



BMC2 PCI and Vascular Surgery 2027 VBR Metrics

PCI Measures

Clinical Focus	Measure Description	Measurement Period	Target Performance
2027 BMC2 Percutaneous Coronary Interventions (PCI) 103% VBR	1) Increase the appropriateness of PCI therapy, based on the BMC2 on-going peer review process	Peer review Spring 2026	$\geq 90\%$ of the reviewed cases with a decision to proceed to PCI within the two highest appropriateness categories*
	2) Improve the overall intervention quality as assessed in the BMC2 on-going peer review process		Fewer than 10% of reviewed cases should be rated as sub-optimal
	3) Submit internal peer review cases, complete reviews, and attest to discussing the internal review cases with colleagues		Submission of $>80\%$ of internal reviews, completion of reviews, and completion of attestation form

*In previous VBR cycles, the peer review performance for appropriateness and quality was assessed at the case level, so that if a case were reviewed as inappropriate by one reviewer but appropriate by another, the case would be classified as inappropriate for VBR assessment. 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 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.

Vascular Surgery Measures

Clinical Focus	Measure Description	Measurement Period	Target Performance
2027 BMC2 Vascular Surgery (VS) 103% VBR Must meet 2 of 3 measures to earn 103%	1) Increase the rate of documentation of endovascular aneurysm repair (EVAR) imaging performed on the 1-year follow up form	1/01/2026 - 6/30/2026	$\geq 85\%$
	2) Increase the rate of vein mapping before elective lower extremity open bypass	01/01/2026 - 6/30/2026	$\geq 90\%$
	3) Attest to attending a quality meeting using peer review data	01/01/2026 - 11/15/2026	100%



2027 BMC2 Vascular Surgery (VS)	1) Increase rate of duplex ultrasound completed prior to asymptomatic carotid endarterectomy	01/01/2026 – 6/30/2026	>=90%
102% VBR Can be earned contingent on earning the BMC2 VS 103%	2) Attest to reports distributed and reviewed at your site per the Participation Agreement	01/01/2026 – 6/30/2026	100%

Smoking Cessation Measure

Clinical Focus	Measure Description	Measurement Period	Target Performance
2027 BMC2 Percutaneous Coronary Interventions (PCI)	Proportion of smokers who receive smoking cessation treatment Current smokers (either documented at pre-procedure or discharge; excludes marijuana-only or vaping-only) receive 2/3 of the following: <ul style="list-style-type: none"> Physician-delivered advice Nicotine replacement therapy Referral to smoking counseling services 	1/01/2026 - 6/30/2026	>= 40%
2027 BMC2 Vascular Surgery (VS)	Proportion of smokers who receive smoking cessation treatment Current smokers (either documented at pre-procedure or discharge; excludes marijuana-only or vaping-only) receive 2/3 of the following: <ul style="list-style-type: none"> Physician-delivered advice Nicotine replacement therapy Referral to smoking counseling services 	1/01/2026 - 6/30/2026	>= 65%

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 102% of the Standard Fee Schedule if they meet performance criteria and are eligible for the CQI VBR in both programs.

Practitioners who participate in BMC2 VS may receive an additional 102% of the Standard Fee Schedule if they meet criteria for 2 of 3 103% measures.

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.