CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Bundled Payments for Care Improvement Advanced | BPCI Advanced

Application Process

Center for Medicare & Medicaid Innovation

(CMS Innovation Center)

January 2018

Webcast Outline

- Model Introduction
- Timeline
- Who Can Apply and Participate
- Application Process Walkthrough
- Contact for Questions

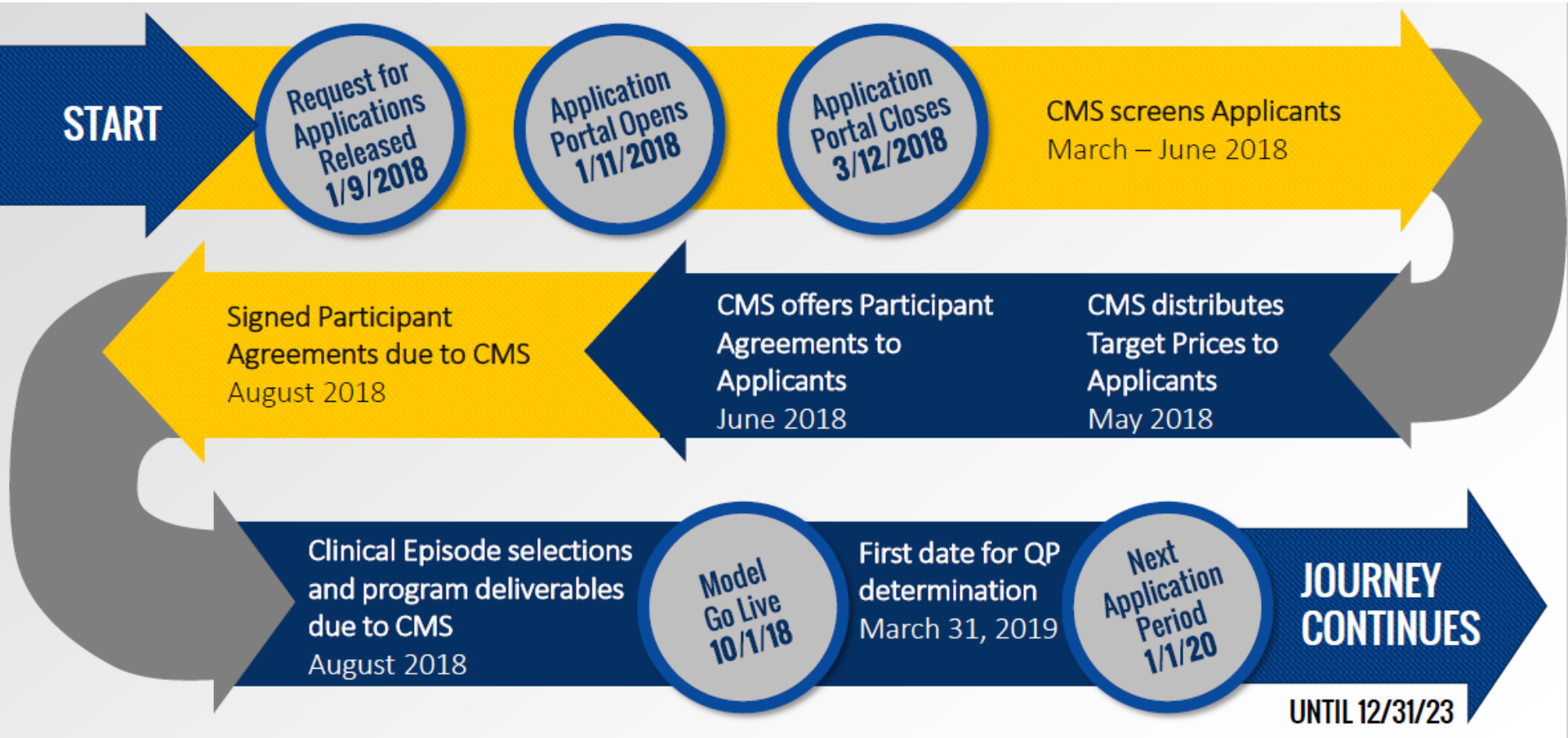
BPCI Advanced Model Overview

- Voluntary bundled payment model
- Single payment and risk track with a 90-day episode period
- 29 Inpatient Clinical Episodes
- 3 Outpatient Clinical Episodes
- Qualifies as Advanced Alternative Payment Model (Advanced APM)
- Payment is tied to performance on quality measures
- Preliminary Target Prices provided prospectively

Objectives of the Initiative

1. Care Redesign
2. Data Analysis and Feedback
3. Financial Accountability
4. Health Care Provider Engagement
5. Patient and Caregiver Engagement

BPCI Advanced Timeline



Potential Applicants: Who Can Apply?

- Healthcare providers eager to experiment with bundled payments and transforming their payment and care delivery model to focus on optimizing care outcomes, rather than fee-for-service (FFS)

- Entities that are either Medicare-enrolled or not Medicare-enrolled providers or suppliers

Applicant Defined

The Applicant is the potential Non-Convener Participant, or the potential Convener Participant

Key Considerations for the Applicants

- Level of experience with cross-provider care improvement
- Ability to redesign care
- Ability to enter into an agreement with CMS and to be financially accountable for the quality and cost of selected Clinical Episodes
- Ability to meet the quality measures reporting requirements under the BPCI Advanced Model Participation Agreement

Key Applicant Partners

- Participating Practitioners, Medicare-enrolled physicians, and/or non-physician practitioners

- Episode Initiators (EIs), which may be a Physician Group Practice (PGP) or an Acute Care Hospital (ACH)

Two Categories of Participants

Convener Participant

- Brings together downstream Episode Initiators (EIs)
- Facilitates coordination
- Bears and apportions financial risks

Non-Convener Participant

- Is the Episode Initiator (EI)
- Bears financial risk only for itself, and
- Does not bear risk on behalf of downstream EIs

Who can Participate as a Non-Convener Participant?

Physician Group Practices (PGPs)

Acute Care Hospitals (ACHs)

Who can participate as a Convener Participant?

Entities that are either Medicare-enrolled or not Medicare-enrolled providers or suppliers

Who cannot participate in BPCI Advanced?

- Critical Access Hospitals (CAHs)
- Prospective Payment System (PPS)-exempt Cancer Hospitals
- Inpatient Psychiatric facilities
- Hospitals in Maryland
- Hospitals in the Rural Community Hospital demonstration
- Hospitals in the Pennsylvania Rural Health model

Who can be an Episode Initiator (EI)?

Physician Group Practices (PGPs)

Acute Care Hospitals (ACHs)

Who can be an EI?, Continued

- A Participant's EIs cannot be changed until the next application opportunity in Model Year 2020

- Clinical Episode selections cannot be changed until 2020

Participating Practitioners – Qualified APM Participants (QPs)

- Since BPCI Advanced is an Advanced APM, eligible clinicians who meet the patient count or payment thresholds under the Model may become Qualified APM Participants (QPs) and be eligible to receive the 5% APM Incentive Payment.

- **The first date for QP determination will be March 31, 2019**

Participating Practitioners – Qualified APM Participants (QPs), Continued

- For **ACH Participants**, eligible clinicians will be assessed individually for purposes of QP determinations
- For **PGP Participants**, eligible clinicians will be assessed as a group for purposes of QP determinations
- For **Convener Participants** who will have ACHs and PGPs as Episode Initiators, the QP determinations for eligible physicians will happen as a group

Participating Practitioners – Qualified APM Participants (QPs), Continued

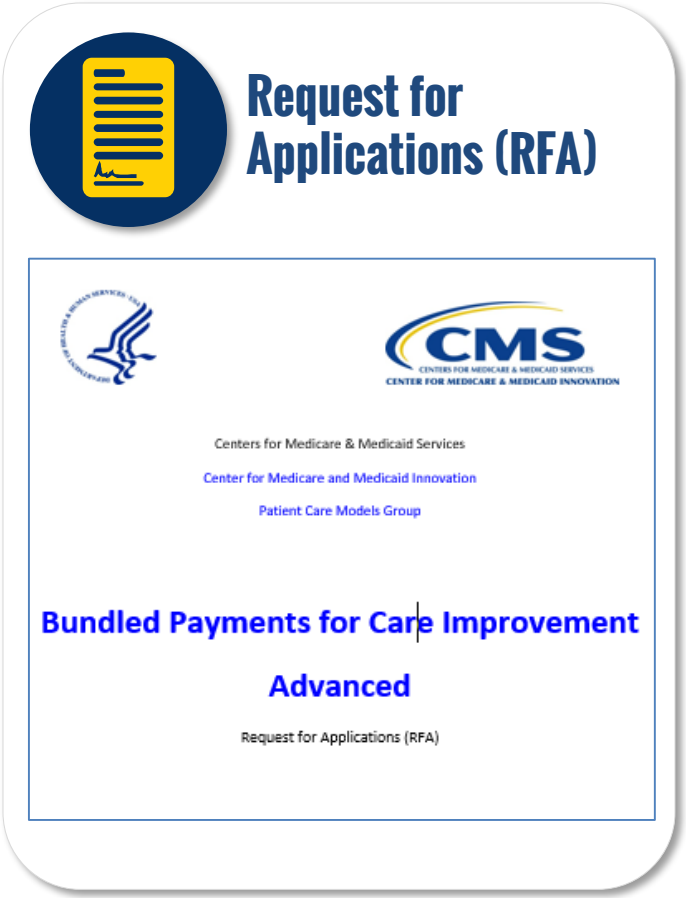
- In order to avoid this action for ACH physicians, **Convener Participants** may choose to enter into separate agreements with CMS for ACHs EIs and PGPs EIs

- If a Convener Participant chooses to do this, they must submit separate applications

Request For Applications (RFA)

- The RFA outlines the different elements of the Model in detail and explains how the applications will be reviewed

- The RFA can be downloaded from the CMS Innovation Center website:
  - https://innovation.cms.gov/initiatives/bpci-advanced



Application Template and Application Portal

- The application template and all required attachments are available for download here:

https://innovation.cms.gov/initiatives/bpci-advanced

- However, the actual submission of the application MUST be made via the BPCI Advanced Application Portal here:

https://app1.innovation.cms.gov/bpciadvancedapp

- ***Paper applications submitted via email will not be accepted***

Starting your Application

Applicant Type

Non-Convener Participant

OR

Convener Participant

Certified Electronic Health Record Technology (CEHRT)

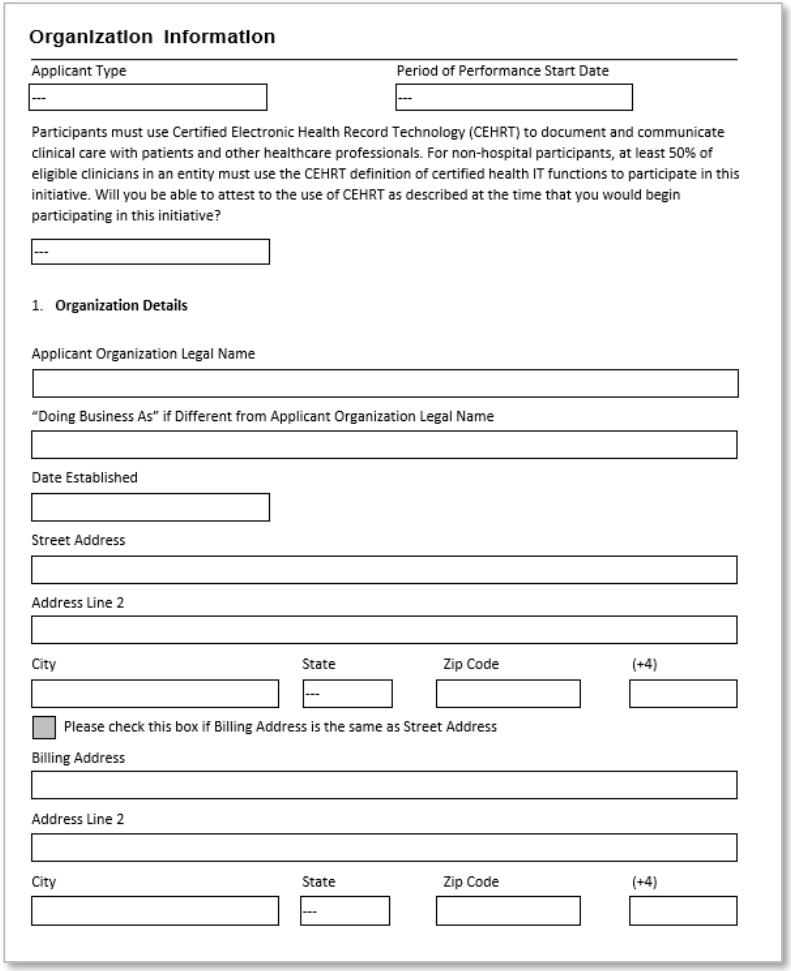
- Participants must use CEHRT to document and communicate clinical care with patients and other healthcare professionals. For non-hospital participants, at least 50% of eligible clinicians in an entity must use the CEHRT definition of certified health IT functions to participate in this initiative.

- Will you be able to attest to the use of Certified Electronic Health Record Technology (CEHRT) as described at the time that you would begin participating in this initiative?

Organization Information

Basic Information regarding the Applicant

- Organization Legal Name and “Doing Business As” Name
- Date Established
- Address
- Organization Type
- Facility Bed Size
- NPI/TIN/CCN
- Entity Type
- Academic Medical Center
- Current/Previous Phase II BPCI Participation
- Current/Future Medicare Model or Program Participation (excluding BPCI)
- Medicare Model/Program Identifiers (i.e. BPID, OCM-000)



Organization Information

Applicant Type: ---

Period of Performance Start Date: ---

Participants must use Certified Electronic Health Record Technology (CEHRT) to document and communicate clinical care with patients and other healthcare professionals. For non-hospital participants, at least 50% of eligible clinicians in an entity must use the CEHRT definition of certified health IT functions to participate in this initiative. Will you be able to attest to the use of CEHRT as described at the time that you would begin participating in this initiative?

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1. **Organization Details**

Applicant Organization Legal Name

“Doing Business As” if Different from Applicant Organization Legal Name

Date Established

Street Address

Address Line 2

City | State: --- | Zip Code | (+4)

☐ Please check this box if Billing Address is the same as Street Address

Billing Address

Address Line 2

City | State: --- | Zip Code | (+4)

Organization Information: Required Documents

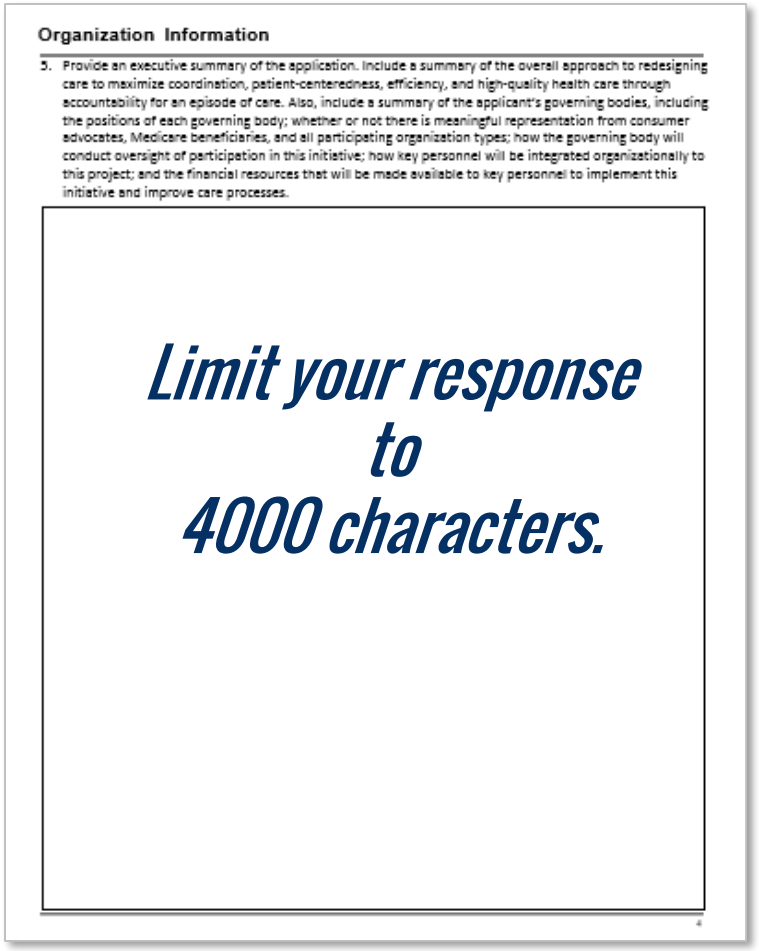
- Convener Applicants must download and populate the **"Participating Organizations"** attachment to provide information on all of their EIs

- PGPs Applicants and Convener Applicants that have Physician Group Practices as Participating Organizations must download and populate the **"PGP Practitioners List"** attachment to provide information on all physicians who were in the practice at any time during Calendar Years 2013, 2014, 2015, 2016, as well as in which Hospitals you expect to trigger Clinical Episodes

Attachments can be downloaded from either the CMS Innovation Center website or from the BPCI Advanced Application Portal.

Executive Summary of the Application

- Overall approach to redesigning care to maximize coordination
- Applicant's governing bodies oversight of participation
- Key personnel
- Financial resources



Organization Information

5. Provide an executive summary of the application. Include a summary of the overall approach to redesigning care to maximize coordination, patient-centeredness, efficiency, and high-quality health care through accountability for an episode of care. Also, include a summary of the applicant's governing bodies, including the positions of each governing body; whether or not there is meaningful representation from consumer advocates, Medicare beneficiaries, and all participating organization types; how the governing body will conduct oversight of participation in this initiative; how key personnel will be integrated organizationally to this project; and the financial resources that will be made available to key personnel to implement this initiative and improve care processes.

Limit your response to 4000 characters.

Practitioner Engagement and Care Improvement

Practitioner Engagement

- Education and Recruitment of Participating Practitioners and Participating Organizations

Care Improvement

- Actions to redesign care processes in the following areas, at a minimum:
  - Evidence-based medicine
  - Beneficiary and Caregiver engagement
  - Quality and coordination of care
  - Care Transitions

Net Payment Reconciliation Amount (NPRA) Sharing

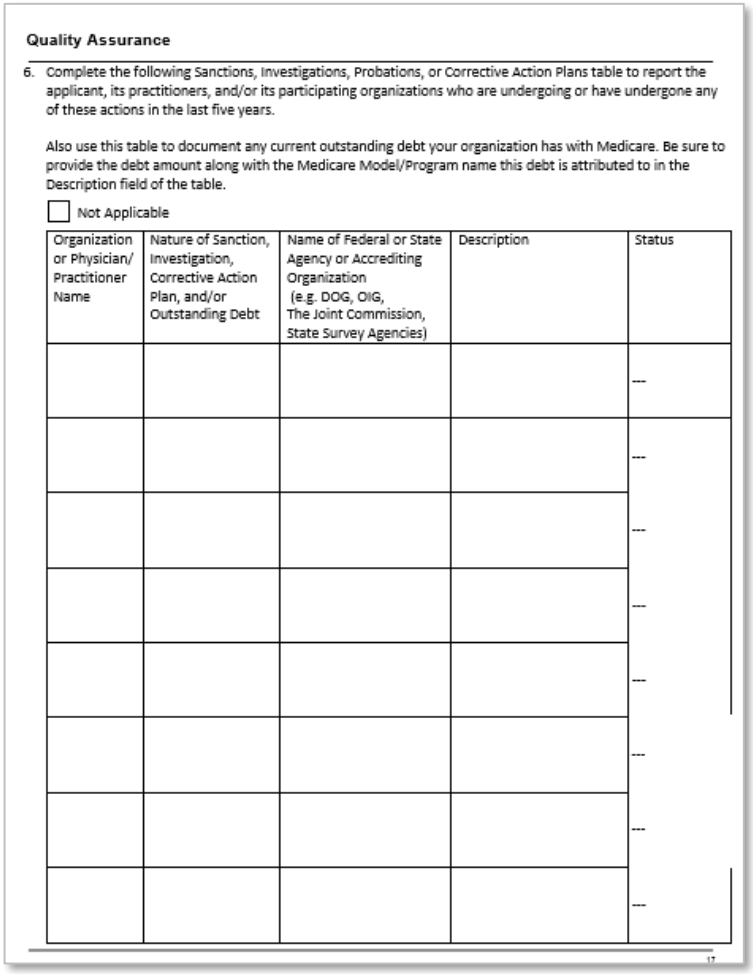
- Describe the proposed methodology for NPRA Sharing among the Participant and other Organizations
- Describe prior or current experiences with any NPRA Sharing or pay-for-performance initiatives
- Describe how NPRA Sharing will support care improvement
- Describe eligibility requirements for Participating Practitioners or Participating Organizations to participate in NPRA Sharing

Quality of Care

- Answer questions that focus on:
  - –Quality Improvement
  - –Quality Assurance
  - –Beneficiary Protections

Sanctions, Investigations, Probations, Corrective Action Plans, or Outstanding Debt

- Report any sanctions, investigations, probations, or corrective action plans that the Applicants, their Participating Practitioners, and/or their Participating Organizations are currently undergoing, or have undergone in the last five years
- Additionally, report any outstanding debt to Medicare
- Select **"Not Applicable",** if you have nothing to report



Quality Assurance

6. Complete the following Sanctions, Investigations, Probations, or Corrective Action Plans table to report the applicant, its practitioners, and/or its participating organizations who are undergoing or have undergone any of these actions in the last five years.

Also use this table to document any current outstanding debt your organization has with Medicare. Be sure to provide the debt amount along with the Medicare Model/Program name this debt is attributed to in the Description field of the table.

☐ Not Applicable

Organization or Physician/ Practitioner Name	Nature of Sanction, Investigation, Corrective Action Plan, and/or Outstanding Debt	Name of Federal or State Agency or Accrediting Organization (e.g. DOG, OIG, The Joint Commission, State Survey Agencies)	Description	Status
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Financial Arrangements

- Describe any financial arrangements with Participating Organizations and Participating Practitioners to share or delegate the financial risk associated with the initiative
- Prior to entering into a Participation Agreement with CMS, the applicant must provide proof of ability to bear risk
- Convener Participants who are not Medicare providers will be required to provide an irrevocable line of credit or similarly enforceable mechanism as specified by CMS

Organizational Readiness and Partnerships

Organizational Capabilities and Readiness

- How does your participation in this initiative relate to your organization's overall strategic plan?
- What resources will be allocated to the implementation of the initiative?

Partnerships with…

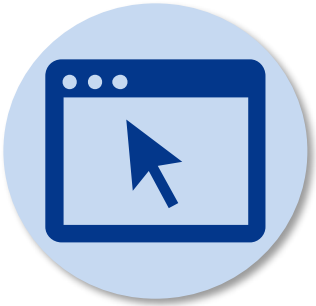
- Participating Organizations
- State Medicaid Programs
- Private Payers
- Multi-Payer Collaboratives

Data Request and Attestation (DRA) Form

- Applicants must submit a Data Request and Attestation (DRA) form along with their completed application in order to receive data and preliminary Target Prices
- The DRA template and further instructions can be downloaded from the CMS Innovation Center website
- CMS expects to distribute Target Prices to Applicants in May 2018

Certification

An authorized CEO or Senior Executive of the Applicant Organization must certify that all the information and statements provided are true, complete and accurate

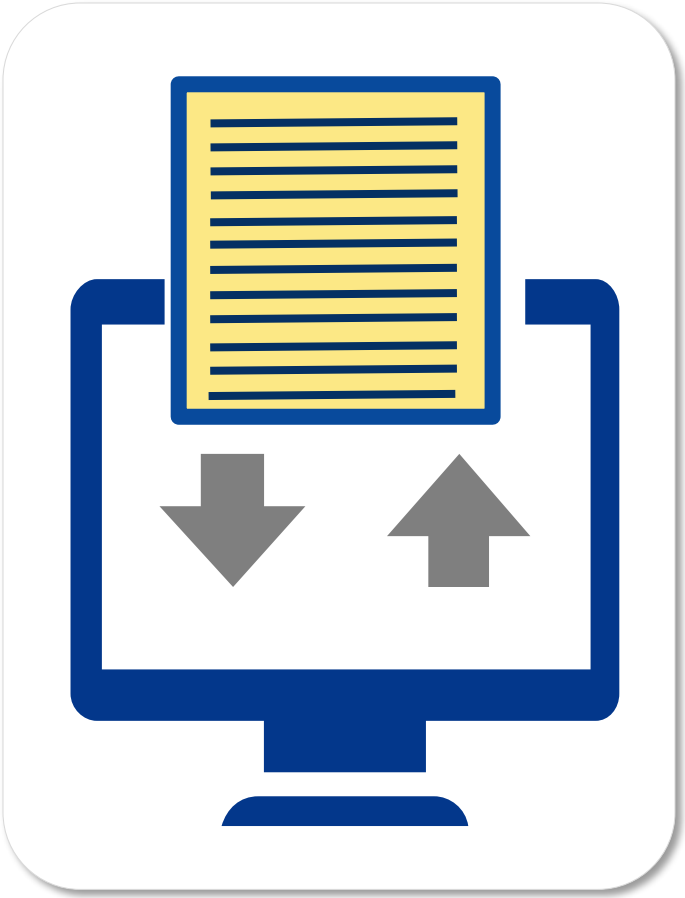


Since applications are going to be submitted via a web-based portal, **digital signatures are acceptable**

Application Portal

- Applications will only be accepted via the BPCI Advanced Application Portal
  - https://app1.innovation.cms.gov/bpciadvancedapp

- The Application Portal will open on January 11, 2018 and will close on **March 12, 2018 at 11:59 pm EST**



Application Review

- Applications will be reviewed based on:
  - Content of the application
  - Program integrity vetting
  - Law enforcement screening

Questions and Feedback

- If you have questions about this presentation, or the application process, please contact the BPCI Advanced Model team at BPCIAdvanced@cms.hhs.gov
- Additional information can be found at the CMS Innovation Center website: https://innovation.cms.gov/initiatives/bpci-advanced
- **Your opinion is important**: Please complete this short survey to provide feedback on this webcast:

https://www.surveymonkey.com/r/BPCIAdvancedWebcast302