Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2)

2028 Value Based Reimbursement Metrics Supporting Documentation (VBR)

Vascular Surgery (VS) Measures

Clinical Focus	Measure number and description	Additional narrative describing the measure
2028 BMC2 Vascular Surgery (VS) 107% VBR Must meet 2 of 3 measures from 4, 5, and 6 to earn 107%	Measure 1 (VS) Attest to reports distributed and reviewed at your site per the Participation Agreement.	Participation Measure Measurement Period: 1/1/2027 – 12/1/2027 100% Target
	Measure 2 (VS) Attest to attending a quality meeting using peer review data.	Participation Measure Measurement Period: 1/1/2027 – 12/1/2027 100% Target
Vascular Surgery sites will select 2 measures for scoring from measures 4, 5, and 6 below – By September 30, 2026		
	Measure 4 (VS) Increase documentation of EVAR imaging performed on the 1-year follow up form.	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Essential to catch potentially life-threatening complications like endoleaks or graft issues. >=90% Target *Numerator:* The number of completed VS 1-year follow-up form with an EVAR procedure in the corresponding discharge where a CAT scan or ultrasound was performed within 6 months - 14 months of the date of discharge. *Denominator:* The number of completed VS follow-up forms that have an EVAR procedure in the corresponding discharge. *Exclusions:* Death prior to the 1-year follow-up timeframe.
	Measure 5 (VS) Increase rate of duplex ultrasound completed prior to asymptomatic carotid endarterectomy.	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Confirms carotid blockage without surgery, ensuring only appropriate patients undergo the procedure. >=95% Target *Numerator:* The number of asymptomatic CEA procedures where an ultrasound was performed within 6 months of the procedure date. *Denominator:* The total number of CEA procedures.

	Measure 6 (VS) Increase rate of vein mapping completed before elective lower extremity open bypass.	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Vein mapping is a simple, accurate, and noninvasive method of imaging veins preoperatively. It is useful in demonstrating areas of venous anomalies and disease and predicts the course of the vein in the leg, increasing appropriateness for procedural decision-making and increasing the likelihood of a favorable patient outcome. >=90% Target *Numerator:* The number of elective lower extremity open bypass procedures where vein mapping was performed before the procedure. *Denominator:* The total number of elective lower extremity open bypass procedures. *Exclusions:* • The indication of peripheral aneurysm repair. • Axillary-femoral, Axillary-bifemoral, aorto-bifemoral, crossover femoral-femoral and open bypass procedures involving iliac arteries.
	Measure 11 (VS) Increase number of sites prescribing statin and any antiplatelet at discharge.	Performance *Maintenance Measure* Measurement Period: 10/1/2026 – 6/30/2027 Why: Using these medications together reduces the risk of heart attack and stroke, prevents blood clots from forming in new surgical grafts or stents, and substantially improves 5-year survival rates. >=95% Target *Numerator:* The number of discharges containing an open bypass, CEA, or CAS procedure where a statin or PSCK9 inhibitor were ordered or continued at discharge. Antiplatelets included in this measure: • Aspirin • Cilostazol (Pletal) • Clopidogrel (Plavix) • Prasugrel (Effient) • Ticagrelor (Brilinta) *Denominator:* The total number of discharges with an open bypass, CEA, or CAS procedure where a statin or PSCK9 inhibitor or an antiplatelet were ordered or continued at discharge. *Exclusions:* • A contraindication to a statin or any of the antiplatelets above. • In-hospital death. • An indication of peripheral aneurysm repair or trauma. • The patient was discharged to Hospice, an Other Acute Care Hospital, or Left AMA

Percutaneous Coronary Interventions (PCI) Measures

Clinical Focus	Measure number and description	Additional narrative describing the measure
2028 BMC2 Percutaneous Coronary Interventions (PCI) 105% VBR	Measure 13 (PCI) Increase the percent of appropriateness PCIs performed based on the BMC2 on-going peer review process.	Performance Measure Measurement Period: Peer Review Spring 2027 Why: Decreased risk of complications from inappropriately performed procedures, decreased patient costs, decreased risk of readmission, improved clinical outcomes. >=90% of the reviewed cases with a decision to proceed to PCI within the two highest appropriateness categories* *Since each site submits only 6 cases for review, if any of the site's cases were reviewed poorly, physicians at that site would not meet the VBR criteria for this measure. With this cycle, similar to last year's 2027 VBR we are modifying the thresholds to be 90% or greater of case reviews (i.e. of 10 reviews performed for cases submitted), so that if one reviewer were to rate one case poorly, it would be possible for the site to still meet the measure if no other reviews were also poor. *Numerator:* Number of reviewed cases with a decision to proceed to PCI within the two highest appropriateness categories. *Denominator:* Reviewed cases.
	Measure 14 (PCI) Improve the overall intervention quality as assessed in the BMC2 on-going peer review process.	Performance Measure Measurement Period: Peer Review Spring 2027 Why: Decreased risk of complications from inappropriately performed procedures, decreased patient costs, decreased risk of readmission, improved clinical outcomes. Fewer than 10% of reviewed cases should be rated as sub-optimal. *Numerator:* Overall intervention quality of reviewed cases rated as sub-optimal. *Denominator:* Reviewed cases.
	Measure 15 (PCI) Submit internal peer review cases, complete reviews, and attest to discussing the internal review cases with colleagues.	Performance Measure Measurement Period: Peer Review Spring 2027 Why: Decreased risk of complications from inappropriately performed procedures, decreased patient costs, decreased risk of readmission, improved clinical outcomes. Submission of >=80% of internal reviews, completion of reviews, and completion of attestation form *Numerator:* Number of completed case reviews. *Denominator:* Total number of cases for review.

VS & PCI Extra Credit Measure

Clinical Focus	Measure number and description	Additional narrative describing the measure
2028 BMC2 (VS & PCI)	Measure 12 (VS & PCI) Extra Credit: 1 point per approved activity (maximum of 10 points)	Extra Credit: 1 point per approved activity (maximum of 10 points) Measurement Period: 1/1/2027 – 12/31/2027 **Participation extra credit (maximum of 8 points):** 1 point for Physician attendance at the in-person collaborative-wide meeting 1 point per presentation at a meeting 1 point per membership in a work group/committee/task force 1 point per referral of an engaged patient advisor 1+ point per engagement on special participation initiatives – TBD **Performance extra credit (maximum of 2 points):** 1 point per engagement on special performance initiatives - TBD

VS & PCI Smoking Cessation Measure

Clinical Focus	Measure number and description	Additional narrative describing the measure
2028 BMC2 Percutaneous Coronary Interventions (PCI)	Measure 7 (PCI) For PCI patients who identify as current smokers during measurement period, documentation of 2+ nicotine cessation intervention (at discharge) provided by the PCI clinical care team member at a rate of **50%** of current smokers. • Physician-delivered advice • Nicotine replacement therapy • Referral to smoking counseling services	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Smoking cessation improves the long-term health of patients and decreases overall financial burden on the health care system. >= 50% of current smokers received 2+ qualifying (at discharge) nicotine cessation intervention. *Numerator:* The number of patients (discharges) with "yes" marked for "Current Smoker" (cigarettes, cigars, chew, or pipe selected) and "yes" marked for "Pre-procedure smoking cessation" or "Smoking cessation at discharge", and "yes" marked for 2/3 of the following: "Physician-delivered advice", "Nicotine replacement therapy" and/or "Referral to smoking counseling services". Per alignment across CQIs - interventions could include: advising patients to quit and set a quit date, providing counseling on cessation, referral/resources for cessation, and/or providing pharmacotherapy. *Denominator:* The number of patients (discharges) identified as current smokers/nicotine users (discharges with "yes" marked for "current smoker" - cigarettes, cigars, chew, or pipe selected) for PCI patients during measurement period.
2028 BMC2 Vascular Surgery (VS)	Measure 7 (VS) For vascular surgery patients who identify as current smokers during measurement period, documentation of 2+ nicotine cessation	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Smoking cessation improves the long-term health of patients and decreases overall financial burden on the health care system. >= 70% of current smokers received 2+ qualifying pre/post-event (within 90 days) nicotine cessation intervention.

	intervention pre/post-event (within 90 days) provided by the vascular surgery clinical care team member at a rate of **70%** of current smokers. • Physician-delivered advice • Nicotine replacement therapy • Referral to smoking counseling services	*Numerator:* The number of current smokers who had an elective procedure and 2+ smoking cessation interventions (Physician-delivered advice, Pharmacotherapy, Referral to smoking counseling services) were provided by a vascular surgery clinical care team member within 90 days before the hospital admission date or 90 days after the procedure end date. Per alignment across CQIs - interventions could include: advising patients to quit and set a quit date, providing counseling on cessation, referral/resources for cessation, and/or providing pharmacotherapy. *Denominator:* The total number of current smokers who had an elective procedure. *Exclusions:* • Death during procedure or post-procedure. • Current smokers of non-tobacco products.

BMC2 PCI and VS scoring methodology

- Practitioners are grouped by their affiliated hospital based on where the practitioner(s) perform the greatest number of procedures.
- The hospitals' affiliated practitioners must achieve target at the hospital level on 2 of 3 performance measures to be considered eligible to receive the CQI VBR. Practitioners may receive up to 103% of the Standard Fee Schedule for performance in a single CQI.
- Practitioners who participate in BMC2 PCI *and* MISHC may receive an additional 107% of the Standard Fee Schedule if they meet performance criteria and are eligible for the CQI VBR in both programs.
- Practitioners may receive up to 102% of the Standard Fee Schedule if they meet criteria on the smoking cessation measures, *independent of* their performance on the BMC2 PCI or BMC2 VS performance VBR measures.

CQI VBR selection process

For a practitioner to be eligible for CQI VBR, they 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.

Michigan Structural Heart Consortium (MISHC)

2028 Value Based Reimbursement Metrics Supporting Documentation (VBR)

MISHC Measures

Clinical Focus	Measure number and description	Additional narrative describing the measure
2028 Michigan Structural Heart Consortium (MISHC) 103% VBR	Measure 1 (MISHC) Physician representative engagement per site in 2027.	Participation Measure Measurement Period: 1/1/2027 – 12/31/2027 Attend 1 virtual meeting and 1 in-person collaborative meeting for full points. Attend only in-person meeting for partial points. Attend only 2 virtual meetings (no in-person collaborative meeting) for partial points. Attend only 1 virtual meeting for partial points.
MISHC Sites will select 3 measures for scoring from measures 2, 3, 4, and 5 below - Due September 30, 2026		
Must meet 3 of 4 measures from 2, 3, 4 and 5 to earn 103%	Measures 2 (MISHC) Increase TAVR KCCQ at 1-Year	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: The TAVR KCCQ (Kansas City Cardiomyopathy Questionnaire) at 1 year is important because it measures the true success of the procedure from the patient's perspective. >=85% Target KCCQ to be considered complete must be able to have one score calculated from the submitted values, physical limitation, symptom frequency/burden, social limitations, and quality of life. *Exclusions*: Aborted procedures, deaths at discharge 30 days, and 1 year.
	Measure 3 (MISHC) Increase TAVR NYHA Documented at 1-Year	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: It serves as the primary benchmark for measuring the procedure's success, assessing long-term prognosis, and determining whether the patient has achieved a meaningful recovery in daily functioning. >=85% Target *Exclusions*: Aborted procedures, deaths at discharge 30 days, and 1 year.
	Measure 4 (MISHC) Increase MTEER Refractory to GDMT (functional only)	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: In heart failure patients with secondary mitral regurgitation (SMR), establishing that the condition is refractory to GDMT is the key determinant for whether Mitral Transcatheter Edge-to-Edge Repair (M-TEER) improves survival and reduces hospitalizations. Functional MTEER procedures only. >=85% Target

	Measure 5 (MISHC)	Performance Measure Measurement Period: 1/1/2027 – 6/30/2027 Why: Allows sites to personalize quality improvement in a way that best suits their patients. Site specific goal, target, and exclusions to be submitted for approval by MISHC by September 30, 2026. Differs by site.
	Measure 12 (MISHC)	Measurement period: 1/1/2027 – 12/31/2027 Extra credit: 1 point per approved activity (maximum of 10 points) **Participation extra credit - (maximum of 8 points):** 1 point Physician attendance at the collaborative-wide meeting **– MISHC sites must have an Interventionalist & Surgeon in attendance** 1 point per presentation at a meeting 1 point per membership in a work group/committee/task force 1 point per referral of an engaged patient advisor 1+ points per engagement on special participation initiatives – TBD **Performance extra credit - (maximum of 2 points):** 1 point per engagement on special performance initiatives – TBD

MISHC scoring methodology

- MISHC uses a site level scoring model to measure performance.
- The site average must meet the target for 2 of 3 performance measures (from measures 2,3, and 4) for practitioners to be eligible for VBR. Each site must choose a site-specific goal (measure 5) in addition Eligible practitioners may receive up to 103% of the Standard Fee Schedule.
- Practitioners may receive an additional 103% of the Standard Fee Schedule for performance >1 CQI (BMC2 PCI or MSTCVS-QC; total = 107%).

CQI VBR selection process

For a practitioner to be eligible for CQI VBR, they 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 for nomination is not 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.