

## Quality Frequently Asked Questions (FAQ)

### Quick Links to Questions

<b>Q1: Are the Quality Measures for Model Year 3 (MY3) the same as for Model Years 1 and 2?</b>	<b>2</b>
<b>Q2: Where can I find more details about the Administrative Quality Measures for Model Years 1, 2, and 3?</b>	<b>2</b>
<b>Q3: Where can I find more details about the Alternate Quality Measures that are coming for MY3?</b>	<b>3</b>
<b>Q4: Can you confirm the baseline and performance periods for the quality measures that will be used in the CQS?</b>	<b>3</b>
<b>Q5: Will Clinical Episodes have their own Quality Score? Will volume affect the impact of performance on the overall CQS?</b>	<b>3</b>
<b>Q6: How much weight will individual quality measures be given in an EI's CQS?</b>	<b>3</b>
<b>Q7: When will the CQS, be calculated for reconciliation purposes?</b>	<b>3</b>
<b>Q8: During reconciliation periods, will Participants receive quality measure performance data specific to individual physicians?</b>	<b>3</b>
<b>Q9: What is the difference between the 10 percent adjustment cap on the CQS and the 20 percent stop-gain/stop-loss provision?</b>	<b>4</b>

**Q1: Are the Quality Measures for Model Year 3 (MY3) the same as for Model Years 1 and 2?**

**A1:** By design, on an annual basis, the BPCI Advanced Model can add, remove, or change the measures used to assess the quality of care that the participants provide to their patients. This flexibility allows the BPCI Advanced model's quality measurement methodology to evolve by improving existing measures or by incorporating better aligned measures. 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.

**Q2: Where can I find more details about the Administrative Quality Measures for Model Year 3?**

**A2:** The Quality Measures for Model Years 1 and 2 are now called the Administrative Quality Measures starting Model Year 3. CMS created Fact Sheets that provide detailed guidance to Participants on the rationale for selecting each of these Quality Measures, the Clinical Episodes to which they apply, measure specifications, how the numerator and denominator are to be calculated for each measure, and how the data is to be submitted to CMS. The Administrative Quality Measures Set includes exclusively claims-based measures directly collected by CMS.

- [NQF #0268 Fact Sheet \(PDF\)](#) - **Perioperative Care: Selection of Prophylactic Antibiotic: First or Second Generation Cephalosporin**  
Please note: on May 30, 2019, CMS announced that for Model Years 1 and 2, only Quality Data Codes (QDCs) submitted for Clinical Episode Anchor Discharges occurring between July 2019 and December 2019 will be used to calculate Composite Quality Score (CQS) score for this measure. CMS will be monitoring to assure that Participants are using the appropriate QDCs for the measure. The reporting period for MY3 aligns with the calendar year, January 2020 through December 2020 as previously indicated.
- [NQF #0326 Fact Sheet \(PDF\)](#) - **Advanced Care Plan**  
Please note: on May 30, 2019, CMS announced that for Model Years 1 and 2, only QDCs submitted for Clinical Episode Anchor Discharges occurring between July 2019 and December 2019 will be used to calculate CQS score for this measure. CMS will be monitoring to assure that Participants are using the appropriate QDCs for the measure. The reporting period for MY3 aligns with the calendar year, January 2020 through December 2020 as previously indicated.
- [NQF #1550 Fact Sheet \(PDF\)](#) - **Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)**
- [NQF #1789 Fact Sheet \(PDF\)](#) - **All-cause Hospital Readmission Measure**
- [NQF #2558 Fact Sheet \(PDF\)](#) - **Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft Surgery**
- [NQF #2881 Fact Sheet \(PDF\)](#) - **Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction**
- [PSI 90 Fact Sheet \(PDF\)](#) - **CMS Patient Safety Indicators**

**Q3: Where can I find more details about the Alternate Quality Measures that are coming for MY3?**

**A3:** CMS is preparing Fact Sheets for each of the new Alternate Quality Measures and will make them available to the public on the BPCI Advanced Website

(<https://innovation.cms.gov/initiatives/bpci-advanced/quality-measures-fact-sheets.html>).

The Alternate Quality Measures Set includes a combination of claims-based and registry-based measures.

**Q4: Can you confirm the baseline and Performance Periods for the quality measures that will be used in the CQS?**

**A4:** Administrative claims are finalized after a considerable lag time, with many being unavailable until the fall of the calendar year after the performance year. Therefore, baseline performance data from 2017 will be provided in 2018, and baseline performance data from 2018 will be provided in 2019. For five out of the seven quality measures from the Quality Measures List for Model Year 2, the quality measure Performance Period will start January 2019. For the Perioperative Care: Cephalosporin (NQF #0268) and Advanced Care Plan (NQF #0326) quality measures, performance will start July 2019, and performance on all seven quality measures will be applied in the 2020 true-up Reconciliation for Performance Periods 1 and 2.

**Q5: Will Clinical Episodes have their own Quality Score? Will volume affect the impact of performance on the overall CQS?**

**A5:** Yes, a Quality Score will be calculated for each individual Clinical Episode. For Episode Initiators (EIs) that participate in multiple Clinical Episodes, these Quality Scores for individual episodes will be combined into a CQS at the EI level. Also, to reach the CQS, individual Quality Scores will be weighted by the respective Clinical Episode volumes. The CQS is then converted into a percentage and applied to the Net Positive Total Reconciliation Amount or Net Negative Total Reconciliation Amount to produce the Adjusted Total Positive or Negative Reconciliation amount.

**Q6: How much weight will each quality measure be given in an EI's CQS?**

**A6:** All applicable measures carry equal weight when calculating the Quality Score for each Clinical Episode. Quality Scores for individual Clinical Episodes are weighted by Clinical Episode volume when Quality Scores from multiple Clinical Episodes are combined into a CQS at the EI level.

**Q7: When will the CQS be calculated for reconciliation purposes?**

**A7:** The first CQS will be calculated and applied for the reconciliation that occurs in the fall of 2020 as a true up for those episodes that end during Performance Period 1 (October 1, 2018 – June 30, 2019.) Please refer to the reconciliation timeline starting on page 7 of the Reconciliation Specifications for Model Years 1 and 2 document that is posted on the BPCI Advanced website for additional information

(<https://innovation.cms.gov/Files/x/bpciadvanced-targetprice-my1-2.pdf>).

**Q8: During reconciliation periods, will Participants receive quality measure performance data specific to individual physicians?**

**A8:** No. Quality measures performance data will be provided at the EI level.

**Q9: What is the difference between the 10 percent adjustment cap on the CQS and the 20 percent stop-gain/stop-loss provision?**

**A9:** For Model Years 1, 2, and 3, CMS will apply a 10 percent cap on the amount by which the CQS can adjust the Positive Total Reconciliation Amount or the Negative Total Reconciliation Amount. Therefore, an Adjusted Positive Total Reconciliation Amount or an Adjusted Negative Reconciliation Amount will be 90 percent to 100 percent of the Positive Total Reconciliation Amount or Negative Total Reconciliation Amount, respectively.

Then, CMS is considering applying a 20 percent stop-gain/stop-loss provision at the EI level for Model Year 3 when calculating the Net Payment Reconciliation Amount (NPRA) owed by CMS to the Participant or the Repayment Amount owed by the Participant to CMS.