

# Inspiring Health Advances in Lung Care (INHALE) CQI Quality Measures for 2027 VBR CONTINUING PCPs and SCPs

POs: Answer, CIPA, Genesys, GLPO, Holland, HVPA, IHP, McLaren, Mosaic, PCP, PMC, OPNS, UMMG, UPI

**VBR Measurement Period: 09/01/2025 - 08/31/2026**

PCP Reimbursement Timeline: 09/01/2027 - 08/31/2028

SCP Reimbursement Timeline: 03/01/2027 - 02/28/2028\*

Measure	Weight	Measure Description	Points	
1	25%	Practice Clinical Champion attends Fall and Spring Regional Meetings	Attends 2 Meetings	25
			Attends 1 Meeting	15
			No Meeting Attendance	0
2	15%	All INHALE participating providers (including the Practice Clinical Champion) attend at least one Lung Learning Lab (L3) live or on-demand and submits the survey to mark the requirement as completed	>80% Attend	15
			80% - 60% Attend	7
			<60% Attend	0
3	10%	Practice Clinical Champion or Practice Liaison logs into the Data Dashboard once a quarter during the measurement year and shares practice-level data with practice participants	Logs in 4/4 quarters	10
			Logs in 3/4 quarters	5
			Logs in 2/4 quarters	0
4	10%	<b>Complete 1 of the following engagement activities:</b> 1. Complete a Best Practice form^ 2. Present at a Regional or Collaborative-Wide meeting/participate as a panel member**^ 3. Participate in a Site Visit^ 4. OCS case review form^ 5. Clinical champion attends/watches an additional L3 6. Any participating provider views the Vaping and Nicotine Addiction video or the How to Talk About Cigarettes... and then What video	Complete activity	10
			Not Completed	0
5	Bonus	Nominate/participate as a representative on an INHALE Committee (Executive, Pediatric, Data and Publications) or nominate a patient to participate as part of INHALE's Patient Advisory Committee OR Submit and are selected to present a case at an INHALE ECHO session	Participation complete	5
			No Participation	0
6	Bonus	Participate in a user experience feedback session on the potential redesign of the INHALE Data Dashboard OR Serve as a content expert in 3 INHALE ECHO sessions	Participation complete	10
			No Participation	0
7	20%	Percentage of Pediatric (≥ 2 yrs old) / adult asthma and COPD patients receiving Inhaler Education	5% Increase from previous year	20
			≥3 - <5% Increase from previous year	10
			<3% Increase from previous year	0
8	20%	Percentage of patients receiving ≥2 oral corticosteroid prescriptions in pediatric/adult asthma and COPD patients	5% Relative reduction from previous year	20
			≥3% - <5% Relative reduction from previous year	10
			<3% Relative reduction from previous year	0
			Max Bonus Possible	15
			Total Points Possible	100
			Points Earned	
			<b>Points Threshold</b>	<b>Earned CQI VBR</b>
			Achieve ≥85	105%
			Achieve ≥70 to <85	103%
			Achieve ≥55 to <70	102%
			Achieve <55	Not Eligible

**Tobacco Cessation VBR (HBOM VBR) 102%**

Measure	Weight	Measure Description	Points	
9	N/A	<b>Tobacco Cessation Counseling: Percentage increase in tobacco cessation counseling patients - pediatric (&gt;13 yrs) and adult asthma and COPD patients</b> <i>Note: Preferred claim code to earn credit for this measure: Z71.6 (ICD-10) for Tobacco Cessation Counseling, or CPT codes: 99406 or 99407. Note: CPT cat II codes F400x have varied reliability and may not be captured via the claims, but when they are present, will be counted toward the measure.</i>	Increase by 5% or greater from measurement year baseline period	Eligible for HBOM VBR
			Did not increase by 5% from measurement year baseline period	Not Eligible

**Continuing PCP/SCP Scorecard Legend**

Measure	Description
<b>General Expectations:</b> Respond to requests from INHALE's Coordinating Center and your PO regarding INHALE related work in a timely manner (3 business days or as specified).	
1	Practice Clinical Champion (as designated in the INHALE Admin Portal, even if not a participating MD/DO) is required to attend both Fall and Spring Regional meetings. Dates will be provided at least 45 days in advance. Practice Liaisons (as designated in the Admin Portal) are not required to attend but are strongly encouraged to attend. Clinical Champion must attend a minimum of 90% of the meeting (in-person/virtual) to be counted toward meeting the measure. In the event the meeting is held virtually, cameras stay on and are directed at the attendee for the entirety of the meeting or attendance will not be counted toward the measure. Adherence to any additional requirements specified for participation in a virtual format is required for attendance to count toward the measure. A proxy may be requested to attend on rare occasions and with at least 72-hour notice. If a proxy has attended for the Practice Clinical Champion in the year previous, the substitution may not be granted and loss of VBR points may incur. A proxy must be designated as MD, DO, PA, NP, RT, PharmD, or RN. MAs are not accepted proxies.
2	All participating providers (including the Practice Clinical Champion) must attend an in-person L3 or view an L3 on-demand during the current measurement period. In addition to viewing the content, completion of attendance survey is required; the CME survey is optional. CME credit will not be counted toward meeting attendance.
3	The Practice Clinical Champion will need to obtain a login from MDC to review the INHALE Data Dashboard at least quarterly throughout the measurement year. The Practice Clinical Champion should be sharing the practice's performance level data with all other INHALE participating providers at their practice(s). The INHALE Coordinating Center is able to track logins for the INHALE Data Dashboard.
4	<b>Best Practice Document:</b> Submit a brief description of an initiative undertaken at the practice to improve a measure from the INHALE Data Dashboard. This form is available in the Admin Portal. <b>Present at a Regional/Collaborative-Wide Meeting as a Presenter or Panel member:</b> This may be via volunteering when the Coordinating Center requests participants or by contacting the Coordinating Center and asking to participate. This activity counts for 2 points. <b>Participate in a Site Visit:</b> Either by volunteering or at the request of INHALE, have members from the INHALE Coordinating Center visit on-site at your practice. This visit will require at least 1 hour of time. This activity counts as 2 points. <b>OCS Overuse Case:</b> From the INHALE MDC Data Dashboard, identify one of the OCS overuse cases. Review the patient chart and complete the OCS Overuse Case Form in the Admin Portal.
5 (Bonus)	INHALE practicing provider that serves on an INHALE committee (Executive, Pediatric, Data and Publications) or nominates a patient to participate on the Patient Advisory Board, will receive bonus points. A maximum of 5 points will be awarded even when participating in multiple committees and/or nominations. <b>Selected to present a case at an INHALE ECHO:</b> Submit your case through the admin portal. The coordinating center team will review the case and notify you if you've been accepted, waitlisted, or rejected. If your case is selected, you will be notified of the next steps and asked to present.  <b>The maximum number of points possible from all bonus activities combined is 15.</b>
6 (Bonus)	<b>Serve as a content expert in 3 INHALE ECHO sessions:</b> Serve as a content expert at 3 INHALE ECHO sessions. If the session is not held, you will still receive credit.  <b>The maximum number of points possible from all bonus activities combined is 15.</b>

7 & 8	<p>Performance is calculated as an aggregate at the PO level, combining all BCBSM, PPO, BCN and Medicare Advantage patients with COPD and Asthma (adults/peds ≥2 yrs) as defined by the INHALE eligibility attributed to PCPs and SCPs participating in INHALE:</p> <p><b>Scoring:</b> For INHALE POs with participating PCPs and SCPs, performance is calculated at the PO level using both PCP and SCP attributed patients. If an eligible patient is attributed to both a PCP and SCP within the same PO, the patient is only counted once in the measure. The measure is met for attributable patients if ANY provider (participating SCP, PCP, or non-participating provider) provides inhaler education at least once during the measurement year. OCS stewardship is measured utilizing BCBSM, BCN, BCBSM MA claims for ≥2 oral corticosteroids prescription fills during the measurement period for adult/peds asthma and COPD patients. The measure is attributable if any provider (participating SCP/PCP, or any non-participating provider) prescribes the OCS.</p> <p><b>Reward Eligibility:</b> Providers who participate in BCBSM's Physician Group Incentive Program (PGIP) and INHALE are eligible for reimbursement in accordance with the Value Based Reimbursement (VBR) Fee Schedule. The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedules. The following Fee Schedules apply for participation in INHALE:</p> <p>≥85 Points = 105% VBR  ≥70 to &lt;85 Points = 103% VBR  ≥55 to &lt;70 Points = 102% VBR  &lt;55 Points = Not Eligible</p> <p>Tobacco Cessation Counseling = 102%</p> <p>Inhaler Education and OCS Stewardship are applied to BCBSM PPO commercial claims only. PCMH designation is a requirement for INHALE PCP VBR. SCPs (Allergist, Pulmonologist, Pediatric Pulmonologist), must be designated in the PGIP PA Tool as one of these specialties (not critical care). For 3/1/2026 reimbursement, SCPs must be on January 2026, July 2026 and January 2027 PGIP snapshots to receive VBR. VBR is applied to codes similarly to all other BCBSM related PCP VBR.</p> <p><b>Claims Codes:</b> CPT code for Inhaler Education is CPT 94664, and a Modifier 59 must be added to the CPT code. Modifier 59 indicates that a procedure is separate and distinct from another procedure on the same date of service. The modifier should not be added to an E/M code if a medically necessary E/M service is provided on the same day as the Nebulizer or Inhaler Education.</p>
9	<p>Provide tobacco cessation counseling at least once in the measurement year to patients (asthma ≥13yrs or COPD patients ≥40 yrs) who are identified as tobacco users by ICD-10 diagnosis code. The 2% VBR uplift is not additive, meaning that providers that already receive VBR through another CQI (MiBAC, MCT2D, etc.) will not earn an additional 2%.</p> <p><b>Note:</b> Preferred claim code to earn credit for this measure: Z71.6 (ICD-10) for Tobacco Cessation Counseling, or CPT codes: 99406 or 99407. Note: CPT cat II codes F400x have varied reliability and may not be captured via the claims, but when they are present, they will be counted toward the measure. No chart review will be conducted to support the use of CPT cat II codes for VBR.</p>
<b>Reimbursement</b>	<p>PCP reimbursement for VBR year 2027 is 9/1/2027 - 8/31/2028  SCP reimbursement for VBR year 2027 is 3/1/2027 - 2/28/2028</p>

**NOTES:**

- \* SCP = must be designated in the PGIP PA Tool as one of these specialties: Allergist, Pulmonologist, Pediatric Pulmonologist
- **And**
- For 3/1/2027- must be on Winter 2026 and Summer 2026 Snapshots + be in PGIP February 2027 to receive VBR
- \*\* As available
- ^ Form available in INHALE Admin Portal
- PCPs must be PCMH designated in the PGIP snapshot.