

Enhanced Community Primary Care

Quality and Utilization Metric Table

Effective September 1, 2025 – August 31, 2026

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.

Payments marked "reporting only" are informational only for a practice to understand how they are performing and will not be associated with a PMPM during this plan year.

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 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 ECPC payments for metrics in both programs.

Data Sources

HEDIS

- 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 scorecard calculation.
 - September 2025 through August 2026 payments will be based on 2024 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 2025 through August 2026 payments for the Wellness Visits and Total Cost of Care metrics will be based on period ending April 2025.

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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/report-cards/health-plans/state-of-health-care-quality-report/asthma-medication-ratio-amr/>).

Program Period September 2025– August 2026	
PMPM Payout	\$0.80
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/report-cards/health-plans/state-of-health-care-quality-report/breast-cancer-screening-bcs-e/>).

Program Period September 2025 – August 2026	
PMPM Payout	\$0.80
Metric Threshold	Greater than or equal to 73.1%

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/report-cards/health-plans/state-of-health-care-quality-report/colorectal-cancer-screening-col-e/> 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 2025 – August 2026	
PMPM Payout	\$0.80
Metric Threshold	Greater than or equal to 56.9%

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

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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/report-cards/health-plans/state-of-health-care-quality-report/kidney-health-evaluation-for-patients-with-diabetes-ked/>).

Program Period September 2025 – August 2026	
PMPM Payout	\$0.80
Metric Threshold	Greater than or equal to 43.5%

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 2025 – August 2026	
PMPM Payout	\$0.80
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 2025 – August 2026	
PMPM Payout	\$0.40 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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Reporting Only: Antibiotic Utilization for Respiratory Conditions

Percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.
(<https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/antibiotic-utilization-for-respiratory-conditions-axr/>)

Program Period September 2025 – August 2026	
PMPM Payout	n/a
Metric Threshold	Greater than or equal to 28.4%

Reporting Only: Controlling High Blood Pressure Measured via CPT Cat II Codes

Assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg). This measure is calculated via claims containing relevant CPT Category II code.
(<https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/controlling-high-blood-pressure-cbp/>)

Blood pressure reading CPT Category II Codes	
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)
3075F	Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)
3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)

Program Period September 2025 – August 2026	
PMPM Payout	n/a
Metric Threshold	Greater than or equal to 63.7%

Reporting Only: Diabetes – Glycemic Status Measured via CPT Cat II Codes

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This measure assesses the percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic status <8.0%.
- Glycemic status >9.0%.

This measure is calculated via claims containing relevant CPT Category II code.

(<https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/glycemic-status-assessment-for-patients-with-diabetes-gsd/>)

Hemoglobin A1c screening CPT Category II Codes	
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)

Program Period September 2025 – August 2026	
PMPM Payout	n/a
Metric Threshold	Less than or equal to 26.6%

Resource Utilization Metrics

Hierarchical Condition Category Gap Closure:

The closure rate for attributed members enrolled in a qualified health plan for U.S. Department of Health and Human Services Hierarchical Condition Categories (HCC) in the previous calendar year. While only members enrolled in a qualified health plan are used to evaluate this measure, a practice that meets or exceeds the threshold is eligible for the PMPM for all attributed members.

Program Period September 2025 – August 2026	
PMPM Payout	\$0.25
Metric Threshold	Greater than or equal to 75%

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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 wellness visit.

Program Period September 2025 – August 2026	
PMPM Payout	\$0.80
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 April 2025 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 2025 – August 2026	
PMPM Payout	\$0.80
Metric Threshold	Less than or equal to \$865