

Bundled Payments for Care Improvement (BPCI) Advanced Alternate Quality Measures Set Frequently Asked Questions (FAQ)

This document provides questions and responses for a number of BPCI Advanced Alternate Quality Measures Set topics. Additionally, Quality Measure Fact Sheets are available on the [BPCI Advanced website](#).

Quick Links to Questions

Quick Links to Questions	1
Q1: Can Episode Initiators (EIs) change their Quality Measures Set selections?	1
Q2: What additional data will a Participant receive from registries if they enroll in Alternate Quality Measure?	2
Q3: For the Alternate Quality Measures Set with registry-based measures, will there be additional reporting steps to ensure CMS receives quality measure data from the registry?	2
Q4: Will Participants receive quality measure scores for all measures that are used to calculate the Composite Quality Score (CQS)?	2
Q5: What is the baseline performance periods for the Alternate Quality Measures Set?	3
Q6: Are COVID-19 Clinical Episodes included in the baseline or performance periods for Alternate Quality Measures?	3
Q7: How will our quality measure score be calculated if we did not join the appropriate registry and did not submit data for a Performance Period where we selected the Alternate Quality Measures Set?	3
Q8: How will registry-reported quality measure results be reported for Physician Group Practices (PGPs)?	3
Q9: We received our Reconciliation Report. How does our score on the Advance Care Plan (ACP) impact our Composite Quality Score (CQS)?	4
Resources	4
Appendix	5

Q1: Can Episode Initiators (EIs) change their Quality Measures Set selections?

A1: Participants may select either the Administrative or Alternate Quality Measures Set for their Clinical Episodes annually. However, Participants can no longer change their EI and Clinical Episode Service Line Group (CESLG) selections in the Model. Participants make their quality measure selections with the Participant Profile submission prior to the start of each Model Year. Once you select a Quality Measures Set, it applies for the entirety of that Model Year.

Q2: What additional data will a Participant receive from registries if they enroll in Alternate Quality Measure?

A2: Partner registries provide additional data to monitor performance on the quality measures, such as national data benchmarks and “like” comparisons. Each registry has unique tools and dashboards for Participants to leverage for monitoring and quality improvement. For specifics on the additional data provided by each of the registries, please reach out to the appropriate point of contact from the specific registries. Participants can identify the registry point of contact by referencing the Professional Association and Registry Point of Contact List on [CMMI Connect](#) or refer to Appendix 1 for the registry support email addresses.

Q3: For the Alternate Quality Measures Set with registry-based measures, will there be additional reporting steps to ensure CMS receives quality measure data from the registry?

A3: The only additional step Participants need to complete is notifying and confirming with the applicable registry/registries that you are planning to select the Alternate Quality Measures Set. Once you submit your data to the appropriate registry in a timely manner, you will not need to take any additional action to have your data submitted to CMS for use in the Model. CMS anticipates that data submission via registries will reduce reporting burden for Participants. Please contact the registry representative(s) directly for registry-specific reporting requirements. Participants can identify the registry point of contact for BPCI Advanced by referencing the Professional Association and Registry Point of Contact List on [CMMI Connect](#) or refer to Appendix 1 for the registry support email addresses.

Q4: Will Participants receive quality measure scores for all measures that are used to calculate the Composite Quality Score (CQS)?

A4: Yes, individual quality measure results and your percentile within the baseline distribution for each measure are available in the Quality Measure Performance Reports annually, which are located in the Participant Data Portal.

The report shows your percentile within the baseline distribution for Clinical Episodes triggered during the Performance Periods, which factor into the CQS. For all quality measures, a higher percentile indicates better performance, and you can use your comparative performance to develop goals and operational priorities.

The [BPCI Advanced Understanding the Composite Quality Score Webcast – MY1&2](#) describes the CQS calculation methodology, including a walkthrough of a detailed breakdown of how CMS processes and volume weights the quality measures with sample calculations.

Q5: What is the baseline performance periods for the Alternate Quality Measures Set?

A5: The Alternate Quality Measures collected from the Hospital IQR Program will be baselined against calendar year 2020, and the Alternate Quality Measures collected using Quality Data Codes (QDCs) will be baselined against 2021 given that there is no earlier data for these measures. Most registry-based measures will be baselined with calendar year 2020; however, some measures are new for BPCI Advanced and will have a baseline of calendar year 2021, including: Patient-Centered Surgical Risk Assessment and Communications, Substance Use Screening and Intervention Composite, and Bariatric Surgery Standards for Successful Programs Measure.

Quality measures that are also in the Administrative Quality Measures Set keep with the original baselines:

- Advance Care Plan (NQF #0326): July-December 2019 for MY1&2 Participants, and Calendar Year 2020 for MY3 Participants
- All-Cause Readmissions (NQF #1789): Calendar Year 2018 for MY1&2 Participants, and Calendar Year 2019 for MY3 Participants
- Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA): NQF #1550 Calendar Year 2018 for MY1&2 Participants, and Calendar Year 2019 for MY3 Participants

Each Participants performance is scored based on the Participants placement in the performance distribution from the baseline year.

Q6: Are COVID-19 Clinical Episodes included in the baseline or performance periods for Alternate Quality Measures?

A6: COVID-19 Clinical Episodes are excluded from the baseline period and the Performance Period from claims-based measures. For registry-based measures, measures are calculated at the hospital level and will not exclude specific Clinical Episodes.

Q7: How will our quality measure score be calculated if we did not join the appropriate registry and did not submit data for a Performance Period where we selected the Alternate Quality Measures Set?

A7: In a case where Participant data for the Alternate Quality Measures is not provided to CMS, the Participant will be held accountable for and receive a quality measure score based on the Administrative Quality Measures Set.

Q8: How will registry-reported quality measure results be reported for Physician Group Practices (PGPs)?

A8: Quality measure results for registry-reported quality measures will be reported at the acute care hospital (ACH) level for both PGP and ACH Participants. Similar to the Administrative Quality Measures, PGPs' quality measure scores will be determined by the performance of the hospitals where they trigger

Clinical Episodes. Therefore, PGPs need to verify hospitals’ registry participation prior to selecting the Alternate Quality Measures Set.

For PGPs who trigger Clinical Episodes at multiple ACHs, CMS will weigh the quality measure score for each hospital-level quality measure by the PGP’s volume of Clinical Episodes triggered and attributed at Reconciliation for each ACH where the PGP practices.

Please note, the registry-reported measure will not be limited to BPCI Advanced practitioners or beneficiaries. For more information on registry-reported quality measures for PGPs, please review the [BPCI Advanced Physician Group Practice Guide to the Alternate Quality Measures Set](#).

Q9: We received our Reconciliation Report. How does our score on the Advance Care Plan (ACP) impact our Composite Quality Score (CQS)?

A9: CMS volume weights the CQS contribution of each quality measure based on how many applicable Clinical Episodes the Participant triggered in a Model Year. Suppose a Participant selected Clinical Episodes which use the ACP, All-Cause Readmission, and CMS PSI-90 measures, such as Sepsis and Stroke. In that case, those three measures apply to all episodes you elected to participate in, and the three measures had equal weights. Therefore, ACP made up a third of the CQS. All-Cause Readmissions made up the second third, and CMS PSI 90 made up the last third of the CQS.

The [BPCI Advanced Understanding the Composite Quality Score Webcast – MY1&2](#) walks through a detailed breakdown of how CMS processes and volume weights the quality measures, with sample calculations. You will find this helpful for estimating the ACP contribution for the remaining Model Years.

Resources

Resource	Website Address
Quality Measure Fact Sheets	https://innovation.cms.gov/innovation-models/bpci-advanced/quality-measures-fact-sheets
Clinical Episode to Quality Measure Correlation Table	https://innovation.cms.gov/innovation-models/bpci-advanced/quality-measures-fact-sheets
Quality Methodology Webcast Slides	https://innovation.cms.gov/files/slides/bpciadvanced-wc-jan2020qualmethodology-slides.pdf
CQS Methodology Webcast	https://www.youtube.com/watch?v=8set2E7Chwc
BPCI Advanced Physician Group Practice Guide to the Alternate Quality Measures Set.	https://app.innovation.cms.gov/CMMIConnect/s/content/document/069t000000FoXeTAAV
BPCI Advanced Registry Contact Information	https://app.innovation.cms.gov/CMMIConnect/s/content/document/069t000000T34eNAAR

Appendix

Appendix 1 – Registry Support Emails

Registry	Support Email
American Academy of Orthopaedic Surgeons (AAOS)	registrysupport@aaos.org
American College of Cardiology (ACC)	NCDR@acc.org
American College of Surgeons (ACS)	mbsaqip@facs.org
American Heart Association (AHA)	GWTGSupport@heart.org
Society of Thoracic Surgeons (STS)	stsdbs@sts.org

Appendix 2 – Clinical Episodes with Quality Measures Reported by Registries

Clinical Episodes	Association
<ul style="list-style-type: none"> • Double Joint Replacement of the Lower Extremity • Fractures of the Femur and Hip or Pelvis • Hip and Femur Procedures Except Major Joint • Lower Extremity/Humerus Procedure Except Hip, Foot, Femur • Major Joint Replacement of the Lower Extremity • Major Joint Replacement of the Upper Extremity 	American Academy of Orthopaedic Surgeons (AAOS)
<ul style="list-style-type: none"> • Acute Myocardial Infarction • Cardiac Defibrillator • Percutaneous Coronary Intervention 	American College of Cardiology (ACC)
<ul style="list-style-type: none"> • Bariatric Surgery 	American College of Surgeons (ACS)
<ul style="list-style-type: none"> • Acute Myocardial Infarction • Cardiac Arrhythmia • Congestive Heart Failure • Stroke 	American Heart Association (AHA)
<ul style="list-style-type: none"> • Cardiac Valve • Coronary Artery Bypass Graft 	Society of Thoracic Surgeons (STS)