

This email is intended for producers with business in Pennsylvania and West Virginia.

Introducing ValueBlue and ValueBlue Connect

Highmark is evolving how we pay primary care providers through two new complementary reimbursement initiatives, **ValueBlue** and **ValueBlue Connect**. Beginning in 2027, these programs are designed to better align provider payment with the outcomes clients and members expect: stronger prevention, more proactive care, improved coordination, greater access, and better management of avoidable downstream costs.

What is Changing

- **ValueBlue** introduces partial capitation for a defined set of primary care services. Practices receive predictable, risk-adjusted funding for attributed members, giving care teams greater flexibility to support members through outreach, virtual care, care coordination, and in-person care when appropriate. Preventive and wellness services remain reimbursed on a fee-for-service basis.
- **ValueBlue Connect** is a focused incentive program that replaces True Performance for participating entities. It ties additional reimbursement to measurable results across quality, affordability, population health, and member experience.

Why This Matters
This is a reimbursement redesign, not simply an added payment on top of today's model. Dollars are shifting from visit-based reimbursement and legacy incentive arrangements to partial capitation and more focused performance payments. The intent is to reduce the financial emphasis on generating additional low-value visits and strengthen support for prevention, early intervention, and coordinated care.

This redesign will encourage more preventive and proactive care while helping reduce avoidable high-cost utilization and other unnecessary downstream services over time. These expectations are grounded in eight years of experience with this approach in our New York market, where provider behavior began to change in the first year, and value continued to grow as the program matured. The model does not restrict access to care or incentivize providers to withhold necessary services. Instead, it realigns payment with the services that deliver value for customers and members while continuing to reimburse core primary care delivery.

What Customers Can Expect to See
For members attributed to participating providers, customer monthly invoices will now display a capitation column in addition to Value-Based Reimbursement charges. This does not mean that more money is being billed back to clients. Rather, we are redistributing existing charges. The capitation amount replaces Highmark's payment for the defined services otherwise reimbursed through claims, while the redesigned incentive component is expected to be lower than the current True Performance chargeback as more reimbursement shifts into the core capitation model. Member cost share is not increasing because of this reimbursement change.

These programs are launching in Highmark's Pennsylvania and West Virginia Markets for the first time and are evolutions of the existing "BestPractice" program in the New York Markets. While the programs will not launch in Delaware, it is still possible for Delaware clients to see impacts to their charges if their members utilize a Primary Care Provider in a participating Market.

Questions?
We recognize that transparency into value-based reimbursement funding and client impact is essential, particularly when invoice presentation changes. Please look for additional information in the coming weeks and connect with your Sales Executive or Client Manager with any questions.



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