



INspiring Health Advances in Lung Care (INHALE) Collaborative Quality Initiative Continuing PCPs and SCPs

VBR Measurement Period: 09/01/2024 - 08/31/2025

VBR Reimbursement Period: PCPs - 09/01/2026 - 08/31/2027, SCPs - 03/01/2026 - 02/28/2027

102% VBR Measures			
Measure #	Weight	Measure Description	Points
1	25%	Practice Clinical Champion attend Fall and Spring Regional Meetings	
		Attends 2 meetings	25
		Attends 1 meeting	10
		No meeting attendance	0
2	10%	Practice Clinical Champion completes "Lung Health and Outdoor Air Quality" learning module on the INHALEarning Platform and submits the survey to mark the requirement as completed.	
		Completed	10
		Not completed	0
3	15%	All INHALE participating providers (including the Practice Clinical Champion) attends at least one Lung Learning Lab (L3) live or on-demand and submits the survey to mark requirement as completed.	
		>80% Attend	15
		80% - 60% Attend	7
		< 60% Attend	0
4	15%	Practice Clinical Champion and/or Practice Liaison complete PDSA worksheet on an OCS stewardship or Inhaler Education intervention.	
		Meets rubric for completeness	15
		Mostly meets rubric for completeness	7
		Does not meet rubric for completeness	0

5	20%	One provider from the practice conducts a case review on 1 OCS overuse patient case as identified in the INHALE Data Dashboard and submits the form in the Admin Portal		
			Completed	20
			Not Completed	0
6	15%	Complete 2 of the following engagement activities: 1. Complete a Best Practice form^ 2. Provide a Patient Experience Feedback form^ 3. Present at a Regional or Collaborative Wide meeting/participate as a panel member** ^ 4. Provide feedback on the user experience of the INHALE Data Dashboard^ 5. Provide feedback on the Resource Library^ 6. Participate in a Site Visit**^		
			Completes 2 activities	15
			Completes 1 activity	7
			No activity completed	0
		Optional Bonus		
7	2%	Practice Clinical Champion logs into the data dashboard twice a year and shares practice level data with practice participants.	2	
		Total Points Possible	100	
		Point Threshold for VBR eligibility	80	

103% VBR Measure				
Measure #	Weight	Measure Description	Points	
8a	24%	Percentage of pediatric (≥ 2 yrs old) and/or adult asthma patients and COPD patients receiving Inhaler Education.		
		Increase by 5% or greater	24	
		Increase by 3% or less than 5%	12	
		Increase by less than 3%	0	
and/or				
and/or		Percentage of pediatric and/or adult asthma patients and COPD patients receiving ≥ 2 oral corticosteroid prescriptions.		
8b		$\geq 10\%$ Relative Reduction	24	
	7% - $<10\%$ Relative Reduction	12		
	$<7\%$ Relative Reduction	0		
		Total Points Possible	48	
		Point Threshold for VBR eligibility	24	
102% Tobacco Cessation VBR Measure				
9	n/a	Percentage of pediatric (≥ 13 yrs) and/or adult asthma patients and COPD patients (≥ 40 yrs) receiving tobacco cessation counseling.		
		Increase by 5% or greater from the measurement baseline year	Yes or No	

NOTES: *SCP = Allergist, Pulmonologist, Pediatric Pulmonologist. Must be designated in the PGIP PA Tool as one of these specialties. For 3/1/2026- must be on Winter 2025 and Summer 2025 Snapshots + be in PGIP February 2026 to receive VBR.

PCPs must be PCMH designated in the PGIP snapshot.

** As available. Counts as two engagement activities.

^Form available in the INHALE Admin Portal



Continuing Practice Scorecard Legend

Measure #	Description
<p>General Expectations: 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).</p>	
1	Practice Clinical Champion (as designated in the INHALE Admin Portal) 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 75% 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 hours 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.
2	The practice Clinical Champion is required to watch the "Lung Health and Outdoor Air Quality" Learning module and completes the survey.
3	All practice providers 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 two surveys is required: one is to claim credit for completing the measure for VBR, the other is to claim CME credit. CME Credit is optional, but the survey for viewing the content validates attendance and is not optional for claiming credit for the measure. CME credit will not be counted toward meeting attendance.
4	The Practice Clinical Champion or Practice Liaison will complete the PDSA worksheet on implementing an OCS stewardship or Inhaler Education intervention to meet performance target. The document and rubric will be provided by INHALE. Scoring and Feedback will be performed by the INHALE Coordinating Center.
5	A provider (Practice Clinical Champion/ Participating INHALE Provider [MD, DO]) from each practice participating in INHALE will identify a patient determined in the OCS overuse measure on the INHALE Data Dashboard and complete a case review form on the Admin Portal.
6	<p>Best Practice Document: 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.</p> <p>Patient Experience Feedback Form: Identify a patient from your practice that is willing to share their experience with the living with asthma/COPD or complete feedback on a patient facing INHALE resource. This form is available in the Admin Portal.</p> <p>Present at a Regional/Collaborative Wide: meeting as a presenter or panel member. 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.</p> <p>Provide feedback on the user experience of the INHALE Data Dashboard: Provide written feedback on the or meet directly with Coordinating Center staff on your first-hand experience with the INHALE Data Dashboard.</p> <p>Provider feedback on the Resource Library: Provide written feedback on resources (Toolkits, inhaler videos, education modules, etc.).</p> <p>Participate in a Site Visit: 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.</p>
7 (BONUS)	The Practice Clinical Champion will need to obtain a login from MDC to review the INHALE Data Dashboard at least twice a 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 can track logins for the INHALE Data Dashboard.
8a,b	<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>Scoring: 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. 8a: 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. 8b: 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>Scoring will be awarded of the two performance measures may be combined to achieve the threshold of 24 points, but the points may not exceed 24 points.</p>

	<p>Reward Eligibility: 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: Inhale Participation = 102% INHALE Performance = 103% 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 2025, July 2025 and January 2026 PGIP snapshots to receive VBR. VBR is applied to codes similarly to all other BCBSM related PCP VBR.</p>
	<p>Claims Codes: CPT code for Inhaler Education is CPT 94664 and a Modifier 59 must be added to the CPT code. The 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 \geq13yrs or COPD patients \geq40 yrs) who are identified as tobacco user 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>

Reimbursement:

- PCP reimbursement for VBR year 2025 is 9/1/2025 - 8/31/2026
- SCP reimbursement for VBR year 2025 is 3/1/2026 - 2/28/2027