



**Primary Care Pay-for-Value
Fee For Service Plus (FFS+) Model**

Value-Based Reporting User Guide

Updated October 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](#).

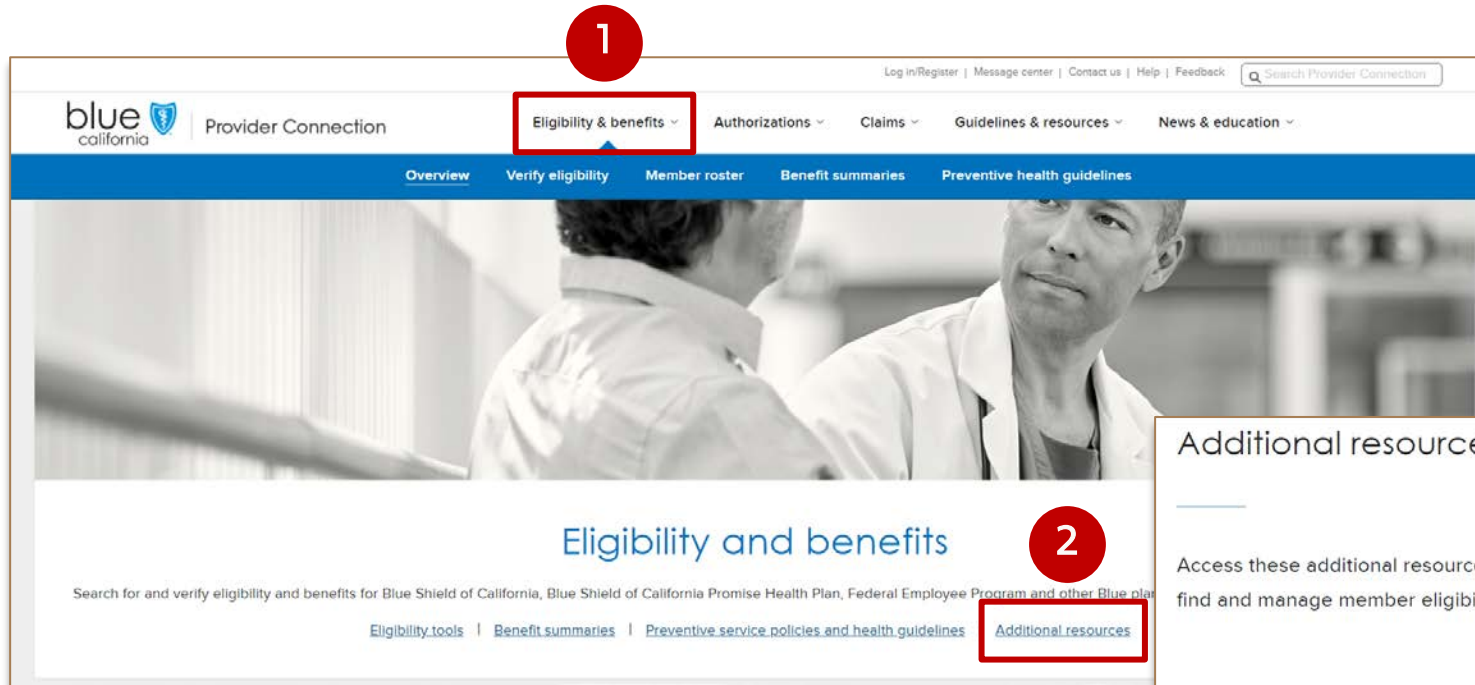
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The linked page numbers take you directly to step-by-step instructions for the topic. Use the *Table of contents* button at the bottom of each page to return here.

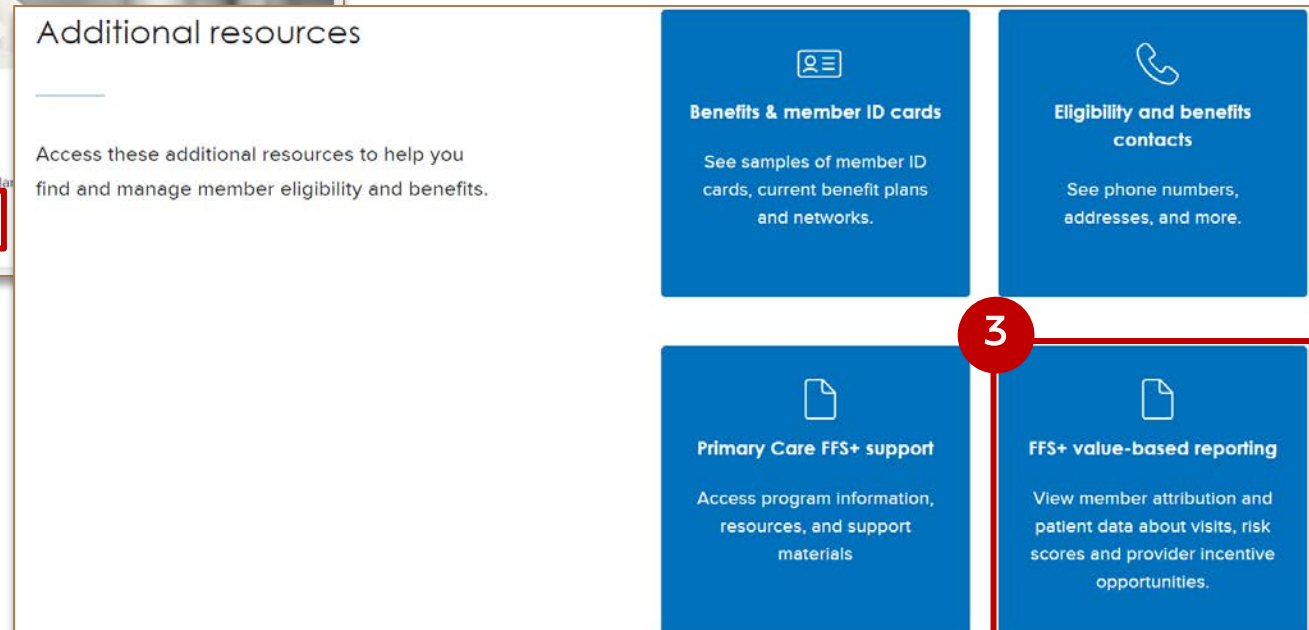
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Access the Value-Based Reporting platform

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.**

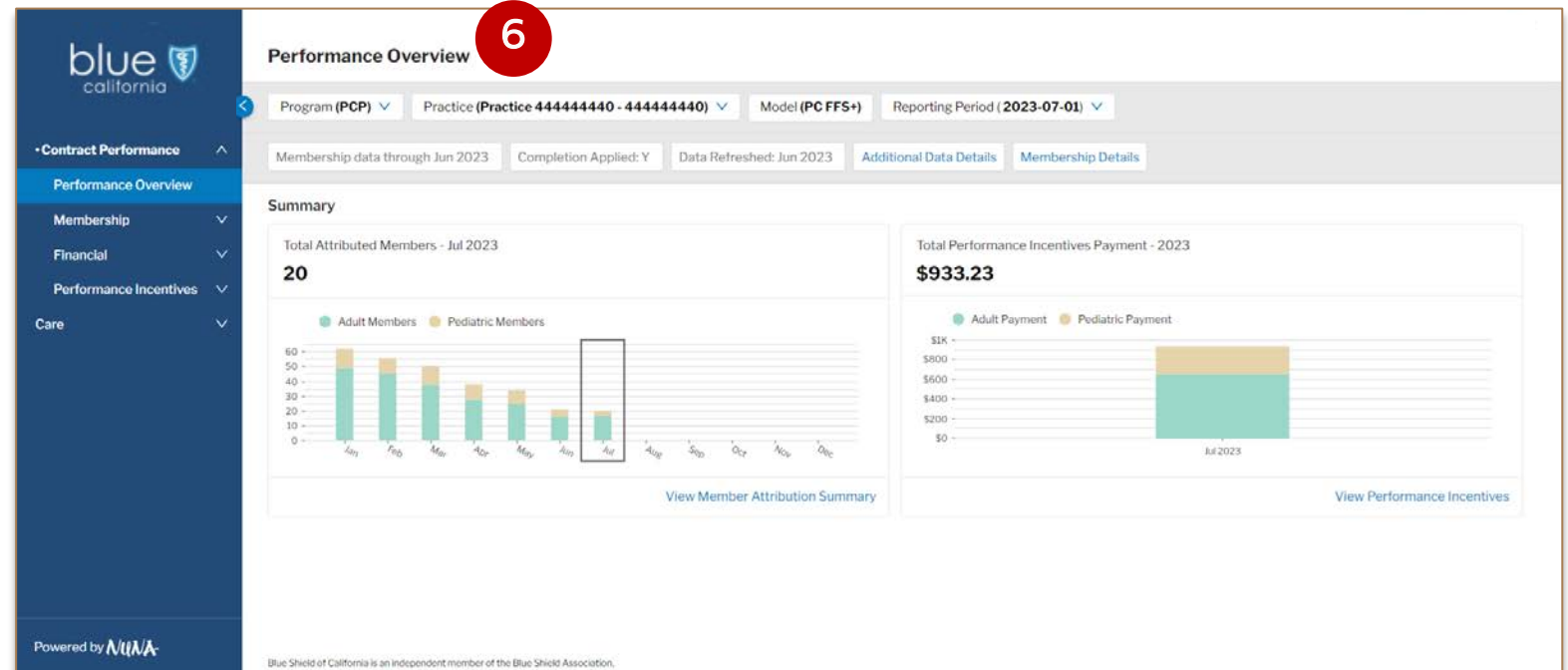
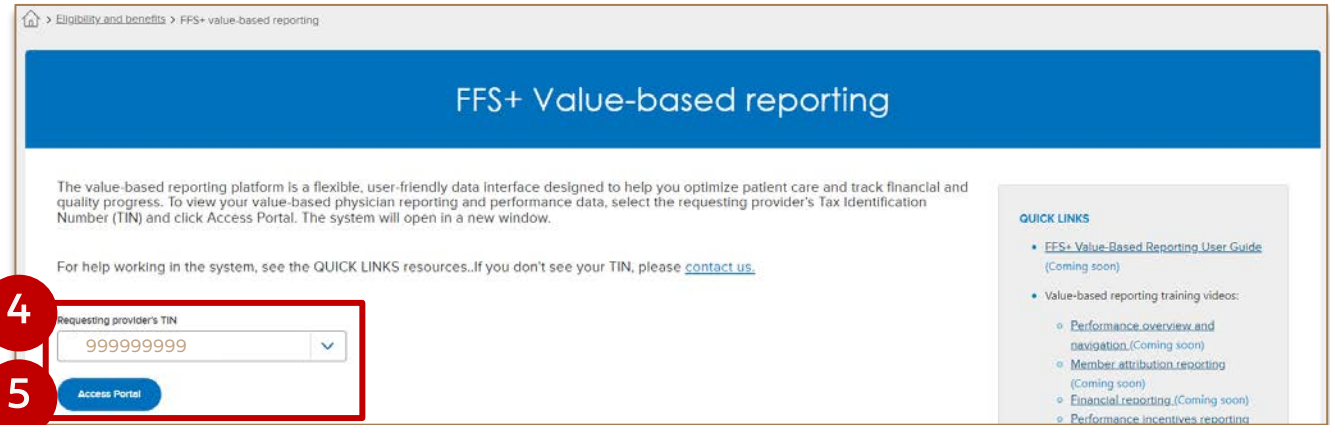


1. Log in to [Provider Connection](#) and click **Eligibility & benefits**.
2. Click **Additional resources** under the section title.
3. Click the **FFS+ Value-based reporting** box.



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.

The header on each screen of the platform 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.
5. *Membership details* defines the three types of membership. You will see informational links like this in many platform reports.

The screenshot shows the 'Performance Overview' header with the following elements highlighted by red boxes and numbered callouts:

- 1:** Practice (Practice 444444440 - 444444440) dropdown menu.
- 2:** Reporting Period (2023-07-01) dropdown menu.
- 3:** Membership data through Jun 2023 field.
- 4:** Additional Data Details link.
- 5:** Membership Details link.

Other visible elements include: Program (PCP) dropdown, Model (PC FFS+), Completion Applied: Y, and Data Refreshed: Jun 2023.

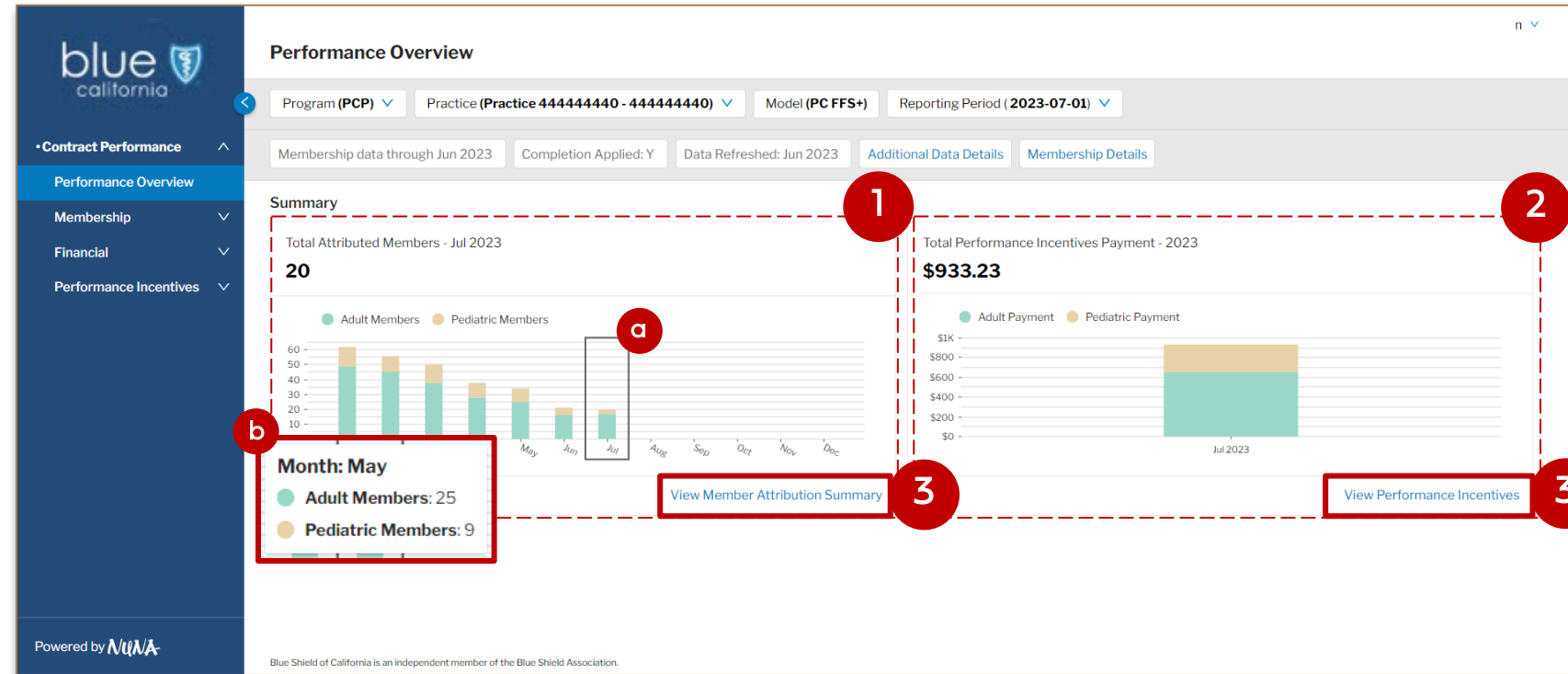
Performance Overview screen and navigation *continued*

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

Summary graphs or tables appear for each reporting category in the platform to give you a snapshot of how your Alliance is performing.

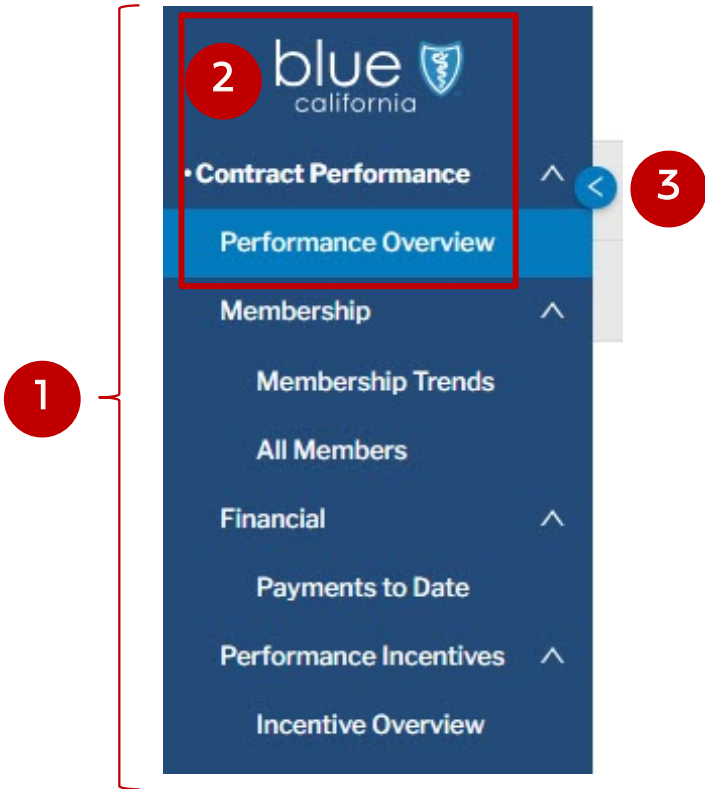
1. Your practice's Total Attributed Members.
 - a) The current month is highlighted with a rectangle.
 - b) Hover over any bar in a graph to see more detail.
2. Your practice's Total Performance Incentive Payment.
3. Navigate to reports by selecting the *View* link in each summary section.

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



Performance Overview screen and navigation *continued*

1. Use the left navigation to access the three report types you can view in the platform.



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, reports can be segmented by Adult and Pediatric.
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 over a bar to view exact member 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.
- f) Hover over *circled i* icons to view additional helpful information.

The screenshot shows the 'Membership Trends' dashboard for 'Practice 444444440'. The interface includes a sidebar with navigation options like 'Contract Performance', 'Performance Overview', 'Membership', 'Membership Trends', 'All Members', 'Financial', and 'Performance Incentives'. The main content area displays a 'Summary' section with four charts: 'Total Attributable Practitioners - Jul 2023' (3), 'Total Attributed Members - Jul 2023' (20), 'Adult Attributed Members - Jul 2023' (17), and 'Pediatric Attributed Members - Jul 2023' (3). A 'Month: Jul' tooltip shows 17 Adult Members and 3 Pediatric Members. Below these is the 'Attribution by Practitioner' section, which has a 'View by' filter set to 'All' and a table of practitioners.

Practitioner Name	Practitioner Specialty	Practitioner NPI	Population	Attributed Members
George Hernandez	Pediatrics	8111278773	Adult	5
Kelly Mcdaniel	Pediatrics	2475075740	Pediatric	1

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.

- 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.

Member Unique Member 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
90040056079	2023-07-01	90040056079	F	33	12340	Adult	2022-11-04	19	Commercial PPO - Tandem	Practice 444444440	811278773	Hernandez
90093758593	2023-07-01	90093758593	F	30	44444	Adult	2022-04-16	19	Commercial PPO - Tandem	Practice 444444440	811278773	Hernandez
90139037036	2023-07-01	90139037036	F	18	07039	Pediatric	2023-07-03	1	Commercial PPO - Tandem	Practice 444444440	811278773	Hernandez

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.

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

The screenshot shows the Blue Shield of California membership reporting interface. The main area displays a table of members with columns for Member Unique ID, Coverage Month, Member HCPK ID, Member Gender, Member Age at Attribution Date, Member ZIP, Member Type, and Member Months Reported. A red box highlights the 'Definitions and Notes' tab, and another red box highlights the 'Current Members' tab. A pop-up window titled 'Definitions and Notes' is open, showing definitions for Current Members, Added Members, Dropped Members, and All Members, as well as Membership Reason Codes.

Member Unique ID	Coverage Month	Member HCPK ID	Member Gender	Member Age at Attribution Date	Member ZIP	Member Type	Member Months Reported
90040056079	2023-07-01	90040056079	F	33	12340	Adult	2023
90093758593	2023-07-01	90093758593	F	30	44444	Adult	2023
90139037036	2023-07-01	90139037036	F	18	07039	Pediatric	2023

Definitions and Notes

Member Definitions

Member Type	Definition
Current Members	These are members who are currently part of membership; members with an "Active" or "Added" member status for the selected Reporting Period. "Active" Members in the selected Reporting Period are members who were "Active" or "Added" in the month prior to the selected Reporting Period.
Added Members	These are members who are new to membership; members with an "Added" member status for the selected Reporting Period who were not part of membership in the month prior to the selected Reporting Period.
Dropped Members	These are members who have been dropped from membership; members who no longer qualify for membership with a "Dropped" member status for the selected Reporting Period.
All Members	This is a full list of all "Active", "Added", and "Dropped" members for the selected Reporting Period.

Membership Reason Codes

Membership Reason Code	Definition
Attributed	The member is "Active" or "Added" and is Attributed / Assigned in the selected Reporting Period.
Disqualified	The member is "Dropped" and is no longer qualified for PCP program PC Hybrid model Membership. - The member's Blue Shield coverage is no longer active. - The member no longer resides in the State of CA. - The plan/product the member is enrolled in no longer qualifies for PC program PC Hybrid model membership; the member had a plan/product change.
Move TIN	The member is "Dropped" and has been assigned to another TIN / PCP.
Visit Drop	The member is "Dropped" and no longer has a sufficient number of qualifying PCP visits to be part of Membership in the selected Reporting Period.

Membership reporting: All Members *continued*

All Members

Program (PCP) Practice (Practice 444444440 - 444444440) Model (PC FFS+) Reporting Period (2023-07-01) LOB (All) **Add Filter**

Membership data through Jun 2023 Data Refreshed: Jun 2023 Membership Details Definitions and Notes

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.

All Members

Program (PCP) Practice (Practice 444444440 - 444444440) Model (PC FFS+) Reporting Period (2023-07-01) LOB (All) Add Filter

Membership data through Jun 2023 Data Refreshed: Jun 2023 Membership Details Definitions and Notes

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

Member Unique	Coverage	Member	Member	Member Age at	Member	Member	Member Most	# Months	LOB
---------------	----------	--------	--------	---------------	--------	--------	-------------	----------	-----

- Attribution Rank
- CA
- CHF
- CKD
- COPD
- Diabetes Indicator
- HLD
- LOB - Product

All Members

Program (PCP) Practice (Practice 444444440 - 444444440) Model (PC FFS+) Reporting Period (2023-07-01) LOB (All) Diabetes Indicator X Add Filter

Membership data through Jun 2023 Data Refreshed: Jun 2023 Membership Details Definitions and Notes

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

Search or select one or more options

- No
- Yes

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).

All Members

Program (PCP) Practice (Practice 444444440 - 444444440) Model (PC FFS+) Reporting Period (2023-07-01) LOB (All) Add Filter

Membership data through Jun 2023 Data Refreshed: Jun 2023 Membership Details Definitions and Notes

Current Members Added Members Dropped Members All Members

Customize Columns Export Table

Member Unique Member ID Coverage Month Member HCPK ID Member Gender Member Age at Attribution Date Member ZIP Member Type Member Most Recent # Months Attributed LOB Practice Name Practitioner NPI Practitioner Last Name

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.

Customize Columns

Select Columns (42 selected)

Select all columns

Search for a column

Member Unique Member 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

Attributed Annual Office Visit Count

Reorder Columns Drag row to reorder

Sort Column Name

Member Unique Member 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

Cancel Apply

Financial reporting: Payments to Date

Payments to Date displays a summary of payments made to an individual practice. It also provides access to twice annual payment reports by Adult and Pediatric quality measures.

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

- a) The summary of all total incentive payments display here.

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

- b) Adult Payment Report
- c) Pediatric Payment Report

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) Click *Adult/Pediatric Performance Incentives* to change your view.

c) A summary of *Incentives* payments display based on the reporting period.

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% - 35.00%	63	16	\$0.65	\$0.65	\$0.00
Breast Cancer Screening	50	64	78.1%	74.00% - 76.00%	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	0.0%	\$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%	79.0% - 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%	50.00% - 60.00%	\$0.32...	\$0.32...
Getting Care Quickly Composite	25	93.0%	90.0% - 64.0%	\$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 76.00%	14	0	\$0.65	\$0.65	\$0.65
Colorectal Cancer Screening	82	164	50.0%	Min 62.00% 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

22

Performance Rate

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 44444440 - 44444440), Model (PC FFS+), and Reporting Period (Contract 2023 YTD). Below this, there are data refresh and update dates. A 'Practice Variation' dropdown is set to 'Care Gaps' (annotated with a red circle '1'). Below it is an 'Add Filter' dropdown (annotated with a red circle '2'). A modal window is open, showing a list of filters to add: External Member ID, HCPK ID, Open Gap?, Member Gender, Member Age at Attribution Date, Member Address, Member City, and Member State. The 'Open Gap?' filter is selected (annotated with a red circle '3'). The main table has columns: Open Gap?, Member Gender, Member Age at Attribution Date, Member Address, Member City, Member State, Member County (annotated with a red circle 'a'), Member Zip Code, Provider First Name, Provider Last Name, Attribution As Of Date, Enrollment Date (annotated with a red circle 'b'), LOB, Measure Name, Risk Driver 1, and Risk Driver 2. The table contains three rows of member data. At the bottom right, there is a pagination control showing '1-3 of 3 items', a page number '1', 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%' reporting screen. The 'Customize Columns' pop-up window is open, showing 26 selected columns. The 'Select Columns' section has checkboxes for various columns, with 'External Member ID' checked. The 'Reorder Columns' section shows a list of columns with a 'three gray lines icon' next to 'External Member ID' for reordering. The 'Apply' button is highlighted with a red circle '5'.

External Member ID	Open Gap?	Member Gender	Member Age at Attribution Date	Member Address	Member City
90122171468	Open	M	84	926 Brian Mission Apt. 903	Lawsonfurt
90239505748	Open	M	84	07280 Griffin Shoal	Martinezview
90240885048	Open	M	70	5451 Nathaniel Vista Suite 714	West Andrewport

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

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