



Professional value-based reimbursement (Professional VBR) program frequently asked questions (FAQ)

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PROGRAM OVERVIEW

We are excited to introduce our new professional value-based reimbursement program (Professional VBR) as a component to our standard reimbursement methodology, effective **October 1, 2023**.

What is this value-based program?

This program incentivizes providers to deliver high-quality and cost-efficient care to their patients. Our Professional VBR program adjusts a provider's reimbursement according to measurable performance, based on specific patient-care quality measures. We score providers' claims data across specific cost and quality measures and provide a scorecard report on performance.

Why is the program important?

We are changing the way we pay providers by rewarding you for the quality of care you provide your patients, not just the quantity of procedures you perform. You are rewarded based on cost efficiency and how closely you follow best clinical practices based on evidence-based guidelines.

How does program participation impact me?

For eligible specialties, providers who exhibit quality and cost effectiveness, the Professional VBR program offers an opportunity to earn an increase above the standard professional reimbursement schedule for the following year.

Providers are assessed within their designated specialty and assigned to one of three VBR quality levels. Providers must score in the top third of their peers to achieve the highest VBR level. This incentivizes continued improvement because there are no static targets.

What specialties are included in the program?

The program currently measures quality and/or cost efficiency for the following predominant specialties:

- Dermatology
- Family Medicine and General Practice
- Internal Medicine
- Obstetrics & Gynecology
- Ophthalmology
- Psychiatry

What is a predominant specialty?

A provider's practice specialty that accounts for over 50% of services on an allowed dollar basis.

How does this impact provider specialties that are not eligible for this program?

Not all providers will be eligible for scoring into a VBR level. This may happen if provider's predominant specialty is not included in the program or if their metric experience is not credible. Providers that are not included in the program will continue to be reimbursed according to the standard professional fee schedule and will not be impacted by this program.

When will I receive payment based on the quality of care I provide?

Professional VBR adjusted reimbursement will begin October 1, 2024, and the fee schedule applied to any claim is based on the fee schedule applicable for the specific date of service.

When and how will I be notified about VBR payment through this program?

By July 1 annually, providers will be notified of its performance-based VBR level assignment via a scorecard report posted on Availity's secure provider portal at **availity.com**.

VBR reimbursement is reset annually and is not cumulative to future years. The VBR level earned is for a 12-month period only, and you will be re-scored annually.

Do you need additional information from me to participate?

No, the program uses provider's claim data.

What if I don't want to participate in the program?

The Professional VBR is now a component of our standard professional provider reimbursement that determines reimbursement levels based on performance.

Where do I find additional information?

A detailed Professional Value-Based Reimbursement Program Summary is available on our Provider Web Site, asuris.com: Contracting & Credentialing>VBA resources.

The program summary includes detailed information about program eligibility, VBR level reimbursement, metrics applicable to each predominant specialty, credible metric experience, scoring process, etc.

How does this program work with other quality programs?

If you meet certain criteria, you may still participate in other value-based arrangements, such as our commercial Total Care Program.