	Cost of Care 60% + Appropriateness 40%
Scenario 4	Quality and Appropriateness	Quality 50% + Appropriateness 50%

**These are the general weighting permutations based on data completeness*

When a composite approach is used, applicable and reportable domain results are combined according to the weighting approach approved for the specialty and score-availability scenario.

Domain results are normalized before composite scoring to support fair comparison within appropriate specialty peer groups.

If a provider does not have reportable results for all domains, the composite score may be calculated using the reportable domains available for that provider when permitted by methodology rules. The methodology does not produce a composite score for cost-only scenarios.

A Missing Domain Is Not Zero Performance

A missing domain is not treated as zero performance. Instead, it indicates that the provider did not have a reportable score in that domain due to methodology rules, data availability, specialty applicability, or minimum data sufficiency requirements.

Providers with insufficient data to support composite scoring may not receive a composite score, although individual domain results may still be available where applicable.

8.3 Individual and Practice Score Use

Composite scores may use both individual provider-level scores and primary practice scores. When an individual provider score is available for a component, the individual score is used. When an individual provider score is not available, the methodology may use the provider's primary practice score for that component when available and permitted by methodology rules.

This approach preserves provider-specific performance whenever individual data are available while allowing practice-level information to support scoring when individual data are not sufficient.

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Top Performing Provider Quality Designation Eligibility

Providers may receive the Top Performing Provider Quality Designation when they satisfy applicable specialty, attribution, scoring, reliability, and display requirements and meet the designation threshold established for the applicable specialty cohort.

Designation eligibility may require:

- Participation in an applicable Blue Cross NC network.
- Inclusion in an eligible specialty.
- Sufficient attributed data.
- Availability of reportable domain results.
- Satisfaction of measure, domain, and composite reliability thresholds.
- Assignment to the correct specialty cohort.
- Alignment with provider directory display requirements.
- Meeting the applicable composite score threshold for the specialty.

A Unified Designation

For the initial provider directory implementation, Blue Cross NC may use a unified Top Performing Provider designation rather than multiple public-facing tiers. Under this approach, providers who meet or exceed the applicable threshold may display a Top Performing Provider indicator. Providers who do not meet the threshold, are not eligible, or lack sufficient data may have no designation displayed.

Blue Cross NC may use a percentile-based or distribution-based threshold to support meaningful differentiation within each specialty. For example, the initial methodology may identify approximately the top-performing portion of providers within each specialty cohort based on normalized composite scores. This approach is intended to avoid over-labeling, support credibility, and preserve flexibility for future tiering or benefit design use cases.

Designation thresholds are applied to normalized composite scores so provider performance can be evaluated consistently within specialty peer groups. This approach aligns designation eligibility with the provider's relative performance within the applicable specialty cohort.

The designation is based on the applicable measurement period and available data. A provider's designation status may change in future cycles if specialty eligibility, attribution, claims history, scoring, thresholds, network participation, practice affiliation, or methodology rules change.

Absence of a designation does not necessarily mean that a provider delivers poor care. A provider may not receive a designation because:

- The provider's specialty is not included.
- The provider does not have enough attributed data.
- The provider does not meet denominator or episode minimums.
- The provider does not have enough reportable measures.
- The provider could not be attributed with sufficient confidence.
- The provider is new to the network or has limited claims history.
- The provider's practice-level information is insufficient.
- The provider did not meet the applicable composite threshold.
- The provider is excluded due to data quality or methodology limitations.

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Important Disclosures and Legal Notice

The Top Performing Provider Quality Designation is provided for informational and transparency purposes only. It does not replace independent clinical judgment, determine medical necessity, guarantee clinical outcomes, or represent a recommendation for or against any provider.

Performance results are based on available claims and administrative data and are subject to the limitations inherent in claims-based measurement methodologies, including coding variation, claims lag, incomplete data capture, benefit differences, attribution limitations, and clinical information not observable in administrative data.

Blue Cross NC reserves the right to modify, update, suspend, or discontinue methodology components, measures, thresholds, scoring logic, display rules, or designation use cases as program requirements evolve.

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Provider Questions and Contact Information

Blue Cross NC recognizes that provider performance measurement is complex and that providers may have questions about methodology, attribution, specialty assignment, scoring, or provider directory display.

Provider questions may be directed to:

Blue Cross NC Provider Performance Analytics Team

ProviderAnalyticsInquiry@bcbsnc.com

Blue Cross NC will review provider inquiries according to applicable operational processes. A provider question or review request does not guarantee a change to a score, designation, or directory display. If review identifies an issue that affects displayed information, Blue Cross NC may update the information according to applicable refresh timelines.

Blue Cross NC values provider partnership and appreciates collaboration with providers and practices in advancing high-quality, clinically appropriate, and affordable care across North Carolina.