HMS Pay for Performance & Value Based Reimbursement Q & A Sessions

Elizabeth McLaughlin, MS, RN

HMS
MICHIGAN HOSPITAL MEDICINE SAFETY CONSORTIUM

General Overview

- HMS will have 2 incentive programs
  - Pay for Performance (P4P)
  - Value Based Reimbursement (VBR)
- P4P is our HMS Performance Index
- This will be the 3rd year HMS offers a VBR incentive for participating physicians that aligns with our HMS quality goals
  - Incentive is structured by physician specialties
    - Hospitalists/Infectious Diseases Physicians who participate in Antimicrobial Stewardship
    - Critical Care Physicians

2025 Pay for Performance

2025 HMS Performance Index

- 30/70 split between participation & performance
- Collaborative performance measure required
  - Everyone gets or loses points based on collaborative average
- Performance targets must continue to be a stretch
  - BCBSM does not expect all hospitals to achieve full points
  - Cut-offs based on the adjusted model
- 1 Pay for Performance (P4P) Indexes for all hospitals
- PICC & Midline initiative will be transitioning to maintenance
  - PICC/Midline measures will not be included on the 2025 scorecard

Timeliness, Completeness & Accuracy Updates

- Timeliness, completeness and accuracy is now combined into one measure
- Each measure criteria is assessed independently within measure #1

Timeliness[1], Completeness[2], and Accuracy[3] of HMS Data (5 metrics) 1. ≥ 95% of registry data on time[1] and complete[2] at Mid-Year 2. ≥ 95% of registry data on time[1] and complete[2] at End-of-Year 3. ≥ 95% of registry data accurate[3] 4. Audit case corrections completed by due date[3] 5. Two semi-annual QI activity surveys completed[4]	
5 of 5 metrics met	10
4 of 5 metrics met	8
3 of 5 metrics met	6
2 of 5 metrics met	4
1 of 5 metrics met	2
0 of 5 metrics met	0

Collaborative Wide Meeting Participation Updates

2024 and previous

3	10	**Consortium-wide Meeting Participation[4] – clinician lead or designee**	
		3 meetings	10
		2 meetings	5
		1 meeting	0
		No meetings	0
4	10	**Consortium-wide Meeting Participation[4] – data abstractor, QI staff, or other**	
		3 meetings	10
		2 meetings	5
		1 meeting	0
		No meetings	0

Will now provide credit for attendance at 1 meeting

Updated for 2025

2	10	**Consortium-wide Meeting Participation[5] – clinician lead or designee**	
		3 meetings	10
		2 meetings	5
		1 meeting	3
		0 meetings	0
3	10	**Consortium-wide Meeting Participation[5]– data abstractor, QI staff, or other**	
		3 meetings	10
		2 meetings	5
		1 meeting	3
		0 meetings	0

Performance Index Updates - Antimicrobial

- Increase use of 5 days of antibiotic treatment in uncomplicated CAP
  - Full point threshold: ≥70% -> ≥75% (top 25% of hospitals)
- Reduce use of inappropriate empiric broad-spectrum antibiotics for patients with uncomplicated CAP
  - Removed from scorecard and transitioned to maintenance
- Diagnostic excellence measure
  - Reduce use of antibiotics in patients with ASB
    - Transitioned to collaborative wide measure
    - Full point threshold: ≤ 10%
  - Reduce use of antibiotics in patients with questionable PNA
    - Removed from scorecard and transitioned to maintenance

Accessing Your Data – Antimicrobial Measures

1. Log into HMS Antimicrobial Data Registry https://www.hms-abx.org/
2. Select 'Reports' Tab

- ABX-Performance Measures (Collaborative Wide) [2024]
- ABX-Performance Measures (Site) [2024]
- ABX-Pneumonia CAP 5 Day Fallout Report
- ABX-Pneumonia Fluoroquinolone Case Review Report

Data current as of
10/27/24

For ALL Cohorts, the CAP Treated with 5 Days of Antibiotics (Measure 5) is an HMS VBR Measure for Hospitalists and Infectious Disease Physicians. If your site meets the Performance Measure Threshold for this measure, these physicians are eligible to receive VBR incentive.

For more details about the HMS 2024 VBR Measures, please visit this Fact Sheet.

QTR	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024
SITE PERFORMANCE MEASURES					
CAP treated with 5 Days of Antibiotics*- Measure #5 (%)	52.3	64.5	61.3	67.6	66.1
Reduce Use of Antibiotics in Patients with ASB**^^- Measure #6 (%)	11.6	9.9	10.1	10.1	9.9
Reduce Use of Antibiotics in Patients with Questionable Pneumonia^^^-Measure 6 (%)	7.1	8.5	6.2	8	9.5

Performance Index Updates - Sepsis

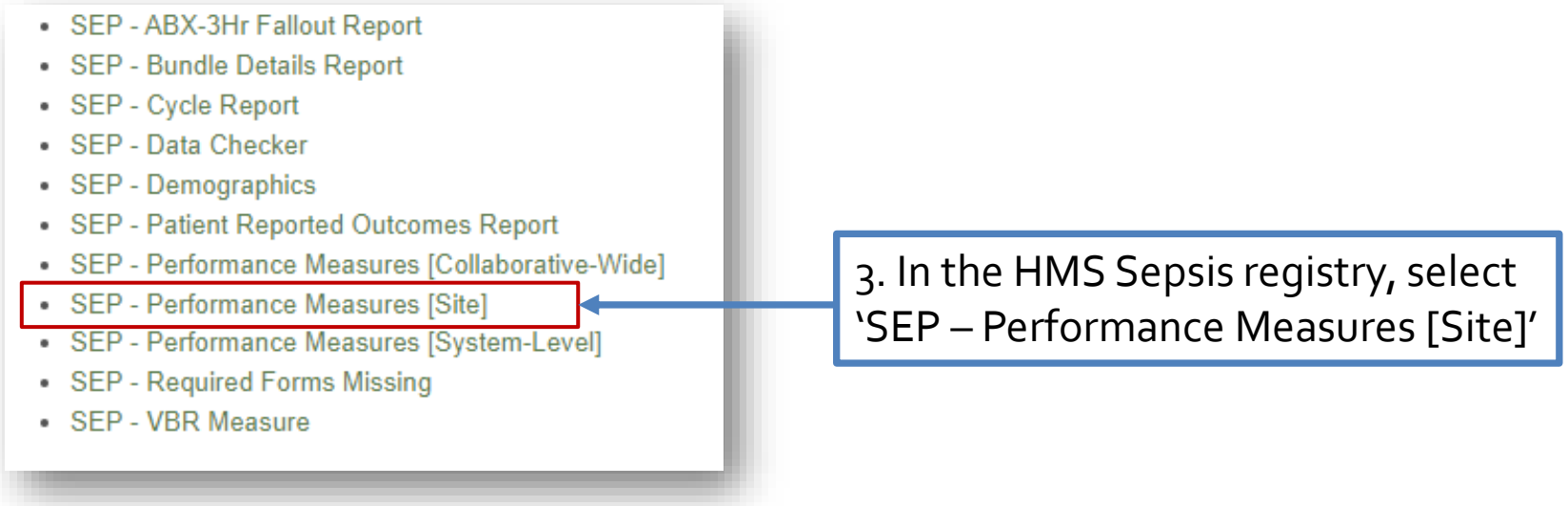
- Increase antibiotics delivered within 3 hours of arrival for sepsis cases with hypotension
  - Full point threshold: ≥ 67% -> ≥ 68% (top 1/3 of hospitals)
- Increase discharge/post-discharge care coordination for sepsis cases discharged to home-like setting
  - Full point threshold: ≥ 65% -> ≥ 84% (top 1/3 of hospitals)
- **New Measure** – Increase use of balanced solutions over normal saline in patients with sepsis
  - Full point threshold: ≥ 17% (top 50% of hospitals)

IV Fluid Shortage

- We understand there is a National IV fluid shortage that has the potential to impact this HMS performance measure
- As of current predictions, IV fluids & balanced solutions <u>should</u> return to normal distribution in December 2024
- The assessment period for the performance index corresponds to sepsis discharges from 07/01/25 – 10/06/25
- We are closely monitoring this crisis and will keep you updated if modifications are necessary

Accessing Your Data – Sepsis Measures

1. Log into HMS Sepsis Registry https://www.hms-sepsis.org/
2. Select 'Reports' Tab



3. In the HMS Sepsis registry, select 'SEP – Performance Measures [Site]'

Accessing Your Data – Sepsis Measures

Raw Rates | ABX in 3 Hrs Fallouts | ABX in 3 Hrs Passing | Discharge Fallouts | Discharge Passing | Fallout & Raw Rate Filter

Detailed case information by measure

2024 Sepsis Performance Measures					
Quarters	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Increase Antibiotics Delivered within 3 hours of Arrival for Patients with Septic Shock* - Measure #7					
Numerator (Hypotensive Cases treated with an antibiotic within 3 hours) *	7	13	8	12	5
Denominator (All cases meeting hypotensive criteria in the first 2 hours) **	11	17	11	21	9
Rate (%)	63.6	76.5	72.7	57.1	55.6
Increase Discharge/Post-Discharge Care Coordination for Patients with Sepsis Discharged to a Home-like Setting - Measure #8					
Numerator: Cases with a Hospital Contact Provided for issues Post-Discharge	3	55	34	61	20
Rate (%): Cases with a Hospital Contact Provided for issues Post-Discharge	5	100	100	98.4	100
Numerator: Cases Scheduled for Outpatient Follow-Up Within 2 Weeks	22	12	7	20	6
Rate (%): Cases Scheduled for Outpatient Follow-Up Within 2 Weeks	36.7	21.8	20.6	32.3	30
Numerator: Cases with a Post-Discharge Telephone Call ***	23	25	19	39	13
Rate (%): Cases with a Post-Discharge Telephone Call	38.3	45.5	55.9	62.9	65
Numerator: Cases with 1 out of 3 discharge measures met	34	55	34	61	20
Denominator: (All cases with a qualifying discharge disposition) ****	60	55	34	62	20
Rate (%)	56.7	100	100	98.4	100

Antibiotics Started within 3 Hours of Arrival in Patients with Septic Shock - Fallouts

HMS ID	Cycle	Quarter	Primary Discharge Diagnosis	ED Provider Details Number	Presentation Date/Time	Antibiotic Order Date/ Time	Administration Date/Time	Name of Antibiotic	Vasopressor Initiated (Date/ Time)	Lowest SBP in the 1st Hour	Lowest SBP in the 2nd Hour	1st Hour MAP	2nd Hour MAP

Bonus Points Updates

- BCBSM has requested that bonus points be separated into participation and performance
  - Participation bonus points – used only to replace participation measures
  - Performance bonus points – used only to replace performance measures
- Participation – 4 options
  - Emergency Medicine Physician attendance at the 2 in-person Collaborative Wide Meetings convened during the performance year (July & November) – 5 points
  - Present HMS data or about HMS at a national meeting (with approval) – 3 points
  - Emergency Medicine Physician attendance at 1 in-person Collaborative Wide Meeting convened during the performance year (July OR November) – 2 points
  - Present at an HMS meeting, event, or webinar during the performance year – 2 points

Bonus Points Updates

- Performance – increase success of patient reported outcomes (PROS) collection

Performance Bonus: Increase success of Patient Reported Outcomes (PROs – phone, email, or text) collection in patients eligible for PROs completion in Antimicrobial Use Cases[8,20]	
≥ 85% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases[20]	2.5
80-84% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases[20]	2
75-79% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases[20]	1.5
Performance Bonus: Increase success of Patient Reported Outcomes (PROs – phone, email, or text) collection in patients eligible for PROs completion in Sepsis Cases[8,20]	
≥ 70% success of Patient Reported Outcomes (PROs) collection in Sepsis cases[20]	2.5
65-69% success of Patient Reported Outcomes (PROs) collection in Sepsis cases[20]	2
60-64% success of Patient Reported Outcomes (PROs) collection in Sepsis cases[20]	1.5

Summary – Pay for Performance – ABX Measures

Pay for Performance (P4P) – ABX Measures		
	Increase Use of 5 Days of Antibiotic Treatment in Uncomplicated CAP	**Reduce Use of Antibiotics in Patients with ASB**
Assessment Period	Q4 2025[1]	Q4 2025[1]
Patient Discharges	07/31/25 – 11/05/25	07/31/25 – 11/05/25
Method	Adjusted Hospital Specific	Raw – Collaborative Average
Hospitals	All Cohorts	All Cohorts

1. Adjusted model uses improvement over 1 year to inform the fourth quarter score

Summary – Pay for Performance – Sepsis Measures

Pay for Performance (P4P) – Sepsis Measures			
	Increase antibiotics delivered within 3 hours of arrival for sepsis cases with hypotension	**Increase Discharge/Post-Discharge Care Coordination for Sepsis Patients Discharged to Home-like Setting**	**Increase use of balanced solutions over normal saline in patients with sepsis**
Assessment Period	Q4 2025[1]	Q4 2025[1]	Q4 2025[1]
Patient Discharges	07/01/25 – 10/06/25	07/01/25 – 10/06/25	07/01/25 – 10/06/25
Method	Adjusted Hospital Specific	Adjusted Hospital Specific	Adjusted Hospital Specific
Hospitals	All Cohorts	All Cohorts	All Cohorts

1. Adjusted model uses improvement over 1 year to inform the fourth quarter score

2026 Value Based Reimbursement (VBR)

What is Value-Based Reimbursement (VBR)?

- The Value Partnerships Program at Blue Cross Blue Shield Michigan (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 third year an optional VBR program based on performance and participation in HMS initiatives for physicians in select specialties

What is Value-Based Reimbursement (VBR)?

- VBR rewards/incentivizes physicians for performance and/or participation in high priority programs
  - CQI VBR is just one of many types of VBR available to specialists and PCPs
- VBR is a percentage increase in the Blue Cross allowed amount (standard fee) for a procedure code
  - For example, 103% of the standard fee
- VBR is applied to Commercial PPO claims for applicable procedure codes (applied to professional bills only, not to facility bills)
- For specialists, 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 3/1-2/28 of the next year for specialists)

How are the VBR Funds Distributed?

- The VBR is a fee schedule increase that is applied to the physicians billing for BCBSM commercial PPO claims. The VBR you earned will show up on most claims billed and will look like an increase in reimbursement. For instance, assume that a physician earns 3% VBR (also referred to as 103%). If the doctor (or the entity that handles billing for the doctor) bills for a visit code with a standard fee of $100, the allowed amount will show up as $103.

How do practitioners learn if they are receiving VBR?

- PGIP 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
- CQIs may choose to let their participants know that their names have been submitted to Blue Cross for VBR

Am I eligible for VBR?

- To be eligible for 2026 CQI VBR, the practitioner must:
  - Meet the performance targets set by the collaborative
  - Be a member of a PGIP physician organization for at least one year
  - Submit NPI number to the HMS Coordinating Center via the HMS Semi-Annual Fall QI Survey

Meeting Performance Targets Set by the Collaborative

2026 VBR Measures by Physician Specialty

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

≥ 68% 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 Measure:
CAP 5 Day: % Treated with 5 Days of Antibiotics by Hospital (Q3 2024)

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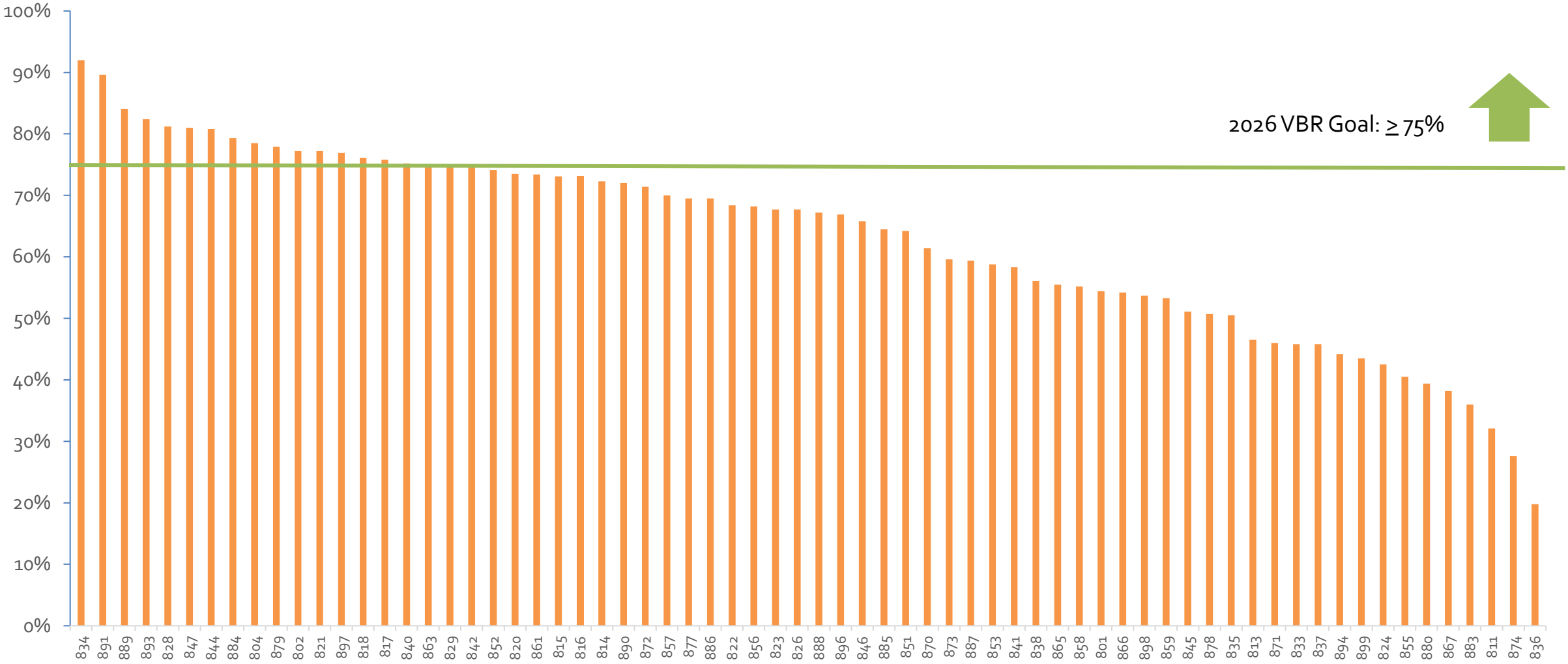
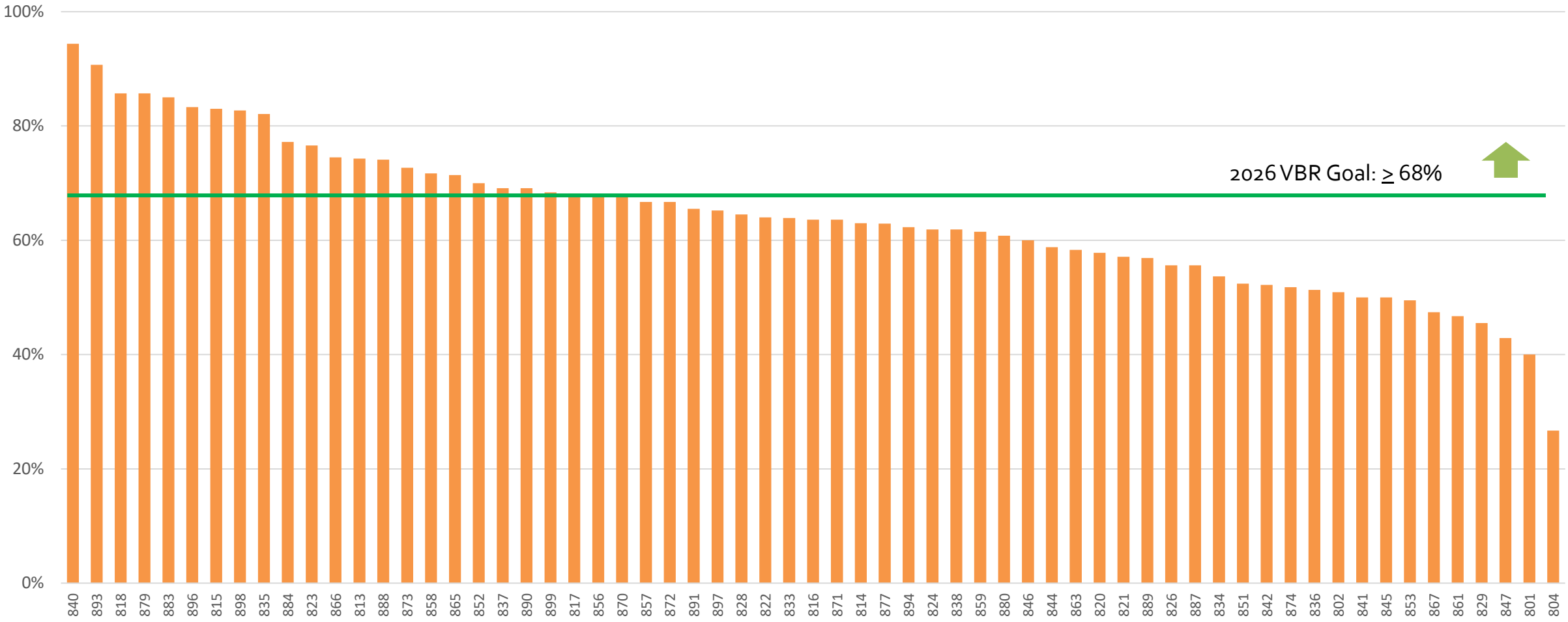
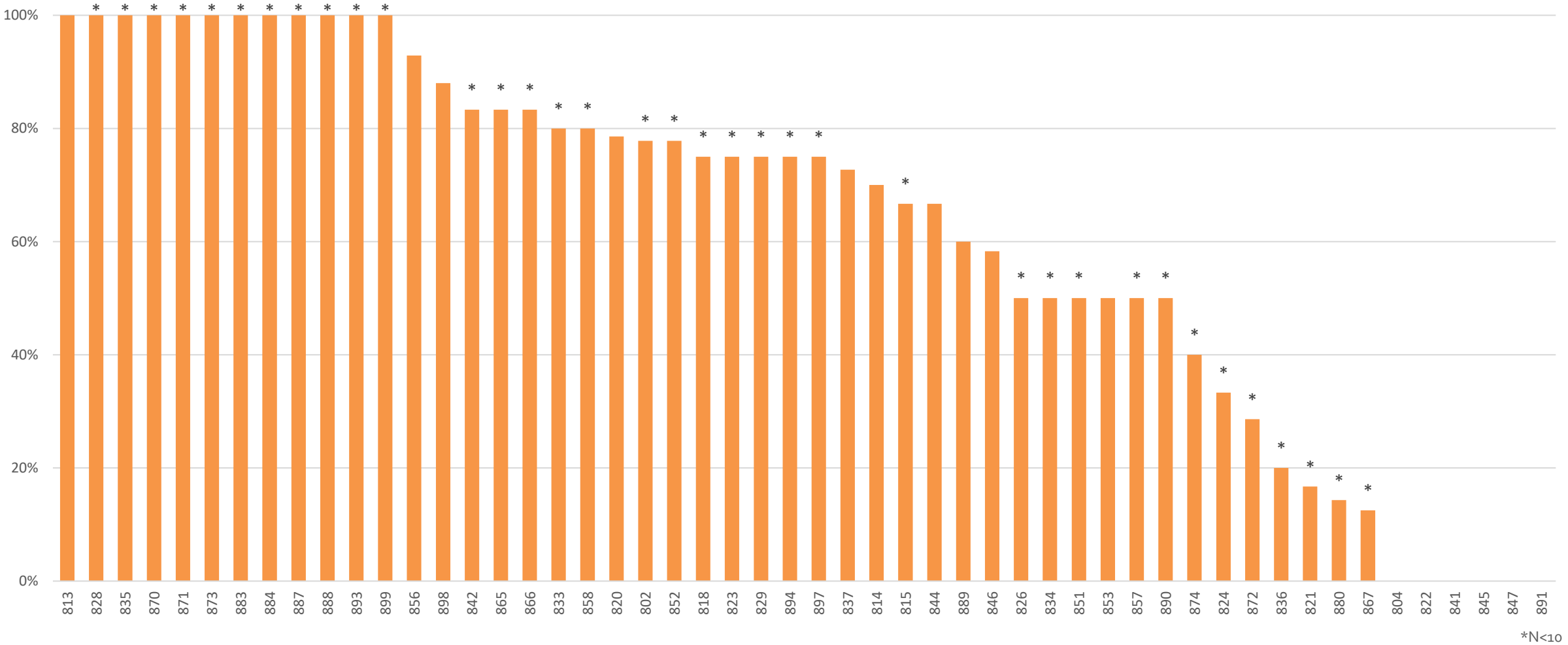


Critical Care Physician VBR Measure: Transitions of Care – ICU to Floor Composite (VBR) Measure by Hospital (Q3 2024)



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

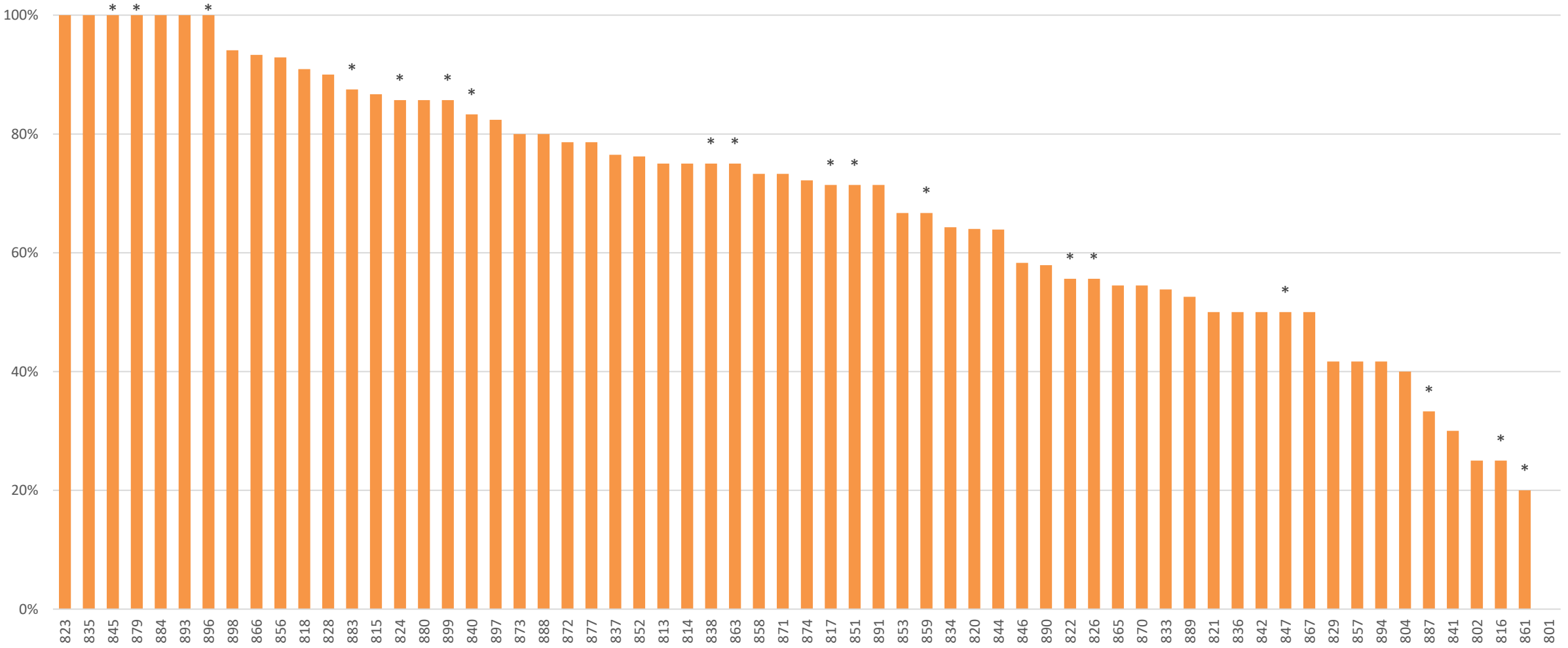
Temporary CVC Removal / Documentation, by hospital



*N<10

Measure	Eligibility	Passing
Temporary CVC removal or documentation of need to keep or remove/downgrade prior to transfer out of ICU	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.

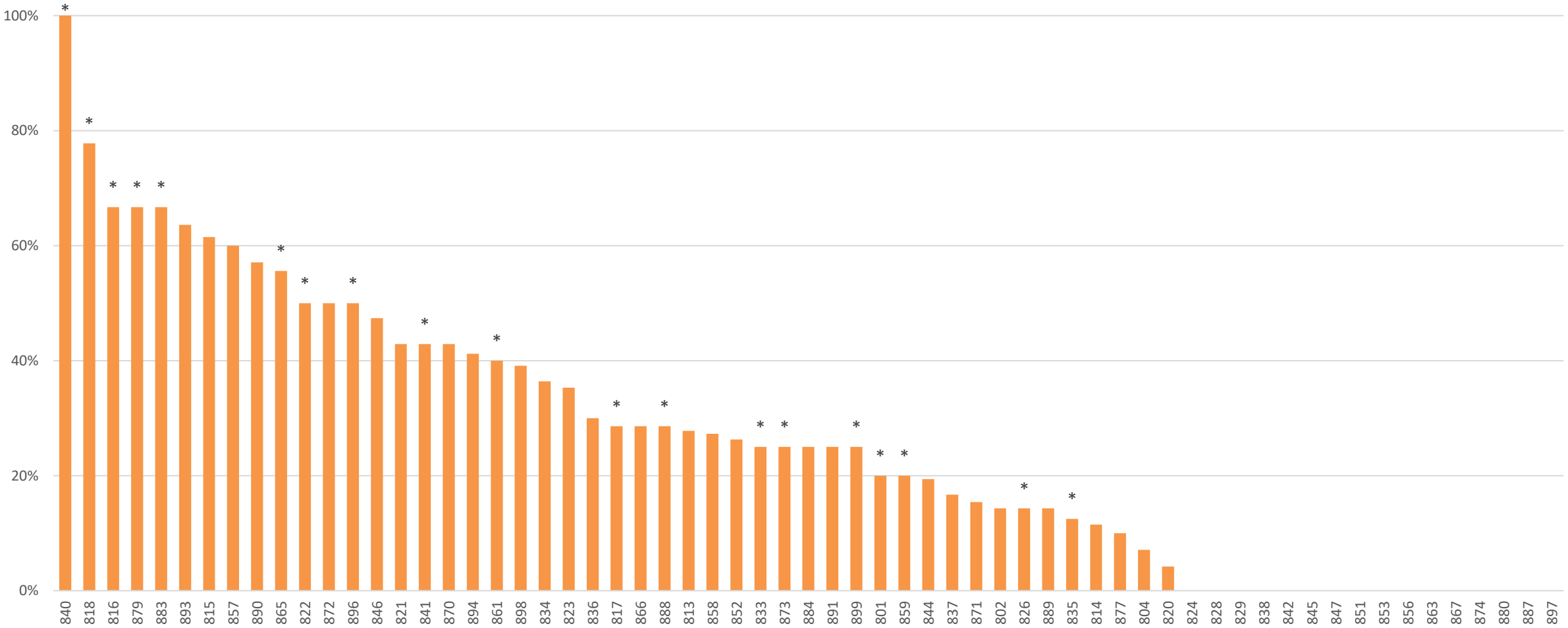
Urinary Catheter Removal, by hospital



Measure	Eligibility	Passing
No urinary catheter in place or documentation of plan to keep or remove urinary catheter prior to transfer out of ICU	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.

*N<10

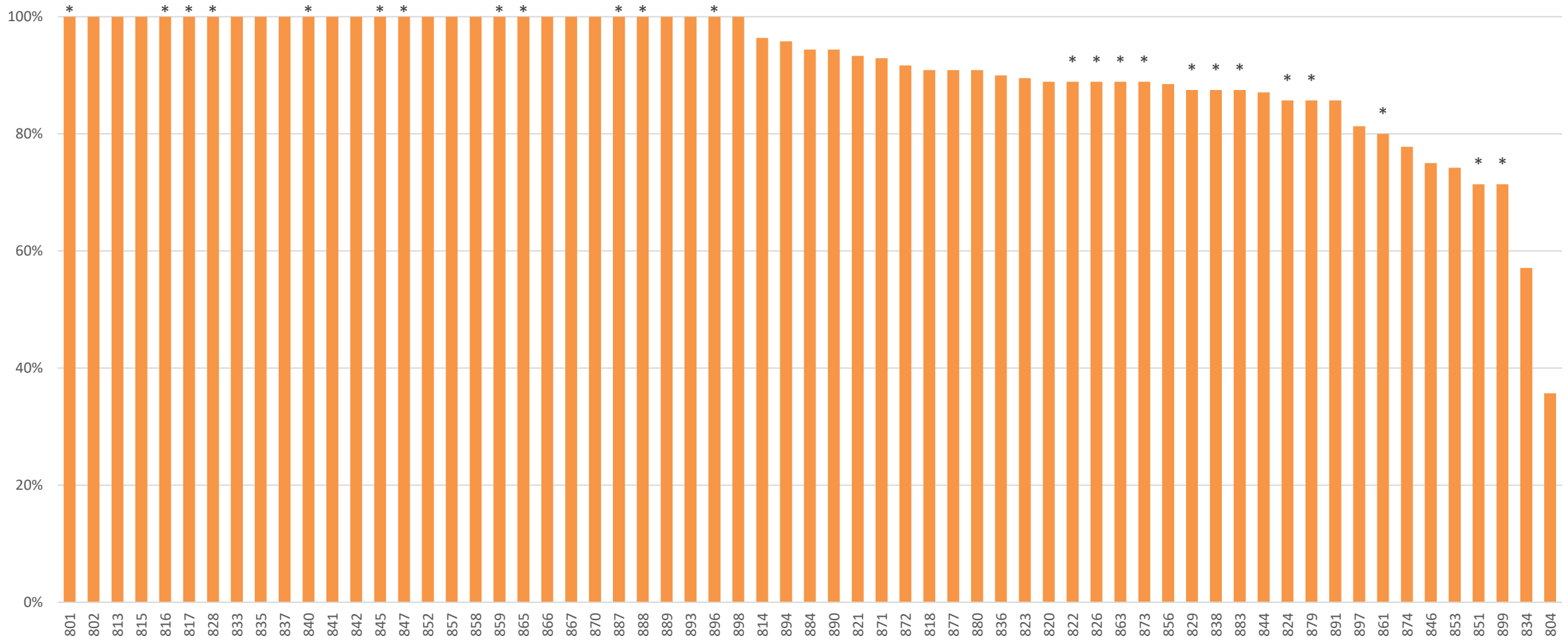
Communication of Fluid Status, by hospital



Measure	Eligibility	Passing
Communication of volume status at ICU transfer	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 and/or whether diuresis was indicated on the last calendar day in the ICU.

*N<10

Communication of Antibiotics Plan, by hospital



Measure	Eligibility	Passing
Communication of antibiotic plan at ICU transfer	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.

*N<10

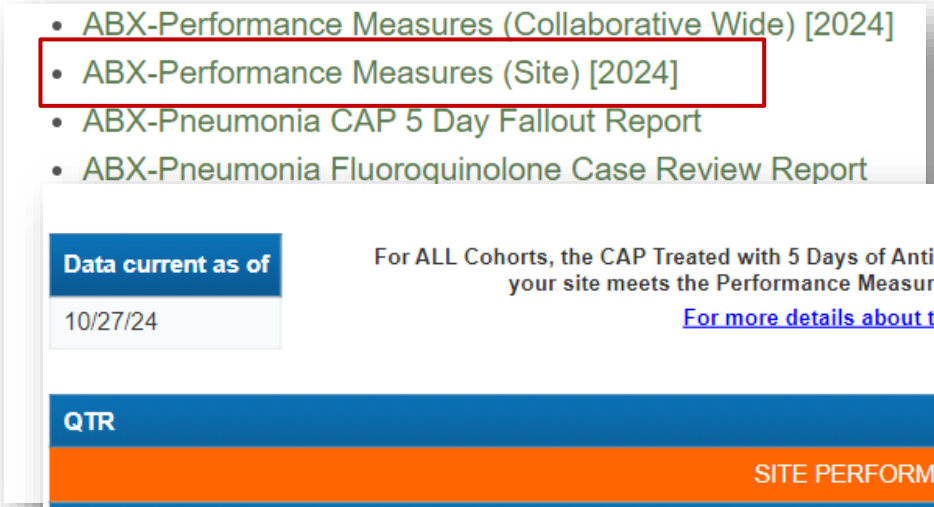
2026 HMS VBR Measure Summary

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 2025	Q3 2025
Discharge Dates	05/08/25 – 07/30/25	04/08/25 – 06/30/25
Method	Adjusted – Hospital Specific	Raw- Hospital Specific
Hospitals	All	All
Pay out Period	03/01/26 – 2/28/27	03/01/26 – 2/28/27

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

Accessing Your Data - Increase Use of 5 Days of Antibiotic Treatment in Uncomplicated CAP

1. Log into HMS Antimicrobial Data Registry https://www.hms-abx.org/
2. Select 'Reports' Tab



3. Scores are provided by quarter – Q3 2025 will be used for VBR assessment

Data current as of
10/27/24

For ALL Cohorts, the CAP Treated with 5 Days of Antibiotics (Measure 5) is an HMS VBR Measure for Hospitalists and Infectious Disease Physicians. If your site meets the Performance Measure Threshold for this measure, these physicians are eligible to receive VBR incentive.

For more details about the HMS 2024 VBR Measures, please visit this Fact Sheet.

QTR	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024
SITE PERFORMANCE MEASURES					
CAP treated with 5 Days of Antibiotics*- Measure #5 (%)	52.3	64.5	61.3	67.6	66.1
Reduce Use of Antibiotics in Patients with ASB**^^- Measure #6 (%)	11.6	9.9	10.1	10.1	9.9
Reduce Use of Antibiotics in Patients with Questionable Pneumonia^^^-Measure 6 (%)	7.1	8.5	6.2	8	9.5

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 [Collaborative-Wide]
- SEP - Performance Measures [Site]
- SEP - Performance Measures [System-Level]
- SEP - Required Forms Missing
- SEP - VBR Measure

3. Scores are provided by quarter – Q3 2025 is will be used VBR assessment

Transitions of Care - ICU to Floor Composite (VBR) Measure Report

Transitions of Care - ICU to Floor Composite (VBR) Measure					
Quarters	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Numerator	28	28	30	25	7
Denominator	47	40	50	38	13
Percent (%)	59.6 %	70.0 %	60.0 %	65.8 %	53.8 %

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

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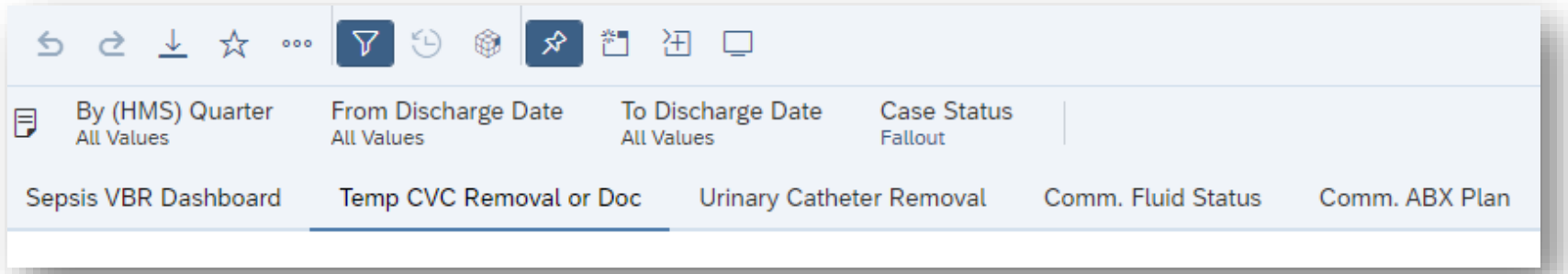
VBR Composite Measure Breakdown					
Quarters	**Q4 2023**	**Q1 2024**	**Q2 2024**	**Q3 2024**	**Q4 2024**
Temporary CVC removal or documentation of need to keep or remove/downgrade prior to transfer out of ICU					
Numerator (by line)	0	2	0	0	0
Denominator (by line)	7	5	3	2	1
Percent (%)	0.0 %	40.0 %	0.0 %	0.0 %	0.0 %
No urinary catheter in place or documentation of plan to keep or remove urinary catheter prior to transfer out of ICU					
Numerator	12	8	9	9	0
Denominator	15	14	18	14	4
Percent (%)	80.0 %	57.1 %	50.0 %	64.3 %	0.0 %
Communication of volume status at ICU transfer					
Numerator	1	5	5	4	3
Denominator	10	8	12	9	4
Percent (%)	10.0 %	62.5 %	41.7 %	44.4 %	75.0 %
Communication of antibiotic plan at ICU transfer					
Numerator	15	13	16	12	4
Denominator	15	13	17	13	4
Percent (%)	100.0 %	100.0 %	94.1 %	92.3 %	100.0 %

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



Detailed case information by measure

Sepsis VBR Dashboard | Temp CVC Removal or Doc | Urinary Catheter Removal | Comm. Fluid Status | Comm. ABX Plan

Temporary CVC removal or documentation of need to keep or remove/downgrade prior to transfer out of ICU

Data Updated
10/28/2024

Eligibility Criteria	Passing Criteria
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

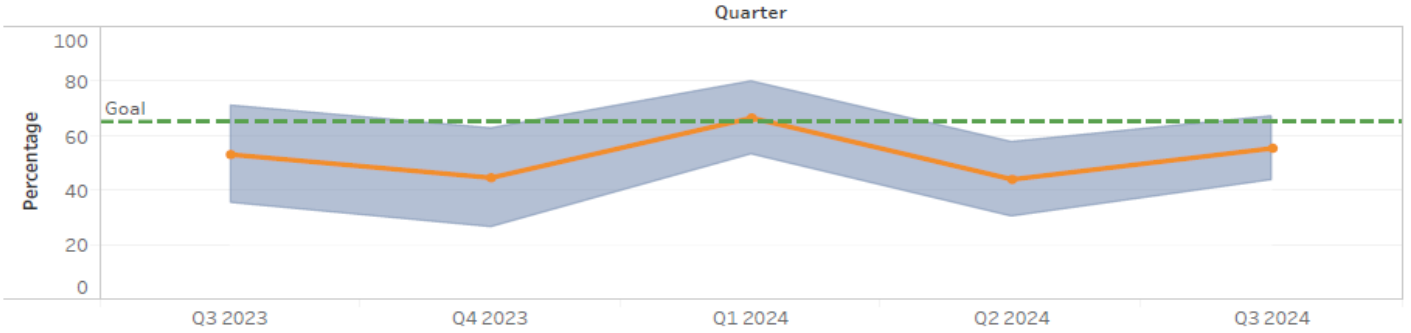
HMS Sepsis Initiative - Bundle Report

VBR Measure

Site :
Discharge Dates: 024 to 06-01-2024

Date of Data Pull: 10-28-2024
Completed Eligible: 106

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^	8/13 (61	42/54 (77.8)	241/356 (67.7)
2. No urinary catheter in place or documentation of plan to keep or remove urinary catheter prior to transfer out of ICU	14/27 (51.9)	108/142 (76.1)	708/1001 (70.7)
3. Communication of volume status at ICU transfer	10/20 (50.0)	39/110 (35.5)	202/785 (25.7)
4. Communication of antibiotic plan at ICU transfer	17/23 (73.9)	113/132 (85.6)	848/929 (91.3)
Meet VBR Composite Measure	49/83 (59.0)	302/438 (68.9)	1999/3071 (65.1)



Eleme..	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 and/or whether diuresis was indicated 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**.
VBR	Sum of all eligible cases for all the 4 ICU measures listed above	Sum of all passing cases for all the 4 ICU measures listed above

^ 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.

Starting in 2025, Sepsis PDF reports will include the Critical Care VBR Measure

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

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 2025 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

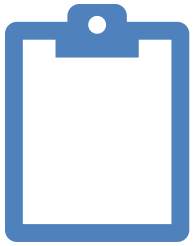
HMS
MICHIGAN HOSPITAL MEDICINE SAFETY CONSORTIUM

Step 1

Meet HMS VBR Eligibility Requirements – Q3 2025

Step 2

Submit NPI's to HMS
Fall 2025 QI Survey

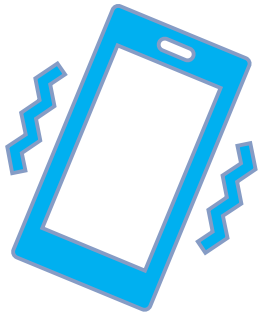


Step 3

BCBSM Final Eligibility Determination (Jan – Feb 2025)

Step 4

BCBSM Notifies PO & HMS

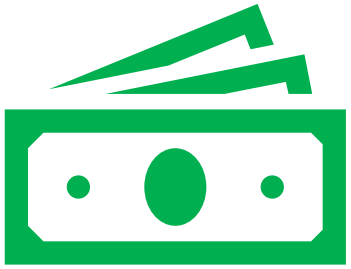


Step 5

HMS Sends Letter to Physicians Approved to Receive VBR

Step 6

BCBSM Commercial Claims PPO Payout Period – 3/1/2026 – 2/28/2027



Common Questions

Where is the VBR incentive distributed?

- Each hospital is unique in terms of funding structure (i.e., physicians employed by the hospital vs. privately funded)
- The incentive will be distributed to the entity that receives the practitioner's Blue Cross claims payments
- Engagement in VBR (by the participating physicians) may depend on how your hospital is structured
- Example
  - At Michigan Medicine, the hospitalists are employed by the hospital and incentive payments would be distributed to the hospital as opposed to the Michigan Medicine hospitalists specifically

If I am eligible for VBR, how can I find out how much money I have earned?

- If you want to know how much VBR you earned, you need to connect with your Physician Organization (PO).
- In general your PO does not receive the VBR. (The PO may receive the VBR if you are employed) POs generally do not disburse the VBR. But POs know who is eligible for VBR, what percent VBR the physician is eligible for, and approximately how much money the physician received from VBR in the prior year.

Are all providers eligible for reimbursement or just those involved with HMS work?

- All hospitalists, and separately Infectious Diseases Physicians who are part of the antimicrobial stewardship teams at the individual hospital, who have practiced over the last 1 year at the individual hospital are potentially eligible