Advance Care Plan (NQF #0326)
National Quality Strategy Domain: Communication and Coordination

BPCI Advanced and Quality

The Center for Medicare and Medicaid Innovation's (Innovation Center) BPCI Advanced Model rewards healthcare providers for delivering services more efficiently, supports enhanced care coordination, and recognizes high quality care. Hospitals and physicians should work collaboratively to achieve these goals, which have potential to improve the BPCI Advanced Beneficiary experience and align to the CMS Quality Strategy goals of promoting effective communication and care coordination, highlighting best practices, and making care safer and more affordable. A goal of the BPCI Advanced Model is to promote seamless, patient-centered care throughout each Clinical Episode, regardless of who is responsible for a specific element of that care.

Background on Advance Care Planning

For the Medicare beneficiary population, consideration of care goals is central to delivering patient-centered care. An Advance Care Plan (ACP) typically documents patient preferences for their care, including use of life-sustaining treatment options. An ACP is based on an individual's personal values, preferences, and discussions with their loved ones. ACPs empower patients to direct the care they want to receive, particularly should they become unable to speak for themselves.

Innovation Center Rationale for Including the ACP Measure in BPCI Advanced

At the heart of a patient-centered episode of care lies a patient's values, meaningful conversation, and planning. Inclusion of the ACP measure is especially important in the BPCI Advanced Model because many beneficiaries that trigger an episode are hospitalized for life threatening conditions and/or undergoing major medical procedures. These triggering events, as challenging as they may be, represent opportunities for hospitals and clinicians to collaborate with each other and the patient to ensure care reflects the patient's will. The Model includes a revised version of the National Quality Forum (NQF)-endorsed ACP measure to encourage the documentation of these discussions, and/or the existence of an ACP in an efficient manner through Medicare claims. Despite the fact that the measure was revised specifically for the BPCI Advanced Model, it is still based upon the ACP measure utilized in multiple other Federal programs or models, including the Home Health Value Based Purchasing Model, Medicare Physician Quality Reporting System (PQRS), Physician Quality and Resource Use Reports (QRUR), and the Physician Value-Based Payment Modifier (VBM).

Clinical Episode Categories

The ACP measure applies to all Clinical Episodes categories included in the BPCI Advanced Model.

Measure Specifications

The ACP measure selected for BPCI Advanced is adapted from the NQF #326 and Quality Payment Program (QPP) measure #47. It will be calculated at the Episode Initiator level and limited to BPCI Advanced Beneficiaries

treated during an attributed Clinical Episode during the calendar year. An Episode Initiator must have a minimum of 10 attributed Clinical Episodes during the calendar year to generate a score.

Qualifying Current Procedural Terminology (CPT) codes (CPT or CPT II codes) for this measure can be submitted by any Medicare healthcare provider, including physicians, advance practice nurses, and physician assistants, regardless of the healthcare provider's participation in the Model. These ACP codes can be used in any healthcare setting, including hospitals and outpatient clinics, except the emergency department. If an ACP discussion occurs outside of a BPCI Advanced Beneficiary's annual preventive visit, that patient may incur an associated copay if the qualifying CPT codes are applied to the bill. To avoid this, healthcare providers can either utilize the applicable qualifying CPT II tracking codes provided below that do not generate a charge, or health care providers should inform the BPCI Advanced Beneficiary of the cost sharing prior to having the discussion.

Denominator

The denominator of the measure includes all Medicare beneficiaries who are aged 65 years and older who trigger a Clinical Episode that ends during the calendar year that is attributed to a BPCI Advanced Episode Initiator at reconciliation. Clinical Episodes are attributed to Episode Initiators based upon their CMS Certification Number (CCN), if they are an acute care hospital, or Taxpayer Identification Number (TIN), if they are a physician group practice. Clinical Episodes are assigned to a calendar year based upon the episode end date (90 days from the Anchor Stay or Anchor Procedure). NQF specifications apply to all relevant patients in a provider's panel, as opposed to the revised BPCI Advanced specifications which apply to all relevant patients in the BPCI Advanced Clinical Episode cohort.

Numerator

The numerator of the ACP measure is comprised of all Medicare beneficiaries in the denominator who have a Medicare claim with a qualifying CPT or CPT II code for advance care planning during the 12 months prior to the BPCI Advanced episode end date. The qualifying codes for this measure are CPT codes 99497 and 99498 and/or CPT II codes 1123F and 1124F. The ACP CPT codes are billing codes which may result in additional Medicare Beneficiary charges outside of annual preventive visits, as opposed to the ACP CPT II codes which are tracking codes that do not result in charges.

CPT Billing Code	Description
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate.
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure).

CPT II Tracking Code	Description
1123F	Advance care planning discussed and documented – advance care plan or surrogate decision-maker was documented in the medical record.
1124F	Advance care planning discussed and documented in the medical record –BPCI Advanced Beneficiary did not wish or was unable to provide an advance care plan or name a surrogate decision-maker. If patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, submit this CPT II code.

Measure Submission and Calculation

This measure will be calculated by the Innovation Center using Medicare claims data.

Revisions from Published Specifications

The measure calculations occur at the Episode Initiator level, for only BPCI Advanced Beneficiaries, as opposed to all Medicare beneficiaries, at the National Provider Identifier (NPI) level. This revised version also removes the data completion requirement in the NQF specifications that distinguishes between a failure to adhere to the guidelines and failure to bill the CPT or CPT II codes, regardless of whether advance care planning was discussed. As a result, the BPCI Advanced version does not exclude BPCI Advanced Beneficiaries with missing CPT or CPT II codes from the denominator. With Medicare claims for BPCI Advanced Beneficiaries where the appropriate codes (99497, 99498, 1123F, or 1124F) were not reported, beneficiaries will continue to be counted in the denominator but not in the numerator. In other words, unlike the NQF specifications, failure to code will be treated equivalently to failing to provide appropriate advance care planning services, without regard to the 8P modifier code: advance care planning not documented, reason not otherwise specified.

Composite Quality Score

The ACP measure is one component of the BPCI Advanced Composite Quality Score (CQS) calculation. The CQS is used to adjust a portion of any Positive Total Reconciliation Amount and any Negative Total Reconciliation Amount for Model Participants. The CQS adjustment will not adjust the Positive Total Reconciliation Amount down, nor will it adjust the Negative Total Reconciliation Amount up by more than 10 percent. More information is available below.

Other Resources

Organization/Resource	Website Address
CMS/Medicare Learning Network ACP Fact Sheet	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf
CMS ACP Frequently Asked Questions	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-Advance-Care-Planning.pdf
National Hospice and Palliative Care Organization	http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289
BPCI Advanced website	https://innovation.cms.gov/initiatives/bpci-advanced