

Population Health Collaborative Quality Initiatives Fact Sheets PCP Value-Based Reimbursement 2025



Fact Sheet Pack

CQIs and POs should feel free to use the following fact sheets in discussing value-based reimbursement with your practitioners. The following fact sheets are for PCP VBR effective dates of 09/01/2025 – 08/31/2026, unless specified otherwise on the fact sheet.

[Inspiring Health Advances in Lung Care](#)

[Michigan Collaborative for Type 2 Diabetes](#)

[Michigan Mental health Network for Implementation and Dissemination](#)

Collaborative Quality Initiatives Fact Sheet Value-Based Reimbursement 2025 PCP VBR



Inspiring Health Advances in Lung Care (INHALE)

The Value Partnerships program at Blue Cross Blue Shield of Michigan (BCBSM) develops and maintains quality programs to align practitioner reimbursement with quality-of-care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities are available to PGP practitioners who participate in the Inspiring Health Advances in Lung Care (INHALE) Collaborative Quality Initiative and that meet specific eligibility criteria. The coordinating center clinical leaders, jointly with Blue Cross, set quality and performance metrics for the VBR. Each Collaborative Quality Initiative, or CQI, uses unique measures and population-based scoring to receive BCBSM VBR. The CQI VBR is applied in addition to any other VBR the specialist may be eligible to receive. The CQI VBR applies only to reimbursement associated with commercial PPO BCBSM members. This is an annual incentive program.

INHALE is a population-health based CQI that was started in 2022. There are participation-based and performance-based components of the INHALE VBR described in this fact sheet as summarized in the table below

Table	VBR	Reward Period	Practitioner Type	Participant Cohort VBR measures apply to: Cohort 1 or 2*
Table 1.	103% Participation measures for 2025 INHALE VBR for Specialists (SCPs)	03/01/2025 – 02/28/2026	Allergists, pulmonologists, and pediatric pulmonologists	1 & 2
Table 2.	102% Performance measures for 2025 SCP VBR	09/01/2025 – 08/31/2026	Primary care physicians, pediatricians	1
		03/01/2025 – 02/28/2026	Allergists, pulmonologists, and pediatric pulmonologists	1
Table 3.	102% Performance measures for 2025 Tobacco Cessation SCP VBR	03/01/2025 – 02/28/2026	Allergists, pulmonologists, and pediatric pulmonologists	1

*Cohort 1 defined as POs that joined INHALE prior to CY2024; Cohort 2 defined as POs that joined INHALE during CY2024

The INHALE measures are the same for PCPs and specialists. The only difference are the measurement dates.

Population-Based Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the PO does for other forms of specialist VBR.

Participants can only receive VBR for one CQI, even if they are participating in more than one CQI, with the following exceptions:

- 1) Practitioners that participate in one of the four population-health based CQIs - INHALE, MCT2D, MIBAC, MIMIND – can receive the related VBR in addition to other CQI VBR
- 2) Practitioners can receive 102% VBR for tobacco cessation in addition to other CQI VBR, but can only receive one tobacco cessation VBR, even if they are eligible for it through multiple CQIs. The tobacco cessation VBR is limited to one reward per practitioner but can be earned in addition to other CQI VBR.

If a practitioner is eligible for rewards through multiple CQIs (those that are not one of the population-health CQIs), the practitioner will be awarded the highest level of CQI VBR.

VBR reward opportunities for 2025 INHALE PCP VBR

INHALE CQI participating practitioners are eligible to earn up to 107% VBR of the standard fee schedule. The practitioner can earn any one of the following VBR permutations.

- **To be eligible for 102% VBR, practitioners:**
 - must meet one of the performance measures listed in the table below (measures 8 or 9)
- **To be eligible for 103% VBR, practitioners:**
 - must meet 11 out of 16 points listed in the table below (measures 1 through 7)
- **To be eligible for 104% VBR, practitioners:**
 - must meet both performance measure listed in the table below (measures 8 and 9)
- **To be eligible for 105% VBR, practitioners:**
 - must meet 11 out of 16 points listed in the table below (measures 1 through 7)
 - must meet one of the performance measures listed in the table below (measures 8 or 9)
- **To be eligible for 107% VBR, practitioners:**
 - must meet 11 out of 16 points listed in the table below (measures 1 through 7)
 - must meet BOTH of the performance measures listed in the table below (measures 8 and 9)

Note: Pulmonologist participating in INHALE must be designated as such in the PGI snapshot file. If a SCP is dually designated in the snapshot, Pulmonology must be the primary designation.

Table 1. INHALE PCP VBR – Measurement Criteria

	Measure	Responsibility	Measurement Date	Target/ Assessment	Points	Category
PARTICIPATION = 103%						
1.	Submit the names of Clinical Champion and Practice Liaison	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
2.	Practice Clinical Champion or designee attendance at Spring and Fall INHALE Regional Meetings	Practice Clinical Champion	01/01/2024 – 08/31/2024	No Attendance Attend 1 mtg Attend 2 mtgs	0 2 4	Participation
3.	PO Admin Leads, PO Clinical Champions, & PO Primary Contacts attend annual Collaborative Wide Meeting	PO	01/01/2024 – 08/31/2024	No Attendance Attend	0 2	Participation
4.	All participating adult/peds SCPs in each practice attend 1 of 4 planned INHALE speaker sessions, live or on demand in 2024	Practice	01/01/2024 – 08/31/2024	<50% Attend 50%-80% Attend >80% Attend	0 1 2	Participation
5.	Complete Practice Resource Assessment survey	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
6.	Practice Clinical Champion completes Inhaled Medication Learning Module on the INHALE Learning Platform	Practice Clinical Champion	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
7.	BONUS Points: Complete one INHALE Engagement Activity: Case summary, resource library feedback, best practice document, patient experience feedback, Executive Committee nomination	Practice	01/01/2024 – 08/31/2024	Not Completed Completed	0 2	Participation
				Total	Possible pts: 16*	
* The participation score must meet a threshold of 11/16 points to be considered for the INHALE VBR reward.						
PERFORMANCE = 102%						
2025 INHALE PCP VBR Performance Measure						
8.	Pediatric asthma, adult asthma, and COPD patients ≥2yrs receiving Inhaler Education**	All Providers	01/01/2024 – 10/31/2024	5% Increase in patients receiving Inhaler Ed	5%	Performance
9.	Pediatric/adult asthma and COPD smokers ≥13yrs receiving tobacco cessation counseling^	All Providers	01/01/2024 – 08/31/2024	5% Increase in patients receiving TC counseling	2%	Performance
**Participation requirements AND Inhaler education measures must be met to receive the total of 105% offered by INHALE. ^Tobacco Cessation is an additional 2% which is in addition 5% offered by INHALE. NOTE: If provider has dual designation, must have pulmonology as primary in PGIP Snapshot to qualify for VBR.						

Details on Performance measures 8 and 9

Table 2. Performance Measure for 102% 2025 SCP VBR		
<ul style="list-style-type: none"> VBR Measurement period: 01/01/2024 – 10/31/2024 Reimbursement period: 03/01/2025 – 02/28/2026 		
Measure	Measure details (PO Level Measure)	Target Performance
Pediatric asthma, adult asthma, and COPD patients aged 2 years and older receiving inhaler education	<p>Scoring methodology: – measure at the PO level combining patients attributed to primary care physicians (PCP) and specialty care physicians (SCP)</p> <p>Measure population: All BCBSM PPO, BCN and Medicare Advantage patients with COPD, adult asthma, and pediatric asthma aged 2 years and older who are attributed to participating INHALE PCPs and SCPs within the PO</p> <p>Numerator: Number of patients in the predefined denominator population who received Inhaler Education Counseling based on the designated CPT code 94664.</p> <p>Denominator: Number of patients in the predefined population.</p>	5% increase in the percentage of patients receiving Inhaler Education in the target performance period compared to the baseline period

Table 3. 102% Tobacco Cessation VBR measure		
<ul style="list-style-type: none"> VBR Measurement period: 01/01/2024—08/31/2024 Reimbursement period: 03/01/2025– 02/28/2026 		
Measure	Measure details (PO Level Measure),	Target Performance
Pediatric asthma, adult asthma, and COPD smokers aged 13 years and older receiving tobacco cessation counseling	<p>Scoring methodology: – measure at the PO level combining patients attributed to primary care physicians (PCP) and specialty care physicians (SCP)</p> <p>Measure population: All BCBSM PPO, BCN and Medicare Advantage patients with COPD, adult asthma, and pediatric asthma aged 13 years and older who are active smokers, as determined by ICD-10 codes, and attributed to participating INHALE PCPs and SCPs within the PO</p> <p>Numerator: Number of patients in the predefined denominator population who received Tobacco Cessation Counseling based on the designated CPT codes.</p> <p>Denominator: Number of patients in the predefined population (Disease + Smoker). Smoking status is determined by relevant ICD-10 codes.</p>	5% increase in the percentage of patients receiving Tobacco Cessation Counseling in the target performance period compared to the baseline period

VBR Selection Process

To be eligible for INHALE CQI PCP VBR, practitioner(s) must:

- Meet the participation requirements listed above
- For PCP VBR: Physicians must be on the Fall 2023 and Summer 2024 list
- Performance measure component: all practitioners have data contributed to the CQI's registry during the measurement period

About INHALE

Purpose

- Improve of patient outcomes through addressing inequalities in care and promoting high-value health care for children and adults with asthma and adults with chronic obstructive pulmonary disease (COPD)
- Engage and empower providers across the state to accelerate the acquisition of knowledge of evidence-based guidelines, bridging knowledge gaps and providing a practical framework for implementation of these guidelines.
- Improve the early identification of high-risk patients and increase awareness and recognition of the risks of exacerbations, poor adherence and overuse of both oral corticosteroids and short-acting beta agonists.

Current Focus Areas

- Appropriate use of spirometry as a tool for accurately diagnosing asthma and COPD.
- Reducing over-reliance on short-acting beta-agonists (SABA) and over-exposure to oral corticosteroid overuse (OCS) as a means of improving disease control, reducing exacerbations, and long-term adverse effects.
- Education for both providers and patients on inhaler use; recognition of good disease control and measures to reduce acute exacerbations.

About the coordinating center

Michigan Medicine serves as the coordinating center for INHALE to collect and analyze comprehensive clinical data from participating hospitals to identify specific care components associated with better patient outcomes. It uses these analyses to examine practice patterns, generate new knowledge linking processes of care to outcomes, and identify best practices and opportunities to improve quality and efficiency. The center also supports participants in establishing quality improvement goals and in disseminating and implementing best practices, from local to broader communities. Coordinating center leadership:

Program director: Dr. Njira Lugogo
Program co-director: Dr. Michael Sjoding
Program manager: April Proudlock, BBA, RN

For clinical or operational questions, please reach out to the coordinating center at inhale-support@med.umich.edu

For reward related questions, please reach out to BCBSM CQI administration at CQIprograms@bcbsm.com

Collaborative Quality Initiatives Fact Sheet Value-Based Reimbursement 2025 PCP VBR



Michigan Collaborative for Type 2 Diabetes (MCT2D)

The Value Partnerships program at Blue Cross Blue Shield of Michigan (BCBSM) develops and maintains quality programs to align practitioner reimbursement with quality-of-care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities are available to PGIP practitioners who participate in the Michigan Collaborative for Type 2 Diabetes (MCT2D) Collaborative Quality Initiative and that meet specific eligibility criteria. The coordinating center clinical leaders, jointly with Blue Cross, set quality and performance metrics for the VBR. Each Collaborative Quality Initiative, or CQI, uses unique measures and population-based scoring to receive BCBSM VBR. The CQI VBR is applied in addition to any other VBR the PCP may be eligible to receive. The CQI VBR applies only to reimbursement associated with commercial PPO BCBSM members. This is an annual incentive program.

MCT2D is a population-health based CQI that was started in 2021. All current measures are participation-based. There are participation-based and performance-based components of the MCT2D VBR described in this fact sheet as summarized in the table below:

Table	2025 VBR	Reward Period	Practitioner Type	Participant Type VBR measures apply to:
Table 1.	09/01/2024 - 07/01/2025	09/01/2025 - 08/31/2026	PCP	New
Table 2.	09/01/2024 - 07/01/2025	09/01/2025 - 08/31/2026	PCP	Continuing

*" *New practices*" refers to practices that joined MCT2D beginning CY2024.

**"*Continuing practices*" refers to practices that joined MCT2D prior to CY2024.

Population-Based Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the PO does for other forms of VBR.

Participants can only receive VBR for one CQI, even if they are participating in more than one CQI, with the following exceptions:

- 1) Practitioners that participate in one of the four population-health based CQIs - INHALE, MCT2D, MIBAC, MIMIND – can receive the related VBR in addition to other CQI VBR
- 2) Practitioners can receive 102% VBR for tobacco cessation in addition to other CQI VBR, but

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can only receive one tobacco cessation VBR, even if they are eligible for it through multiple CQIs. The tobacco cessation VBR is limited to one reward per practitioner but can be earned in addition to other CQI VBR.

If a practitioner is eligible for rewards through multiple CQIs (those that are not one of the population-health CQIs), the practitioner will be awarded the highest level of CQI VBR.

VBR reward opportunities 2025 MCT2D PCP VBR

MCT2D CQI participating PCPs are eligible to earn MCT2D CQI VBR up to 105% of the standard fee schedule. The practitioner can earn the following VBR:

- **To be eligible for 105% 2025 MCT2D PCP VBR, MCT2D PCPs:**
 - Must meet 80 out of 100 points in Table 1, 2, 3, or 4 depending on if they are a new or continuing practice.

MCT2D VBR Scorecard Measures

To be eligible for MCT2D VBR, PCPs must meet the following criteria in one of the measurement scorecards listed in Tables 1 and 2 below:

Table 1: New Sites

VBR Scorecard Michigan Collaborative for Type 2 Diabetes (MCT2D) Collaborative Quality Initiative 2025 VBR Measures for PCPs				
VBR Measurement Period (unless specified otherwise): 09/01/2024 - 07/01/2025				
VBR Reimbursement Period for Primary Care Physicians (PCPs): 09/01/2025 - 08/31/2026				
Measure #	Weight	Measure Description	Points	
1	5%	Identify clinical champion and practice liaison. The clinical champion can be a physician, a physician assistant, a nurse practitioner, a pharmacist, a dietitian, or a nurse. The practice liaison should be an administrative contact, such as an office manager.		
		Clinical champion and practice liaison identified by 9/1/2024.	5	
		Clinical champion and practice liaison identified by 10/1/2024.	2	
		Clinical champion and practice liaison identified after 10/1/2024.	0	
2	10%	Complete the MCT2D Practice Change Readiness Assessment. Form will be distributed to clinical champions at each practice via email and sent completion reminders until the deadline.		
		Practice change readiness assessment completed by 9/30/2024.	10	
		Practice change readiness assessment completed by 10/14/2024.	5	
		Practice change readiness assessment not completed or completed after 10/14.	0	
3	10%	Each physician completes a physician level survey related to current knowledge and comfort with the MCT2D initiatives.		
		90%-100% of physicians in the practice complete this requirement by 12/13/2024	10	
		80%-89% of physicians in the practice complete this requirement by 12/13/2024	8	
		70% - 79% of physicians in the practice complete this requirement by 12/13/2024	5	
4	15%	Complete all four MCT2D training sessions (offered live or virtual on demand).		
		Clinical champion completes all four trainings by 12/13/2024	15	
		Clinical champion completes all four trainings by 1/31/2025	7	
		Clinical champion does not complete trainings or completes them after 1/31/2025	0	
5	15%	Distribute Patient Needs Assessment Survey and collect a minimum of 10 responses per practice.		
		Practice receives 10+ surveys by 12/13/2024	15	
		Practice receives 5-10 surveys by 12/13/2024	7	
		Practice receives less than 5 surveys by 12/13/2024	0	
6	10%	Submit report based on practice's Patient Needs Assessment results, including gap analysis and practice level goals.		
		Practice completes report by 2/3/2025	10	
		Practice completes report by 2/17/2025	5	
		Practice does not complete report or completes it after 2/17/2025	0	
7	15%	Attend MCT2D regional meetings. Practice clinical champion required to attend. If practice clinical champion is unable to attend, another clinician may attend in their place. New practices are expected to join the regional meetings for the first time in Spring 2025.		
		Attend spring in-person regional meeting	15	
		No attendance at spring in-person regional meeting	0	
8	10%	Meet physician level learning community requirement. MCT2D offers numerous different options for meeting this requirement including: attending a live MCT2D educational webinar, viewing a recorded version of an educational webinar, and providing feedback on provider-facing resources. Additional options to meet this requirement may be added throughout the VBR year.		
		90%-100% of physicians in the practice complete this requirement by 7/1/2025	10	
		80%-89% of physicians in the practice complete this requirement by 7/1/2025	8	
		70% - 79% of physicians in the practice complete this requirement by 7/1/2025	5	
		Less than 70% of physicians in the practice complete this requirement by 7/1/2025	0	
9	5%	Meet practice level learning community requirement. MCT2D offers numerous different options for meeting this requirement including: providing feedback in partnership with a patient on a patient focused tool, participating in workgroups, or giving input via a user experience session. Additional options to meet this requirement may be added throughout the VBR year.		
		Practice completes this requirement by 7/1/2025	5	
		Practice does not complete this requirement by 7/1/2025	0	
10	5%	Meet PO level learning community requirement. MCT2D offers numerous different options for meeting this requirement including: presenting at a collaborative wide meeting, presenting on a panel, participating in the steering committee, and referring additional patients to the patient advisory board. Additional options to meet this requirement may be added throughout the VBR year.		
		PO completes this requirement by 7/1/2025	5	
		PO does not complete this requirement by 7/1/2025	0	
			Total Points Possible	100
			Total Points Earned	
			Point Threshold for VBR eligibility	80
			Meets threshold for 105% VBR eligibility	Yes or No

Table 2: Continuing Sites

VBR Scorecard
Michigan Collaborative for Type 2 Diabetes (MCT2D) Collaborative Quality Initiative
2025 VBR Measures for PCPs

VBR Measurement Period (unless specified otherwise): 09/01/2024 - 07/01/2025			
VBR Reimbursement Period for Primary Care Physicians (PCPs): 09/01/2025 - 08/31/2026			
Measure #	Weight	Measure Description	Points
103% VBR Participation Measures			
1	25%	Attend MCT2D regional meetings. Practice clinical champion required to attend. If practice clinical champion is unable to attend, another clinician may attend in their place.	
		Both in-person regional meeting attended and fall virtual meeting attended with participation requirements for the virtual meeting met (e.g. camera on and facing attendee, participation in polls and breakout sessions, etc.)	25
		Either fall virtual meeting or spring in-person meeting had no attendees from practice	0
2	30%	Meet physician level learning community requirement. MCT2D offers numerous different options for meeting this requirement including: attending a live MCT2D educational webinar, viewing a recorded version of an educational webinar, and providing feedback on provider-facing resources. Additional options to meet this requirement may be added throughout the VBR year.	
		90%-100% of physicians in the practice complete this requirement by 7/1/2025	30
		80%-89% of physicians in the practice complete this requirement by 7/1/2025	20
		70% - 79% of physicians in the practice complete this requirement by 7/1/2025	10
		Less than 70% of physicians in the practice complete this requirement by 7/1/2025	0
3	25%	Meet practice level learning community requirement. MCT2D offers numerous different options for meeting this requirement including: providing feedback in partnership with a patient on a patient focused tool, participating in a site visit, participating in workgroups, or giving input via a user experience session. Additional options to meet this requirement may be added throughout the VBR year.	
		Practice completes this requirement by 7/1/2025	25
		Practice does not complete this requirement by 7/1/2025	0
4	20%	Meet PO level learning community requirement. MCT2D offers numerous different options for meeting this requirement including: presenting at a collaborative wide meeting, presenting on a panel, participating in the steering committee, and referring additional patients to the patient advisory board. Additional options to meet this requirement may be added throughout the VBR year.	
		PO completes this requirement by 7/1/2025	20
		PO does not complete this requirement by 7/1/2025	0
		Total Points Possible	100
		Total Points Earned	
		Point Threshold for VBR eligibility	80
		Meets threshold for 103% VBR eligibility	Yes or No
102% VBR Performance Measure			
5	n/a	Practice/Aggregated Practice*: Meet the HEDIS 90th percentile rate of 70% of commercial (BCBSM-PPO, BCN) type 2 diabetes patients ages 18+ with an A1C < 8.0; and 87% of Medicare (BCBSM PPO-MA and BCNA) type 2 diabetes patients ages 65+ with an A1C ≤ 9.0.	
		Measurement period: 9/1/2024- 4/30/2025 Baseline period: 6/1/2023-5/31/2024	
		For practices/aggregated practice groups who already are meeting or exceeding the performance level at the beginning of the VBR year, they must maintain their performance and complete the following:	
		Review the charts of five patients per practice with A1C > 8 and report on key drivers of poor control.	
		Performance Target Met and A1c Review completed	Yes VBR
Performance Target not met	No VBR		
		Meets 103% VBR eligibility	Yes or No
		Meets 102% VBR eligibility	Yes or No

* Practices must have at least 100 BCBSM, BCBS-MA, BCN, and BCNA type 2 diabetes patients attributed to an MCT2D participating physician via the MCT2D dashboard who have had at least one A1C in the 12 months prior to the baseline data cut off of 05/31/2024 to be measured individually. Practices with less than 100 patients in their denominator will be measured at a PO level, aggregated of all practices in the PO with less than 100 patients

VBR PCP Selection Process

To be eligible for MCT2D CQI PCP VBR practitioner(s) must:

- Meet the participation requirements listed above.
- For 2025 PCP VBR: Physicians must be on the Fall 2023 and Summer 2024 list
 - Performance measure component: have contributed data to the CQI's data registry during the measurement period (01/01/2024 – 08/31/2024)

About MCT2D

- Professional CQI launched January 2021
- Original purpose: to improve quality of care for patients with type 2 diabetes using evidence-based strategies to prevent or slow disease progression.
- Collects data using the automated Population Health CQI Registry:
- Includes clinical and claims data from BCBSM PPO, BCN, BCBSM MA, BCN MA
- Working on adding additional sources such as all payer clinical data and Medicaid claims data
- Dashboards include information on BMI, HbA1C, medications, CGM prescriptions, and other variables, with goals to expand the information displayed.
- Data analysis will compare performance of participating practices to their peers in the collaborative and to the collaborative as a whole.

Purpose

Shifting the paradigm of type 2 diabetes care through dissemination of best practices and partnering to remove barriers to care.

Current Focus Areas

- Increasing guideline directed medication prescribing.
- Supporting low carbohydrate diet.
- Promoting the use of continuous glucose monitors.

About the coordinating center

Michigan Medicine serves as the coordinating center for MCT2D and is responsible for analyzing comprehensive clinical and claims data from the participating physician organizations. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The coordinating center further supports participants in establishing quality improvement goals and assists them in implementing best practices. MCT2D leadership:

Program director: Lauren Oshman, MD, MPH
Program co-director: Heidi Diez, PharmD
Program manager: Jackie Rau, MHSA, PMP

Associate Program Manager: Jake Reiss, MHSA

For more information on the CQI and measures, please contact the MCT2D coordinating center at ccteam@mct2d.org.

For reward related questions, please reach out to BCBSM CQI administration at CQIprograms@bcbsm.com

Collaborative Quality Initiatives Fact Sheet PCP Value-Based Reimbursement 2025



Michigan Mental health Improvement Network for implementation and Dissemination (MI-MIND)

The Value Partnerships program at Blue Cross Blue Shield of Michigan (BCBSM) develops and maintains quality programs to align practitioner reimbursement with quality-of-care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities are available to PGIP practitioners who participate in the Michigan Mental Health Innovation Network for Clinical Design (MI Mind) Collaborative Quality Initiative and that meet specific eligibility criteria. The coordinating center clinical leaders, jointly with Blue Cross, set quality and performance metrics for the VBR. Each Collaborative Quality Initiative, or CQI, uses unique measures and population-based scoring to receive BCBSM VBR. The CQI VBR is applied in addition to any other VBR the PCP may be eligible to receive. The CQI VBR applies only to reimbursement associated with commercial PPO BCBSM members. This is an annual incentive program.

MI Mind is a population-health based CQI that was started in 2022. All current measures are participation-based. The participation-based components of the MI Mind VBR described in this fact sheet as summarized in the table below:

Table	VBR	Reward Period	Practitioner Type	Participant Cohort VBR measures apply to:
Table 1.	Participation measures for MI Mind PCP VBR 09/01/2024 - 07/01/2025	09/01/2025 – 08/31/2026	PCPs	Cohort 2022 (1) Cohort 2023 (1) Cohort 2024 (2)

**Cohort 1 defined as POs that joined MI Mind prior to CY2024; Cohort 2 defined as POs that MI Mind during CY2024*

Population-Based Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the PO does for other forms of PCP VBR.

Participants can only receive VBR for one CQI, even if they are participating in more than one CQI, with the following exceptions:

- 1) Practitioners that participate in one of the four population-health based CQIs - INHALE, MCT2D, MIBAC, MIMIND – can receive the related VBR in addition to other CQI VBR
- 2) Practitioners can receive 102% VBR for tobacco cessation in addition to other CQI VBR, but can only receive one tobacco cessation VBR, even if they are eligible for it through multiple CQIs. The tobacco cessation VBR is limited to one reward per practitioner but can be earned in addition to other CQI VBR.

If a practitioner is eligible for rewards through multiple CQIs (those that are not one of the population-health CQIs), the practitioner will be awarded the highest level of CQI VBR.

VBR reward opportunities 2025 MI Mind PCP VBR

MI Mind CQI participating PCPs are eligible to earn MI Mind CQI VBR up to 105% of the standard fee schedule. The practitioner can the following VBR :

- **To be eligible for 105% 2025 MI Mind PCP VBR, MI Mind PCP practitioners must meet the following participation criteria:**

MI Mind VBR Measures

To be eligible for MI Mind VBR, PCPs must meet the following measurement criteria listed in Tables 1 through below:

Table 1. MI Mind VBR measure for 2025 PCP
<ul style="list-style-type: none"> • VBR Measurement periods: <ul style="list-style-type: none"> ○ 2025 PCP VBR: 09/01/2024 - 07/01/2025 • Reimbursement period: <ul style="list-style-type: none"> ○ 2025 PCP VBR: 09/01/2025 – 08/31/2026

Requirements	Time frame
Form a team to work with MI Mind center and identify a clinical champion, administrative lead, data lead, and quality assurance lead	Within 30 days
Recruit Primary Care and Behavioral Health practices for MI Mind based on inclusion criteria for pilot	Within 180 days
Submit and return all Site Participation Agreements	Within 90 days
Communicate MI Mind information to practices	Ongoing
Develop and distribute patient education materials and toolkits to practices as provided by the coordinating center	Ongoing
Participate in training for clinicians and staff on the clinical suicide prevention pathway	Annually
Begin implementation of clinical suicide prevention pathway as developed by the coordinating center	Within 1 year
Partner with the coordinating center to develop data-sharing methods to report on required data elements such as patient-reported outcomes, clinical outcomes, social determinants of health, and quality improvement process measures.	Within 1 year
Maintain and submit a log of quality improvement interventions at the site level	Within 1 year
Participate in Learning Collaboratives and attend MI Mind team meetings	Quarterly

VBR PCPs Selection Process

To be eligible for the MI Mind CQI PCP VBR practitioner(s) must:

- Meet the participation requirements listed above.
- For 2025 PCP VBR: Physicians must be on the Fall 2023 and Summer 2024 list

About MI Mind

Established in 2022, the Michigan Mental Innovation Network for Clinical Design (MI Mind) is a statewide partnership with providers, health systems, and suicide prevention experts working together to reach shared goals: improving suicide prevention, care, and access to key behavioral health services in the state of Michigan.

MI Mind offers providers evidence-based suicide prevention practices backed by training, information, support, and evaluation with a long-term goal of furthering research, innovation, and advances in clinical care.

Our mission is to engage psychiatrists, psychologists, and primary care physicians in the use of care pathways to significantly reduce suicides in Michigan.

There are 10 POs participating for the 2024-2025 cohort; 2026 recruitment will commence in early 2025.

Purpose

The aim of MI Mind is to improve suicide prevention and access to behavioral health across the state of Michigan. This CQI aims to engage PGIP provider organizations and affiliated practitioners.

Current Focus Areas

- Implementation of the Zero Suicide model - Developed at Henry Ford and adopted nationally as part of the National Strategy for Suicide Prevention, as well as globally in more than twenty countries.
- Leverage a series of evidence-based suicide prevention practices, including screening and intervention.
- Train clinical staff in suicide prevention practices within all participating POs.
- Evaluate implementation processes, outcomes, and costs to inform PO participants.

About the coordinating center

Henry Ford serves as the coordinating center for MI Mind and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, generate new knowledge linking processes of care to outcomes, and identify best practices and opportunities to improve quality and efficiency. The coordinating center further supports participants in establishing quality improvement goals and assists them in implementing best practices. MI Mind Leadership:

Program Director: Brian Ahmedani, PhD, LMSW

Program Director: Cathrine Frank, MD

Program Manager: Heather Omdal, MPH

For more information on MI Mind, please contact the MI Mind Coordinating Center mimind@hfhs.org.

For reward related questions, please reach out to BCBSM CQI administration at CQIprograms@bcbsm.com.