What is the CRP and its Purpose?

The CRP helps Participants establish a Plan to successfully implement the Model.

- Based on process and infrastructure changes within a Participant's organization, and among its Episode Initiators (EIs) and Participating Practitioners
- Fosters goal- and change-oriented dialogue among Participants, their EIs and Participating Practitioners
- Only one CRP is to be submitted per Participant BPID and must reflect the Plan for ALL EIs and Clinical Episodes

A robust Care Redesign Plan…

- ✓ Establishes executive accountability and identifies the project management team
- ✓ Defines the information systems used to track and report on quality measures supporting Care Redesign
- ✓ Describes approaches to share clinical and other information with providers and suppliers during the Clinical Episode length and across Clinical Episodes
- ✓ Describe the process for providing Beneficiary notifications in accordance with the Participation Agreement
- ✓ Determines whether a formal model of quality improvement (e.g., Plan-Do-Study-Act, Lean, Six Sigma) is used for implementation
- ✓ Describes any new reporting processes as required under the Participation Agreement, including quality measures

The CRP is a legal attestation to key standards outlined in the Participant Agreement, which are required to participate in the Model.

Participants must attest to…

- Use certified EHR technology

- Have a compliance plan in place that includes the Participant organization, its EIs, and Participating Practitioners

- Submit a Participant Profile that reflects the selection of EIs and Clinical Episodes for which Participant is assuming risk

KEY TIPS

- The CRP is a key requirement of the BPCI Advanced Participation Agreement.
- The e-signature on the CRP should come from the same individual with the signing authority for the compliance plan.

CRP Purpose, Continued…

The CRP helps the Model team identify Participant priorities and how to support their success.

- Key Drivers for Success define the changes to current state a Participant will implement during the Model period of performance.
- Participants must plan and implement these changes, ensuring participation and coordination with Episode Initiators, Participating Practitioners, NPRA Sharing Partners, and NPRA Sharing Group Practice Practitioners, as applicable.
- The Model and Learning Systems teams will use information Participants define as priorities to develop resources, tools, and events to help them implement BPCI Advanced.

Interventions listed in the CRP are grouped by BPCI Advanced Primary Drivers for Success…

- Clinical Practice Redesign
- Patient Engagement
- Provider/Supplier Engagement
- Data Analysis and Feedback

How do I complete the CRP?

The CRP has four sections:

1 General Information

2 Attestation Requirements for Participation

3 Model Plan

4 Care Redesign Interventions: Primary Drivers for Success

Instructions are listed at the beginning of the CRP and additional detail is provided at the beginning of each section. A walkthrough of each section is located on the next page.

⚡ KEY TIPS

- Participants MUST submit the CRP using the template provided.
- Participants should not alter the CRP template, or complete the CRP using any other format.
- Be sure to pay attention to which fields are required. Mandatory fields are denoted with an asterisk (*).
- Attachments aren't necessary.
- The CRP is due once a year – 30 days before the start of the Model Year.

Bundled Payments for Care Improvement Advanced | BPCI Advanced

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

Completing the CRP, Continued…

Section 1: General Information

Tell us about your organization by entering information in the text fields and using the radio buttons. Note: all fields are required in this section.

Type text in the boxed fields.

Radio buttons require only 1 selection.

Submission Date of Care Redesign Plan*:

BPCI Advanced BPID*:

Organization Name*:

Organization "Doing Business As" name (if different from Organization Legal Name)*:

Organization Address:

Street Address*:

City, State, Zip*:

Role (Select one)*: ● Non-Convener Participant ○ Convener Participant

Section 2: Attestation Requirements for Participation

Attest to meeting key standards by selecting yes or no. Digitally sign and date at the bottom of this section. Note: Filling this section out accurately is a legal requirement, per the Participation Agreement.

A. Use Certified EHR Technology

From Article 4.4 "As of the Start Date, the Participant shall use CEHRT, and shall require its Participating Practitioners to use CEHRT, in a manner sufficient to meet the applicable requirements of the Advanced Alternative Payment Model criterion under 42 C.F.R. § 414.1415(a)(1)(i), including any amendments thereto. Prior to the start of each Model Year, during the Agreement Performance Period, the Participant is required to certify, as part of the Participant's Care Redesign Plan, its intent to use CEHRT throughout the Model Year in a manner sufficient to meet the requirements as set forth in 42 CFR § 414.1415(a)(1)(i)."

Participant certifies its use of CEHRT in compliance with Article 4.4 of the Agreement ● Yes ○ No

By making a selection using the radio buttons, you attest to whether or not each requirement is met.

The e-signature will represent the "owner" of the PC or device being used to complete the document. Be sure that this final signature comes from the person responsible for signing the CRP!

Click to sign

Signature (Click to sign)

KEY TIP

- **Remember**: The e-signature on the CRP should come from the same individual with the signing authority for the compliance plan.

Completing the CRP, Continued…

Section 3: Model Plan

Talk to your team, your EIs, and your Participating Practitioners about your Plan to implement the Model, and fill in the text fields. Note: all fields are required in this section.

A. Describe how your organization has established executive accountability, specifically identify the key project management team to operationalize BPCI Advanced.*

Type your answers in the text boxes provided.

Section 4: Care Redesign Interventions: Primary Drivers for Success

Use the drop-downs to indicate priority for all required items. Text boxes can be used to provide additional information, but aren't required.

A. Clinical Practice Redesign
1. Diagnosis-triggered or Clinical Episode-specific care pathways or protocols*

Make a selection using the drop-down menus.
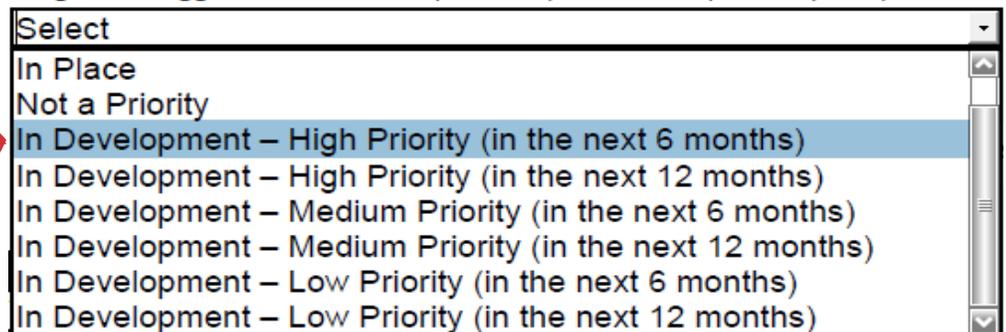
Select
- In Place
- Not a Priority
- In Development – High Priority (in the next 6 months)
- In Development – High Priority (in the next 12 months)
- In Development – Medium Priority (in the next 6 months)
- In Development – Medium Priority (in the next 12 months)
- In Development – Low Priority (in the next 6 months)
- In Development – Low Priority (in the next 12 months)

Provide detailed information on proposed and current clinical practice redesign interventions:

Type your answers in the text boxes provided. These fields are not required.

What do I do when I'm done, and how often do I need to update it?

The CRP Template can be found on the BPCI Advanced Participant Portal.

1 Navigate to the "Deliverables" tab in the left side panel

CMS.gov
Centers for Medicare & Medicaid Services

Bundled Payments for Care Improvement Advanced

Home
Profile
Deliverables
Mass Emails
Legal Documents

Deliverables

Care Redesign Plan (CRP)

The current due date will be shown in red. Updates are required annually.

Manage CRP

2 Click the "Manage CRP" button to bring up a new page where you can get the template

3 Click "Download" to get the template

Care Redesign Plan (CRP)   Performance Period Available: **2018 - Q3**

Template Name	Due Date	Action
CRP_Template	09/04/2018	Download

Upload Document

4 Click the green "Upload" button to upload your completed CRP

Where can I get help?

Check out the **BPCI Advanced Participant Portal Training webcast** on our website: http://innovation.cms.gov/initiatives/bpci-advanced

Contact the **BPCI Advanced Help Desk**: CMMIForceSupport@cms.hhs.gov or call 1-888-734-6433, option 5

Email the Model team: BPCIAdvanced@cms.hhs.gov