

Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model

Applicant Data Request and Attestation Form

Under the BPCI Advanced initiative, CMS will offer BPCI Advanced Applicants an opportunity to request certain data in accordance with this form and applicable law, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule (45 CFR Part 160 and Subparts A and E of Part 164).

CMS believes the care coordination and quality improvement work of BPCI Advanced Applicants would benefit from receipt of certain beneficiary-identifiable claims data for Medicare fee-for-service beneficiaries who would have been included in a Clinical Episode attributed to the BPCI Advanced Applicant or its potential Episode Initiators, in line-level claim formats, for a 3-year historical baseline period. These data would enable BPCI Advanced Applicants to understand spending patterns during a Clinical Episode, appropriately coordinate care, identify patients for whom they could implement quality improvement activities for population-based quality improvement efforts, and target care strategies for particular beneficiaries.

To that end, CMS believes that subsets of the following beneficiary line-level claims are generally those that BPCI Advanced Applicants would need to successfully perform the activities described above, and therefore should be offered to Applicants in connection with their potential participation in BPCI Advanced and in accordance with applicable law: Inpatient, Outpatient, Carrier (Part B), Durable Medical Equipment (DME), Skilled Nursing Facility (SNF), Home Health Agency (HHA), Inpatient Rehabilitation Facility (IRF), Hospice, and Diagnosis/Procedure Code Research Identifiable Files (RIF). These data elements are a subset of CMS claims data that were carefully tailored in an attempt to establish a dataset that would best serve the needs of the majority of Applicants and are described in detail at <https://www.resdac.org/cms-data/file-family/RIF-Medicare-Claims>. In addition, summary data will be available upon request and will contain higher-level summary statistics of all Clinical Episodes for the same RIF categories with total and average expenditure data.

Instructions: In order to receive CMS claims data for the Medicare beneficiaries who would have been included in a Clinical Episode attributed to the BPCI Advanced Applicant and/or its potential Episode Initiators under the BPCI Advanced initiative during the historical baseline period, you must request the data you wish to receive (data elements and time periods) and the legal basis justifying your receipt of the data under the HIPAA Privacy Rule.

In doing so, you may use this form, provided that it captures your situation and that the assertions contained herein are true and accurate with respect to your specific request. The assertions contained herein are premised on a request for “protected health information” by a HIPAA “covered entity” or “business associate,” as those terms are understood under the HIPAA Privacy Rule, to carry out one or more health care operations activities listed in paragraph (1) or (2) of the definition of “health care operations” in 45 C.F.R. § 164.501.

Data access for purposes of such health care operations using this form is currently limited to instances in which the Requestor is a BPCI Advanced Applicant. As such, data access using this form is further premised on the covered entity or business associate being a BPCI Advanced Applicant. Any data access approval obtained using this form will be revoked if at any time the Requestor ceases to be a BPCI Advanced Applicant and/or fails to comply with the provisions in this form.

In providing this form, CMS does not represent that you are qualified to make the assertions contained herein. To the extent this form does not capture your situation or the assertions you wish to make, or if you are unsure as to whether it does so, you should consult with your own legal counsel prior to requesting the data from CMS. All requests for CMS data will be granted or denied at CMS’s sole discretion based on CMS’s available resources, the limitations in this form, and applicable law.

Data Requestor:

Organization Name

Organization CCN (if applicable)

Organization EIN/TIN

Organization NPI

Organization Address

Organization City

State

ZIP

The Data Requestor is (select one):

A HIPAA Covered Entity (CE), as defined in 45 C.F.R. § 160.103, and an Applicant for BPCI Advanced

A HIPAA Business Associate (BA), as defined in 45 C.F.R. § 160.103, and an Applicant for BPCI Advanced

Other (please attach detailed explanation)

The Data Requestor is seeking protected health information (PHI), as defined in 45 C.F.R. § 160.103, for (select one):

Its own use

On behalf of a HIPAA CE that is a potential Episode Initiator and for which the BPCI Advanced Applicant is a BA

Other (please attach detailed explanation)

The Data Requestor requests (select all that apply):

1. Aggregate Historical Claims Data: That CMS provide the Data Requestor with the data described above as “summary data” for the final 3 years of the initial 4 year historical baseline period from 2013-2016 (or 3 years of data under a subsequent baseline period over the course of the model depending on the Applicant’s requested start date) for the Medicare beneficiaries who would have been included in a Clinical Episode attributed to the BPCI Advanced Applicant under the BPCI Advanced initiative using the methodology described in the BPCI Advanced Technical Specifications that will be provided.

2. Raw Historical Claims Data: That CMS provide the Data Requestor with the data described above as “beneficiary line-level claims” for the final 3 years of the initial 4 year historical baseline period from 2013-2016 (or 3 years of data under a subsequent baseline period over the course of the model depending on the Applicant’s requested start date) for the Medicare beneficiaries who would have been included in a Clinical Episode attributed to the Applicant under the BPCI Advanced initiative using the methodology described in the BPCI Advanced Technical Specifications that will be provided.

3. Other: (Please attach detailed description, including legal justification supporting the desired disclosure)

For BPCI Advanced Applicants that are applying as Convener Participants, these selections will apply to all Episode Initiators that the BPCI Advanced Applicant listed in the Participating Organizations attachment in the Organizational Information section of the BPCI Advanced Application. By signing this form, a Data Requestor that is a BPCI Advanced Applicant applying as a Convener Participant hereby attests that it is requesting data as a HIPAA business associate on behalf of its covered entity Episode Initiators, and those covered entities have consented to CMS sharing their data with the BPCI Advanced Applicant.

Also, Requestors that only select "Aggregate Historical Claims Data", do not need to attest to all HIPAA attestations and requirements on this form because they only apply to requests for beneficiary-identifiable data.

The Data Requestor intends to use the data requested herein for the following purpose (select one):

To perform "health care operations" that fall within the first and second paragraphs of the definition of that term under the HIPAA Privacy Rule

Other (please attach detailed explanation)

The data requested herein is (select one):

The "minimum necessary" to carry out the intended purpose as described in 45 C.F.R. § 164.502(b)

Other (please attach detailed explanation)

The Data Requestor attests that the individuals identified below are employed by the BPCI Advanced Applicant's organization and authorized to act as points of contact on behalf of the BPCI Advanced Applicant for purposes of the BPCI Advanced initiative. If at any time a point of contact identified below ceases to be employed by the BPCI Advanced Applicant, the BPCI Advanced Applicant is responsible for terminating the point of contact's access to the data requested herein and must also submit a new DRA to CMS that identifies a replacement point of contact.

BPCI Advanced Data Point of Contact #1:

Name Title
Organization Name
Phone Number Extension
Work Email Address

BPCI Advanced Data Point of Contact #2:

Name Title
Organization Name
Phone Number Extension
Work Email Address

The Data Requestor asserts that the BPCI Advanced Applicant will be solely responsible for approving and granting any disclosure of BPCI Advanced data to “business associates,” as that term is used in 45 C.F.R. §§ 164.502(e), 164.504(e), 164.532(d) and (e), of the BPCI Advanced Applicant.

The Data Requestor agrees to protect the requested data as required by applicable law, including the establishment of appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it.

The Data Requestor attests that it will immediately notify CMS of any actual access, use, or disclosure of the data requested herein that is not in accordance with applicable law, including, but not limited to, the HIPAA Privacy Rule. To do so, the Data Requestor further attests that it will report any breaches of personally identifiable information (PII) and/or PHI from the CMS data files, loss of these data or disclosure to any unauthorized persons to the CMS Action Desk by telephone at (410) 786-2580 or by email notification at cms_it_service_desk@cms.hhs.gov within one hour and will cooperate fully in the federal security incident process. Compliance with these attested activities does not relieve the Data Requestor of the breach reporting obligations under 45 C.F.R. part 164, subpart D.

Disposition of CMS BPCI Advanced Data files:

In submitting its request, the Data Requestor asserts that if the BPCI Advanced Applicant does not sign a BPCI Advanced Participation Agreement and transition to Participant status for the upcoming performance period all beneficiary-identifiable data received under this request will be destroyed unless the retention of such data is required by law (as defined at 45 C.F.R. § 164.103), or is needed for future treatment or health care operations purposes (as those terms are defined in 45 C.F.R. § 164.501). If retained, the Data Requestor further asserts that it will protect any retained beneficiary identifiable data as a HIPAA covered entity would protect PHI under 45 CFR Parts 160-164.

Also, if the Applicant does become a Participant, a separate request must be made for additional data and the data sharing provisions of the participation agreement also will apply to the data disclosed pursuant to this form.

The Authorized Representative of the Data Requestor attests that it is qualified to make the assertions contained herein and that the assertions contained herein are true and accurate with respect to this request.

Signature of the Authorized Representative of the Data Requestor:

Print or Type Name

Title

Phone Number

Email Address

Date