



2027 VBR Measure Review

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What is Value-Based Reimbursement (VBR)?



The Value Partnerships Program at BCBSM develops and maintains quality programs to align practitioner reimbursement with quality-of-care standards, improved health outcomes and controlled health care costs.



Practitioner reimbursement earned through these quality programs is referred to as value-based reimbursement, or VBR.



The VBR Fee Schedule sets fees at greater than 100% (maximum of 103%) of the Standard Fee Schedule.



HMS will be continuing for a fourth year an optional VBR program based on performance and participation in HMS initiatives for physicians in select specialties

How are the VBR Funds Distributed?

- VBR is applied to Commercial PPO claims for applicable procedure codes
 - Applied to professional bills only, not to facility bills
- VBR is primarily applied to Relative Value Unit based codes (which include your E&M and most procedure codes)
- VBR is delivered to the entity that receives the practitioner's Blue Cross claims payments
 - If the practitioner is employed, the VBR is paid to whatever entity bills on behalf of the practitioner
- VBR is awarded annually (effective 3/27-2/28 of the next year for specialists)

How Are Practitioners Notified if they are Receiving VBR?



- Physician Organizations receive a list of each specialist in their PO and the various VBR percentages the practitioner is receiving based on the VBR programs the practitioner is eligible for
- POs also receive a report annually of the amount of VBR each physician in their PO received in the prior year
- POs are asked to provide this information to their member practitioners
 - Blue Cross cannot interfere in employment and compensation relationships, so when the PO is also the employer, the practitioner may not be notified of their VBR percentage or the amount of VBR received
- HMS sends a letter in April each year to each hospital with the physician names/NPIs of who received VBR

VBR Eligibility

- To be eligible for the 2027 CQI VBR, the practitioner must:
 - Meet the performance target
 - Be a member of a PGIP physician organization for at least one year
 - Submit NPI number to the HMS Coordinating Center via the HMS Biannual Fall QI Survey





Meeting Performance Targets Set by the Collaborative

2027 VBR Measures by Physician Specialty (Assessment = 2026, Payout = 2027)



Hospitalists and Infectious Diseases Physicians*

Increase Use of 5 Days of Antibiotic
Treatment in Uncomplicated CAP

Hospital Specific Measure

≥ 75% uncomplicated CAP cases receive 5 days of
antibiotics

Critical Care

Transitions of Care – ICU to Floor Composite
Measure

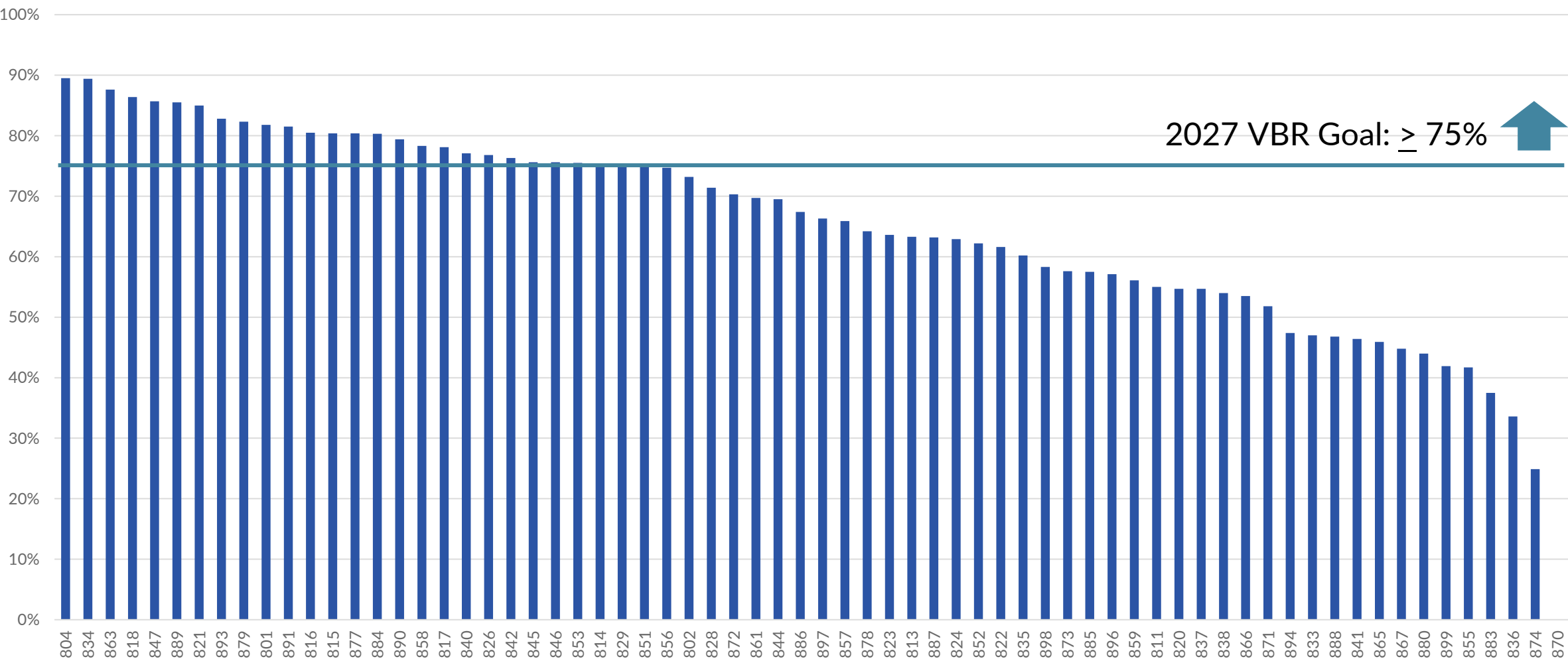
- Temporary CVC removal or documentation of need to keep prior to transfer out of ICU
- Urinary catheter removal or documentation of need to keep prior to transfer out of ICU
- Communication of volume status at ICU transfer
- Communication of antibiotic plan at ICU transfer

Hospital Specific Measure

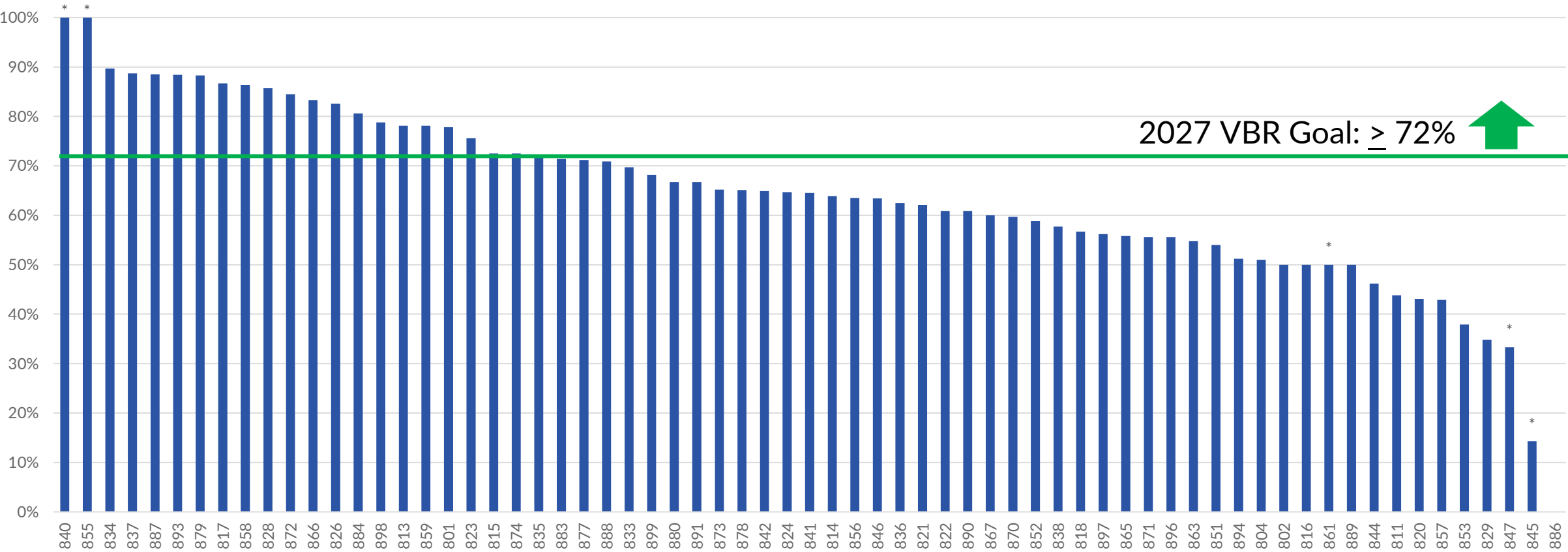
≥ 72% of sepsis cases admitted to and discharged from the
ICU meet the above criteria

*Infectious diseases physicians involved in stewardship programs at local hospital

Hospitalist & Infectious Diseases Physician VBR: CAP 5 Day: % Treated with 5 Days of Antibiotics by Hospital (Q2 2025)



Critical Care Physician VBR Measure: Transitions of Care – ICU to Floor Composite (VBR) by Hospital (Q2 2025)



Measure	Eligibility	Passing
VBR Composite Measure	Sum of all eligible cases for all the above ICU measures	Sum of all passing cases for all the above ICU measures

2027 HMS VBR Measure Summary



Value Based Reimbursement (VBR)

	Increase Use of 5 Days of Antibiotic Treatment in Uncomplicated CAP	Transitions of Care - ICU to Floor Composite Measure 1) Temporary CVC removal or documentation of need to keep prior to transfer out of ICU 2) Urinary catheter removal or documentation of need to keep prior to transfer out of ICU 3) Communication of fluid volume status at ICU transfer 4) Communication of antibiotic plan at ICU transfer
Specialists	Hospitalists and Infectious Diseases Physicians ¹	Critical Care
Assessment Period	Q3 2026	Q3 2026
Discharge Dates	05/07/26 – 07/29/26	05/07/26 – 07/29/26
Method	Adjusted – Hospital Specific	Raw- Hospital Specific
Hospitals	All	All
Pay out Period	03/01/27 – 2/28/28	03/01/27 – 2/28/28

1. Infectious diseases physicians involved in stewardship programs at local hospital

Accessing Your Data - Transitions of Care - ICU to Floor Composite Measure

1. Log into HMS Sepsis Registry <https://www.hms-sepsis.org/>

2. Select 'Reports' Tab



- SEP - Performance Measures [Site] - 2025
- SEP - Performance Measures [System-Level] - 2025
- SEP - VBR Measure - 2025

3. Scores are provided by quarter – Q3 2024 is will be used VBR assessment

Transitions of Care - ICU to Floor Composite (VBR) Measure					
Quarters	Q3 2024	Q4 2024	Q1 2025	Q2 2025	
Numerator	48	65	46	26	0
Denominator	82	98	66	41	0
Percent (%)	58.5 %	66.3 %	69.7 %	63.4 %	0.0 %

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Detailed case information by measure

Sepsis VBR Dashboard	Temp CVC Removal or Doc	Urinary Catheter Removal	Comm. Fluid Status	Comm. ABX Plan
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Temporary CVC removal or documentation of need to keep or remove/downgrade prior to transfer out of ICU															
Data Updated		Eligibility Criteria								Passing Criteria					
10/28/2024		All patients who have an ICU to Floor Transfer form completed and had a non-tunneled CVC or non-tunneled hemodialysis catheter in place during their first ICU stay.								Temporary CVC was removed prior to transfer out of ICU or there is documentation by primary medical provider of a plan to keep or remove/downgrade the line on the last calendar day in ICU.					

Available Filter	Description
By (HMS) Quarters	Filter By HMS quarters defined in abstraction cycle calendar
Discharge Dates	Filter By specific discharge date (from-to) intervals
Case Status	Filter By whether a case is passing or fallout for the given measure (Default selection: Fallouts)

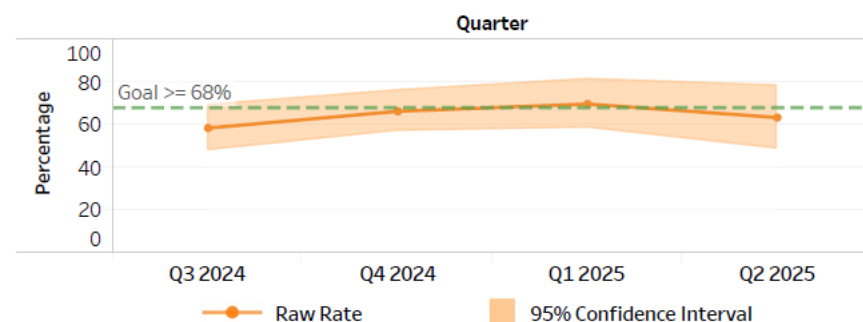
HMS ID	Status	Quarter	Hospital Encounter Date	Discharge Date	ICU Admission Date	Last Date in ICU	Non-tunneled CVC in Place on Presentation to Hospital	Date of non-tunneled CVC insertion	Date of non-tunneled CVC Removal	Hemodialysis Line in Place	Date of Hemodialysis Line in Place on Presentation to Hospital	Date of Hemodialysis Line Removal	Days Post ICU Discharge Removed	Other Vascular Devices in Place on Last Date of ICU	Plan for Discontinuing or downgrading temporary CVC	Reason for Keeping Temporary CVC
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HMS Sepsis Initiative - Value Based Reimbursement (VBR) Measure Report

Transition of Care - ICU to Floor Composite Measure Report

Site :
Discharge Dates: 01-14-2025 to 03-24-2025

Date of Data Pull: 06-23-2025
Completed Cases: 62



Quarter	Passing Cases	Eligible Cases	Raw Rate	Confidence Interval	Regional Average	Collaborative Average
Q3 2024	48	82	58.5	(47.9, 69.1)	69.5	65.5
Q4 2024	65	98	66.3	(56.9, 75.7)	70.9	65.2
Q1 2025	46	66	69.7	(58.5, 80.9)	69.5	65.7
Q2 2025	26	41	63.4	(48.7, 78.1)	68.7	65.3

Category, n/N (%)	Your Site:	Region	Collaborative
1. Temporary CVC removal or documentation of need to keep or remove/downgrade prior to transfer out of ICU^	2/6 (33.3)	21/35 (60.0)	202/298 (67.8)
2. No urinary catheter in place or documentation of plan to keep or remove urinary catheter prior to transfer out of ICU	6/13 (46.2)	83/117 (70.9)	664/905 (73.4)
3. Communication of volume status at ICU transfer	8/12 (66.7)	38/96 (39.6)	180/710 (25.4)
4. Communication of antibiotic plan at ICU transfer	10/10 (100.0)	104/110 (94.5)	735/813 (90.4)
Met All Eligible Communication Opportunities	26/41 (63.4)	246/358 (68.7)	1781/2726 (65.3)

Element	Eligibility for Element	Pass (Received)
1	All patients who have an ICU to Floor Transfer form completed* and had a non-tunneled CVC or non-tunneled hemodialysis catheter in place during their first ICU stay.	Temporary CVC was removed prior to transfer out of ICU or there is documentation by primary medical provider of a plan to keep or remove/downgrade the line on the last calendar day in ICU**.
2	All patients who have an ICU to Floor Transfer form completed* and are not urinary catheter dependent.	Urinary catheter was not present on the last day in ICU or the primary medical team documented a plan for removal or a need to keep the urinary catheter on last calendar day in ICU**.
3	All patients who have an ICU to Floor Transfer form completed* who either: received > 3L of intravenous fluid during the first 48 hours of the hospital encounter OR 5% or greater increase in weight between days 1 or 2 of encounter and last day in the ICU OR the first two days on the floor/ward (if weight before transfer out of ICU is unavailable).	There is documentation by the primary medical team regarding the patient's volume status on the last calendar day in the ICU**.
4	All patients who have an ICU to Floor Transfer form completed* who are on an antibiotic on the last calendar day in the ICU**.	There is documentation by the primary medical team regarding the choice, dose, or duration of antibiotics on the last calendar day in the ICU**.
Met All Elements	All patients who have an ICU to Floor Transfer form completed and meet any of the above eligibility criteria.	There is documentation of all eligible communication opportunities for each individual patient.

^ The denominator for this measure is calculated per central line, rather than per case.

* Situations in which a patient is in the ICU but an ICU to Floor Transfer form is NOT completed: patient is discharged directly home from the ICU, patient is transferred to the floor and discharged from the hospital on the same day, patient is ONLY admitted to an ICU/critical care unit within the Emergency Department, or the patient is transferred from the ICU to the floor for comfort care measures.

** The last calendar day in the ICU is defined as midnight on the calendar day of transfer to the time of transfer out of the ICU.

See page 18 of
your Sepsis
Report

How to Gain Access to Your Data



- HMS member hospitals are allowed access to their hospital specific performance data
- To obtain access, email Casey Gould (cbodenmi@med.umich.edu)

Physician Group Incentive Program (PGIP) Membership

How do I join PGIP?

- Physician Group Incentive Program (PGIP)
 - PGIP connects approximately 33 physician organizations (representing 20,000 physicians) statewide to collect data, share best practices and collaborate on initiatives that improve the health care system in Michigan
- The provider should reach out to their desired physician organization who will assist in becoming a member of PGIP

Submission of Physician NPI's

- HMS does not collect physician specific data in our registries so all VBR assessments will be based at the hospital or collaborative level
- For those hospitals/physicians that are eligible for the VBR incentive, HMS will be collecting the National Provider Identifier (NPI) number for each specialty at your hospital
 - Hospitalists and Infectious Diseases Physicians
 - Critical Care
- The NPI's will be collected in the Fall 2026 Annual QI Survey
- Each hospital will be responsible for obtaining the list of NPI numbers and the Physician Champion must approve of the final list

Overview of Steps to Receiving VBR Incentive

Step 1

Meet HMS VBR Eligibility Requirements – Q3 2026



Step 2

Submit NPI's to HMS
Fall 2026 QI Survey



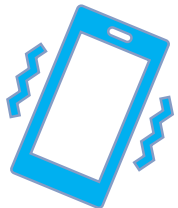
Step 3

BCBSM Final Eligibility Determination
(Jan – Feb 2026)



Step 4

BCBSM Notifies PO & HMS



Step 5

HMS Sends Letter to Physicians
Approved to Receive VBR



Step 6

BCBSM Commercial Claims PPO
Payout Period –
3/1/2027 – 2/28/2028

