BPCI Advanced Quality Measures

Quality Methodology Webcast

January 2020
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
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
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*:

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bariatric Surgery</td>
<td>• Major joint replacement of the lower extremity (MJRLE), which is a multi-setting Clinical Episode triggered in both inpatient and outpatient settings</td>
</tr>
<tr>
<td>• Inflammatory Bowel Disease</td>
<td></td>
</tr>
<tr>
<td>• Seizures</td>
<td></td>
</tr>
<tr>
<td>• Transcatheter Aortic Valve Replacement</td>
<td></td>
</tr>
</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>31 Inpatient Clinical Episodes</th>
<th>4 Outpatient Clinical Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Groups:</td>
<td>Including:</td>
</tr>
<tr>
<td>• Cardiac</td>
<td>• MJRLE*</td>
</tr>
<tr>
<td>• Gastrointestinal</td>
<td>• Percutaneous coronary</td>
</tr>
<tr>
<td>• Infectious Disease</td>
<td>intervention</td>
</tr>
<tr>
<td>• Kidney</td>
<td>• Cardiac defibrillator</td>
</tr>
<tr>
<td>• Neurological</td>
<td>• Back and neck surgery,</td>
</tr>
<tr>
<td>• Pulmonary</td>
<td>except spinal fusion</td>
</tr>
<tr>
<td>• Orthopedic</td>
<td></td>
</tr>
</tbody>
</table>

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

- Clinical Episode Triggered
  - An Anchor Stay or Anchor Procedure

- Clinical Episode Created
  - Specifications are applied

- Precedence Rules/Exclusions are applied
  - Attending PGP
  - Operating PGP
  - ACH

- Clinical Episode Attribution
  - To Episode Initiator at Reconciliation
Precedence Rules for Episode Initiators

Potential Clinical Episode is identified.

- **Is the attending physician NPI* associated with a PGP?**
  - Yes: Assign Clinical Episode to that PGP.
  - No: No BPCI Advanced Clinical Episode is triggered.

- **Is the operating physician NPI associated with a PGP?**
  - Yes: Assign Clinical Episode to that PGP.
  - No: No BPCI Advanced Clinical Episode is triggered.

- **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.

*National Provider Identifier*
• **Name**: William

• **Procedure**: Elective TKA

• **Surgery Date**: July 15

• **BPCI Advanced Clinical Episode**: MJRLE
**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)

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 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 3)

Potential Clinical Episode is identified.

1. Is the attending physician NPI associated with a PGP?
   - Yes → Assign Clinical Episode to that PGP.
   - No

2. Is the operating physician NPI associated with a PGP?
   - Yes → Assign Clinical Episode to that PGP.
   - No

3. Does the Anchor Stay/Anchor Procedure occur at a participating ACH?
   - Yes → Assign Clinical Episode to that ACH.
   - No

MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

Yes, the attending is associated with a participating PGP.

No BPCI Advanced Clinical Episode is triggered.
Example: Precedence Rules (Part 4)

Potential Clinical Episode is identified.

- Is the attending physician NPI associated with a PGP?
  - Yes: Assign Clinical Episode to that PGP.
  - No: No BPCI Advanced Clinical Episode is triggered.

- Is the operating physician NPI associated with a PGP?
  - Yes: Assign Clinical Episode to that PGP.
  - No: No BPCI Advanced Clinical Episode is triggered.

- 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. Then assign the Clinical Episode to the participating PGP.
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)

Potential Clinical Episode is identified.

Is the attending physician NPI associated with a PGP?
  No

Is the operating physician NPI associated with a PGP?
  No

Does the Anchor Stay/Anchor Procedure occur at a participating ACH?
  No

No BPCI Advanced Clinical Episode is triggered.

Yes
Assign Clinical Episode to that PGP.

Yes
Assign Clinical Episode to that PGP.

Yes
Assign Clinical Episode to that ACH.

MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

No, the attending is not associated with a participating PGP.
Example: Precedence Rules (Part 7)

**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.

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**Example 2**

MS-DRG 470 triggers the MJRLE Inpatient Clinical Episode.

No, the attending is not associated with a participating PGP.
Example: Precedence Rules (Part 8)

Potential Clinical Episode is identified.

- Is the attending physician NPI associated with a PGP?
  - No
  - Is the operating physician NPI associated with a PGP?
    - No
    - Does the Anchor Stay/Anchor Procedure occur at a participating ACH?
      - No
      - No BPCI Advanced Clinical Episode is triggered.
    - Yes
      - Assign Clinical Episode to that ACH.
  - Yes
    - Assign Clinical Episode to that PGP.

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)

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.

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)

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.

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)

Potential Clinical Episode is identified.

- **Is the attending physician NPI associated with a PGP?**
  - Yes: Assign Clinical Episode to that PGP.
  - No: No BPCI Advanced Clinical Episode is triggered.

- **Is the operating physician NPI associated with a PGP?**
  - Yes: Assign Clinical Episode to that PGP.
  - No: No BPCI Advanced Clinical Episode is triggered.

- **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.

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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)

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.

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)

Potential Clinical Episode is identified.

- Is the attending physician NPI associated with a PGP?
  - Yes: Assign Clinical Episode to that PGP.
  - No: No BPCI Advanced Clinical Episode is triggered.

- Is the operating physician NPI associated with a PGP?
  - Yes: Assign Clinical Episode to that PGP.
  - No: No BPCI Advanced Clinical Episode is triggered.

- 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.

- 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

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

- Up to 2 Clinical Episode-specific Quality Measures
Quality Measures Correlation to Clinical Episodes
Model Years 1, 2, & 3 (Part 1)

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

*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.
<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Guidance</th>
<th>Applicable Clinical Episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perioperative Care: Selection of Prophylactic Antibiotic: First or Second Generation Cephalosporin*</td>
<td>NQF #0268; QPP #021</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bariatric Surgery: MS-DRGs: 619, 620, 621</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CABG: MS-DRGs: 231, 232, 233, 234, 235, 236</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiac Valve: MS-DRGs: 216, 217, 218, 219, 220, 221</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Double Joint Replacement of the Lower Extremity: MS-DRGs: 461, 462</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hip and Femur Procedures Except Major Joint: MS-DRGs: 480, 481, 482</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lower Extremity and Humerus Procedure Except Hip, Foot, Femur: MS-DRGs: 492, 493, 494</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Major Bowel Procedure: MS-DRGs: 329, 330, 331</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Major Joint Replacement of the Lower Extremity (Inpatient and Outpatient): MS-DRGs: 469, 470; HCPCS: 27447</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Major Joint Replacement of the Upper Extremity: MS-DRG: 483</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spinal Fusion: MS-DRGs: 453, 454, 455, 459, 460, 471, 472, 473</td>
</tr>
<tr>
<td>MJRLE Administrative Quality Measures Set</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1. Advance Care Plan (NQF #0326)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Hospital-Wide All-Cause Unplanned Readmission Measure (NQF #1789)</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>3. CMS PSI 90 (NQF #0531)</strong></td>
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</tr>
</tbody>
</table>

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

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

MJRLE Clinical Episode

Pre-event
Advance Care Plan

Triggering Event
CMS PSI 90

Post-event
All-Cause Readmission

Perioperative Cephalosporin

RSCR Following Elective Primary THA/THA
**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)

<table>
<thead>
<tr>
<th>ICD Ind.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**22. RESUBMISSION CODE**

<table>
<thead>
<tr>
<th>ORIGINAL REF. NO.</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**23. PRIOR AUTHORIZATION NUMBER**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**24. A. DATE(S) OF SERVICE**

- **From**
  - MM DD YY
  - 07 01 20
- **To**
  - MM DD YY
  - 09 30 20

**B. PLACE OF SERVICE**

- EMG
- \( 21 \)

**C. PROCEDURES, SERVICES, OR SUPPLIES**

- CPT/HCPCS
- \( 27447 \)

**D. PROCEDURES, SERVICES, OR SUPPLIES**

- (Explain Unusual Circumstances)
- MODIFIER
- \( 1 \)

**F. $$CHARGES$$**

- \( 3421.00 \)
- \( 1 \)

**G. DAYS OR UNITS**

- \( 0.00 \)
- \( 1 \)

**H. EPIDEMIOLOGY**

- \( NPI \)

**I. ID QUAL.**

- \( 0123456789 \)

**J. RENDERING PROVIDER ID. #**

- **NCI**
- \( NPI \)

**25. FEDERAL TAX I.D. NUMBER**

- \( XX-XXXXXX \)

**26. PATIENT’S ACCOUNT NO.**

- XXXXXX

**27. ACCEPT ASSIGNMENT?**

- YES

**28. TOTAL CHARGE**

- \( $ XXXX XX \)

**29. AMOUNT PAID**

- \( $ XXXX XX \)

**30. Revd for NUC Use**

- \( XX \)

**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**

- \( a. \)

**33. BILLING PROVIDER INFO & PH #**

- a. (XXXXXXX)

NUCC Instruction Manual available at: www.nucc.org

---

**PLEASE PRINT OR TYPE**

APPROVED OMB-0938-1197 FORM 1500 (02-12)
MJRLE Example: Claims Data

**MJRLE Clinical Episode**

**Administrative Quality Measures**

**Pre-event**
- Advance Care Plan

**Triggering Event**
- CMS PSI 90

**Post-event**
- All-Cause Readmission
- RSCR Following Elective Primary THA/THA

**Perioperative Cephalosporin**
# Quality Data Timeline

<table>
<thead>
<tr>
<th>Performance Period 1</th>
<th>Performance Period 2</th>
<th>Performance Period 3</th>
<th>Performance Period 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>(10/1/18 – 6/30/19)</td>
<td>(7/1/19 – 12/31/19)</td>
<td>(1/1/20 – 6/30/20)</td>
<td>(7/1/20 – 12/31/19)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model Year 1</th>
<th>Oct. 1, 2018</th>
<th>Dec. 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct. 1, 2018</td>
<td>Jan. 1, 2019</td>
<td>July 1, 2019</td>
</tr>
</tbody>
</table>

**IQR Program**  
Quality Measures  
Data Collection Period Jan. – Dec. 2019

**Claims Based**  
Quality Measures Data Collection Period  
July – Dec. 2019

**CY 2018 Quality Measures**  
Baseline data distributed  
July 2019

**Fall 2019**  
Composite Quality Score (CQS)  
Accrual for PP1

**Quality Measure Data Collection**

<table>
<thead>
<tr>
<th>Model Year 2</th>
<th>Jan. 1, 2019</th>
<th>Dec. 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 1, 2019</td>
<td>July 1, 2019</td>
<td></td>
</tr>
</tbody>
</table>

**IQR Program**  
Quality Measures  
Data Collection Period Jan. – Dec. 2019

**Claims Based**  
Quality Measures Data Collection Period  
Jan. – Dec. 2019

**CY 2019 Quality Measures**  
Data Collection Period Jan. – Dec. 2019

**Fall 2019**  
Composite Quality Score (CQS)  
Accrual for PP1

**Spring 2020**  
CQS Accrual for PP1 & PP2

**Quality Baseline Data**

<table>
<thead>
<tr>
<th>Model Year 3</th>
<th>Jan. 1, 2020</th>
<th>Dec. 31, 2020</th>
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<tbody>
<tr>
<td>Jan. 1, 2020</td>
<td>July 1, 2020</td>
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</table>

**IQR Program**  
Quality Measures  
Data Collection Period Jan. – Dec. 2019

**Claims Based**  
Quality Measures Data Collection Period  
Jan. – Dec. 2019

**CY 2019 Quality Performance Data**  
Baseline data distributed  
July 2019

**CY 2019 Quality Performance Data** - anticipated  
Summer 2020

**Spring 2020**  
CQS Accrual for PP1 & PP2

**Application of CQS Using CY2019 quality data**

**CQS/Reconciliation**
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