Blue Cross Blue Shield of Michigan

2026-2027 Hospital Pay-for-Performance Program
Peer Group 5

February 2026

Program overview

Blue Cross Blue Shield of Michigan's Hospital Pay-for-Performance Program for Peer Group 5 gives hospitals an opportunity to demonstrate value to their communities and customers by meeting expectations for access, effectiveness and quality of care. Performance in the program determines up to 2% of a hospital's payment rate.

Peer Group 5 Pay-for-Performance program timeline:

Program payments

Established by Blue Cross' Participating Hospital Agreement for Peer Group 5 facilities, the Pay-for-Performance, or P4P, program determines up to two percentage points of a hospital's inpatient and outpatient payment rate. Regardless of a hospital's fiscal year end, the P4P payment rate is effective for a 12-month period beginning October 1.

P4P payment rates are calculated by multiplying a facility's final score by the 2% maximum payment rate that each hospital is eligible to receive. For those earning a score less than 100%, the difference between the corresponding payment rate and 2% maximum is subtracted from the overall reimbursement rate. If applicable, any rate adjustments made for the 2025-2026 P4P program year will be added back. Hospitals can expect to receive a revised rate from Blue Cross' Hospital Contracting and Reimbursement department with any applicable changes.

Program structure

Culture of Patient Safety

Requirement

- Hospitals must submit a yearly CEO attestation certifying that the information being sent to Blue Cross is true and to the best of the knowledge of each hospital. This form provides documentation for each of the individual program components, outlines information on the results of the patient safety assessment and describes any activities the hospital plans to implement to address findings.
- Completed CEO attestation forms should be submitted **by April 30, 2027**, to Blue Cross by email at **p4phospital@bcbsm.com**.

Health of the community

Health Information Exchange, or HIE - MiHIN Use Case Submissions

- 100% of P4P score
- HIE ensures caregivers have the data they need to effectively manage the care of their patient population. The focus is on improving the quality of data transmitted through the Michigan Health Information Network, or MiHIN, statewide service, expanding the types of data available through the service, and developing capabilities that will help facilitate statewide data exchange going forward.
- Scoring detail available in Appendix B.

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Health Information Exchange Scoring Detail: MiHIN Use Case Submissions

Measure 1: ADT Transmissions (4 points)

Data that flows through the Michigan Health Information Network is continually improving, ensuring complete and actional results. Conformance reports are available to hospitals from MiHIN and include results on required ADT required fields. Hospitals must earn more than 75% to receive all points. Hospitals not in full conformance (notified by MiHIN or Blue Cross Blue Shield of Michigan) must address the issue and regain conformance within 30 days to earn future P4P points. See Table 1 for thresholds.

Measure 2: Continuity of Care Document (3 points)

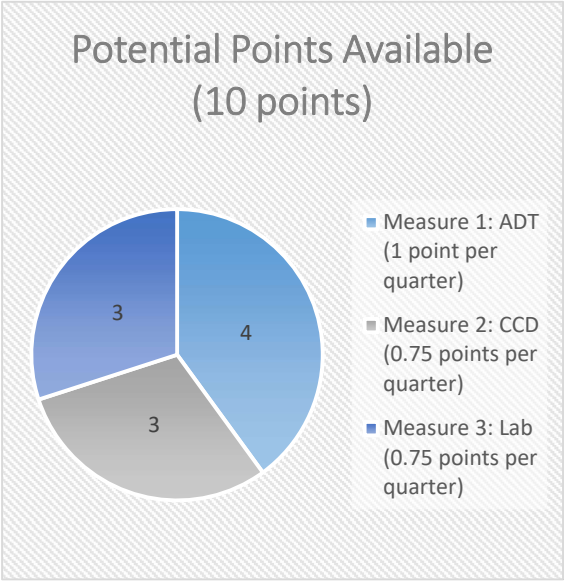
Hospitals will earn 0.75 points per quarter by transmitting Continuity of Care Document messages. These were previously called Medication Reconciliation messages.

The data will be analyzed with the intent of developing conformance standards for future program years.

Measure 3: Statewide Lab Result (3 points)

Hospitals will earn 0.75 points per quarter by transmitting Statewide Lab Result messages.

The data will be analyzed with the intent of developing conformance standards for future program years.



HIE Performance Thresholds Required for ADT Transmissions

Table 1 — ADT: Complete routing data (population of fields), mapping, and adherence to coding standards	
Group A: Complete routing	**Threshold for full conformance**
PID-5.1: Patient Last Name	≥75%
PID-5.2: Patient First Name	≥75%
PID-7: Patient Date of Birth	≥75%
PID-11.5: Patient ZIP	≥75%
PV1-19: Visit Number	≥75%
PV1-37: Discharged to Location	≥75%
PV1-44: Admit Date/Time	≥75%
PV1-45: Discharge Date/Time	≥75%
PID-29: Patient Death Date/Time	≥75%
PID-30: Patient Death Indicator	≥75%
IN1-3: Insurance Company ID	≥75%
IN1-4: Insurance Company Name	≥75%
Group B: Complete mapping	**Threshold for full conformance**
MSH-4.1: Sending Facility-Health System OID	≥75%
PV1-36: Discharge Disposition	≥75%
PID-8: Patient Gender	≥75%
PID-10: Patient Race	≥75%
PID-22: Ethnic Group	≥75%
PV1-2: Patient Class (e.g., observation bed)	≥75%
PV1-4: Admission Type	≥75%
PV1-14: Admit Source	≥75%
DG1-6: Diagnosis Type	≥75%
PV1-10: Hospital Service	≥75%
Group C: Adherence to coding standards	**Threshold for full conformance**
PV1-7.1: Attending Doctor ID	≥75%
PV1-17.1: Admitting Doctor ID	≥75%
DG1-3.1: Diagnosis Code ID	≥75%
DG1-3.2: Diagnosis Code Description	≥75%