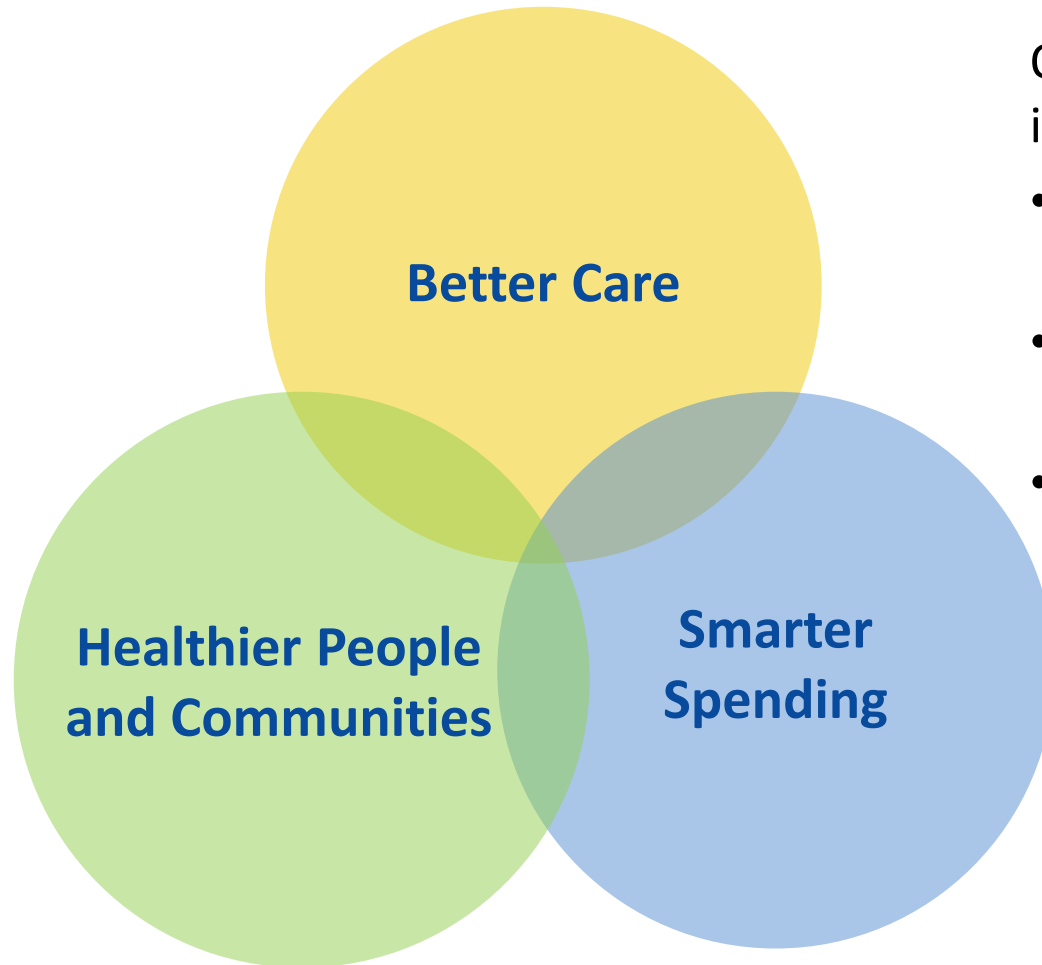


BPCI Advanced Quality Measures

Quality Methodology Webcast

January 2020

Quality Measurement Goals



Quality Measures enable providers, institutions, and CMS to:

- Track health care processes and resulting outcomes
- Gain insight into the patient and family experience
- Identify opportunities for quality improvement

Advanced Alternative Payment Model (APM)

To qualify as an Advanced APM, a Model must meet three requirements:

- Use of Certified Electronic Health Record Technology (CEHRT)
- Assumption of more than nominal risk by Model Participants
- Payment must be linked to quality



BPCI Advanced as an Advanced APM

Tying quality to payment:

- CMS calculates a quality score for each Quality Measure at the Clinical Episode level, as applicable
- These scores are volume-weighted and scaled across all Clinical Episodes attributed to a given Episode Initiator, to calculate an Episode Initiator-specific Composite Quality Score (CQS)
- CMS applies an adjustment amount to Positive or Negative Total Reconciliation Amounts



Promoting Quality in BPCI Advanced

- Quality Measures promote improvement in care redesign, peer-to-peer collaboration, care coordination, and patient outcomes
- BPCI Advanced monitors quality through a select set of Clinical Episode-specific Quality Measures



BPCI Advanced Quality Measures Evaluation

Quality Methodology Webcast

- ✓ Clinical Episodes relation to Quality Measures
- ✓ Clinical Episode Precedence Rules
- ✓ Quality Measure data submission sources

Understanding Composite Quality Score (CQS) Webcast

- CQS for Acute Care Hospitals (ACHs)
- CQS for Physician Group Practices (PGPs)
- Quality Measures Aggregation for Model Years (MY) 1, 2, and 3
- Clinical Episode volume impact on CQS calculation

Reconciliation Process Webcast

- CQS impact on Reconciliation
- The CQS and Reconciliation Webcasts are available in the BPCI Advanced Participant Portal – Announcement Section

Clinical Episodes Overview

New Features in Model Year 3

There are four new inpatient and one outpatient Clinical Episodes in the Model*:



Inpatient

- Bariatric Surgery
- Inflammatory Bowel Disease
- Seizures
- Transcatheter Aortic Valve Replacement



Outpatient

- Major joint replacement of the lower extremity (MJRLE), which is a multi-setting Clinical Episode triggered in both inpatient and outpatient settings

*Beginning in MY3, there will be only one Spinal Fusion Clinical Episode incorporating multiple DRGs, which is an update from Model Years 1 and 2.

BPCI Advanced Model Year 3 Clinical Episodes

There are now 35 Clinical Episodes in the Model:



31 Inpatient Clinical Episodes

Specialty Groups:

- Cardiac
- Gastrointestinal
- Infectious Disease
- Kidney
- Neurological
- Pulmonary
- Orthopedic



4 Outpatient Clinical Episodes

– Including:

- MJRLE*
- Percutaneous coronary intervention
- Cardiac defibrillator
- Back and neck surgery, except spinal fusion

*This is a multi-setting Clinical Episode category. Total Knee Arthroplasty (TKA) procedures can trigger episodes in both inpatient and outpatient settings.

Defining a Clinical Episode in BPCI Advanced

CMS has separate definitions for Clinical Episodes in inpatient and outpatient settings:



Anchor Stay: The Episode Initiator files a claim for an **inpatient** stay that includes a qualifying MS-DRG code billed to Medicare Fee-for-Service (FFS)

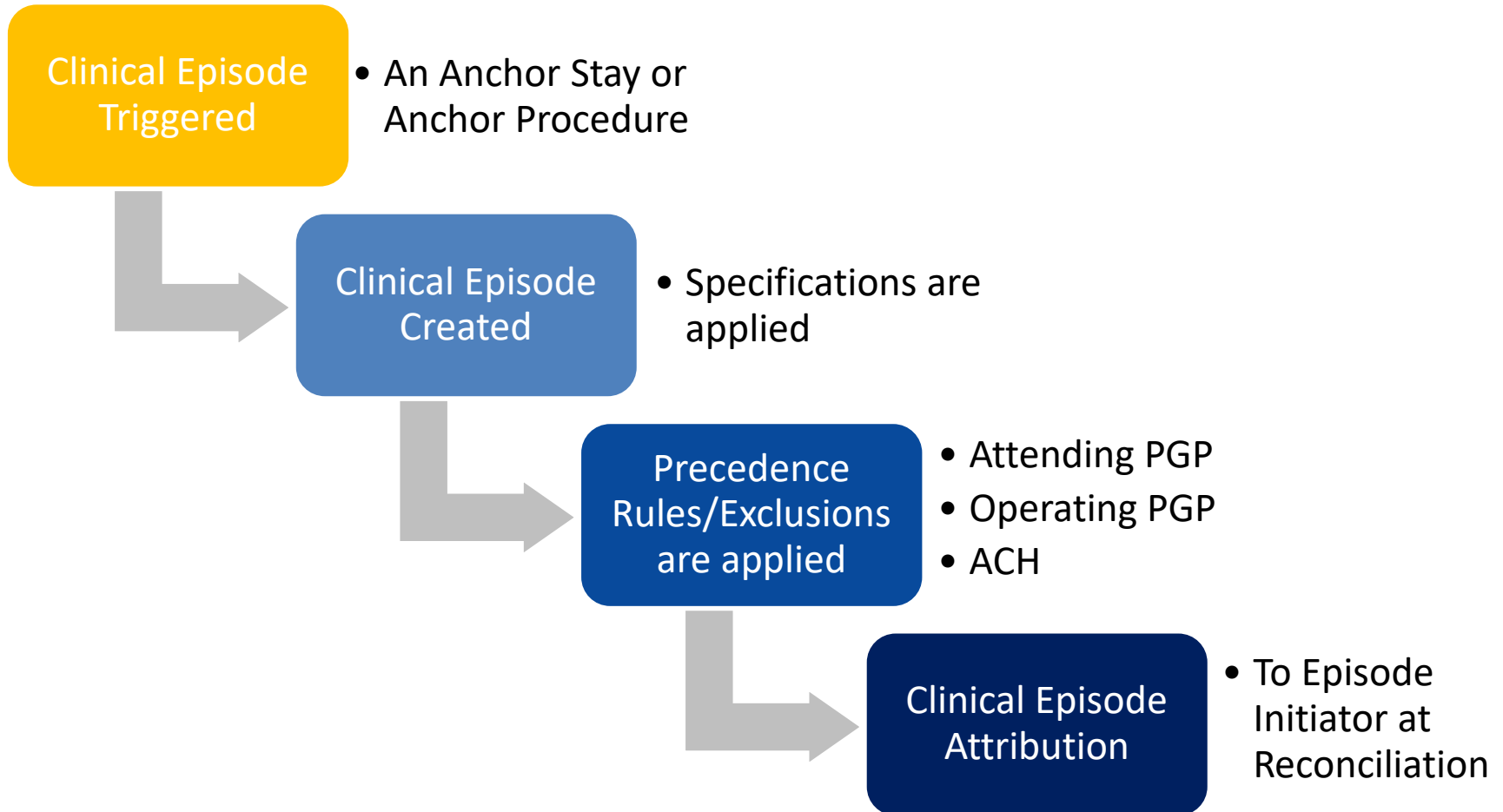
- *Clinical Episode length: Anchor Stay + 90 days, the date of discharge is day one of the 90-day period*



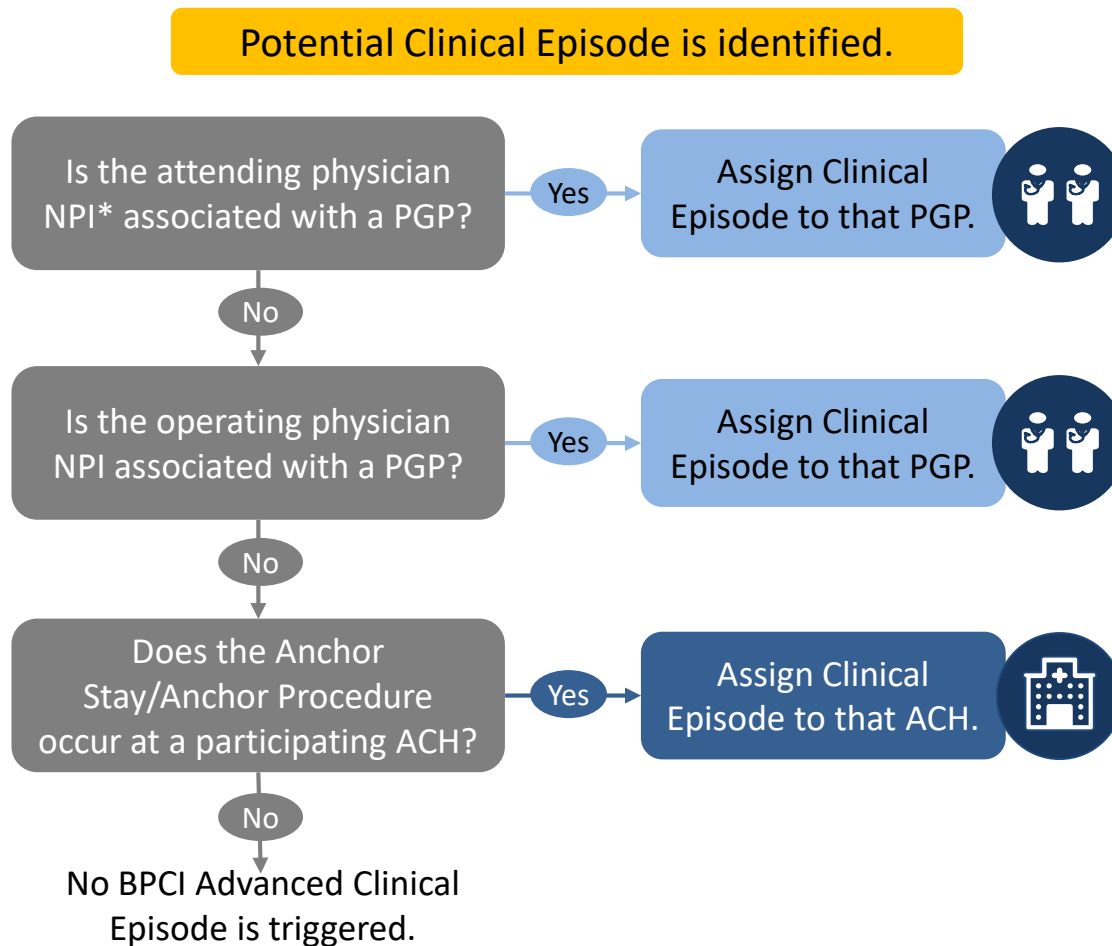
Anchor Procedure: The Episode Initiator files a claim for an **outpatient** procedure that includes a qualifying Healthcare Common Procedure Coding System (HCPCS) code billed to Medicare FFS

- *Clinical Episode length: Anchor Procedure + 90 days, the date the outpatient procedure is completed is day one of the 90-day period*

Clinical Episode Attribution Process



Precedence Rules for Episode Initiators



MJRLE Example

- **Name:** William
- **Procedure:** Elective TKA
- **Surgery Date:** July 15
- **BPCI Advanced Clinical Episode:** MJRLE



MJRLE Example: Defining a Clinical Episode

Patient Surgery: TKA

Clinical Episode: MJRLE



Inpatient

- MS-DRG: 470
- Anchor Stay:
 - Patient admitted: July 15
 - Patient discharged: July 18
- July 18 is day one of the 90-day period that ends on October 15
- Episode Length = 93 days (July 15 – October 15)



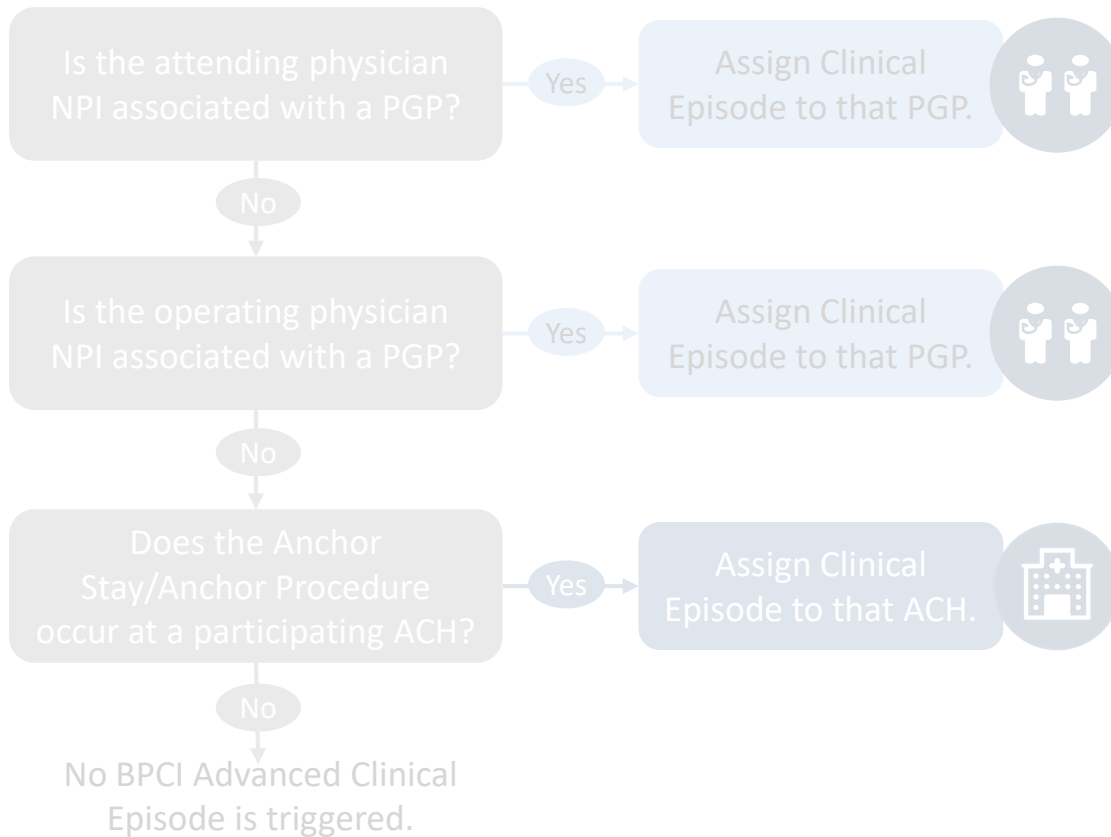
Outpatient

- HCPCS code: 27447
- Anchor Procedure:
 - Surgery starts: July 15
 - Surgery ends: July 15
- July 15 is day one of the 90-day period that ends on October 12
- Episode length = 90 days (July 15 – October 12)

Example: Precedence Rules (Part 1)

Example
1

Potential Clinical Episode is identified.



MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

Example: Precedence Rules (Part 2)

Example
1

Potential Clinical Episode is identified.

Is the attending physician
NPI associated with a PGP?

Yes

Assign Clinical
Episode to that PGP.



No

Is the operating physician
NPI associated with a PGP?

Yes

Assign Clinical
Episode to that PGP.



No

Does the Anchor
Stay/Anchor Procedure
occur at a participating ACH?

Yes

Assign Clinical
Episode to that ACH.



No

No BPCI Advanced Clinical
Episode is triggered.

MS-DRG 470 triggers the MJRLE
Inpatient Clinical Episode.

Example: Precedence Rules (Part 3)

Example
1

Potential Clinical Episode is identified.

Is the attending physician
NPI associated with a PGP?

Yes

Assign Clinical
Episode to that PGP.



No

Is the operating physician
NPI associated with a PGP?

Yes

Assign Clinical
Episode to that PGP.



No

Does the Anchor
Stay/Anchor Procedure
occur at a participating ACH?

Yes

Assign Clinical
Episode to that ACH.



No

No BPCI Advanced Clinical
Episode is triggered.

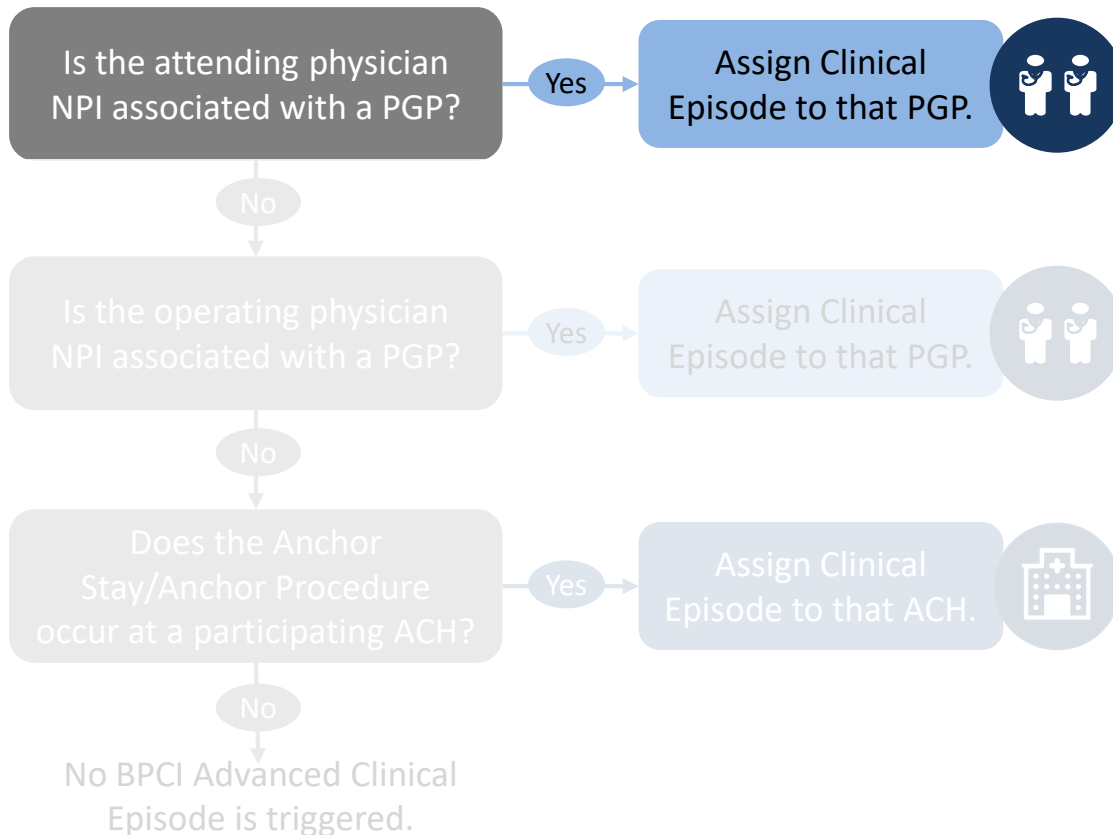
MS-DRG 470 triggers the MJRLE
Inpatient Clinical Episode.

Yes, the attending is associated
with a participating PGP.

Example: Precedence Rules (Part 4)

Example
1

Potential Clinical Episode is identified.



MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

Yes, the attending is associated with a participating PGP.

Then assign the Clinical Episode to the participating PGP.

Example: Precedence Rules (Part 5)

Example 2

Potential Clinical Episode is identified.

Is the attending physician NPI associated with a PGP?

Yes

Assign Clinical Episode to that PGP.



No

Is the operating physician NPI associated with a PGP?

Yes

Assign Clinical Episode to that PGP.



No

Does the Anchor Stay/Anchor Procedure occur at a participating ACH?

Yes

Assign Clinical Episode to that ACH.



No

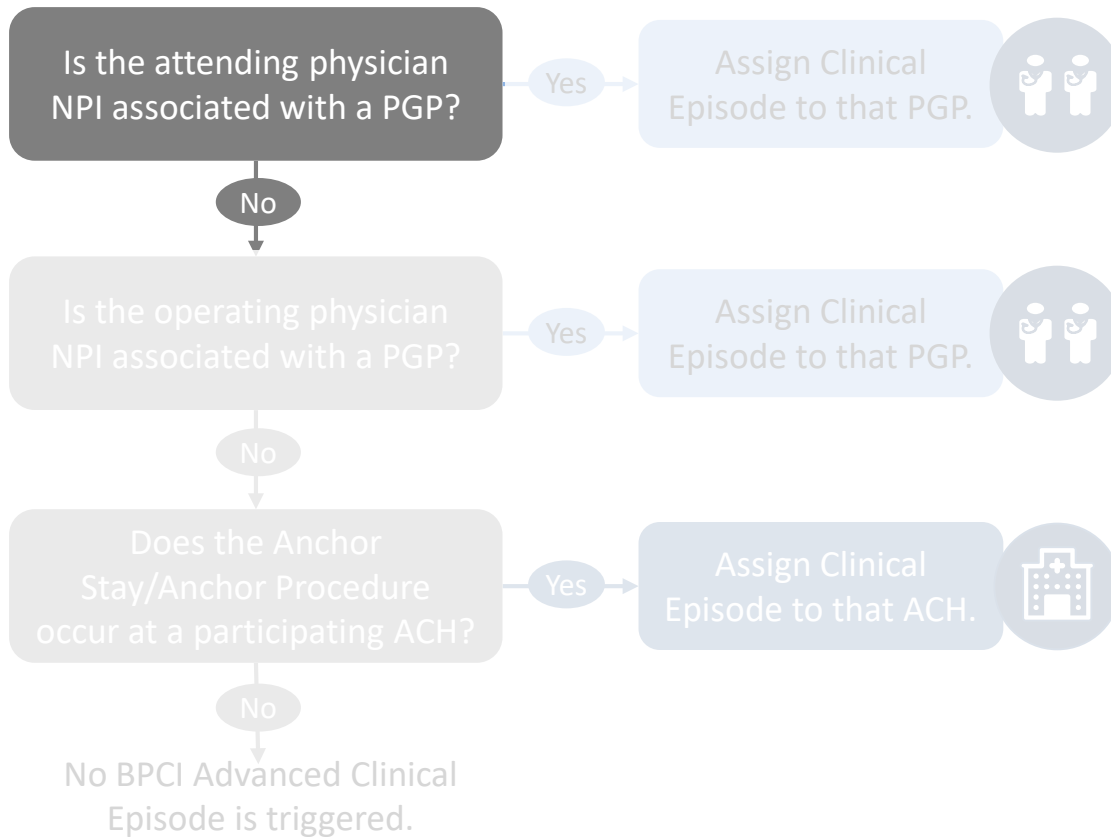
No BPCI Advanced Clinical Episode is triggered.

MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

Example: Precedence Rules (Part 6)

Example 2

Potential Clinical Episode is identified.



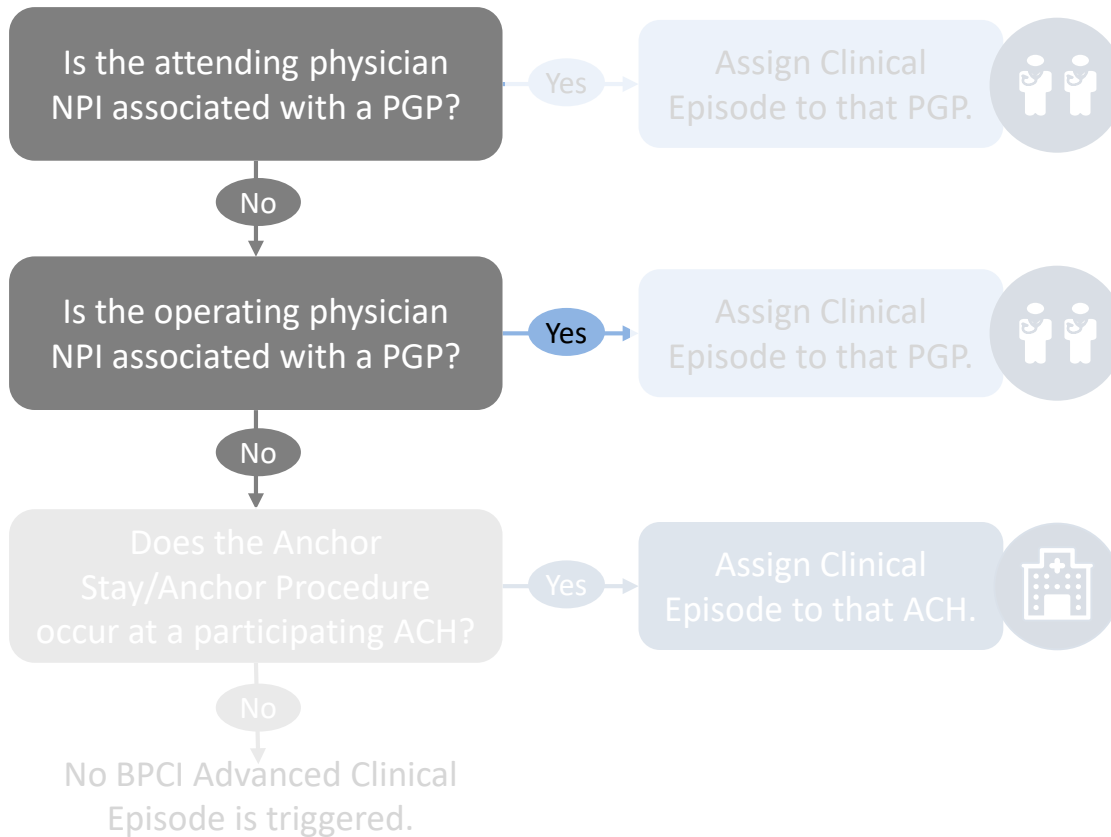
MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

No, the attending is not associated with a participating PGP.

Example: Precedence Rules (Part 7)

Example 2

Potential Clinical Episode is identified.



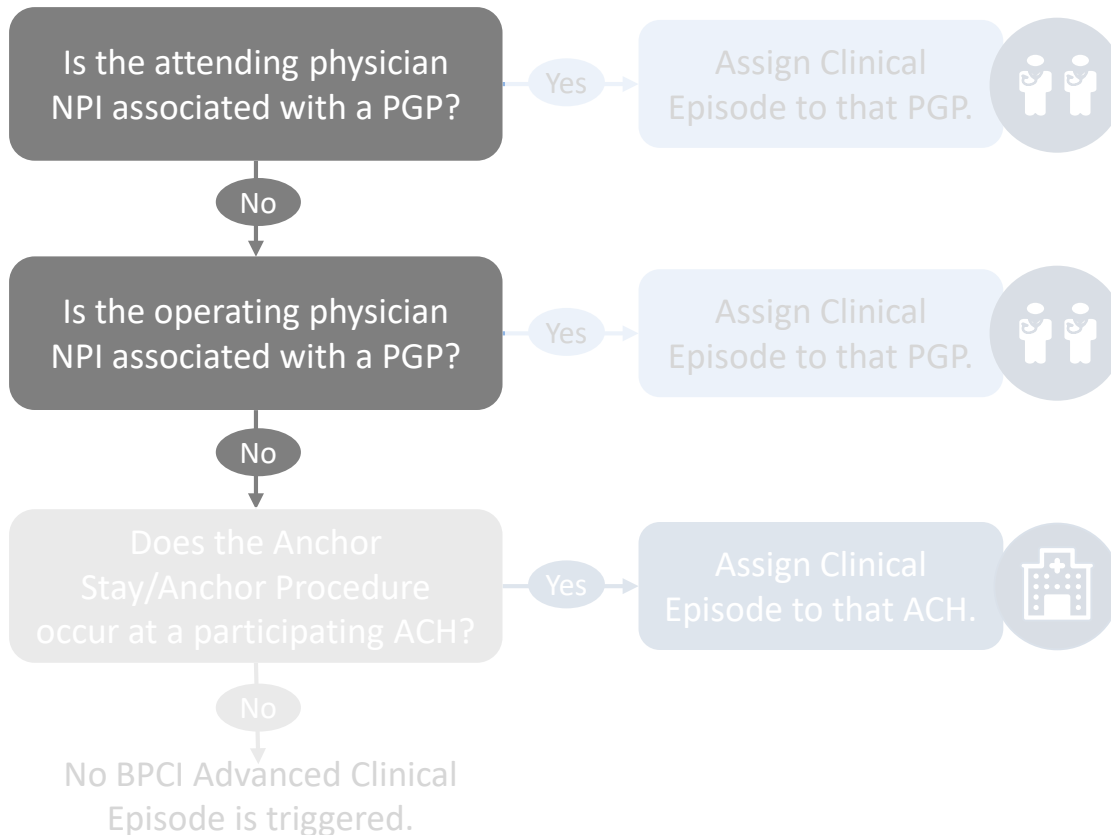
MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

No, the attending is not associated with a participating PGP.

Example: Precedence Rules (Part 8)

Example 2

Potential Clinical Episode is identified.



MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

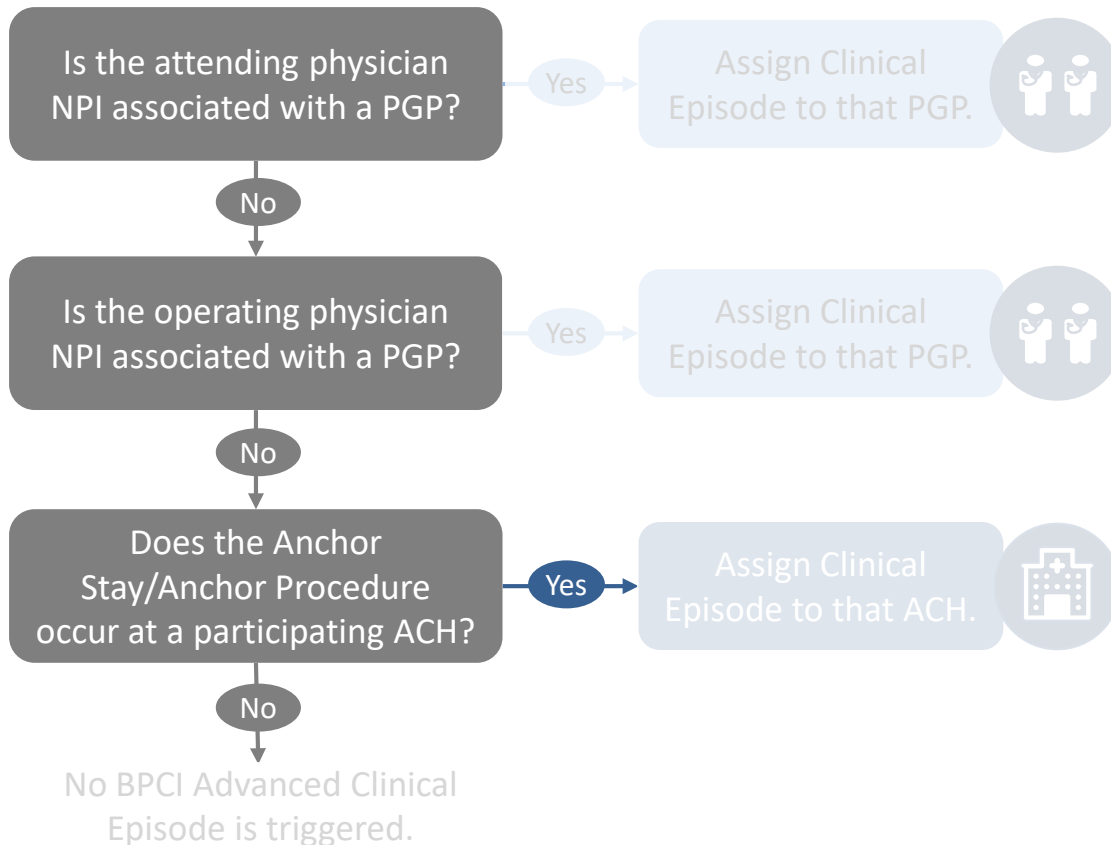
No, the attending is not associated with a participating PGP.

No, the operating physician's NPI is not associated with a participating PGP.

Example: Precedence Rules (Part 9)

Example 2

Potential Clinical Episode is identified.



MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

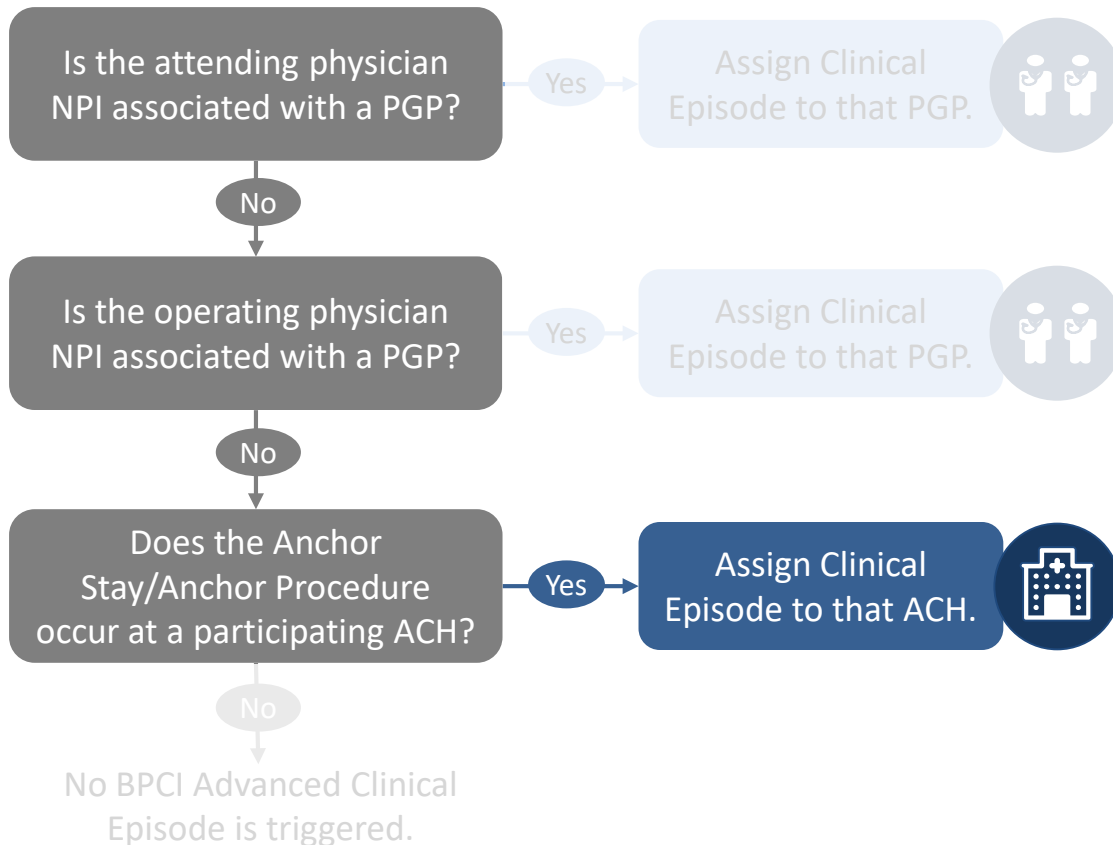
No, the attending is not associated with a participating PGP.

No, the operating physician's NPI is not associated with a participating PGP.

Example: Precedence Rules (Part 10)

Example 2

Potential Clinical Episode is identified.



MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

No, the attending is not associated with a participating PGP.

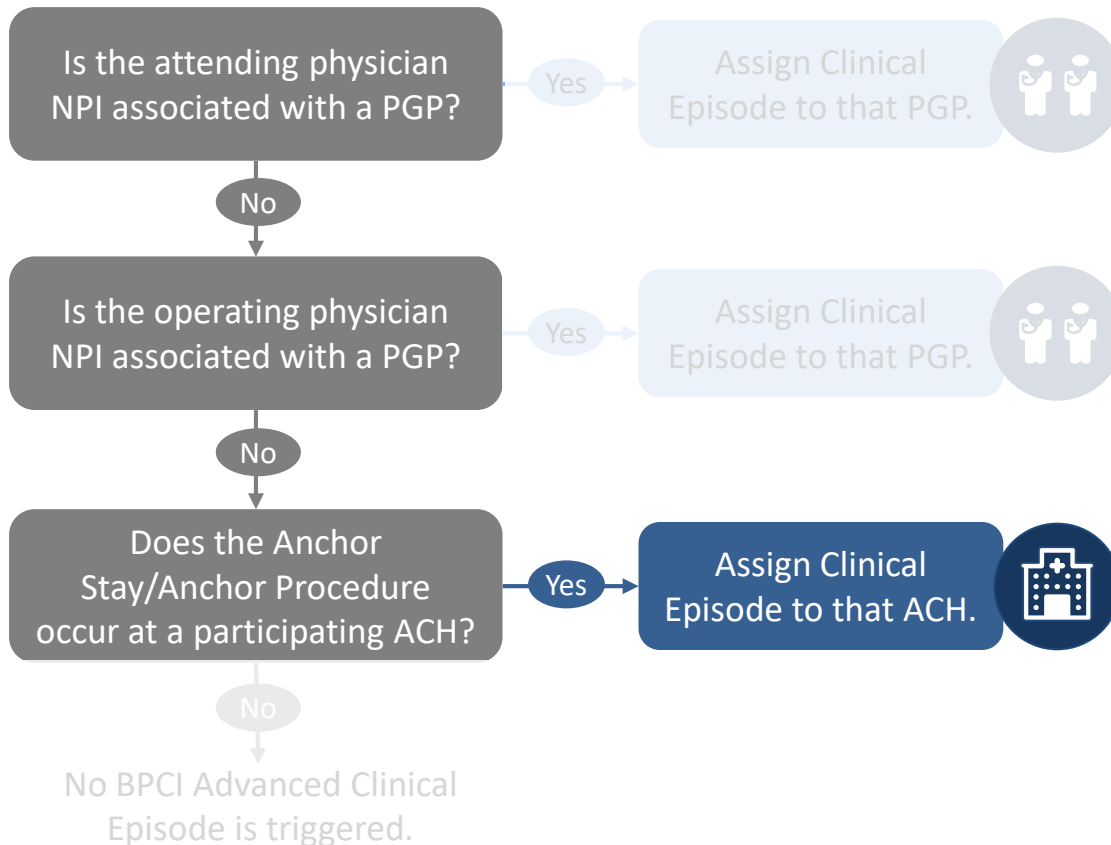
No, the operating physician's NPI is not associated with a participating PGP.

Yes, the Anchor Stay occurred at a participating ACH.

Example: Precedence Rules (Part 11)

Example 2

Potential Clinical Episode is identified.



MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

No, the attending is not associated with a participating PGP.

No, the operating physician's NPI is not associated with a participating PGP.

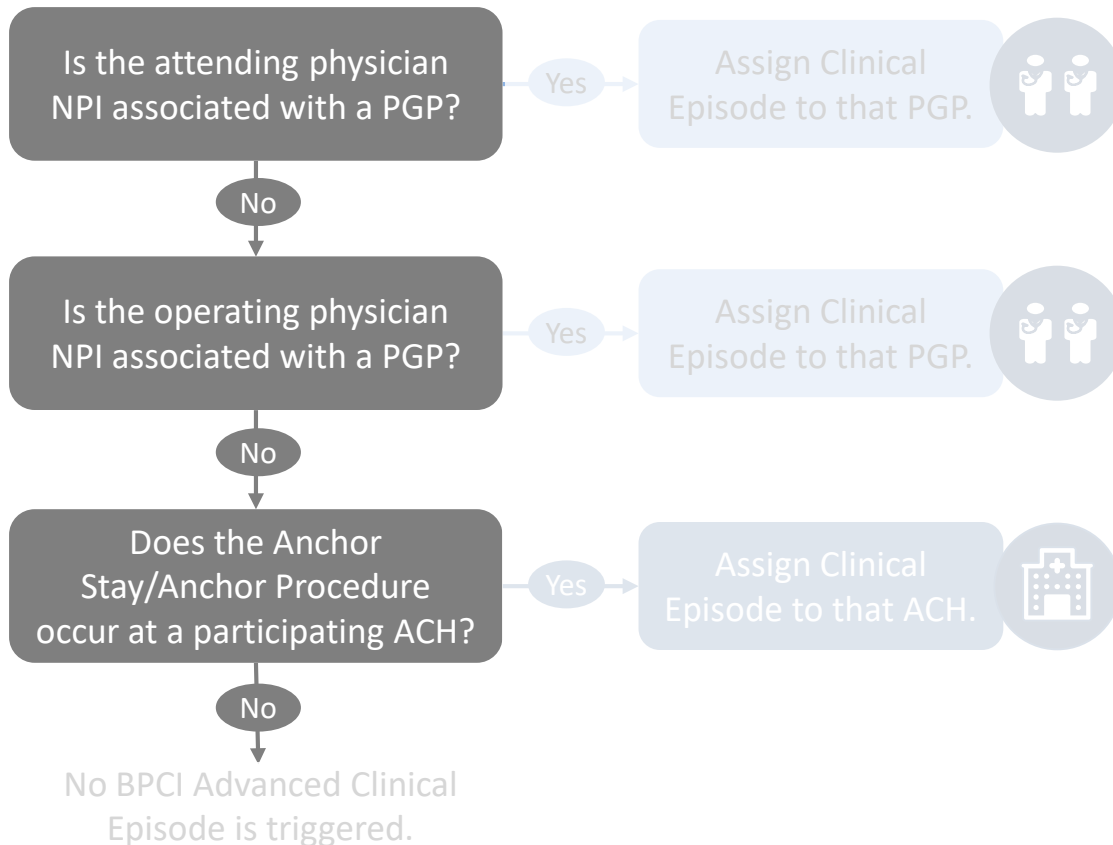
Yes, the Anchor Stay occurred at a participating ACH.

Then assign the Clinical Episode to the participating ACH.

Example: Precedence Rules (Part 12)

Example 3

Potential Clinical Episode is identified.



MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

No, the attending is not associated with a participating PGP.

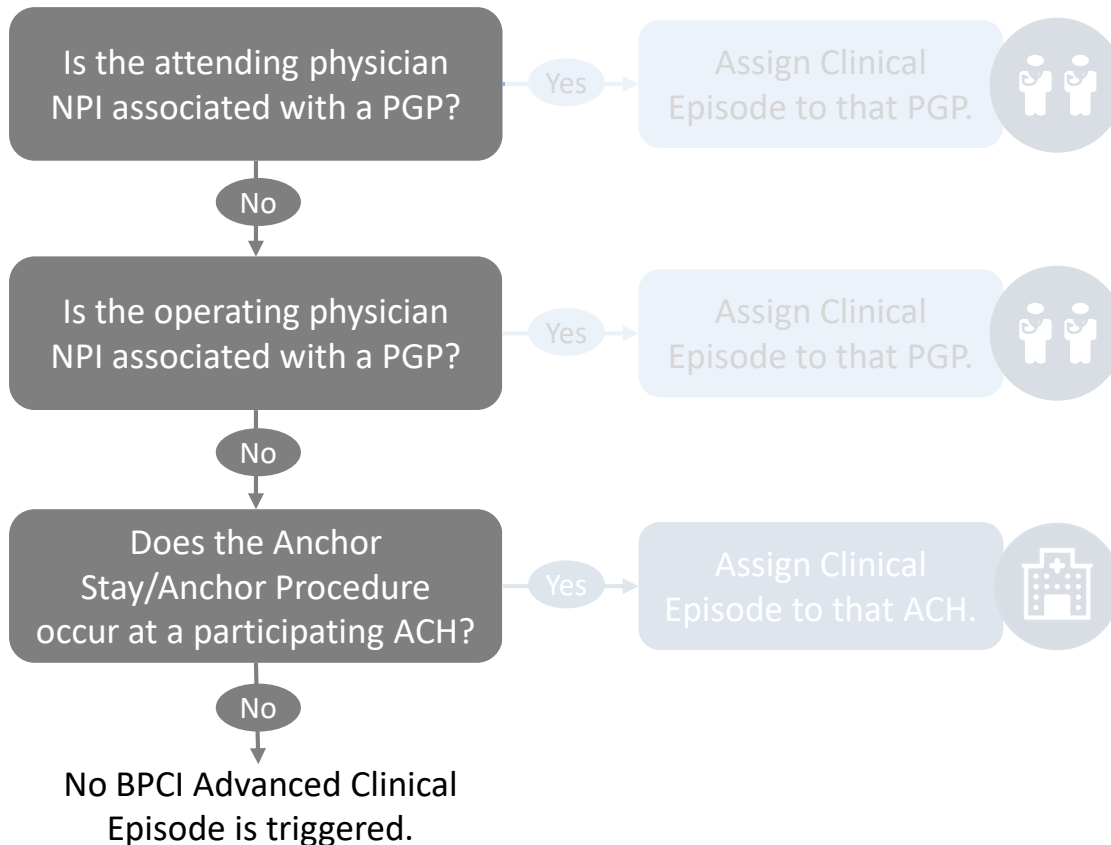
No, the operating physician's NPI is not associated with a participating PGP.

No, the Anchor Stay did not occur at a participating ACH.

Example: Precedence Rules (Part 13)

Example 3

Potential Clinical Episode is identified.



MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

No, the attending is not associated with a participating PGP.

No, the operating physician's NPI is not associated with a participating PGP.

No, the Anchor Stay did not occur at a participating ACH.

Then no BPCI Advanced Clinical Episode is triggered.

Administrative Quality Measures Set for Model Years 1, 2, & 3

Administrative Quality Measures Set

Administrative Quality Measures Set

All Clinical
Episodes

- Advance Care Plan (NQF #0326)
- Hospital-Wide All-Cause Unplanned Readmission Measure (NQF #1789)
- CMS Patient Safety Indicators 90 (CMS PSI 90) (NQF #0531)



Specific
Clinical
Episodes

- Up to 2 Clinical Episode-specific Quality Measures

Quality Measures Correlation to Clinical Episodes

Model Years 1, 2, & 3 (Part 1)

Quality Measure	Guidance	Applicable Clinical Episode
All-Cause Hospital Readmission Measure	NQF #1789 QPP #0458	All Inpatient and Outpatient Clinical Episodes
Advance Care Plan*	NQF #0326 QPP #047	All Inpatient and Outpatient Clinical Episodes
CMS Patient Safety Indicators 90 (CMS PSI 90)	NQF #0531	All Inpatient Clinical Episodes
Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	NQF #1550	Double Joint Replacement of the Lower Extremity: MS- DRGs: 461, 462 Major Joint Replacement of the Lower Extremity (Inpatient and Outpatient): MS-DRGs: 469, 470; HCPCS 27447
Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft Surgery (CABG)	NQF #2558	CABG: MS-DRGs: 231, 232, 233, 234, 235, 236
Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (AMI)	NQF #2881	AMI: MS-DRGs: 280, 281, 282

**Note that this measure was adapted from an NQF-endorsed measure; the measure specifications were changed for use in the BPCI Advanced Model. NQF has not reviewed or approved the revised measure specifications.*

Quality Measures Correlation to Clinical Episodes

Model Years 1, 2, 3 (Part 2)

Quality Measure	Guidance	Applicable Clinical Episode
Perioperative Care: Selection of Prophylactic Antibiotic: First or Second Generation Cephalosporin*	NQF #0268; QPP #021	Back and Neck Except Spinal Fusion (Inpatient and Outpatient) MS-DRGs: 518, 519, 520; HCPCS: 62287, 63005, 63011, 63012, 63017, 63030, 63040, 63042, 63045, 63046, 63047, 63056, 63075
		Bariatric Surgery: MS-DRGs: 619, 620, 621
		CABG: MS-DRGs: 231, 232, 233, 234, 235, 236
		Cardiac Valve: MS-DRGs: 216, 217, 218, 219, 220, 221
		Double Joint Replacement of the Lower Extremity: MS-DRGs: 461, 462
		Hip and Femur Procedures Except Major Joint: MS-DRGs: 480, 481, 482
		Lower Extremity and Humerus Procedure Except Hip, Foot, Femur: MS-DRGs: 492, 493, 494
		Major Bowel Procedure: MS-DRGs: 329, 330, 331
		Major Joint Replacement of the Lower Extremity (Inpatient and Outpatient): MS-DRGs: 469, 470; HCPCS:27447
		Major Joint Replacement of the Upper Extremity: MS-DRG: 483
Spinal Fusion: MS-DRGs: 453, 454, 455, 459, 460, 471, 472, 473		

MJRLE Example: Administrative Quality Measures Set

MJRLE Administrative Quality Measures Set

All Clinical
Episodes

1. Advance Care Plan (NQF #0326)
2. Hospital-Wide All-Cause Unplanned Readmission Measure (NQF #1789)
3. CMS PSI 90 (NQF #0531)

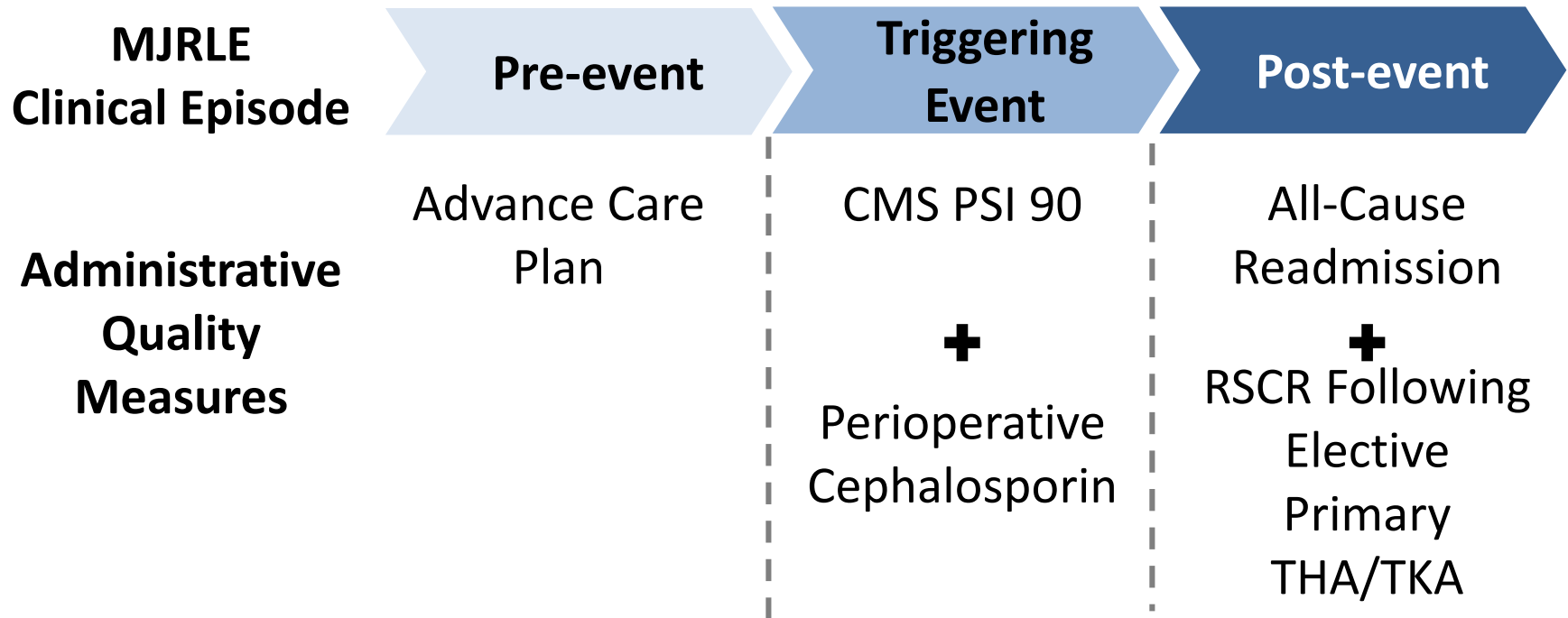


Specific
Clinical
Episodes

4. Hospital 30-Day, All Cause, RSCR Following Elective Primary THA and/or TKA (NQF #1550)
5. Perioperative Care: Selection of Prophylactic Antibiotic: First or Second Generation Cephalosporin (NQF #0268)

MJRLE Example: Clinical Episode Life Cycle

The Quality Measures reflect the patient experience before, during, and after the triggering event with several cross-cutting Quality Measures.



Data Sources for Quality Measures

Administrative Quality Measures Data Sources

The seven Administrative Quality Measures are collected from the Inpatient Quality Reporting (IQR) Program and from Medicare claims.

Quality Measure	Data Source
Advance Care Plan	Medicare Claims
All-Cause Hospital Readmission Measure	IQR Program
CMS PSI 90	IQR Program
Excess Days in Acute Care after Hospitalization for AMI	IQR Program
Hospital 30-Day, All-Cause, RSMR Following CABG	IQR Program
Hospital-Level RSCR Following Elective Primary THA and/or TKA	IQR Program
Perioperative Care: Selection of Prophylactic Antibiotic: First or Second Generation Cephalosporin	Medicare Claims

IQR Program Data

Under the Hospital IQR Program, CMS collects quality data from hospitals paid under the Inpatient Prospective Payment System, with the goal of driving quality improvement through measurement and transparency by publicly displaying data to help consumers make more informed decisions about their health care.

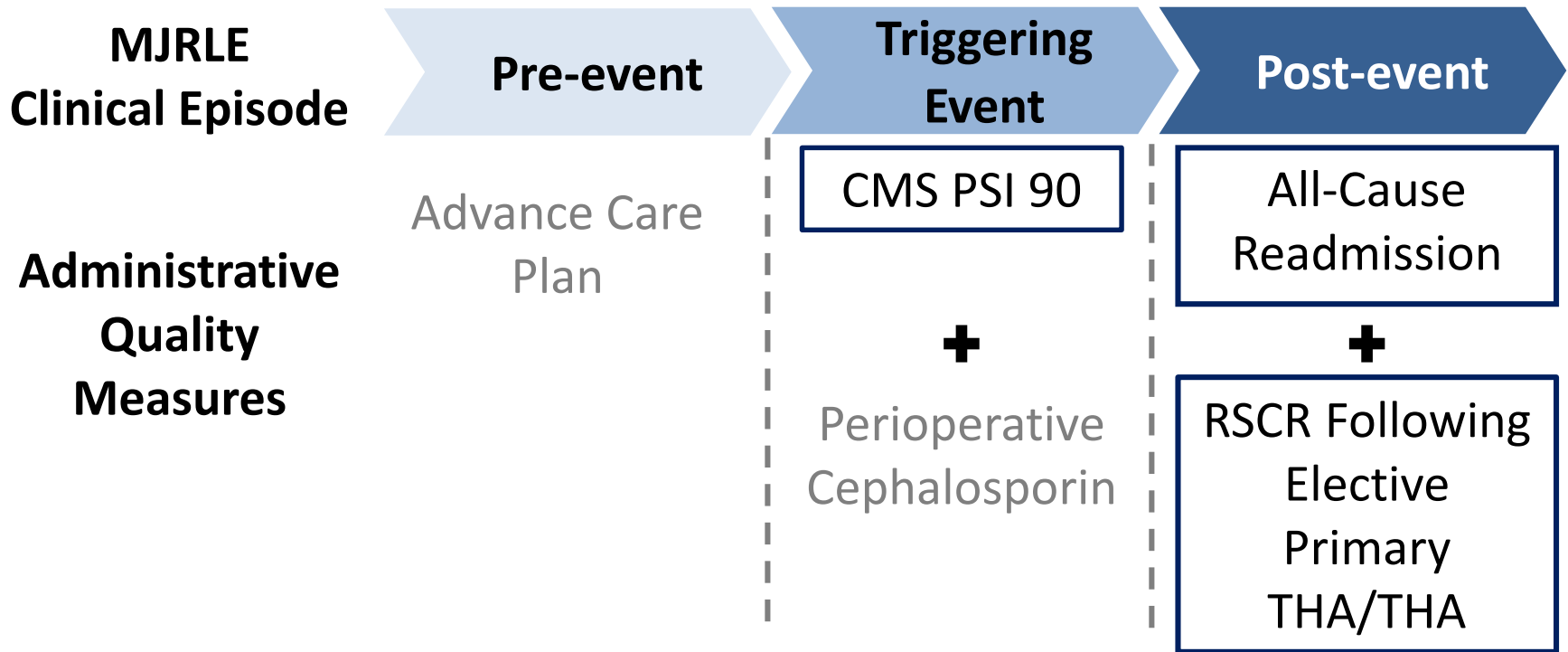
Data Source

ACHs submit data for Quality Measures through the **IQR** Program

How to Submit

- BPCI Advanced will obtain the Quality Measure results from the IQR Program
- No action is required beyond IQR Program responsibilities

MJRLE Example: IQR Program Data



Medicare Claims Data

Data Source

Participants submit the data through the **CMS claims process** using:

- Payable CPT* level I codes
- Non-payable QDCs** (CPT/HCPCS level II)

How to Submit

Participants need to make sure they are reporting relevant codes on their CMS-1500 claim forms

Submission Tips

- Submit CPTs on the claim(s) with the denominator billing code(s)
- Medicare Administrative Contractors (MACs) will typically not allow Participants to append non-payable QDCs to claims after submission

*Common Procedure Terminology (CPT)

**Quality Data Codes (QDC)

MJRLE Example: CMS-1500 Claim Form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.:											22. RESUBMISSION CODE		ORIGINAL REF. NO.						
A. 470			B. _____			C. _____			D. _____		23. PRIOR AUTHORIZATION NUMBER								
E. _____			F. _____			G. _____			H. _____										
I. _____			J. _____			K. _____			L. _____										
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
From		To																	
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER										
1	07	01	20	09	30	20	21	27447			1	3421.00	1			NPI	0123456789		
2	07	01	20	09	30	20	21	G9197			1	0.00	1			NPI	0123456789		
3																NPI			
4																NPI			
5																NPI			
6																NPI			
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For gov. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use				
XX-XXXXXXX				<input type="checkbox"/> <input checked="" type="checkbox"/>		XXXXX			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ XXXX XX		\$ XXXX XX						
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()							
SIGNED						DATE						a. NPI		b. XXXXXXXXXXXX					

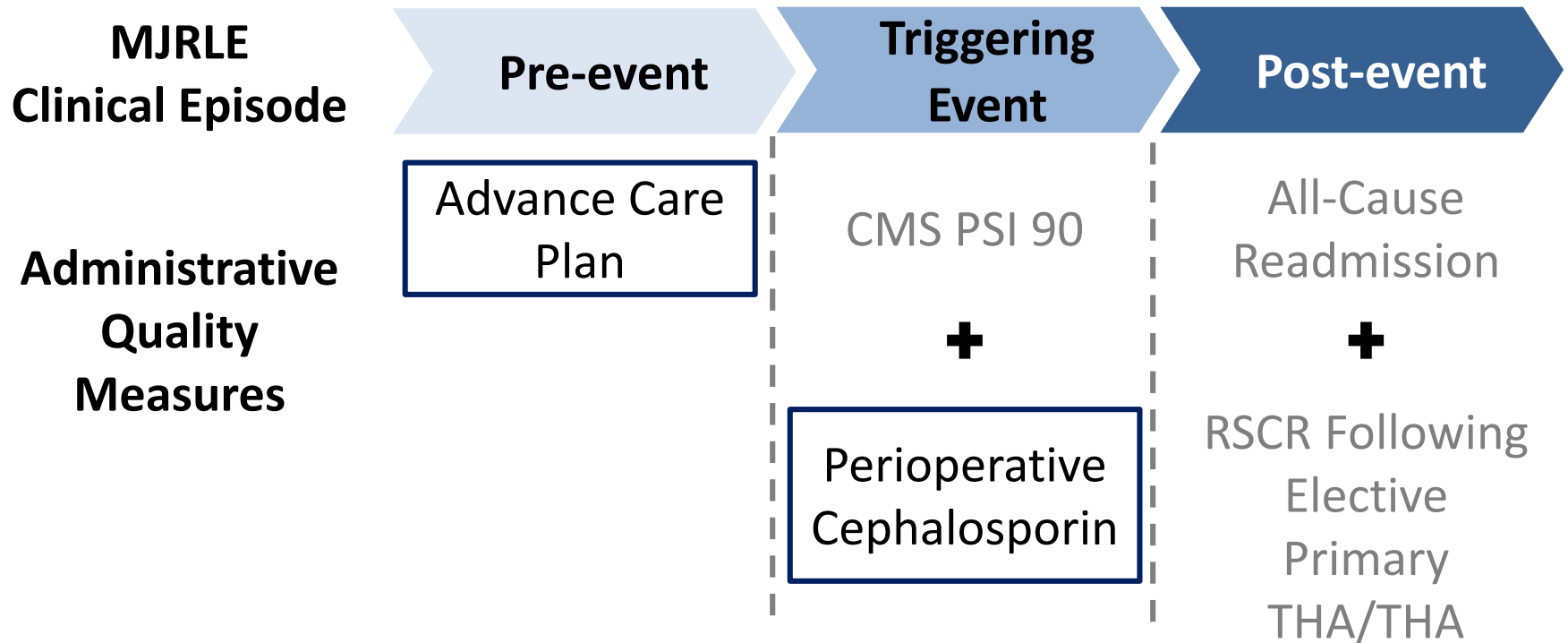
PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

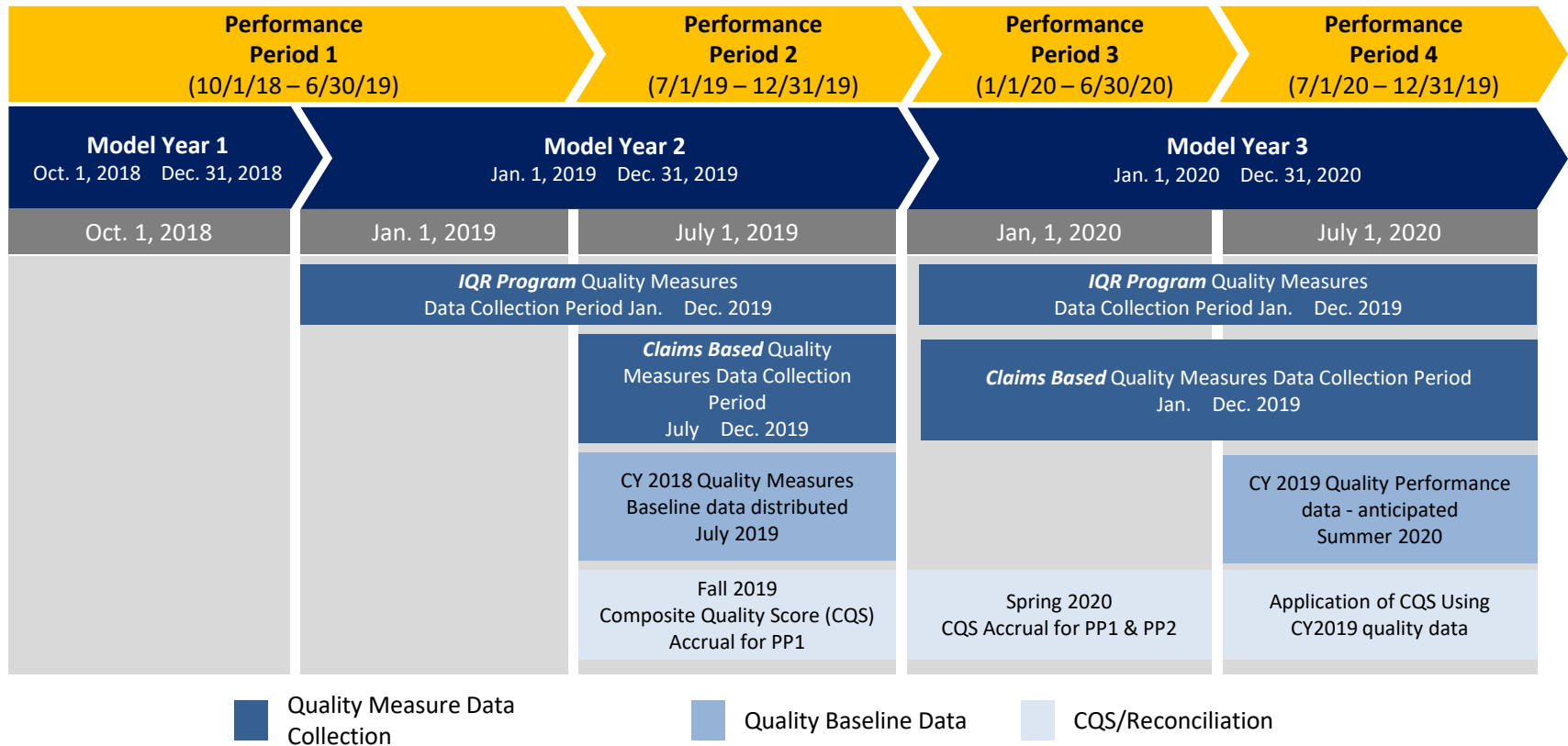
PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

MJRLE Example: Claims Data



Quality Data Timeline



Additional Information

- Additional information can be found at the CMS Innovation Center website:
<https://innovation.cms.gov/initiatives/bpci-advanced>
- If you have questions about this presentation or the Model, please contact the BPCI Advanced Model Team at
BPCIAdvanced@cms.hhs.gov
- CMS BPCI Advanced Quality Methodology Webcast survey:
<https://deloittesurvey.deloitte.com/Community/se/3FC11B2634E9B78E>

