MISHC TAVR 2024 VBR Metrics

	Measure Description	Measurement Period	Target Performance
1	Rate of NYHA^ Heart Class documentation at 30 day follow up	10/1/2022 – 6/30/2023	≥92%
2	Number of cases with contrast dose ≥3 CrCl† (exclude TAVR procedures with a concurrent cardiac procedure)	10/1/2022 – 6/30/2023	≤5%
3	Rate of KCCQ* documentation at baseline and 30 day follow up	10/1/2022 – 6/30/2023	≥95%

^NYHA = New York Heart Association heart failure class
†CrCl = creatinine clearance
*KCCQ=Kansas City Cardiomyopathy Questionnaire

MISHCTAVR scoring methodology

MISHC TAVR uses a site level scoring model to measure performance. The site average must be at or above target for 2 of 3 measures for practitioners to be eligible for VBR. The measurement period uses 2022-2023 data and will be paid out in 2024.

CQI VBR selection process
For a practitioner to be eligible for CQI VBR, he or she must:
• Meet the performance targets set by the coordinating center
• Be a member of a PGIP physician organization for at least one year
• Have contributed data to the CQI's clinical data registry for at least two years, including at least one year of baseline data

A physician organization nomination isn't required for CQI VBR. Instead, the CQI coordinating center will determine which practitioners have met the appropriate performance targets and will notify Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, as it does for other specialist VBR.

Practitioners may receive up to 103 percent of the Standard Fee Schedule for performance in a single CQI and are eligible to receive up to 105 percent of the Standard Fee Schedule for performance >1 CQI.