Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2027

Michigan Bariatric Surgery Collaborative (MBSC)

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, and to improve health outcomes and control health care costs. Practitioner reimbursement earned in 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 Bariatric Surgery Collaborative (MBSC), and that meet specific eligibility criteria. The coordinating center clinical leaders, together 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.

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 POs do 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 three population-health based CQIs - INHALE, MCT2D, 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

MBSC practitioners can be eligible to earn CQI VBR equivalent to 102%, 103%, 104%, 105% or 107% of the standard fee schedule.

VBR percentage	# of measure targets met to earn VBR	Table(s) to reference
102%	2 of 2 Measures OR 1 of 1 Measure	Table 2 OR Table 3
103%	2 of 2 Measures	Table 1
104%	2 of 2 Measures AND 1 of 1 Measure	Table 2 AND Table 3
105%	2 of 2 Measures AND 2 of 2 Measures OR 2 of 2 Measures AND 1 of 1 Measure	Table 1 AND Table 2 OR Table 1 Table 3
107%	2 of 2 Measures AND 2 of 2 Measures AND 1 of 1 Measure	Table 1 AND Table 2 AND Table 3

MBSC uses a combination of collaborative-wide, hospital-wide and individual physician scoring to measure performance.
To be eligible for MBSC VBR, practitioners must meet the following scoring criteria:

Table 1. Primary VBR Measures (103% VBR)

Measure Description	Measurement Period (mm/dd/yy - mm/dd/yy)	Target Performance (use >= or <= for directionality)	Population-based scoring methodology
1. Reduce ED Visits	12/01/2025 - 09/30/2026	< =7.4% OR > = 5% relative reduction in ED visit rate compared to previous year	Practitioner
2. Reduce Readmissions or Reoperations for Gallbladder Disease Within 1-Year of Primary Bariatric Surgery	02/01/2025 - 09/30/2025	< = 2.0%	Practitioner

Table 2. Secondary VBR Measures (102% VBR)

Measure Description	Measurement Period (mm/dd/yy - mm/dd/yy)	Target Performance (use >= or <= for directionality)	Population-based scoring methodology
3. Compliance with VTE Prophylaxis Post-Discharge	12/01/2025 - 09/30/2026	> = 60%	Hospital
4. Non-Medical Drivers of Care Screening, Data Abstraction and Entry into MBSC Registry	06/01/2026 - 09/30/2026	> = 65%	Hospital

Table 3. Tobacco Cessation VBR Measure (102% VBR)

Measure Description	Measurement Period (mm/dd/yy - mm/dd/yy)	Target Performance (use >= or <= for directionality)	Population-based scoring methodology
5. Increase the Proportion of Patients Offered Smoking Cessation Treatment at a Post-Surgical Visit	12/01/2024 - 09/30/2025	> = 60%	Collaborative-Wide

VBR selection process

To be eligible for 2027 CQI VBR, the practitioner must:

- Meet the performance targets set by the coordinating center
- Be on the PGIP winter 2026 and summer 2026 snapshots (as well as in PGIP as of February 2027)
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MBSC

- Aims are to improve quality of care for patients undergoing bariatric surgery, and advance the science and practice of bariatric surgery, in Michigan and across the country.
- A unique partnership between BCBSM, surgery quality leaders and clinicians from the 41 bariatric surgery programs across the state
- Core pillars are collaborative quality improvement on the collection of detailed clinical data on outcomes and practice; timely, rigorous performance feedback to clinicians; and continuous improvement based on empirical analysis and collaborative learning.

About the coordinating center

Michigan Medicine serves as the coordinating center for MBSC and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. 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 Center further supports participants in establishing quality improvement goals and assists them in implementing best practices. MBSC leadership:

Project directors:	Arthur Carlin, MD
	Jonathan Finks, MD
	Oliver Varban, MD
	Nabeel Obeid, MD
Program managers:	Amanda Stricklen, MS, RN
	Rachel Ross, MS, RN

For more information on MBSC and VBR measures, please contact Amanda Stricklen aoreilly@med.umich.edu and Rachel Ross rachacoo@med.umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes, and outcomes of care. Collection, analysis, and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. For more information, please contact the BCBSM CQI team at CQIprograms@bcbsm.com

About Value Partnerships

Value Partnerships is a collection of programs among physicians and hospitals across Michigan and Blue Cross, that make health care better for everyone. This unique, collaborative model enables robust data collection and sharing of best practices, so practitioners can improve patient outcomes. It is value and outcomes-based health care -- a movement away from fee-for-service that instead pays practitioners for successfully managing their patient's health. We invite you to visit us at valuepartnerships.com.