Bundled Payments for Care Improvement Models 2, 3, and 4

Instructions for Current Participants Adding New Episodes and/or New Episode Initiators

for the 2014 Winter Open Period

On February 14, 2014, CMS announced that it would consider the addition of both episodes and/or Episode Initiators to current participants in Bundled Payments for Care Improvement Models 2, 3, and 4. This document outlines the process by which current participants, specifically Single Awardees, Awardee Conveners, or Facilitator Conveners (on behalf of current and/or proposed new Designated Awardees and/or Designated Awardee Conveners), must submit the information necessary for this consideration.

*Note that episodes that are currently included in Phase 1 or Phase 2 for a given Episode Initiator do not need to be included on the submission described below. Similarly, Episode Initiators that are currently in Phase 1 do not need to be included in this submission. Episodes and Episode Initiators that are already included in Phase 1 may be moved to Phase 2 on a quarterly basis per the instructions contained within the final section of this document (see ‘Note on adding current Phase 1 Episodes and/or Episode Initiators to Phase 2’).*

*New Participants should use the New Participant Intake Form for consideration of their request to participate in BPCI.*

# Adding episodes and/or Episode Initiators

Current participants in Bundled Payments for Care Improvement Models 2, 3, and 4 that would like to add episodes and/or Episode Initiators must submit two documents for CMS consideration of these new episodes and/or Episode Initiators:

* *Intake\_Spreadsheet\_Current\_Participant\_BPID\_Date.xls* is an **intake spreadsheet** on which the participants must list each proposed new episode or Episode Initiator. Instructions are provided in that intake spreadsheet. For submission to CMS, replace ‘BPID’ in the file name with the BPID of the Single Awardee, Awardee Convener, Designated Awardee, or Designated Awardee Convener proposing to add episodes or Episode Initiators. Facilitator Conveners seeking to add entirely new Designated Awardees and/or Designated Awardee Conveners should replace ‘BPID’ in the file name with the BPID of the Facilitator Convener, and should follow the supplemental instructions on Page 3 of this document in completing the intake spreadsheet.
* *Intake\_Form\_Current\_Participant\_BPID\_Date.docx* is an **intake form** containing several narrative questions, which must be completed by the current participant. For submission to CMS, replace ‘BPID’ in the file name with the BPID of the Single Awardee, Awardee Convener, Designated Awardee, or Designated Awardee Convener proposing to add episodes or Episode Initiators. Facilitator Conveners seeking to add entirely new Designated Awardees and/or Designated Awardee Conveners should replace ‘BPID’ in the file name with the BPID of the Facilitator Convener, and should follow the supplemental instructions on Page 3 of this document in completing the intake form.

***The intake form starts on page 6.***

*Single Awardees* or *Awardee Conveners:* Submit a single intake form and intake spreadsheet to CMS for each model in which they are engaged and intending to add episodes and/or Episode Initiators.

*Facilitator Conveners:* Submit one intake form for each current Designated Awardee and/or Designated Awardee Convener that is proposing to add episodes and/or Episode Initiators. If you would like to add entirely new Designated Awardees and/or Designated Awardee Conveners, see the supplemental instructions below.

Submissions will only be processed for consideration of new episodes and/or Episode Initiators if both the intake form (Word document) and the accompanying intake spreadsheet are submitted to the Bundled Payments for Care Improvement (BPCI) inbox at [BundledM234@cms.hhs.gov](mailto:BundledM234@cms.hhs.gov) by the deadline of April 18, 2014. Ensure that you include in the file names the BPID (a seven digit number) of the Single Awardee, Awardee Convener, Designated Awardee or Designated Awardee Convener submitting the new episodes and/or Episode Initiators. Facilitator Conveners seeking to add entirely new Designated Awardees and/or Designated Awardee Conveners should include in the file names the BPID of the Facilitator Convener and should follow the supplemental instructions on Page 3 of this document.

# Supplemental Instructions for Facilitator Conveners adding entirely new Awardees

Facilitator Conveners who would like to add entirely new Designated Awardees and/or Designated Awardee Conveners must make an additional submission of both an intake spreadsheet and an intake form. These two documents should be labeled with the BPID of the Facilitator Convener and should include all proposed new Designated Awardees and Designated Awardee Conveners with their associated Episode Initiators. Follow all supplemental instructions below for this submission:

On the **intake spreadsheet**: On the ‘New Episode Initiators’ sheet of the intake spreadsheet, include all new entities (including Designated Awardee Conveners, even if they will not be initiating any episodes). Note the following clarifications:

* + **Column B:** List the BPID of the Facilitator Convener submitting the intake spreadsheet.
  + **Columns C and F:** We understand there may be no NPI or CCN to include in these columns for Designated Awardee Conveners. You may leave these blank if a Designated Awardee Convener has no NPI or CCN.
  + **Column E:** You must include an EIN or TIN in this column regardless of the entity type.
  + **Column I:** If a Designated Awardee Convener will not be initiating episodes, do not list a number in this column.
  + **Column J:** In the event that the Designated Awardee Convener is not one of the provider types listed in this column, instead populate this field with the word ‘Other’ followed by a description of the entity type. For instance, if the entity is a health system, type *Other (health system)*
* On the **intake form**: Submit one intake form on behalf of all new Designated Awardee and/or Designated Awardee Conveners. This intake form should outline plans for care redesign for all new entities. Under Question 5, include a list of the risk relationships between all of the entities listed on the intake spreadsheet. For example, you could list the following:
  + *Health system A is the Designated Awardee Convener for Hospitals A, B, and C.*
  + *Hospital D is a Designated Awardee.*
  + *Health system B is the Designated Awardee Convener for Hospitals E and F.*

# Timeline for addition of new episodes and/or Episode Initiators (reflected on an intake form and intake spreadsheet)

## April 18, 2014

* + Organizations submit request to participate in BPCI

## July 2014

* + New episodes and Episode Initiators will be added to Phase 1 following CMS’ preliminary review. At this time, these new episodes and Episode Initiators will be included in ongoing monthly data feeds received by Phase 1 participants.
  + In some scenarios, new entities may be required to submit Data Use Agreements (DUAs) or DUA signature addenda. If this is the case, CMMI will contact you with further information.

## September 2014

* + CMS will notify awardees of the outcome of CMS’ full consideration of proposed new Episode Initiators for participation in Phase 2.
  + Where applicable, CMS will offer the opportunity to amend awardee agreements or sign new awardee agreements for inclusion of these Episode Initiators in Phase 2.
  + CMS will distribute episode packets and historical data files to allow replication of target prices for new episodes and Episode Initiators that are offered participation in Phase 2.

## November 2014

* + Awardees must commit to entering Phase 2 for new episodes and/or Episode Initiators by amending an existing awardee agreement or signing a new one.

## January 2015

* + All BPCI episodes must begin Phase 2. Phase 1 of BPCI will end at this time.

# Note on adding current Phase 1 episodes and/or Episode Initiators to Phase 2:

As CMS announced on July 15, 2013, all Phase 1 Single Awardees, Awardee Conveners, Designated Awardees, and Designated Awardee Conveners who have moved at least one or more of their episodes at one or more of their Episode Initiators to Phase 2 by the January 1, 2014 go-live date may continue in Phase 1 for the remainder of their episodes and Episode Initiators. These participants can continue to add those episodes or Episode Initiators that remain in Phase 1 to awardee agreements on a quarterly basis (April, July, or October 2014 or January 2015) per the following process.

Awardees must complete the following in order to transition an episode and/or Episode Initiator from Phase 1 to Phase 2:

* Submit revised Attachment C (Awardee Profile) 75 days prior to the quarter start
* Submit revised Attachment B (Implementation Protocol) 30 days prior to the quarter start
* Submit revisions to Attachment F (Gainsharing List) on the normal schedule, 30 days prior to the quarter start

If the Episode Initiators and/or episodes associated with a Phase 2 Awardee Convener or Designated Awardee Convener change through this process, CMS will contact the Awardee Convener or Designated Awardee Convener for necessary information regarding secondary repayment source amounts.

Bundled Payments for Care Improvement Models 2, 3, and 4

Intake Form for Current Participants Adding New Episodes and/or New Episode Initiators

for the 2014 Winter Open Period

1. **Participant Organizational Information**

BPID[[1]](#footnote-1):

Organization name:

Model:

Role:

1. **Succinctly describe how the participant’s current care redesign plan would change with the addition of the proposed episodes and/or Episode Initiators. Include aspects such as how the interventions are expected to result in improved quality, patient experience of care, internal cost savings, and reduced Medicare spending.**

(suggested length: up to 0.5 page per proposed new episode or Episode Initiator)

1. **If you are proposing to add one or more Episode Initiators, provide a brief narrative summary describing the proposed new Episode Initiators. This could include the geographic location, a description of organizational history or structure, the approximate size or scope of the organization, and other relevant characteristics.**

(suggested length: 0.25 to 0.5 page per proposed new Episode Initiator)

1. **If you are proposing to add one or more Episode Initiators, describe participant plans for partnering with the new Episode Initiators, including business relationships and collaboration on care improvement/redesign initiatives.**

(suggested length: 0.25 to 0.5 page per proposed new Episode Initiator)

1. **If you are proposing to add one or more Episode Initiators, what are your plans for taking risk for additional Episode Initiators and episodes? For example, if a Single Awardee is proposing to add a new Episode Initiator, the Awardee will take risk for their participating Episode Initiators and episodes that begin Phase 2 in October 2014.**

(suggested length: up to 0.25 page per change in risk relationship)

1. **Please complete the below table with information specific to any investigations of, and sanctions, penalties, or corrective action plans imposed against, the prospective Episode Initiators, Designated Awardees, or Designated Awardee Conveners and all prospective Episode Initiators that would participate in collaboration with the Awardee. Please provide information from the previous three year period. Add rows if necessary.**

| **Episode Initiators, Designated Awardee, and/or Designated Awardee Convener** | **Provider/Supplier or department at issue, if applicable** | **Federal or State Agency or Accrediting Body (e.g., DOJ, OIG, The Joint Commission, State Survey Agencies.** | **Description of Infraction (including date)** | **Resolution Status (including date)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

Certification

The organization must submit request for participation in BPCI with the following certification signed by an executive of the submitting organization:

I certify that all of the information contained in this Intake Form is true, accurate, and complete. If I become aware that any information submitted in this Intake Form is incorrect, I agree to correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any information contained in this document or in any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

Signature:

Name:

Title:

Date:

1. The BPID is a unique number that was provided by CMS to each participant in Section I of the Implementation Protocol. Contact CMS if you do not know this number. [↑](#footnote-ref-1)