



Enhanced Community Primary Care

Quality and Utilization Metric Table

Effective September 1, 2024 – August 31, 2025

Appendix: Description of Quality and Resource Utilization Metrics and Payment Structure

Overview

Enhanced Community Primary Care (ECPC) practices will be rewarded with additional performance incentive payments for meeting target thresholds for specified quality and utilization metrics. Each metric is assigned a payment value on a per member per month (PMPM) basis.

Payments will be paid out to an ECPC practice only if the ECPC practice's metric meets or exceeds the threshold described below.

For each practice, performance incentive payments are calculated by multiplying the metric's designated payment, the practice's score on the metric, and the ECPC active (members currently enrolled with Blue Cross VT) attributed members from participating lines of business. These payments will be paid out monthly, based on a look back at attribution from the prior month (for example, the first payment will be in mid-February for January attribution). Data sources and PMPM payouts for each quality metric are described below.

Note that ECPC practices enrolled in the Vermont Blue Integrated Care (VBIC) pilot will not receive duplicative payments for metrics in the same programs.

Data Sources

HEDIS

- Thresholds and specific practice results will be recalculated once a year in August using the final audited prior year results.
- Payment will remain flat until the next threshold rebase.
 - September 2024 through August 2025 payments will be based on 2023 results.

Blue Cross VT Claims Data

- Thresholds and specific practice results will be calculated prior to the start of the program using the periods listed under each metric below.
- Subsequently, thresholds and specific practice results will be recalculated once a year in August using the prior completed period.
- Payment will remain flat until the next threshold rebase.
 - September 2024 through August 2025 payments for the Wellness Visits and Total Cost of Care metrics will be based on period ending May 2024.

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InNote

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- The InNote PMPM will be paid for practices that have installed and use the InNote EHR overlay for eligible members and allow BCBS Vermont remote access for BCBS Vermont members. This measure will be phased out in 2024 and will no longer be paid as a PMPM in January 2025.
- Practices who have had their EHR installation confirmed by:
 - August 1, 2024 will be eligible for the payment for September 2024 - December 2024
 - After December 2024 there will be no more InNote PMPM payment

Quality Metrics

Asthma Medication Ratio:

Assesses adults and children 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. (<https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>).

Program Period September 2024– August 2025	
PMPM Payout	\$0.70
Metric Threshold	Greater than or equal to 84.3%

Breast Cancer Screening:

This HEDIS measure assesses women 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years. (<https://www.ncqa.org/hedis/measures/breast-cancer-screening/>).

Program Period September 2024 – August 2025	
PMPM Payout	\$0.70
Metric Threshold	Greater than or equal to 73.1%

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Colorectal Cancer Screening:

This metric reflects the percentage of members 45–75 years of age who had appropriate screening for colorectal cancer during the measurement year (<https://www.ncqa.org/hedis/measures/colorectal-cancer-screening/>). Accepted screenings include annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, computed tomography colonography every 5 years, stool DNA test every 3 years.

Program Period September 2024 – August 2025	
PMPM Payout	\$0.70
Metric Threshold	Greater than or equal to 56.9%

Note that VBIC practices are not eligible for this ECPC payout to avoid duplicative payments.

Kidney Health Evaluation for Patients with Diabetes:

Assesses whether adults 18–85 years of age with diabetes (type 1 and type 2) received an annual kidney health evaluation, including a blood test for kidney function (estimated glomerular filtration rate [eGFR]) and a urine test for kidney damage (urine albumin-creatinine ratio [uACR]). (<https://www.ncqa.org/hedis/measures/kidney-health-evaluation-for-patients-with-diabetes/>).

Program Period September 2024 – August 2025	
PMPM Payout	\$0.70
Metric Threshold	Greater than or equal to 43.5%

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Adult Immunization Status:

The percentage of members 19 years of age and older who are up-to-date on recommended routine vaccines for influenza. (<https://www.ncqa.org/hedis/measures/adult-immunization-status/>)

Program Period September 2024 – August 2025	
PMPM Payout	\$0.70
Metric Threshold	Greater than or equal to 21.6%

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment:

Assesses adults and adolescents 13 years of age and older with a new episode of alcohol or other drug (AOD) dependence who received the following:

- Initiation of AOD Treatment: Adolescents and adults who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis.
- Engagement of AOD Treatment: Adolescents and adults who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit.

(<https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/>)

Program Period September 2024 – August 2025	
PMPM Payout	\$0.35 for each component (Initiation and Engagement)
Metric Threshold	Greater than or equal to 36.9% for Initiation and 13.6% for Engagement

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Resource Utilization Metrics

InNote EHR Overlay:

Installation and use of InNote EHR overlay product. Providers can coordinate installation of the InNote EHR overlay with the Risk Adjustment department. Payment will be made on all active attributed members from participating lines of business, however InNote will be used only for ACA members. The threshold for this metric is utilization of InNote for at least 50% of eligible members.

Program Year 2024 (September 2024 – December 2024)**	
PMPM Payout	\$0.70
Metric Threshold	Use for over 50% of eligible members

Note that VBIC practices are not eligible for this ECPC payout to avoid duplicative payments.

**Blue Cross VT will no longer promote the adoption of InNote effective January 1, 2025, at which point the measure and associated incentive payment will end.

Wellness Visit Percentage:

The percentage of non-Medicare primary attributed members 2+ years of age who have had their annual wellness visit within the last 18 months (period ending September 2023). Only claims with CPT codes of (99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, G0438, G0439, G0468, S0610, S0612, S0613) are counted as an annual visit.

Program Period September 2024 – August 2025	
PMPM Payout	\$0.70
Metric Threshold	Greater than or equal to 52.9%

Note that VBIC practices are not eligible for this ECPC payout to avoid duplicative payments.

Total Cost of Care:

A risk-adjusted measurement of the total cost of care for attributed patients for the 12-month period ending May 2024 including both medical and retail pharmacy claims. The total cost of care will be risk adjusted using the John-Hopkins ACG model and claims are capped at \$100,000 per member.

Program Period September 2024 – August 2025	
PMPM Payout	\$0.70

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Metric Threshold	Less than or equal to \$785
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