

Community Provider Value-Based Program Guide

As we head into the new plan year, we want to provide you with information about changes to our provider support payments and introduce our community provider value-based programs.

Blue Cross VT supports health care for people, not for profit. Our priority is to ensure that our members have access to the highest quality care with the lowest possible premiums while at the same time supporting our Vermont network of community-based providers. Our commitment to both members and providers is to continue to make strong progress in transitioning our health care financing from fee for service to value-based care payments to position Vermont's health care system for future success.

Community Provider Value-Based Programs

Blue Cross VT is expanding our community provider value-based payment programs for 2024 to include the Vermont Blue Integrated Care (VBIC) pilot and Enhanced Community Primary Care (ECPC). Community providers are the sole focus of our incentive payments for the coming year as hospital budgets are approved by the Green Mountain Care Board and decisions for prioritizing cash flow to hospital-based primary care practices are the responsibility of hospital leadership. These programs will replace our participation in the Accountable Care Organization's primary care support payments that Blue Cross VT continued to make directly to providers in 2023. For more information about the VBIC pilot, please reach out to the Value-Based Network and Quality Improvement team at quality@bcbsvt.com.

Enhanced Community Primary Care

The Enhanced Community Primary Care (ECPC) payments are new in 2024 and will be dedicated to Vermont community-based independent providers and FQHCs, regardless of whether you participated with the ACO in prior years or plan to do so in the future.

The goal of this program is to provide monthly incentive payments for community primary care providers to support high-quality care while encouraging low-cost referral patterns for screenings and specialist care. This program will cover our QHP members, insured large groups, and level-funded groups. Traditional self-funded employer groups will decide individually if they will participate on behalf of their employees; these decisions may be a separate decision from whether they participate in the Blueprint.

Blue Cross VT will supply you with an annual scorecard that will compare your practice to your peers using population-based metrics, including engagement of substance use disorder treatment, cancer screenings, preventive well care visits, and immunizations; condition-based

metrics, including control of chronic conditions; and total cost of care for your attributed patients. The intent of this incentive is to close the gaps in care through care coordination. When appropriate, these metrics will be risk adjusted for the health status of your panel of patients. In order to allow practices the opportunity to improve on their scores, the threshold for these metrics will remain in place for a minimum of two years wherever possible. The GMCB has challenged us to utilize reporting that supports providers to engage with your patients to improve outcomes while not adding administrative burden. ECPC aims to do just that.

Blue Cross VT will use the Vermont Blueprint for Health attribution methodology for ECPC. This alignment with the Blueprint uses a familiar and accepted methodology for health care providers. You will receive reports that are specific to your practice, including the measures used to calculate your tailored incentive and attributed patient counts, and opportunities for improvement on each metric to grow incentive payments annually. No additional reporting from you will be required to receive these payments.

Blue Cross VT will provide direct payments for quality, appropriateness of care and cost outcome metrics while at the same time recognizing the critical role that community primary care providers hold in offering services that are often referred to specialty practices. In future years, payments in this program may transition dollars budgeted for routine evaluation and management codes to fixed prospective payments that, combined with incentive per member per month payments and fee-for service, will grow Blue Cross VT's value-based care payment model for attributed members.

You do not need to sign up for this program. We have enclosed a notice amendment, in addition to a comprehensive program overview. If you do not want to participate in this program, please email a written notice to ProviderContracting@bcbsvt.com.

Incentive and Payment Details

ECPC incentive payments will be made monthly, with a one month look back (for example, the first payment will be in mid-February for January attribution). Payments will be made monthly, using the same format (EFT or check) that your practice has designated for your regular fee-for-service claims.

The incentive payment for installation and use of the InNote Electronic Medical Record overlay will be phased out in 2024. If you have InNote implemented by August 1, 2024 you will be eligible for the September incentive payment for that metric. However, this PMPM for this metric will be discontinued after December 2024 and practices will no longer be eligible to receive the InNote PMPM in January 2025.

All other metrics are claims or quality score based. If you meet the threshold for a particular metric, your practice will get an additional incentive; no partial credit for metrics will be given. Other than contacting us about the initial InNote overlay, we are not asking for your practice to report anything to us for you to receive the ECPC incentive payments. Along with the mid-

February payment, we will share a table of your individual practice's results that will equate to the sum of the payment. The threshold calculation for your practice will remain constant until the annual report, which will be available in October. We will report annually on your practice's progress in meeting the metrics.