Centers for Medicare & Medicaid Services

Moderator: Adam Obest
February 15, 2018
12:00 p.m. ET

Operator: This is Conference # 7396386.

Operator: Hello. And welcome to today's webcast. My name is (Megan). 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.

During the presentation, you can ask your question at any time. Click the green Q&A icon located in the lower left hand corner of your screen. Type your question in the open area and click Submit. If you would like to view the presentation in a full screen view, click the Full Screen button in the lower right hand corner of your screen. Press the Escape key in your keyboard to return to your original view. For optimal viewing and participation, please disable your pop up blockers. For accessibility options, please click the Close Caption button on the lower left hand corner of your screen.

And finally, should you need technical assistance, as a best practice we suggest you first refresh your browser. If that does not resolve the issue, please click on the Support Option in the upper right hand corner of your screen for online troubleshooting.

It is now my pleasure to turn today's program over to Blake Devillers, the floor is yours.

Blake Devillers: Thank you. Hello everyone. And thank you for 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 Blake Devillers. And I'd like to welcome you all to this event.

I'm joined in the room with some members of the BPCI Advanced team. We are very excited with the public response, 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 encourage you to submit questions to the team in advance. We received many questions via the registration link. We read every single one of those questions and sorted them by categories.

Then we look at the trends in the questions and selected the ones that we believe are of interest in majority of the public are highlighted specific topics that needed clarification from the CMS Innovation Center.

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 Questions or FAQ document. This will be in March edition that will incorporate all of the questions presented during this open forum. Plus, we'll select questions from the ones submitted via the chat feature today.

As for the February edition of the FAQs, we are diligently working on those responses and should have the document posted on the website next week. You can expect the recording in slides of today's event be available later today to access the recording, use the registration link that you received when you registered.

The transcript of this event will be posted on the website in about three days. We want to start with a couple of policy updates. Please let me introduce to you Agnelli Sybel, Sybel, sorry, of BPCI Advanced team member, Agnelli.

Agnelli Sybel: Good afternoon everybody. And so we would like to start by correcting the statement that appears in the fact sheets and the model overview webcast that are currently posted on the website.

The statement says clinical episodes will be reconciled based on the performance period in which they're triggered which is determined by the start of the anchor procedure. That is not correct. The correct policy for the BPCI Advanced model is that clinical episodes will be reconciled on the last day of the 90-day post-discharge period.

The next update that I want to bring to everybody's attention is that we have a difference between the new model and the BPCI initiative that we implemented based on stakeholder input. And it has to do with the Major Joint Replacement of the Lower Extremity episode.

When a major joint episode is triggered during – when a second major joint episode is triggered during the 90-day post-discharge period, the first major joint clinical episode is canceled. And a new clinical episode will begin. That new episode will be assigned according to the precedence rules of the model using the anchor stay build claim.

Blake Devillers: Thank you, Agnelli. Our website went live on January 9th and we have added many educational and technical documents within the last month. Most recently, the target price specifications were posted last Friday. And the recording and transcript of the January 30th Open Forum were posted earlier this week.

We encourage you to keep visiting the website because we will continue to add new resources regularly. We encrypt the questions by categories. So it makes it easier to follow along as we enter the submitted questions.

We will start with questions about the Quality Payment Program or QPP. Then we move on to general questions, the application process, followed by pricing methodology, data, model overlap, and we'll end with questions related to waivers.

Since BCPI Advanced is an advanced alternative payment model, we have received many questions related to the Quality Payment Program or QPP. Today, we will answer a few and CMS will provide additional guidance in the

format of a Frequently Ask Questions document specifically addressing the Quality Payment Program and its interaction with the BPCI Advanced model.

Our first question in this category is, what is a qualifying Alternative Payment Model participant or Q.P.? And I'm going to turn that over to Alison Falb.

Alison Falb: Thank you. A qualifying APM participant or Q.P. is an eligible clinician who has a certain percentage of their patients or payments during the advanced APM. (It) provided the APM entity or as an individual depending on how they participate which I will touch on in additional questions.

Q.P.s are excluded from the Merit-based Incentive Payment System, MIPS, reporting requirement and payment adjustment. And instead will receive a 5 percent APM incentive payment.

Blake Devillers: Thank you. Our next question is, when our participants in BPCI Advanced exempt from Merit-based Incentive Payment System or MIPS? And, Alison, again to you please.

Alison Falb: Thank you. Eligible clinicians who earn Q.P. status for a year are exempt from MIPS reporting requirements and payment adjustment for that year. I will note that eligible clinicians participating in an advanced APM like BPCI Advanced can also earn partial qualifying APM participant or partial Q.P. status by meeting a lower threshold. And then they have the option to be excluded from it.

They can either receive a neutral payment adjustment or they can participate in this. Participants in BPCI Advanced will have the opportunity to earn Q.P. or partial Q.P. status beginning in 2019.

Blake Devillers: Thank you. Our next question is, what are the Certified Electronic Health Record Technology or CEHRT requirements for participant in BPCI Advanced? Alison?

Alison Falb: As a CEHRT participant start date in BPCI Advanced so October 1st, 2018. The participant must use Certified Electronic Health Record Technology or

CEHRT to document and communicate clinical quick care to their patients or other health care providers.

For hospitals that are non-convener participants, the hospital must use CEHRT. For Physician Group Practices or PGPs that are non-convener participants at least 50 percent of the PGPs eligible clinician must use CEHRT.

For those convener participants who will have hospital and PGPs as episode initiators, the hospitals must use CEHRT and at least 50 percent of the eligible clinicians in each PGP must use CEHRT.

Blake Devillers: Thank you. Our next question is, who can be a qualifying Alternative Payment Model participant or Q.P. under BPCI Advanced? And once again, Alison.

Alison Falb: Thank you. This is a long answer. Again, to reiterate, we will be making this available as FAQs and working on specific FAQs for the Quality Payment Program.

Eligible clinicians participating in BPCI Advanced will be able to earn Q.P. status beginning in 2019. In order for Q.P. determination to be made for an eligible clinician, they must be identified either on a participation list or an affiliated practitioner list collected by CMS.

And BPCI Advanced, eligible clinicians will be identified in the following ways for purposes of Q.P. determination. First, for non-convener participants that are hospitals and convener participants who do not have any downstream episode initiators that are PGP, eligible clinicians who are NPRA Sharing Partner included on the financial arrangement screen list will be considered affiliated practitioners in the model for purposes of Q.P. determinations.

Q.P. determinations for these eligible clinicians will be made at the individual level. Eligible clinicians who have reassigned their rights to receive Medicare payment to a non-convener participant that is a PGP or PGP episode initiator and are included on the PGP list will be on the participation list used for purposes of Q.P. determinations under the Quality Payment Program.

Q.P. determinations for these eligible clinicians will be made at the group level.

Blake Devillers: Thank you, Alison. And our next question is, how will qualifying participant or Q.P. determinations be made? And once again, Alison.

Alison Falb: Thank you. For a non-convener participants that are hospitals, eligible clinicians will be assessed individually for purposes of Q.P. determinations.

For non-convener participants that are PGPs, eligible clinicians will be addressed, assessed as a group for purposes of Q.P. determinations. For convener participant who will have hospitals and PGPs of episode initiators, the Q.P. determinations for eligible clinicians will be made for those eligible clinicians participating through PGPs only. And they will be assessed as a group.

In order to avoid this action for hospital-based eligible clinicians, convener participants may choose to enter in to separate agreement with CMS for hospital episode initiators and PGP episode initiators. If a convener participant chooses to do this, they must submit separate applications before the March 12th deadline.

Blake Devillers: Thank you. And that was our last question in that category. Now, let's address some general BPCI Advanced questions.

Our first one is, will a Physician Group Practices or PGPs be able to select which individual physicians want to participate in the model or will all the physicians under the Tax Identification Number or TIN being cleared at? And I'm going to turn it over to Mike McCormick.

Mike McCormick: Thank you, Blake. In BPCI Advanced, the Physician Group Practice or PGP is defined at the Tax Identification or TIN level. Therefore, PGPs will not be able to select which individual physicians are able to participate in the model. During the performance period if an individual physician National Provider Identifier or NPI is assigned to a PGPs TIN that is participating at BPCI Advanced, they will have the ability to trigger clinical episodes for that PGP.

Blake Devillers: Thank you. Our next question is, if a Physician Group Practice or PGP starts participation in January 2020 and a hospital has entered in to the same clinical episode on October 2018, does the hospital retain the clinical episodes or does the PGP still get precedence?. And once again, Mike.

Mike McCormick: So, in this case in BPCI Advanced, there are no time-based precedence rules. So, assuming the PGP and the hospital are participating in the same clinical episode and excluding overlap with other innovation center models. The PGP would take precedence over the hospital.

Blake Devillers: Thank you. Our next question is, how does a Physician Group Practice or PGP episode initiator that provide services at multiple locations and a hospital which is one of those locations, those participate in BPCI Advanced under (one) convener participant. And again, I'll turn this over to Mike.

Mike McCormick: OK. Thank you. So Physician Group Practice or PGP in a hospital can participate under the same convener participant. The PGP and the hospital could participate in the same or different clinical episodes in this case.

However, a clinical episode can only be attributed to one episode initiator in the performance period. So, precedence rules including the model overlap rules would dictate which episode initiator under this convener would be attributed to clinical episode.

Blake Devillers: Thank you, Mike. Our next question is, will participating entities conveners or non-conveners have to treat every Medicare patient for the clinical episodes for which they participate in under the BPCI advance model? Again, will participants be able to exclude the hardest to treat patients? And I'll turn this over to Agnelli.

Agnelli Sybel: Thanks. Participants do not have the ability to exclude patients regardless of a patient's acuity. Also, participants may not restrict beneficiary access to medically necessary care.

To that end, CMS will monitor utility station, referral patterns, as well as conduct medical record audit, tract patient complaints and appeals, and

monitor patient outcome measures to assess improvement, deterioration, and or any deficiencies in the quality of care under the model.

It is important to note, that not every Medicare beneficiary will trigger a clinical episode due to beneficiary eligibility exclusions.

Blake Devillers: Thank you. Our next question, is can a hospital be aligned as a convener participant for some Diagnosis Related Groups or DRGs and be a non-convener participant on episode initiator for others. Agnelli, once again.

Agnelli Sybel: An episode initiator either a hospital or a Physician Group Practice, PGP, cannot allocate clinical episodes under multiple convener participants or in combination with themselves as a non-convener participant.

An episode initiator can only trigger episode under one convener participant or as the non-convener participant themselves.

Blake Devillers: Thank you, Agnelli. And our final question in this general category is, are preferred networks for a Skilled Nursing Facility or SNF and a home health providers encouraged as long as patients are informed that they have a choice of any provider? And Agnelli, if you would?

Agnelli Sybel: Participants can create and or recommend preferred post-acute care network. However, our beneficiary freedom of choice cannot be suppressed.

Therefore, participants must not apply beneficiary of their participation in the model and required their downstream participating practitioners and episode initiators to do the same.

Blake Devillers: Thank you Agnelli. Now, we're going to move on to the next category and cover a few questions related to the application process.

Our first question is, can you clarify whether an organization must specify which providers they plan to share Net Payment Reconciliation Amounts, NPRA with any application? And this one I'm going to turn to (LaShawn Brooks).

(LaShawn Brooks): Thank you, Blake. In the application, we are asking that you identify the types of organizations with which you intend to share Net Payment Reconciliation Amount, NPRA but not the specific name of the physicians or entities.

The financial arrangement screening list that will lists all potential NPRA sharing partners is one of the deliverables to be – to, I'm sorry, to must – that must be submitted by participants 60 days before the start of the model.

Participants will have the opportunity to update the list quarterly. More details will be forthcoming when the participation agreement is made available in June.

Blake Devillers: Thank you. Our next question is, do we need to state the clinical episodes? We are interested in the application for the March 12th deadline. And once again, (LaShawn).

(LaShawn Brooks): When submitting an application, the applicant will not be selecting clinical episode. The clinical episode selection will occur when participant profiles are submitted in August of 2018. A participant profile is the deliverable where the convener participants identify the clinical episode selection for their episode initiator and (where) the non-convener participants identify their own clinical episodes.

At the time of the participants' qualified submission, participants must commit to be held accountable for one or more clinical episodes.

Blake Devillers: Thank you. Our next question is, when can a convener join BPCI Advanced? Do they need to be part of the initial application or can a convener bring together episode initiators because they already submitted their application? And once again, (LaShawn).

(LaShawn Brooks): Thank you. A potential convener participant must have submitted an application and included the names and details of all episode initiators that you want to participate effective October 1st, 2018, by the deadline of March 12th.

CMS will not allow a convener participant to add episode initiators until the next application opportunity in January 2020.

Blake Devillers: Thank you, (LaShawn). Our next question is, if I submit an application, am I obligated to participate in the model? And I'll turn this one over to Agnelli.

Agnelli Sybel: Thank you. Now, an application submission does not obligate your organization to participate in BPCI Advanced.

Likewise, submission of an application does not guarantee applicants will be selected by CMS for participation. Assigned 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, CPI, and completed a law enforcement screening process.

Blake Devillers: Thank you, Agnelli. Our next question is, is there a consideration being given to pushing out the initial application deadline pass March 12th. And once again, Agnelli.

Agnelli Sybel: The March 12th, 2018 at 11:00 p.m. – 11:59 p.m. Eastern Standard Time deadline is a heart day and cannot be pushed back. That date was set to ensure adequate time for screening of applicants as well as to maximize the amount of time applicants will have to review and analyze data and pricing information, determine participation feasibility and secure agreements from partnering entities before submitting (up binding) participation agreement to CMS by August 1st. For applicants that need more time, we are offering the next application opportunity in 2020.

Blake Devillers: Thank you, Agnelli. Our next question is, please clarify the level of commitment that a convener participant would need from downstream participating practitioners or episode initiators prior to submitting an application. And, Agnelli, if you don't mind.

Agnelli Sybel: We are not a liberty to define the level of commitment you need with potential episode initiators participating practitioner or partnering entities.

However, by March 12th, all potential episode initiators and Physician Group Practitioners need to be listed in the participating organization and PGP practitioner's attachments respectively. As a reminder, once an application is submitted, there will be no revisions to the applications or any of its attachments.

Blake Devillers: Thank you for that clarification, Agnelli. Our next question, can you explain the difference between a hospital system applying as a system versus the individual hospitals within the system? And I'm going to turn this one over to (LaShawn).

(LaShawn Brooks): Thank you. The hospital system can apply to participate in BPCI Advanced as a convener participant which brings together multiple downstream entities referred to as episode initiators.

In this case, it will be their hospitals. As a convener participant, the hospital system will facilitate coordination among its hospitals and would also bear in a portion financial risk.

The individual hospitals however within the hospital system also had the opportunity to apply as a non-convener participant which bear a financial risk only for itself and does not bear a financial risk on behalf of multiple downstream episode initiators.

Blake Devillers: Thank you. Our next question is, can a convener fill out multiple convener participant applications that covered different entity arrangements? And once again, I'll hand this over to (LaShawn).

(LaShawn Brooks): OK. There is no limit to the amount of application submitted per an organization. Nonetheless, each of the submitted applications need to ensure all episode initiators and or Physician Group Practice, PGP, practitioners are listed in their respective application attachments at the time of submission. As there a no revisions allowed once an application is submitted.

Blake Devillers: Thank you. Our next question is, if we employ the episode initiators, can we apply as a convener? Or does that require that we share risk with them even if they are employed? And once again, (LaShawn).

(LaShawn Brooks): The participant is the risk (by) entity under the BPCI Advanced.

Blake Devillers: OK. Thank you. And our final question in the application process category, for applicants who are applying as a convener participant for a large number of episode initiators, do you have a template that we can populate for the quality assurance question six? And I'll pass this to Agnelli.

Agnelli Sybel: There's no template for the quality assurance table as reference in the PDF application that is available in the website.

Responses to this question must be completed through the BPCI Advanced application portal. The portal can accommodate an unlimited number of rows. However, each response will need to be entered individually.

It is important to note that the PDF application document was created as a guide for applicants. Responses to all application questions and application attachment will only be accepted when submitted via the BPCI Advanced application portal.

Blake Devillers: Thank you, Agnelli. Now, we're going to move on to some questions about the pricing methodology. But first I believe Mike McCormick is going to give some introductory statement to this. Mike?

Mike McCormick: Yes. Thank you so as a reminder. We posted the target pricing specifications for BPCI Advanced model years one and two on our website last Friday the 9th. This document goes in a detail about how the target prices will be created. It includes various examples. And helps answer many of the complex inbox questions that we've received so far.

So please take a look and take sometime to review that document if you haven't had a chance already. And also, I just want to let everyone know that we're currently working on the BPCI Advanced episode construction

specifications for model of years one and two as well. And we're hoping to have them available to you in the next few weeks.

Blake Devillers: Thank you, Mike. Now, we're going to go on our questions in this category. The first one is, what are the episode volume thresholds for episode initiators that are mentioned in the physician focused FAQ document? And once again, Mike.

Mike McCormick: Yes. So as I just stated more information on these volume thresholds are actually available in the target pricing specifications document that is currently online. But we'll go into it a little bit.

So the minimum volume to participate in BPCI Advanced occurred at the level of the hospital for specific clinical episode. So in order for the hospital to receive a target price, the hospital must have at least 41 episode cases for a clinical episode type during the applicable baseline period and in years one and two, its January 1st, 2013 through December 31st, 2016.

And Physician Group Practices or PGPs receive their prices based on hospital-based price. The PGP will only receive target prices for hospitals with at least 41 clinical episodes. So the specific episode types in the hospital's baseline period.

And also, for PGPs, if their volume as a whole is less than 41 clinical episodes overall, the PGP will receive the preliminary hospital based target price in lieu of a target price specific to the PGP that would include their PGP offset.

Blake Devillers: Thank you, Mike. Our next question is, what happens when an episode is triggered because of an admission or anchor stay for a Medicare Severity-Diagnosis Related Group MS-DRG included on the definitions list but then following discharge that's still doing a 90 day episode window. A second admission occurs for different MS-DRG episode on the definition lists. And once again, Mike.

Mike McCormick: Thank you. So in most cases, once a clinical episode is triggered in the performance period and attributed to a participant, the clinical episode will

continue unaffected regardless of whether another BPCI Advanced clinical episode could be triggered by a readmission.

However, as Agnelli said earlier, the one exception to this policy is for the major joint replacement of the lower extremity clinical episode. In this case, when a second major joint clinical episode is triggered during the 90-day post-discharge period, the first major joint episode will be canceled.

However, at the second major joint admission occurred at the initial hospital or at another hospital that is a BPCI Advanced participant, a new clinical episode would begin which would be assigned according to the precedence rules of the model using the anchor stay build claims.

Blake Devillers: Thank you, Mike. Our next question, would you please explain how the potential 10 percent quality adjustment is applied to negative or positive Net Payment Reconciliation Amounts or NPRAs? Mike, once again.

Mike McCormick: Yes. So the Composite Quality Score or CQS adjustment amount is applied at the episode initiator level to any positive total reconciliation amount or negative total reconciliation amount.

The amount by which these reconciliation amounts may be adjusted is kept at 10 percent. So, essentially, if the episode initiator level, the CQS adjustment cannot make a negative total reconciliation amount more negative. And it cannot reduce a positive total reconciliation amount more than 10 percent.

Blake Devillers: OK. Thank you, Mike. Our next question, are the true-ups of this program 15 months long as they are in a current BPCI initiative? And once again, Mike, if you won't mind.

Mike McCormick: Yes. So, on BPCI Advanced, we will have semi-annual reconciliations with two subsequent true ups up after the first initial reconciliation occurring at six months intervals.

So, for instance, episodes ending between July 1st, 2019 and December 31st, 2019, the initial reconciliation would occur in the spring of 2020. And then, the subsequent true-ups would occur in the fall of 2020 and the spring of 2021

which is approximately 15 months after the performance period ends depending on when the episode ended during the performance period.

Blake Devillers: Thank you, Mike. Our next question is, will all episodes be included in baseline regardless of precedence or overlap with other programs like the Comprehensive Care for Joint Replacement or CJR model? Agnelli?

Agnelli Sybel: When appropriate, the baseline period will include all clinical episodes without consideration of the precedence rules used in the performance period.

Blake Devillers: Thank you, Agnelli. Our next question is, if multiple hospitals bill under the same Tax Identification Number or TIN, must they all participate in the model and must they all select the same clinical episodes? Once again, Agnelli.

Agnelli Sybel: If multiple hospitals bill under the same Tax Identification Number or TIN, they do not all have to participate in the model.

A hospital that is a non-convener participant and hospitals that are episode initiator will be defined end priced at the CMS Certification Number level or CCN. Each individual CCN that wants to participate as non-convener participant will need to apply separately. As stated earlier, the TIN level is how we define PGPs in BPCI Advanced.

Blake Devillers: Thank you, Agnelli. Our next question is, if a Physician Group Practice or PGP episode initiator begins practice at a new hospital, will episodes triggered at that hospital be included in the model? And I'm going to turn this one over to (LaShawn).

(LaShawn Brooks): Thanks, Blake. Yes. The Physician Group Practice, PGP will still trigger these clinical episodes. As long as the hospital has sufficient volume in its baseline period to establish a hospital base target price.

However, the PGP will not receive a specific preliminary target price for the new hospital. We would only be able to provide the hospital price and the PGP, when we receive the final target price at reconciliation.

Blake Devillers: Thank you. Our next question is, can we see what the target price will be for our hospitals so that we can determine if this works for us or not. And once gain, (LaShawn).

(LaShawn Brooks): Thank you. Yes. You can. In order to receive the target prices in May 2018, you must apply to the BPCI Advanced model by March 12th, 2018. Participants do not need to commit until August 1st, 2018, however.

Blake Devillers: Thank you. And our next question is what will trigger getting the clinical episode attribution which builds on the claim (R.T.)? And I'll turn this to Mike.

Mike McCormick: Thank you. So, for the precedents rules in BPCI Advanced, the attending and operating physicians National Provider Identifiers or NPIs and the hospital's CMS Certification Number, CCN for BPCI Advanced MS-DRGs on the institutional claim are the key fields for episode attribution.

And more information regarding the precedence rules and the episode attribution methodology for PGPs can be found in the BPCI Advanced RFA which is posted on our website.

Blake Devillers: Great. Thank you, Mike. And our last question in the pricing methodology category is, in an outpatient clinical episode, how will an anchor procedure be assigned to a Healthcare Common Procedure Coding System or HCPCS code when multiple triggering HCPCS codes are in the claim? And I'll turn this over to Agnelli.

Agnelli Sybel: Thank you. The Healthcare Common Procedure Coding System, HCPCS codes trigger the clinical episodes and flux the outpatient claim. The anchor procedure will be assigned based on the Comprehensive Ambulatory Payment Classification. And this is analogous to the Medicare Severity-Diagnosis Related Group that determines payments from the inpatient claim.

Blake Devillers: Thank you, Agnelli. And now, we're going to move on to our next category of data. CMS plans to distribute the historical claims data and target prices in May. So, here are a few questions that are related to data.

And our first question is, will CMS provide sample file formats for the historical and monthly claimed files that are expected to be provided? And I'll turn this question over to Mike.

Mike McCormick: Thank you. So, we are still finalizing the data file layouts and the variables that will be included in BPCI Advanced. Once complete, we plan to provide sample file layouts to applicants prior to the release of the historical data. And we also plan to provide similar monthly file layouts to the actual participants prior to the release of the first monthly data sheet.

Blake Devillers: Thank you. Our next question is, why do applicants receive only three years of historical data from 2014 to 2016 and not four years from 2013 to 2016 of data used to calculate the target prices? And, Mike, if you would.

Mike McCormick: Yes. So, for the applicant Data Request and Attestation form or DRA that is posted on the BPCI Advanced website, we are only able to provide data that contains beneficiary-identifiable claims for a healthcare operations purposes as defined under HIPAA. So this data must be also the minimum necessary to carry out the intended purpose. It has been determined that three years overall claims data meets that legal requirement.

Blake Devillers: Thank you. Our next question is, are baseline episodes created using episode admission dates for that period, for example, baseline period episodes starting on December 31st, 2016 will be included in claims 90 days past discharge? And once again, over to Mike.

Mike McCormick: Yes. Thank you. So, the initial baseline period for BPCI Advanced contains potential clinical episodes that begin on or after January 1st, 2013 and ended on or before December 31st, 2016.

Blake Devillers: Thank you, Mike. I believe that's was our last question in the data category. So now, we're going to move on to our next one.

It's expected that a new model will raise questions about its interaction with existing models from the innovation center. So, we're going to cover some questions regarding overlap of the BPCI Advanced with other models.

And our first question in this category is, in reading their Request for Application or RFA, it states that entities that are part of Next Generation Accountable Care Organizations or Next Gen ACOs can still apply for BPCI Advanced.

However, that also says that Next Gen ACO beneficiaries cannot participate in BPCI Advanced. Can you provide some clarity on this question? And I'm turn this over to (LaShawn)

(LaShawn Brooks): Yes. So, entities that are applied of the Next Gen Accountable Care Organization model and participants that are in Medicare Shared Savings Program, MSSP Track 3 and Comprehensive ESRD Care, CEC model are still able to apply for the BPCI Advanced model.

BPCI Advanced does to exclude this entities based on their participation in these other models. However, the beneficiaries that are prospectively aligned to the Next Generation ACO model are not able to trigger a BPCI Advanced clinical episode.

But if the entity also serves other beneficiaries that are not prospectively aligned to the excluded model, they would be able to potentially trigger a BPCI Advanced clinical episode. So, essentially providers can be in both models. But beneficiaries cannot.

Mike McCormick: I'm sorry. Just to clarify real quick, beneficiaries that are prospectively aligned to the Next Gen ACO and MSSP trajectory and CEC will not be able to trigger BPCI Advanced episodes.

Blake Devillers: OK. Thank you for that clarification. Our next question is, if a current awardee in the BPCI initiative is located in a Mandatory Metropolitan Statistical Area or MSA for Comprehensive Care for Joint Replacement or CJR and does not have rural or low volume status, will the provider be automatically moved into CJR once the BPCI initiative ends in September 30th, 2018 or do they have an option to enroll in BPCI Advanced for Major Joint Replacement of the Lower Extremity MJRLE episodes instead of CJR? And I'll turn this over to Agnelli.

Agnelli Sybel: Well, that hospital would be automatically moved to the Comprehensive Care for Joint Replacement model effective October 1st, 2018 because the CJR model is mandatory and was implemented first.

The organization will not have an opportunity to coming to BPCI Advanced when their BPCI initiative ends for the Major Joint Replacement clinical episode.

Blake Devillers: Thank you. Our next question, is Comprehensive Care for Joint Replacement or CJR hospitals can't enter BPCI Advanced for Diagnosis Related Groups or DRGs 469 and 470, but can we enter for other joint related episode? And once again, Agnelli.

Agnelli Sybel: Yes. Those hospitals, you know, CJR area are able to able to enter in to BPCI Advanced for other clinical episodes except major joint including other orthopedic related episodes.

Blake Devillers: Thank you, Agnelli. Our next question is, can an Independent Orthopedics Group in a Comprehensive Care for Joint Replacement, CJR market participate in BPCI Advanced? And I'll turn this one over to (LaShawn).

(LaShawn Brooks): Yes. An orthopedic physician practice group or group practice and in mandatory CJR market can participate in BPCI Advanced.

However, any procedures on the Medicare Severity-Diagnosis Related Groups of MS-DRGs 469 or 470 performed at a CJR hospital will be included in the CJR model and not in BPCI Advanced.

Also, the PGP that selected Major Joint Replacement of the Lower Extremity clinical episode in BPCI Advanced will not receive target prices for that episode at any CJR hospital.

Blake Devillers: Thank you. Our next question is, is a BPCI Advanced Congestive Heart Failure, CHF clinical episode is triggered and the patient is subsequently admitted for Major Joint Replacement on the Lower Extremity, MJRLE procedure in a Comprehensive Care for Joint Replacement, CJR hospital.

Will the CHS clinical episode be dropped? And the CJR major joint episode be retained? And I'll hand this over to (LaShawn).

(LaShawn Brooks): Yes. The Congestive Heart Failure or CHF episode will be dropped in the BPCI Advanced model because Comprehensive Care for Joint Replacement takes precedence. And the Major Joint Replacement procedure will trigger an episode in the CJR model.

Blake Devillers: Thank you, (LaShawn). Our next question, will there be a way to identify patients who are in a Track 3 Accountable Care Organization or ACO who will to be eligible for BPCI Advanced? And I'll hand this one off to Mike.

Mike McCormick: Thank you. So, we are currently exploring the feasibility of providing access to an Accountable Care Organization or ACO lookup tool that would allow BPCI Advanced participants to see if their beneficiaries were perspectively aligned to an excluded ACO at the point service.

If and when we are able to provide access to this tool, we will provide additional information.

Blake Devillers: Thank you, Mike. Our next question is, we will begin to participate in our Track 1 plus Accountable Care Organization or ACO on January 1st, 2019. How would the savings work if we had a patient who is a part of the ACO and also has a claim that begins an episode in BPCI Advanced? And I'll turn that back over to Mike.

Mike McCormick: Yes. Thanks. So, beneficiaries in Accountable Care Organization, ACOs Track 1, Track 1 plus and Track 2 will be able to trigger clinical episode in BPCI Advanced.

However, CMS will recoup a portion of the BPCI Advanced discount for any Medicare fee for services beneficiary who meets the following requirements. So, with aligned – with an MSSP ACO in Track 1, 1 plus or 2 that achieved shared savings and began a BPCI Advanced clinical episode that was attributed to a BPCI Advanced episode initiator that participated with the ACO to which the beneficiary was also aligned.

I know that sounds like a lot. But this will be provided later on. And more information on the actual recruitment calculation methodology that we will use will be provided in the future.

Blake Devillers: Thank you, Mike. I believe that was our last question in the models overlap category. Our next category is waivers. Many questions were submitted on the topic of (gain) sharing. So, we are limited in our ability to respond. We do have a couple of questions which shall go over right now.

Our first question is, what type of Net Payment Reconciliation Amount, NPRA, sharing is permitted with Accountable Care Organizations or ACOs in BPCI Advanced participants? And I'll this over to Agnelli.

Agnelli Sybel: Thank you. Accountable Care Organizations or ACOs are allowed to apply to participate in the model as convener participants. Further, we intend to allow the ACOs to participate as NPRA Sharing Partners.

Blake Devillers: Great. Thank you, Agnelli. Our next question here is, can Internal Cost Savings or ICS be part of a Net Payment Reconciliation Amount or NPRA sharing arrangement? And once again, I'll hand this over to Agnelli.

Agnelli Sybel: Yes. We intend to include Internal Cost Savings in BPCI Advanced. We are requesting fraud and abuse waivers for the model. If issue, the intention is for the waivers to be assisted 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 of participation agreement.

Blake Devillers: Thank you, Agnelli. So, we are almost out of time. We want to thank you for joining us today in the second of the BPCI Advanced Open Forums and share, if you have keeping details before we close the event.

The recording is applied of today's live event will be available in about three hours. Please use the registration link that you receive to access that file.

The audio file and transcript will be posted on the BPCI Advanced website in about three business days. Our goal is to post a February edition of

Frequently Asked Questions based on the January 30th Open Forum next week.

We will also prepare a new Frequently Asked Questions document which will be in the March edition that will incorporate all the questions presented during the open forum, plus a selection of additional questions submitted via the chat today.

Also, please continue visiting the BPCI Advanced website for access to additional resources.

For questions pertaining to today's event or the BPCI Advanced model, please e-mail the team at bpciadvanced@cms.hhs.gov. Thank you.

Operator: Thanks to our participants for joining us today. We hope you found this web – this open forum informative. We would appreciate you giving us your feedback on this event by answering a few questions. You'll receive a link at the end of the session. You may disconnect. Have a great day.

END