Understanding the BPCI Advanced Model: Quality Measures and Strategy

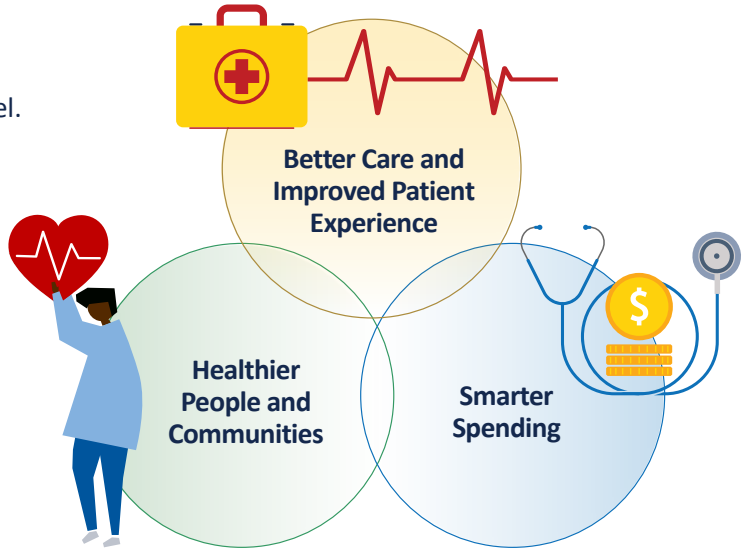
CMS' QUALITY STRATEGY

BPCI Advanced follows CMS' "Meaningful Measures" approach to patient care, with the goal of promoting improvement in care redesign, peer-to-peer collaboration, care coordination and patient outcomes. Quality measurement is a high priority in the BPCI Advanced Model.

Quality measures enable providers, institutions and CMS to:

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

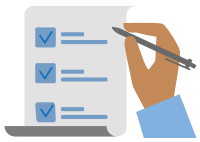
This Results In:



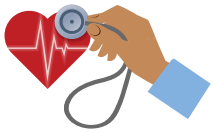
TYING QUALITY TO PAYMENT

As an Advanced Alternative Payment Model (AAPM), BPCI Advanced links payment to quality.

AAPMs must meet the three criteria below:



Payment must be linked to quality



Assumption of more than nominal risk by model Participants

Use of Certified Electronic Health Record Technology (CEHRT)

How BPCI Advanced Ties Quality to Payment

- BPCI Advanced monitors quality through a selected set of Clinical Episode specific quality measures. CMS calculates a quality score for each quality measure
- Some quality measures apply to all Clinical Episode Categories, while others only apply to a few
- CMS scales the quality measure results based on baseline performance
- Scaled scores are then volume-weighted based on how many triggered episodes they apply to, in order to calculate a Composite Quality Score (CQS) for each Episode Initiator
- CMS uses the CQS to apply an adjustment amount of up to 10% for Positive or Negative Net Reconciliation Amounts

QUALITY MEASURES SET OPTIONS

Administrative Quality Measures

Participants have two Quality Measure Sets available to them: Administrative Quality Measures Set and Alternate Quality Measures Set. The Administrative Quality Measures Set, introduced at the start of the model, contains six exclusively claims-based measures directly collected by CMS. Two measures, All-Cause Hospital Readmission and Advance Care Plan, will be required for all Clinical Episodes; up to two additional measures may apply to each Clinical Episode Category.

Administrative Quality Measures Set

All Clinical Episodes

- Advance Care Plan (CMIT ID #37)
- Hospital-Wide All Cause Unplanned Readmission Measure (CMIT ID #356)
- CMS Patient Safety Indicators 90 (CMIT ID #135)

+ Specific Clinical Episodes

Up to two Clinical Episode-Specific Measures for select Clinical Episodes

The Administrative Quality Measures:

Quality Measure	• Advance Care Plan	• CMS PSI 90 • All-Cause Hospital Readmission Measure • Excess Days in Acute Care after Hospitalization for AMI	• Hospital 30-Day All-Cause RSMR Following CABG • Hospital RSCR Following Elective Primary THA and/or TKA
Data Source	• Participant Claims	• Hospital Claims for CMS Programs	

Hospital Claims for CMS Programs

CMS collects quality data from hospitals paid under the Inpatient Prospective Payment System to support a variety of programs. This data supports CMS' goal of driving quality improvement through measurement and transparency and is shared publicly to help consumers make more informed decisions about their health care.

For more information on how to submit data for these quality measures, refer to the Additional Resources section at the end of this document

QUALITY MEASURES SET OPTIONS

Alternate Quality Measures

Alternate Quality Measure Set

All Clinical Episodes

- Advance Care Plan (CMIT ID #37)
- Hospital-Wide All Cause Unplanned Readmissions Measure (CMIT ID #356)

+ Specific Clinical Episodes

One to three Clinical Episode-Specific Measures for all Clinical Episodes

Alternate Quality Measures were developed with the goal to:

- Provide greater choice and flexibility for Participants
- Test a new method of data collection for quality measurement via registries

The advantages of reporting Alternate Quality Measures via registry submission are:

- Many health care providers already use registries for quality reporting, which can help reduce the administrative burden of quality measure data capture for BPCI Advanced Model Participants
- Registries collect the data elements needed for quality measure calculations and provide quality improvement education to help health care providers improve on these measures

MEET OUR REGISTRY PARTNERS

Registry-Based Alternate Quality Measures

The benefits of collaborating with professional associations are:

- Leveraging their clinical expertise
- Reducing administrative burden
- Receiving actionable feedback
- Training and knowledge sharing

The four professional associations are:

American College of Cardiology

American College of Surgeons
Inspiring Quality: Highest Standards, Better Outcomes

The Society of Thoracic Surgeons
Established 1964

American Heart Association.

DATA

Model Year 7 & 8 Quality Data Timeline

Quality Measure Data Collection | Reports | CQS/ Reconciliation

The MY7 performance year was January through December 2024, and Participant quality measures data will be submitted by March 2025 (including registry measures data). CMS provided Participants with baseline scores (Calendar Year (CY) 2023) for hospital measures in July 2024 and will provide MY7 quality performance data by November 2025. The MY8 performance year will be January through December 2025.

Model Year 7 (MY7) Jan. 1, 2024–Dec. 31, 2024		**Model Year 8 (MY8)** Jan. 1, 2025–Dec. 31, 2025	
Performance Period (PP) 11 (1/1/24–6/30/24)	**Performance Period 12** (7/1/24–12/31/24)	**Performance Period 13** (1/1/25–6/30/25)	**Performance Period 14** (7/1/25–12/31/25)
		MY8 Quality Measures Data Collection Period Jan. 2025-Mar. 2026	
MY7 Quality Measures Data Collection Period Jan. 2024-Mar. 2025			
	CY 2023 Quality Measures Baseline data distributed July 2024		MY7 Quality Performance data– November 2025
	Fall 2024 CQS accrual for PP11	Spring 2025 CQS accrual for PP11 & PP12	Application of CQS using CY 2024 quality data

RESOURCES

Additional Resources

The following resources are available on the Quality Webpage:

Fact Sheet Packages: Shows detailed information about each quality measure, including specifications and submission instructions

Clinical Episodes to Quality Measures Correlation Table: Illustrates which quality measures apply to which Clinical Episodes

Quality Q&As: Answers common questions about quality