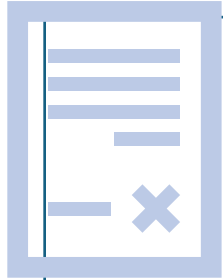


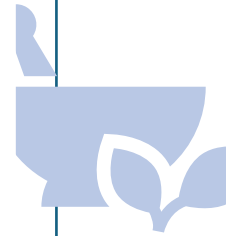
BLUE CROSS OF VERMONT VALUE BASED CARE

Value Based Contract Principles

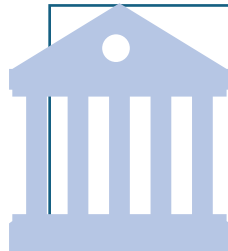
Collaboration with providers to improve quality and reduce costs



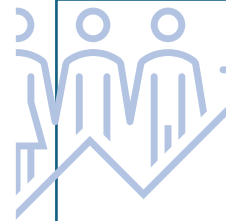
Value-based contracts establish a symbiotic relationship with physicians and healthcare systems, fostering improved outcomes for patients.



This alignment incentivizes providers to adopt practices focused on long-term member wellness, which are typically overlooked in traditional fee-for-service models.



Providers, under value-based contracts, can increase their reimbursement, allowing for investments in infrastructure and staffing to further enhance care quality.



The ongoing success of such programs hinges on the collaborative efforts of payers and providers, yielding consistent year-over-year improvements in health outcomes for members.

VT Healthcare Reform Principles: Provider Partnerships

Value-based incentives simplified for providers



Blue Cross of Vermont partners with healthcare providers and other stakeholders across the state's healthcare system to:

- Improve clinical outcomes and quality
- Reduce the cost of care for our members and purchasers
- Maintain exemplary member experience



Blue Cross of Vermont achieves these goals through targeted, transparent, and readily understandable interventions and payment models that are aligned with specific metrics that directly relate to these principles *without adding undue complexity*



We align with Vermont's state-level Blueprint for Health*, with their community-led strategies for improving health and well-being. Current Blueprint programs include:

- Patient-centered medical homes (PCMH)
- Community health teams (CHT)
- Hub & Spoke system of opioid use disorder treatment

Vermont Blue Integrated Care (VBIC)

Four practices collaborate on quality and cost

Our advanced primary care model, Vermont Blue Integrated Care (VBIC) will start its 4th year in 2026.

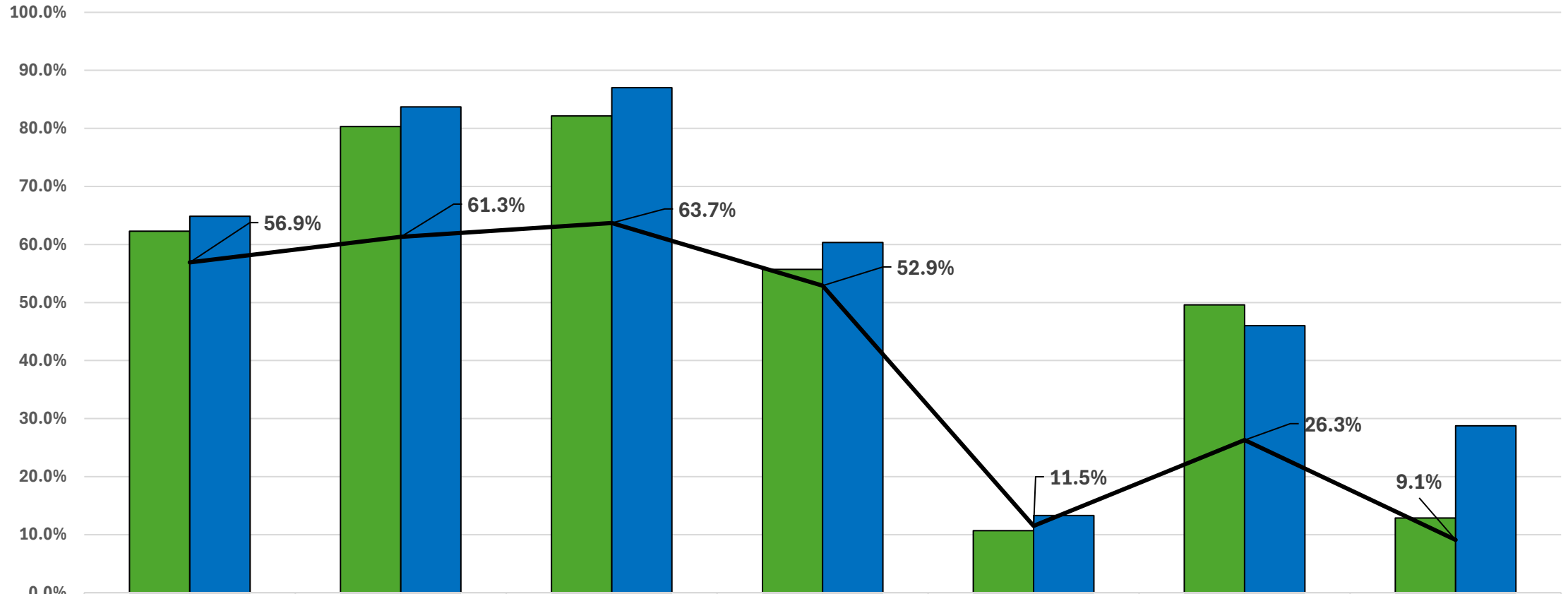
VBIC is a collaborative payer/provider approach to healthcare that improves **value** and **outcomes** while maintaining **exemplary experience** for clinicians and patients

Working with eight participating PCPs/FQHCs in geographical diverse service areas, encompassing approximately 18,500 attributed lives

Regular practice meetings with quarterly data reporting, and an annual provider survey to improve program quality

Quality and transformation outcomes continue to improve YOY while utilization outcomes vary

VBIC: 2024-2025 Aggregate Average Outcomes



■ 2024 AVG	62.3%	80.3%	82.1%	55.7%	10.7%	49.6%	12.9%
■ 2025 AVG	64.9%	83.7%	87.0%	60.4%	13.3%	46.0%	28.7%
— Threshold	56.9%	61.3%	63.7%	52.9%	11.5%	26.3%	9.1%

Enhanced Community Primary Care (ECPC)

New VBC program in 2024

ECPC payments were new in 2024 and are dedicated to Vermont community-based primary care providers (PCPs)

Monthly Blue Cross of Vermont PCP incentive payments will support high-quality care while encouraging low-cost referral patterns for screenings and specialist care

This is a key part of our strategy to help community PCPs transition to value based care by moving volume from fee for service to reimbursement methods that incentivize quality and value.

The maximum a practice can earn is \$6.30 PMPM. The average payment for practices is \$2.54 PMPM, with a min of \$0.00 and a max of \$5.60.



Enhanced Primary Care Payments

ECPC uses claims-based measures

No additional reporting is required from providers for quality measurement.

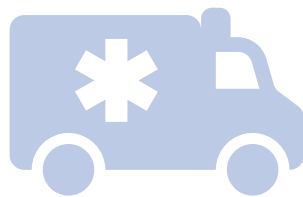
Measures align with other state payment reform programs.

Providers are rewarded for their good work in ensuring that patients receive appropriate, quality care.

Provider Satisfaction



Improve Health Outcomes



Savings



Patient Satisfaction



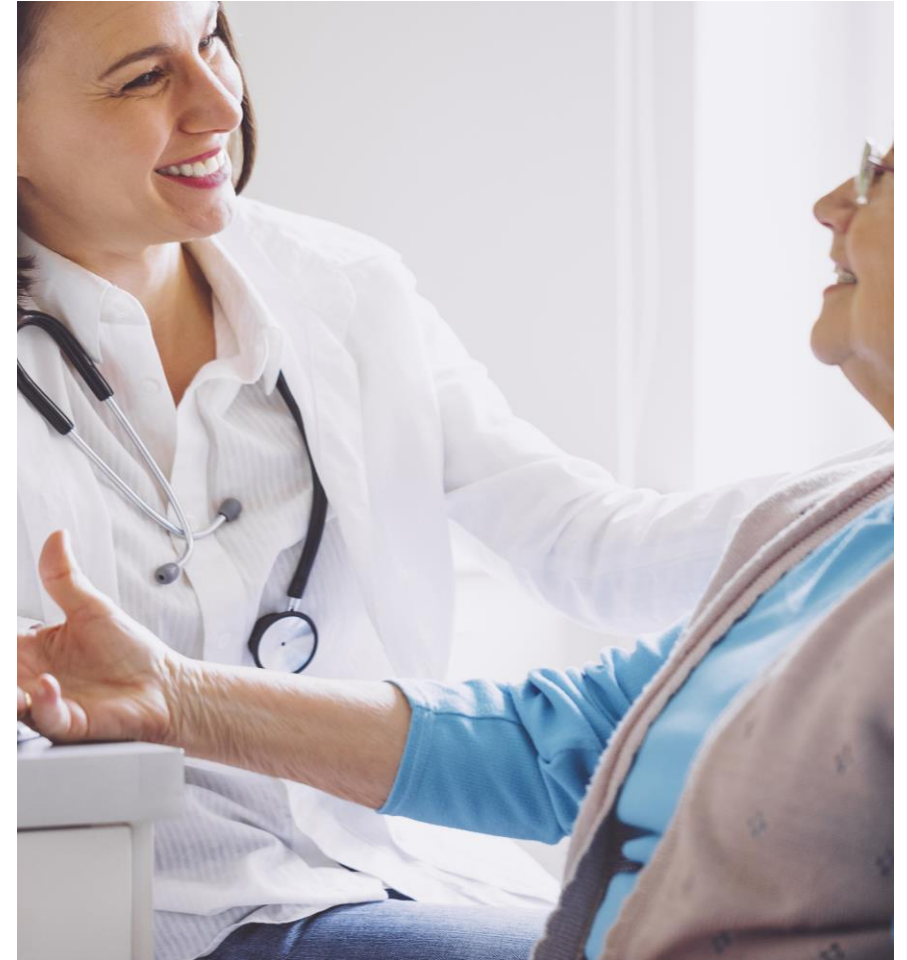
Incentives encourage low-cost referral patterns for screenings and specialist care.

The program measures when patients receive screenings and wellness visits encouraging access to care

ECPC Details

Incentives for community providers, not hospitals

- 113 practices are currently enrolled in the program
- Metrics we can measure through claims – no additional reporting is required
- Data is risk-adjusted for illness severity where appropriate
- For statewide alignment, the Blueprint for Health methodology is used to attribute members to PCPs
- Hospital-based providers are excluded, as hospital budgets are approved by the Green Mountain Care Board and decisions for prioritizing cash flow to hospital-based primary care practices are the responsibility of hospital leadership



ECPC Provider Scorecard

Automated provider reports and payments

Each provider receives a yearly customized scorecard

For each measure, the practice's performance (●) is displayed against target (●) and peer performance (●)

The PMPM payout will reflect if the practice has met the threshold or not

The total monthly payment that will be applied to attributed members is shown at the bottom

	Payment Threshold	Your Score	How you compared to the threshold & your peers	Payout PMPM
Asthma Medication Ratio	84.3%	70.0%		\$0.00
Breast Cancer Screening	73.1%	60.0%		\$0.00
Colorectal Cancer Screening	56.9%	70.0%		\$0.70
Kidney Health Evaluation for Patients with Diabetes	43.5%	70.0%		\$0.70
Adult Immunization	21.6%	70.0%		\$0.70
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	36.9%	70.0%		\$0.35
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	13.6%	70.0%		\$0.35
Wellness Visit Percentage	52.9%	70.0%		\$0.70
Total Cost of Care	\$785	\$1,000		\$0.00
Installation and Use of InNote EHR Overlay	Yes	Yes		\$0.70
Your Total Payout PMPM				\$4.20