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BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) OPEN FORUM #1
MODEL OVERVIEW AND APPLICATION PROCESS

Moderator: Agnelli Sybel
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OPERATOR: This is Conference #: 8274319.

Operator: Hello and welcome to today's webcast. My name is (Paige) and I will be your event specialist today. All lines have been placed on mute to prevent any background noise. Please note that today's webcast is being recorded.

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It is now my pleasure to turn today's program over to Agnelli Sybel. The floor is yours.

Agnelli Sybel: Hello, everyone and thank you for your joining us. On behalf of the CMS Innovation Center, I would like to welcome you to today's open forum titled Bundled Payments for Care Improvement Advanced Model Overview and Application Process. My name is Agnelli Sybel. And I'm joined in the room with some members of the BPCI advance team.

We are very excited with the publics' response to the announcement of the newest bundled payment model and the large number of participants in today's open forum.

When you registered for the event, we encouraged you to submit questions to the team in advance and boy did you responded. We received over 600 questions via the registration link. We read every single one of those questions and sorted them by categories. Then we looked at the trends in the questions and selected the ones that we believe were of interest to the majority of the public or highlighted specific topics that needed clarification from CMS.

During the event, feel free to submit additional questions via the chat feature and members of the team will be reviewing them. We plan to create a new Frequently Asked Question document a February edition that will incorporate all the questions presented during this open forum, plus selected questions from the ones submitted via the registration link and via the chat feature today.

Expect that document to be posted on the BPCI Advanced website in about two weeks. However, we will have the audio file and the transcript of the event posted on the website in about three days. We're also monitoring trends in the submitted questions to the BPCI Advanced inbox. We will post materials on the website in respond to those questions as well as send mass e-mails to keep you updated with current information. So, keep visiting our website.

Out of all those questions that were submitted, we selected the top six questions and we will start by addressing those. The most common one was about the CJR-BPCI Advanced overlap. In a Comprehensive Care for Joint Replacement market, who gets precedence, the CJR hospital or the PGP that is participating in BPCI Advanced? Let's start by saying that the CJR model comprises of only one clinical episode, major joint replacement of the lower extremity.

BPCI Advanced has 32 clinical episodes. One of which is major joint replacement of the lower extremities. A CJR participant hospital in one of the 34 mandatory Metropolitan Statistical Areas, MSA, will have precedence on the major joint clinical episode over a physician group practice in BPCI Advanced.

A CJR participant hospital in a voluntary MSA that does not elect to "opt in" by the deadline of January 31st, will no longer be a CJR participant hospital and therefore will not have precedence over a physician group practice for the major joint clinical episode when BPCI Advanced commences on October 1st.

For all other 31 clinical episodes, PGPs participating in BPCI Advanced will have precedence over a CJR participant hospital that is also participating in BPCI Advanced for those clinical episodes. Between now and September 30, 2018 when BPCI is scheduled to end, clinical episodes in BPCI will continue to have precedence over CJR clinical episodes.

Hospitals currently participating in BPCI which are located on a mandatory CJR MSA will become CJR participant hospitals as of October 1st once BPCI end. They still have the option of applying to participate in BPCI Advanced for the other 31 clinical episodes.

So, let's review the model overall precedence rules. Clinical episodes will be attributed at the episode initiator level. The hierarchy for attribution is first, the attending physician group practice; second, the operating physician group practice; and third, the hospital. There are no time-based precedence rules in BPCI Advanced. What that means is that participants starting on October 2018 will not have precedence over those that may start in future model years.

The second most common question is: we've received was when will the model pricing methodology be available? We are planning to release the target price specifications in the next few weeks.

The third question is: if I submit an application am I obligated to participate? No. Application submission does not obligate your organization to participate in BPCI Advanced. Likewise, submission of an application does not guarantee applicants will be selected for participation.

A signed and executed BPCI Advanced model participation agreement with CMS is required to participate in the model. CMS will not execute agreements until applications have been reviewed and applicants have successfully passed a provider vetting by the CMS Center for Program Integrity and completed a law enforcement screening process.

The fourth question that was most commonly received was: why isn't there a model 3 in BPCI Advanced? The development of this new model was built using the lessons learned and successes of BPCI. We wanted to provide prospective target prices, add a risk adjustment component and make the model an Advanced APM by tying payments to quality. We also wanted model pricing to recognize and not penalize the efficiency achievements of current BPCI Awardees. Incorporating all of this into a pricing approach that had post-acute care providers as episode initiators proved challenging.

The fifth question was: can you clarify about gainsharing and in NPRA sharing? Many questions were submitted on the topic of gainsharing but we are limited in our ability to respond. We are requesting fraud and abuse waivers for BPCI Advanced. If issued, the intention is for the waivers to be effective at the start of the model performance period on October 1st, 2018 and that the waivers would be available to applicants for review prior to the execution of the BPCI Advanced Model Participation Agreement.

And now, question number six. Can an episode initiator apply to participate under multiple conveners or as a non-convener participant? The answer is yes. An episode initiator can be listed in applications submitted by multiple

conveners or they can also submit an application as a non-convener participant with one major caveat.

CMS will allow episode initiators to appear in multiple applications that are submitted by March 12, 2018. However, episode initiators that are listed in multiple applications must ensure that at the time of submission of the participant profile in August 2018 by a given convener participant or a non-convener participant, that they appear in only one participant profile.

Otherwise, that episode initiator will be rejected and not be eligible to participate in the model effective October 1, 2018. The organization can apply again during the next application opportunity for Model Year 3 in January 2020.

We also want to answer questions regarding the total knee arthroplasty procedures that are allowed now on an outpatient setting. CMS is aware that some total knee replacement procedures are shifting to the outpatient setting given that the procedure is no longer included on the CMS inpatient only list effective January 1st, 2018.

CMS acknowledges that this policy change could affect target prices for the inpatient major joint replacement of the lower extremity clinical episodes and it's currently working on finalizing the details to account for this change in pricing and will communicate the policy as soon as feasible.

We want to also update you regarding the providers in the State of Maryland. CMS had previously stated that hospitals in Maryland could not participate in BPCI Advanced, because Maryland is under a waiver demonstration program. Maryland hospitals are excluded from bundled payment initiatives.

We are now clarifying that Physician Group Practices that only practice in Maryland are also not eligible to participate in the model. If the PGP practices in Maryland, as well as another state and/or the District of Columbia, then they may be eligible to participate in the model.

CMS is partnering with the state of Maryland to provide an opportunity for healthcare providers in Maryland to participate in a payment model aimed at

care coordination. Questions regarding the Maryland Primary Care Program should be directed to mbh.pcmodel@maryland.gov.

Next, I want to give you an update that CMS is expanding the exclusions list, adding more DRGs associated with neoplasm, malignancy, or trauma. This list will be posted on the BPCI Advanced website very soon.

We also want to address mergers that might happen if two or more PGPs merge under a Taxpayer Identification Number, TIN, that is participating in BPCI Advanced, they can continue in the model. If two or more hospitals merge under a CMS certification number that is participating in BPCI Advanced, they can continue in the model. If an organization participating in BPCI Advanced merges with another organization under a TIN or CCN that is not participating in BPCI Advanced, then the new TIN or CCN is not eligible to continue in the model and the organization participating in the model will no longer trigger clinical episodes as of the effective date of the merger.

So, now, we're going to move on to address some of the questions that were submitted. We have grouped the questions by categories so it makes it easier to follow along as we answer the questions. We will start with the general category, then the application process, followed by pricing methodology, data, quality measures, the learning system, and end with questions related to the quality payment program.

So, now, I'm going to turn the floor to one of our team members.

Karen Williams: Good afternoon. I'm Karen Williams. And I have the privilege of addressing our first general question. What happens to BPCI participants? As you know, the Bundled Payment for Care Improvement model that started in 2013 will end its period of performance on September 30, 2018. BPCI awardees are still bound by the terms of the awardee agreement in accordance with the terms therein.

(Joyce OlaOlabisi): This is (Joyce Olabisi), I received – we received another question. The question states, will current BPCI episode initiators be able to extend their current contract? BPCI Advanced is a new model. While current BPCI episode initiators are welcome to join the BPCI Advanced, they must apply,

get selected, and then enter into a new agreement with the CMS if they would like to participate. Episode initiators have the option to enter as either a convener participant or a non-convener participant.

Karen Williams: So, it's Karen Williams again. And we have another question and it says can an organization apply for only a handful of episodes instead of the entire list of episodes, or is it an all or nothing deal? Episode selections will occur when participant profiles are submitted in August of 2018. A participant profile is the deliverable where a convener participant identifies the episode selection for their episode initiator and where non-convener participants identify their own episode.

At that time – at the time of participant profile submissions, participants must commit to be held accountable for one or more clinical episodes. So, it is up to the participants to determine how many and which episodes they will participate in. It is important to note, you will be able to choose episode for each episode initiator separately. For example, if you want one-episode initiator to participate in Sepsis, but not any of your other episode initiators, you can elect to do that.

(Sasha Wolf): Hi, everyone. This is (Sasha Wolf). The next general question we have is, will there be quarterly opportunities to access the program. BPCI Advanced is a voluntary bundled payment model. Therefore, convener participants and non-convener participant may terminate their participation in the model at any time with no penalty in accordance with the terms of the BPCI Advanced model participation agreement.

Should a convener wish to drop an episode initiator from the model, they will have the opportunity to drop episode initiators effective January 2020 and at other specified times in future model years.

However, this does not preclude episode initiators from ending participation with the convener participant as that would be outlined in the agreement between the convener participant and the episode initiator. If the convener allowed an episode initiator to withdraw from BPCI Advanced participation prior to submission of the participant profile to CMS, the convener will

remain at risk for that episode initiator until the end of the model year, regardless of when the episode initiator withdrew the BPCI Advanced participation with that convener.

(Joyce Olabisi): This is (Joyce) again. Another general question that we received will there be any addition clinical episodes added to the model. CMS may add additional clinical episodes for BPCI Advanced or modify certain existing clinical episodes, which may begin on January 1, 2020 and potentially occurring each model year thereafter.

(Christine Ogbue): This is Christine Ogbue. The next question addresses physician group practices. The question is can physician groups not affiliated with the hospital apply. If so, can small practices participate in BPCI Advanced? The answer is, yes. Physician groups not affiliated with the hospital can apply as non-convener participant or as convener participant. Also, small practices can apply as there is no restriction on practice side.

(Erin Hagenbrock): Hi. This is (Erin Hagenbrock). The next question is, can select physicians within a physician group practice or PGP, choose to participate in BPCI Advanced as an episode initiator or do all the physicians in a PGP have to participate?

So, participants may select for which clinical episodes they would like to be at risk under a particular PGP episode initiator. However, they cannot select which physicians to reassign his or her rights to receive Medicare payment to a PGP episode initiator will participate in a selected clinical episode.

Mike McCormick: Hi. This is Mike McCormick. And we've received a bunch of questions about how much time applicants will have between when they received their historical performance data and when they actually have to sign a binding agreement to be in the program. So, we're targeting to have historical data and the target prices available in May and we're targeting to have the agreement send out to applicants in June for review.

Then those complete, binding agreements will be due to CMS by August 1st. So, the organizations will have a few months to review their data before the

agreements are due to CMS when they have to commit to bearing risk in the model.

Brian Waldersen: Thank you, Mike. My name is Brian Waldersen. I have – we've been getting some questions about the new outpatient episodes. The first, which service locations will be included for the three outpatient clinical episodes. Will BPCI Advanced include clinical episodes to trigger in outpatient hospital departments, free-standing cardiac Cath labs and Ambulatory Surgical Centers?

So, in the first two years of the model, the anchor procedure will trigger an outpatient clinical episode when it occurs in an outpatient hospital department only. So, anything paid under the outpatient prospective payment system. Other outpatient payment – other outpatient settings such as Ambulatory Surgical Centers and free-standing facilities are not currently included to start in Model Years, 1 and 2.

Karen Williams: OK. And it's Karen Williams again. And I have another question and a lot of folks want to know, can Accountable Care Organizations have served as conveners. Yes. Accountable Care Organizations can participate as a convener participant or a non-convener participant.

However, next generation ACO model, Medicare Shared Savings Program, Track 3 and Comprehensive End-Stage Renal Disease Care beneficiaries will not be excluded from triggering episodes in BPCI Advanced.

(Erin Hagenbrock): This is (Erin) again. We received a request for clarification on participant versus participating practitioners, including the types of agreements between the two. Participants either convener participants or non-convener participants are the risk-bearing entity under the model who will enter into direct agreement with CMS.

Participating practitioners are the downstream physician and non-physician practitioners who participate in BPCI Advanced activities, an example of which is a practitioner who furnishes direct patient care. Participating practitioners do not enter into agreement with CMS but instead enter into

agreements with the participant which satisfies applicable requirements of BPCI Advanced model participation agreement.

(Sasha Wolf): Hi, everyone. This is (Sasha). I just want to clarify the Accountable Care Organizations' question. So, the next generation ACO model, Medicare Shared Savings Program, Track 3 and Comprehensive End-Stage Renal Disease, CEC beneficiaries will be excluded from triggering episodes in BPCI Advanced.

Now, for the next general question, why were post-acute care providers eliminated from the list of non-convener participants? For BPCI Advanced, non-convener participants must be episode initiators and bear full risk on behalf of itself. To be an episode initiator, the participant must be able to trigger an episode. Therefore, episodes are triggered in advanced by the submission of a claim for an anchor stay, which is for inpatient clinical episodes or an anchor procedure which is for the outpatient clinical episodes.

Post-acute care providers cannot submit a claim for an anchor stay or anchor procedure. They are precluded from being a non-convener participant in BPCI Advanced.

(Patrick Anske): Hi, this is (Patrick Anske). We were asked if participants are required to set aside money in reserve before joining the program and the answer is, yes. Participant conveners who do not fully own all episode initiators under their agreement, as well as, single participant physician group practices will need to establish secondary repayment source or SRS. The SRS serves as insurance policy. So, CMS will have the ability to recoup unsettled repayment amounts and the calculations for this amount will be released as part of the participant agreement.

(Allison Bramlett): Hi. This is (Allison Bramlett). We receive a question about what the risk track is in BPCI Advanced. There is only one risk track. Individual clinical episodes will have spending caps at the 1st and 99 percentiles of total standardize allowed amount within the clinical episode during each baseline calendar year.

(Christine Ogbue): This is (Christine Ogbue). This question has to do with total knee arthroplasty being removed as the inpatient only procedure. The question is, is there any consideration to adding outpatient major joint replacement of a lower extremity to the list of BPCI Advanced?

The answer is, currently there are no plans to add a BPCI Advanced clinical episode for outpatient major joint replacement of the lower extremity. With that being said, and as Agnelli mentioned earlier on slide 5, CMS is still considering in working to address the effects of TKA being removed as an inpatient only procedure and potential updates to our pricing methodology.

(Allison Bramlett): This is (Allison) again. We also received the question about if Puerto Rico can apply for this model. All states except Maryland are eligible to apply. This includes all territories, and the District of Columbia.

(Erin Hagenbrock): Hi. This is (Erin) again. We have a question about how many model years are in the BPCI Advanced model, is it five or six? I.E. does Model Year 1 start and end in 2018 or does it extend through December 31, 2019?

BPCI Advanced will have six model years with the fourth quarter of 2018 counting as Model Year 1, 2019 being Model Year 2, 2020 being Model Year 3, and so forth. The 2023 is the final model year.

Agnelli Sybel: This is Agnelli. Before we move on to answer questions regarding the application process, I want to make you aware that we have two resources available on the website. A webcast titled Application Process and a handout that outlines the different sections of the application. We encourage all potential applicants to download the application template and the required attachments from the website and work on the answers before going online to complete the application on the application portal.

(Sasha Wolf): So, for the next set of questions, we'll discuss application questions. The first question we have received is: as a convener, do we wait to submit one application, data request and attestation, organization list and participating practitioner's list until we have all of our episode initiators signed up and list them on one form? Or can we apply to convene and then just continually

submit data request and attestation into Excel files for the various episode initiators into the portal as we agree with contractual terms with them?

And the answer is, once an application and accompanying application attachments are submitted, revisions will not be allowed. Application or application attachments, excuse me, not be – there would be no revisions allowed to the application or application attachment.

Therefore, it's recommended that applicants who have not iron out contractual terms with potential episode initiator wait to submit their application closer to the application submission deadline. We ask that you please be mindful that the application deadline is 11:59 p.m. ET on March 12 and we will not accept applications after this date.

Additionally, all applications must be submitted via the application portal. Paper applications submitted by e-mail or regular mail will not be considered.

(Joyce Olabisi): This is (Joyce). We received another question regarding the application process. As stated, are participating organization or episode initiators required to be submitted with the application on March 12th? Yes, the name and details of all episode initiators that want to participate effective October 1st, will need to be submitted with the application by March 12th. CMS will not allow convener participants to add episode initiators until the next application opportunity in Model Year 3, January 2020.

(Sasha Wolf): The next question is can a hospital or a physician group practice enter in BPCI Advanced for 2020 if the hospital or the physician group practice has not entered into any bundles with BPCI Advanced in 2018.

The answer is, yes. A hospital or physician group practice can participate in BPCI Advanced in 2020, even if they did not participate in BPCI Advanced starting on 10/1/2018. We encourage participant to apply during the first enrollment period. However, we understand that some organizations may require more time to prepare and setup the infrastructure for BPCI Advanced, which is why we're offering the second enrollment period in 2020.

Karen Williams: This is Karen Williams again. And the question that I have here is, a hospital non-convener applicant and a PGP non-convener applicant include numerous overlapping physician. They wanted us to confirm that these entities can both apply separately for BPCI Advanced despite this overlap. The answer to this question – in answering this question, we first need to clarify rules.

A non-convener participant has no downstream episode initiator. Itself is the episode initiator. Therefore, the overlapping physicians are not episode initiators themselves and their names overlapping on the submitted PGP list is not a problem. Physicians are allowed to provide services at multiple locations that are participating in BPCI Advanced. What is not allowed is for the same organization to be an episode initiator under multiple conveners or a non-convener participant at the same time.

(Allison Bramlett): Hi, it's (Allison). We received another question about the application process. When will I know if my application has been approved to participate in the new model? Receipt of target prices in May and receipt of the participant agreement template in June does not mean that your application has been accepted. Only after the applicant had passed the provider vetting process and law enforcement screening successfully and CMS executes the submitted participation agreement will the organization be considered a participant in the BPCI Advanced model.

Agnelli Sybel: OK. Now, we'll move on to questions about the pricing methodology for BPCI Advanced. The most frequent question in this category was, when will CMS provide more details about the target prices? As we said earlier, we expect to release the specifications in a few weeks.

Brian Waldersen: Hi. This is Brian Waldersen. I will just reiterate what Agnelli said. This isn't the most effective format of describing the methodology, but we'll give you – since we have so many questions, we sort of want to give you a highlight of what that includes. So first, how the target prices or how are the target prices assigned, is it regional, national or comparison of one’s own past performance?

So, target prices for hospitals are constructed to account for multiple aspects of the episodes. So, that will include a portion that accounts for the hospitals own past performance, a portion that accounts for the characteristics of patients treated during the clinical episodes and then another portion that accounts for the hospitals peer group characteristics.

And CMS accounts for each component through a series of progression models for each clinical episode category based upon a national data set of clinical episodes constructed that were initiated during the baseline period and priced using the official CMS standardized spending amounts.

So, for the patient characteristics and components that I would add to, they're going to be adjusted to include various demographic data. The patient's comorbidity using the Hierarchical Condition Categories, the HCCs, severity based upon the MS-DRGs for inpatient episodes and the ambulatory payment classifications or APCs for outpatient episodes and then other variables that we will detail in the pricing specs.

For peer group characteristics, those will be adjusted through the peer adjusted trends factor. And the components include one of the nine U.S. census regions, urban versus rural status, hospital size, and several others. And again, these detailed specifications, including information on risk adjustment models and all the covariance included in them, will be released in the coming weeks.

And the specification documents will really help flesh out all those additional details that just really don't make sense to go over in these forums – in this forum.

Mike McCormick: OK. This is Mike McCormick again. And we had a lot of questions about the baseline period. So, the first baseline period will contain data from potential episodes that would have attributed from January 1, 2013 through December 31, 2016, so a four-year period.

And we had some other questions about the target prices. When will the target prices be set and how will they change during the course of the five-year program? Excuse me. Preliminary target prices will be set and provided

prospectively and will be rebased annually beginning with Model Year 3 on January 1, 2020.

And additionally, we will update target prices when new CMS payment changes are released and CMS determines that they are material to BPCI Advanced. Similar to how it was done in the comprehensive care for joint replacement model.

Brian Waldersen: OK. And this is Brian again. We had a question on physician group practices or PGPs. How do PGP target prices work with the hospital price?

So, physician group practices will receive target prices that are hospital specific. In other words, a PGP will receive a unique target price for each hospital in which they practice in the baseline period. Each individual's PGP preliminary target price is based upon the hospital where the anchor stay or anchor procedure occurs.

And so, from this base hospital price, we first remove from the PGP price, the effects of the hospital wide Patient Case Mix Adjuster so accounting for patient characteristics and replace it with the Patient's Case Mix Adjuster that was specific to the PGPs clinical episodes triggered by an anchor stay or anchor procedure at that hospital.

In addition, the hospital-based price will be adjusted based on the PGP's overall historical spending efficiency relative to the hospital's historical spending efficiency. And both of which are standardized based on the patient and peer group characteristics previously described. So that's where the historical component comes in. In other words, the hospital-based price is adjusted to account for relative case mix and relative standardized historical efficiency.

Again, more details on the – on CMS at the end of it, all these sorts of more technical questions. Those details will be coming in the – in a matter of weeks and at that point, a lot of this will be much clear.

So, the next one is about the Net Payment Reconciliation Amount or NPRA, and the question is will the national trend factor continue to be part of the

calculation. And the answer to that is, no. The national trend factor will be replaced by, what I mentioned, the peer adjusted trend factor. We abbreviated it as PAT factor, which is a new prospective adjustment to target prices that is unrelated to the BPCI national trend factor conceptually.

So, we've done a new concept to anyone who's involved in the BPCI initiative. This is a new component. And the PAT factor adjusts the target price forward from the baseline period to the performance period, which varies based on a set of peer group characteristics, including the, what I mentioned before. And it's also prospective adjustment. So, there's no after the fact national trend factor adjustment that we saw in the BPCI initiative.

The next question on the pricing had to do with stop-loss. Will there be any stop-loss for individual cases? So, I imagine they mean individual clinical episodes. So, the 20 percent stop-loss and stop-gain policies are applied at the level of the episode initiator. And note that this is a minor change from a BPCI initiative, which had stop-loss and gain previously applied at the awardee level.

So, in other words, the results of all the clinical episodes during the performance period are aggregated to the episode initiator prior to applying the stop-loss and stop-gain cap. At the individual clinical episode, however, the annual poll of all clinical episodes in both the baseline and performance are with which arise or kept as the first in 99 percentile and that's – the pooling is done by MS-DRG or APC and that's done with the national data set of clinical episodes.

Mike McCormick: All right. This is Mike McCormick again. We received a lot of questions about the pricing for major joint at the lower extremity episode and specifically will there be a separate target price for elective joints and hip fractures? And in this model, one preliminary prospective price will be provided for all major joint replacement of the lower extremity episodes, but this price will incorporate the proportion of fracture versus non-fracture episode that occurred during the baseline period.

We will then account for the varying cost of fracture versus non-fracture episode in the case mix adjustment that will be applied at reconciliation for those episodes. So, if the proportion of fracture cases increase during the performance period then the case mix adjustment would increase and could potentially raise the final target price of reconciliation. So, in short, we are not going to split up the target prices by fracture or elective procedures, but we will be accounting for the cost differences.

We have a question about the claims run out period in this model. So, we are planning to implement a semiannual reconciliation cycle in BPCI Advanced. So, in a given year, episodes that end on or before June 30th will be reconciled in the fall of that year for the first time, and episode that end on or before December 31st will be reconciled in the spring of the following year for the first time. With the exception of the first model year which only extend from 10/01/18 to 12/31/18.

Additionally, each initial reconciliation period will have two true ups on the same cycle. So therefore, episodes will have about 1 to 1.5 year for claims run out at their final reconciliation depending on when they ended during a performance period.

And we have another pricing question about how we will create prices for a PGP that has a new or recently created TIN or tax identification number or very low volume of clinical episode in the baseline period.

So, per Brian's description a little earlier, PGP prices begin with a hospital price and then incorporate a PGP or physician group practice offset. So, if the application of a PGP is made under a new or recently created tax identification number for which CMS did not have enough data to calculate a PGP offset, then their preliminary and reconciliation target prices will be based on a hospital data where they attribute their episodes.

Joyce Olabisi: Another question that we received regarding potential conveners was whether or not potential conveners will have access to those target prices prior to submitting an application. Convener participants and non-convener

participant will not have access to target prices prior to submitting an application. Preliminary target prices will be provided sometime in May.

Agnelli Sybel: OK. Moving on, we have a few questions regarding data. However, I want to make the point that a DRA, Data Request and Attestation form is a required attachment of the application. Without it, you will get no data.

(Patrick Anske): This is (Patrick Anske) again. The first question about data is, what claims data will applicants be receiving? A BPCI Advanced applicants will have a choice to request aggregate historical and/or raw historical claims data. Both datasets include claims from the final three years of the initial four-year baseline period for claims related to all clinical episodes under the BPCI Advanced model. Line level data will incorporate the following: inpatient, outpatient, carrier Part B, durable medical equipment, post-acute care which include skilled nursing facility, home health agencies and inpatient rehab facility claim, hospice and diagnosis procedure, and diagnosis/procedure code research identifiable files.

Mike McCormick: OK. And this is Mike again. We have a question about, regarding the data request attestation form - will applicants receive historical data for all potential bundles for those facilities listed in a participating organization detachment?

And the answer is, yes, because the episodes selections will not be due until after the initial data will be provided. We will provide requested data and preliminary target prices for all 32 clinical episodes for listed participating organizations that have sufficient volume in their baseline period.

And another question about data, so they're asking, will monthly data claims still be provided to conveners similar to BPCI? And how will it be provided? So yes, applicants that eventually elect to become participants will have the opportunity to request monthly claims data in raw and/or summary formats by completing a second participant data request and attestation form or DRA. This data will be provided eventually through a secure portal through the CMS Enterprise Identity Management or EIDM site.

Agnelli Sybel: Before we move on to the quality measures questions, I just want to remind you that we will post a table listing all the quality measures in BPCI Advanced and how they relate to the 32 clinical episodes in the website very soon.

(Erin Hagenbrock): Hi, this is (Erin). I will take you through some of the quality measure-related questions we received. The first is, can you please share the composite quality score calculation and scoring methodology. We will be providing information regarding the composite quality score or CQS and the CQS adjustment amount calculation methodology in forthcoming models classifications. So, stay tuned.

The next question is, can you please provide some information on how the quality data is submitted and/or the attestation process? In the first two model years 2018 and 2019, the quality measures are claims-based and the quality performance data will be pulled directly from administrative claims by CMS. So, at this time, participants will not be required to submit quality data. This may change in future model years as we introduce additional non-claim based quality measure.

Next question is, will the quality measure reduce the discount percentage, 3 percent to 2 percent? The answer is no. The CMS discount will remain 3 percent for all clinical episodes.

The final quality measures specific question, will data on a quality measure be provided to organizations during the application process? And again, the answer is no. Quality measure data is not provided as part of the application process.

Agnelli Sybel: OK. Moving on to the learning systems. At the CMS Innovation Center, we are committed to helping our participants succeed and the learning system is an integral part of that effort.

(Lisa Davis): Hi, this is (Lisa Davis), and we had a couple of questions regarding the learning system. The first question was, is there a description of the BPCI Advanced framework and elements such as process areas, practices, staged

and continuous models as available in the center for Medicare and Medicaid Innovation in other industry?

BPCI Advanced has a driver diagram that explains the aim of the model and primary and secondary drivers to support the model aim. A learning system will be implemented to support emergent learning and spread of the most promising care delivery practices that participants implement as a part of the model.

The next question was will CMS be providing a formal mechanism through which external learning communities can contribute best practices or other resources relevant to BPCI Advanced clinical episodes? Yes, BPCI Advanced participants will be participating in the learning community and we always look for opportunities to share learning and promising practices that may also be emerging from other learning community.

Agnelli Sybel: Hi, everybody. We are moving on questions regarding the quality payment program since this new model is an advanced alternative payment model. But I just wanted to give you heads up with that, we might be running a few minutes late. So, we will ask your patience and stay with us. Thank you.

Benjamin Chin: Hi, this is Benjamin Chin from the Quality Payment Program Team here at the Innovation Center. So, the first question we have related to QBP is how participation in BPCI Advanced affect the practices MIPS reporting since it is an advanced APM?

BPCI Advanced will provide the opportunity for eligible clinicians within the model to earn QP status if the relevant QP thresholds are met during the QP performance period. QPs are excluded from MIPS and therefore do not need to report.

For some participants that are eligible clinicians in BPCI Advanced, if the relevant QP thresholds are not met, they will benefit from the special APM scoring standard and we decide to alleviate MIPS reporting burden in duplicative assessments for participant in certain APMs that we call MIPS AMPs. The advancing care information category is currently the only of four

MIPS performance categories under the APM scoring standard that requires MIPS eligible clinicians for APM entities to report anything additional for the purpose of MIPS.

The improvement activities performance category is assigned based on the requirements of the APM. The cost performance category is weighted to zero and the quality performance category is scored on measures that are already required to be reported to CMS under the terms of the APM. It's also important to note that under QPP, APM entities must include at least MIPS eligible clinician on a participation list in order to be scored under the APM scoring standard.

Some eligible clinicians in BPCI Advanced maybe affiliated practitioners and does not scored under the APM scoring standard. If those eligible clinicians are not QPs for the year and then maybe subject to general MIPS reporting requirements and payment adjustments for that year.

Moving on to the second QPP question. Since BPCI Advanced is an advanced APM, will participants need to meet the threshold for participation to earn QP status? Twenty percent of patients or 25 percent of revenue. So, the QP thresholds were established through law regulation and participants must meet one of the thresholds to earn QP status.

For performance year 2019, the first year BPCI Advanced participants will be eligible to earn QP status through the model - the QP thresholds are 50 percent of payments or 35 percent of patients.

And the last question is, can providers be associated with BPCI Advanced with their hospital as the episode initiator and still qualified for the APM bonus or does the provider need to be the episode initiator to receive this incentive?

So, in this scenario, providers may still be eligible to earn QP status in the APM incentive payment if they are in the hospitals affiliated practitioner list under the terms of the model. And I will note that that's the short answer to

that question and we can provide additional details in other documents related to QPP and the BPCI Advanced model.

Agnelli Sybel: Thank you. Well, we're almost out of time, and we want to thank you for joining us today in the first of the BPCI Advanced open forum. Before we go, I want to share a few housekeeping details. The recording and transcript of today's live event will be available in about three days on the BPCI Advanced website. We will also prepare a frequently asked question document that will incorporate all the questions presented during the open forum plus a selection of questions submitted via the chat today.

For questions pertaining to this event or the advanced model, please e-mail the team at bpciadvaced@cms.hhs.gov.

Operator: You are welcome to join us again during the second open forum scheduled for Thursday, February 15th, from 12:00 to 1:00 p.m. Eastern Time. You can find the registration link at the bottom of the BPCI Advanced website. We will continue monitoring trends in the submitted questions to the BPCI Advanced inbox and we'll post materials on the website in response to those questions as well as send mass e-mails to keep you updated with the current information. So, keep visiting our website.

We would appreciate you giving us your feedback on this event by answering a few questions. You will receive a link at the end of this session. A link to the archive recording of today's event will be available a few hours after the webcast closes. Simply use link for today's live event to view the archive presentation.

Thanks to all our participants for joining us today. We hope you found this open forum informative. You may now disconnect. Have a great day.

END