

**BPCI-A Model Application Process Open Forum**  
**April 27, 2023**

>> **TJ Smith, Deloitte:** Good afternoon everyone, and thank you for joining today's BPCI Advanced Model Application Process Open Forum.

There are a few housekeeping items to discuss before we get started. During today's presentation all participants will be in listen-only mode. We would also like you to know that today's presentation is being recorded. If you have any objections, please hang up at this time. This slide deck, a recording of today's presentation, and a transcript will be made available on the model website in about a week. Next slide, please.

Before we dive into content, let me give a brief overview of the agenda for today's webinar. We will begin with some opening remarks from Jen Lippy, Deputy Director for the Division of Payment Models at the CMS Innovation Center, followed by model highlights and participation. The model team will then present an overview of the application process, and who is eligible to apply. Attendees will have opportunities to engage in the discussion. Next, we will show details about the application process and timelines following that. We've allocated time for a Q&A session where the model team will answer questions submitted by audience members.

Please do feel free to submit any questions you have throughout today's presentation in the Q&A pod, displayed on the right side of the meeting room window. Given time constraints, we may not get to every question, but we will collect questions for future events and frequently ask questions documents.

Again, thank you so much for joining us today. We've got a great presentation planned for you. And it's now my pleasure to turn the webinar over to Jen, for some opening remarks. Next slide, please.

>> **Jen Lippy, CMS:** Thank you TJ. Hello, everyone, good afternoon. My name is Jen Lippy, and I am pleased to welcome you to the BPCI Advanced Application Open Forum. We are so happy to see some familiar BPCI and BPCI Advanced names here today, and also happy to welcome some CJR participating hospitals. So big thanks to you all for joining us today.

I know, I know, it's 2:00, after lunch on a Thursday afternoon, and we are dangerously close to the 3:00 slump, and everyone just wants to eat their KIND bar in peace. But you are here, and that is a true testament to your organization being ready to be a part of value-based care. So, thank you for taking the time.

We are so thrilled to have you all here with us to talk about BPCI Advanced and the currently open application period, and what you need to do to apply, payment, and reconciliation, which we all know is important to you. And then, we'll have a chance to answer your questions.

We are so excited about this model, and the opportunity to extend it for two years, as you have probably gained from our enthusiastic announcements about the extension and application opportunity. We hope our excitement is contagious, and we see robust participation in our extension. We tried to make the application process as easy as possible, and we hope that you apply.

We have the BPCI Advanced team here today, many of which will be speaking to provide you information on the model and the application process. We will end today's open forum with a live question and answer session. The team is ready to lend their expertise in answering your questions, so please make sure to add them to the Q&A chat box.

So, with that being said, let's get started. We have seven speakers today: Kendra Glasgow, Aaron Broun, David Bowen, Jessica Dawson, Tom Ensor, Ashley Franklin, and closing remarks by Amy Giardina. Now hand it over to Jessica Dawson to kick us off by sharing some model highlights and participation details. Thanks, Jessica. Next slide, please.

>> **Jessica Dawson, CMS:** Thank you, Jen. Hi everyone, my name is Jessica Dawson, and I'm a Social Science Research Analyst on the BPCI Advanced team. We're really grateful to all of you for making time to join us this afternoon.

The goal of today's presentation is for us to provide a brief overview of the BPCI Advanced Model application resources and platform, but it is not intended to be comprehensive of the model, or the Participants' requirements and responsibilities. We do encourage you to read the Model Year 7 Request for Applications document, the Model Overview Factsheet and the various resources that have been created to support the application process, available on the model's website. You'll find a link to the model's website in the chat below. Next slide, please. Thank you, Alice.

Okay, so we want to take every opportunity to make today's session an engaging one. Throughout the next hour, we will have multiple opportunities for you to provide us feedback and insight. We're using a platform that will allow you to participate using your phone or computer browser. Your responses to the poll questions will be anonymous. Please join our Poll Everywhere activity by scanning the QR Code on the screen with your phone or mobile device. The link to the poll has been included in the chat. So, you can easily participate using your computer browser if you prefer that method. So, I'll give you all a few moments to join before moving on.

We already have a few responses coming in. So, we'd love to see where you're all joining us from today. Please choose the corresponding state or territory on the map. I'm going to wait a few more moments. Yeah, about 30 more seconds. We still have a lot of responses coming in. I see a lot of people on eastern seaboard. Okay, so thank you all. We still have some responses coming in. But thank you all for participating. It's really exciting to see where everyone is from today, and many thanks to you all for taking the time out of your day to join us for this event. Next slide, please.

Okay, we have another question for you. So, before we jump into sharing information about the BPCI Advanced Model and the application process. Like in our previous poll, you can participate in this Poll Everywhere activity by scanning the QR code on the screen with your phone or mobile device. I see we already have some people chiming in. And you can also enter [Pollev.com/bpciadvanced](https://pollev.com/bpciadvanced) in your browser, if you prefer to use your computer. You can also participate by texting `bpciadvanced`, all one word, to 22333. The new question should immediately pop up on your device, if you answered our previous poll. This one, as you can see, is a word cloud poll. So, as you submit your answers to the question, your responses will start to show up on the screen, and we already have a few coming in. It's really exciting to see. These are the most common, the ones that are the most common will appear larger. If you submit two words, please make sure to put a hyphen or dash between those two words. I'll let you all chime in. So we definitely love to see what you are most interested in discussing today. This could include any model related topic, like target prices, quality measures, application materials, eligibility, etc. So, I'll give

you another minute to chime in your responses. And of course, everyone wants to know about the application process. That is our biggest thing here, not surprising. You have a few more seconds, as the responses slow down. Okay, looks like we're nearing the end. And so, thank you all so much for participating. It is helpful for us to learn what you're most interested in, and we will be covering some of these topics on the screen during today's open forum. Next slide, please.

BPCI Advanced bundles the payments for physician, hospital, and other healthcare services into a single target price for an episode of care to reduce Medicare expenditures while preserving or enhancing the quality of care accountability. On this slide, you will notice how the model works. First, a Clinical Episode is triggered by either an inpatient hospital stay or an outpatient procedure. Then, that Clinical Episode is attributed to a physician group practice or a hospital participating in the model. Care is provided under standard fee-for-service payments and billing processes do not change. And finally, at the end of each performance period, quality, cost, and performance are assessed and measured in the semi-annual reconciliation. Next slide, please.

Now I'll walk us through a bit of background information related to BPCI Advanced. We are a voluntary, episode-based payment model developed by the CMS Innovation Center to test whether linking payments for Clinical Episodes can reduce Medicare expenditures, while maintaining or improving the quality of care. The organization that becomes a Participant aims to facilitate coordination among the health care team working to meet the patient's full needs throughout the duration of the episode of care. BPCI Advanced operates under a total-cost-of-care concept by seeing the Medicare Beneficiary in a holistic way, not just as one medical problem at a time.

So, what's included in the BPCI Advanced bundle? All items and services furnished to a BPCI Advanced Model Beneficiary during the Clinical Episode will be part of the Clinical Episode expenditures, for the purposes of the target price and reconciliation calculations, unless specifically excluded. That means the inpatient or outpatient hospital services, hospital readmissions, ER visits, physician visits, laboratory services, durable medical equipment, Part B drugs and a few more listed on the screen.

What is not included in the bundle? All Medicare claims are included unless they are specifically excluded. There is an exclusion list posted on the model's webpage. For your reference, you may find the link to that page in the chat. Thank you, Alice, and next slide, please.

Now let's take a quick look at the model timeline for implementation. Right now, we are currently in Model Year 6, which was supposed to be the last year of the model. CMS has extended the model for two more years. The first cohort of BPCI Advanced Participants started on October the 1st, 2018, the second cohort started in January 2020, which was Model Year 3. And now we are taking applications for new organizations to join the model in 2024, and Model Year 7, as our third cohort. The BPCI Advanced Model will now end on December 31st, 2025. Model Year 7 Participants may trigger a Clinical Episode, meaning the hospitalization or procedure occurred, starting on January 1<sup>st</sup>, 2024, and as late as December 31<sup>st</sup>, 2025.

I'm now going to give the floor to my colleague, David Bowen, to talk us through the data elements of the model. Next slide, please.

>> **David Bowen, CMS:** Thanks, Jessica. Hi, everyone, and thank you for being here today. My name is David Bowen, and I'm a Health Insurance Specialist on the BPCI Advanced team.

To get started, BPCI Advanced preliminary data plays a vital role. CMS will provide historical claims data and preliminary target prices to applicants prior to their decision to participate in BPCI Advanced. To access this data, applicants must make the selection in the Data Request and Attestation Form, or DRA section of the application, and maintain a DRA with at least two data points of contact from your organization. These data POCs will be granted access to the BPCI Advanced data portal where the data files will be uploaded by CMS. All applicants and active Model Participants who have submitted a DRA form will receive Model Year 7 target prices for all Clinical Episode categories within a Service Line Group for which they meet the minimum volume threshold.

The minimum threshold requirements are as follows. For Hospital Episode Initiators, the minimum volume threshold is at least 41 Clinical Episodes in the baseline period. For Physician Group Practice Episode Initiators, the hospitals where they will initiate Clinical Episodes must meet the 41 Clinical Episodes threshold within that baseline period. We recommend reviewing the Clinical Episode Construction Specification document that is located on the BPCI Advanced webpage, which details these and other exclusions in more detail. Next slide, please.

So, the BPCI Advanced target prices are calculated using the following variables, the benchmark price and the CMS discount of 2 or 3% depending on the Clinical Episode type. The preliminary target prices are shared with Participants before the start of each model year, and Participants will then aim to treat these Medicare beneficiaries at a cost below the given target price. Next slide, please.

In response to the projected financial losses for Medicare in early model years, CMS has made some significant design changes starting in 2021 to improve the model's target pricing and required Participants to select Clinical Episode Service Line Groups rather than the Clinical Episodes themselves. In 2020 Participants reduced average payments for medical episodes by \$796 per episode relative to the comparison group, or 3.1% of the baseline mean. The model reduced the payments for surgical episodes by \$1,800 per episode, or 5.8%. In 2020, Participants reduced average episode payments relative to the comparison group. And reductions were driven by lower post-acute care spending and use. For medical Clinical Episodes, hospitals and PGPs reduced payments by similar amounts as a percentage of the BPCI Advanced baseline average. For surgical Clinical Episodes PGPs reduced payments by over twice as much as hospitals. Next slide, please.

So, after accounting for reconciliation payments to Participants, Medicare had a net loss of 114 million in 2020 or 0.8% of Medicare payments. In 2020, for medical Clinical Episodes, BPCI Advanced resulted in an estimated loss of 200 million dollars to Medicare, or 1.9% of what Medicare payments would have been in absence of the model. In 2020, for surgical Clinical Episodes, BPCI Advanced resulted in an estimated net savings of 71 million dollars or 2.3% of what Medicare payments would have been in absence of the model. Next slide, please.

Model Year 7 Convener applicants will receive target prices for all potential Episode Initiators and Non-Convener applicants will receive their own set of target prices. The final target price is constructed during the reconciliation cycle to account for updated patient case mix and realized trends. I'll discuss the final target prices and the reconciliation in more detail in an upcoming slide. But for more information on the technical specifications that go into creating these target prices, we recommend visiting the BPCI Advanced Model webpage and navigating to the Participant Resources, Technical Documents section. Next slide, please.

So, in some of the previous slides we discussed the creation of target prices, and how Participants are held accountable for the total cost of care. But now we'll transition into a brief discussion about how Participants are evaluated on the quality of care and how they provide beneficiaries, and the effect quality measures have on reconciliation results. Participants are given the option to choose which type of quality measures will be used for the calculation of their composite quality score, or CQS, at the Clinical Episode category level. The administrative quality measure set contains six, exclusively claims-based measures, directly collected by CMS. The alternate quantity measure set includes a combination of up to five claims-based and registry-based measures for each Clinical Episode. The Participant will be assessed, based on the applicable quality measures and given a composite quality score. The same calculation methodology will apply to both measure sets, and we'll adjust the reconciliation results by up to 10%, either up or down. Next slide, please.

Overall, relative changes in quality outcomes in 2020 were small, though there were statistically significant reductions in the readmission rate and mortality rate for PGP medical Clinical Episodes relative to the comparison group. Separate analyses of Black or African-American beneficiaries and beneficiaries that were dually eligible for Medicare and Medicaid indicated that the model did not have an impact on readmission rates or mortality rates. Please note that the survey was not conducted in 2020, due to the COVID-19 public health emergency and results from the patient survey provide an early picture of 2021 BPCI Advanced respondents indicated mostly mixed or neutral results or unfavorable results relative to comparison respondents. Differences between BPCI Advanced and comparison respondents were one to two percentage points on average, indicating that an additional one to two respondents per 100 reported unfavorable functional status or care experience relative to the comparison group. Next slide, please.

So, who is a, who is a BPCI Advanced Beneficiary? Well, a patient enrolled in Medicare Parts A and B for the duration of the 90-day Clinical Episode qualifies them as a BPCI Advanced Beneficiary. There are four circumstances where a Medicare Beneficiary would be excluded from triggering an episode in the model. The two most common are: One, if they're covered under the United Meeting Workers Health Plan under a managed care plan, or; Two, if Medicare is not the primary payer at any time during the Clinical Episode.

The welfare of our beneficiaries is our north star. Therefore, we expect Participants to notify beneficiaries that they are part of the model by ensuring that they receive a copy of the CMS Beneficiary Notification Letter prior to discharge. Participants may not restrict access to the medically necessary care. An example of this would be suggesting to a beneficiary that a skin procedure be delayed until after the 90 days of the Clinical Episode are over so the expenditures are not included in the Participant's bundle. Also, Participants may not limit the beneficiary choice of providers or suppliers. An example of this is not allowing the beneficiary to go to a skilled nursing facility that is closer to their home rather than the one the doctor may be recommending. You may educate the beneficiary on why this facility might provide better care, but ultimately the beneficiary maintains autonomy of choice.

We want to emphasize that the co-pays for which a beneficiary is responsible for will not change if they are in the model. Participants in the model may provide beneficiaries with incentives, as long as these items and services are reasonably connected to the medical care provided or preventative care items that advance a clinical goal under a special waiver from the Office of the Inspector General. One example of a common beneficiary incentive is transportation vouchers to ensure compliance with the treatment plan. Next slide, please.

Before we dive deeper into the BPCI Advanced Beneficiary population, we'd love to learn your perspective through another poll. Please use your device to access our Poll Everywhere activity. And we're interested to know how comfortable you are with introducing your patients to a bundled payment program like BPCI Advanced. Please select one of the following choices: Very Comfortable, Somewhat Comfortable, A Little Comfortable, Not At All Comfortable, or Not Applicable. So, we'll give it about a minute or so while results start to come in. Awesome, thank you for, keep submitting those answers. We'll give it about another 15 seconds or so. Great, thank you all so much for participating. Next slide, please.

So, the BPCI Advanced Model's reach to underserved populations was higher in medical episodes and lower in surgical episodes. Among medical episodes, the share of beneficiaries who were Black or African American, made up about 10.5% and was higher than the share in the general fee-for-service population that made up about 9.3%. Among surgical episodes, the share of beneficiaries who were Black or African American was much lower, and was around the 4.8% range. The share of beneficiaries who are dully eligible among beneficiaries with medical episodes made up about 26.3%, and was also higher than the general fee-for-service population that made up around 17.6% and much higher than the share among our surgical episodes that was 9.6%. The higher reach to underserved populations in medical episodes is driven by differences in hospitalization rates in the fee-for-service system. This suggests that models that include medical hospitalizations may be important to reach underserved populations. Next slide, please.

Reconciliation is when CMS takes the actual Medicare fee-for-service expenditures for all Clinical Episodes attributed to the Episode Initiator and compares it to the final target price for those Clinical Episodes. The reconciliation cycle happens on a semi-annual basis and Clinical Episodes will be reconciled, based on which performance period the episode ends in. During reconciliation, Participants will either receive a Net Payment Reconciliation Amount, or NPRA, or a Repayment Amount. An NPRA occurs when a Participants' Medicare fee-for-service expenditures for Clinical Episode is less than the final target price for that Clinical Episode. This results in a positive reconciliation amount paid by CMS to the Participants. A Repayment Amount is generated if the total Medicare fee-for-service expenditures for the Clinical Episodes exceeds the amount of the final target price. This will result in a negative reconciliation result that is paid by the Participant to CMS.

And with that. I will now pass it to my colleague, Kendra Glasgow, to talk about some of the criteria for eligibility in the BPCI Advanced Model. Next slide, please.

>> **Kendra Glasgow, CMS:** Thank you, David. Hi, everyone, I'm Kendra Glasgow, and I am a Social Science Research Analysts on the model. As David mentioned, this upcoming section will provide more information on the BPCI Advanced Model eligibility. Next slide, please.

So, who is eligible to apply? To apply, Non-Convener Participants are required to be either ACHs or PGPs. Convener Participants are required to be Medicare-enrolled providers or suppliers or a Medicare ACO. Episode Initiators who have previously participated in the BPCI Advanced Model, but are no longer active, will also have the opportunity to apply for Model Year 7 during this application period.

So, what if you are an active Model Year 6 Participant? Active Participants in our model will have the opportunity to sign an amended and restated Participation Agreement for the for Model Year 7 without the need to submit an application. Convener Participants active during Model Year 6, even if they are not a Medicare-enrolled provider, supplier or ACO, will have the opportunity to continue in the model during the two-year extension. Next slide, please.

On the last slide, I mentioned the role of Episode Initiators in the BPCI Advanced Model. CMS recognizes that Episode Initiators may be having conversations with multiple Conveners at this time, and we do not intend to limit the number of applications in which a potential Episode Initiator may be listed. However, once a Participant submits a Participation Agreement, their selections on the submitted Participant Profile become critical. Episode Initiators may only participate with either one Convener Participant or as a Non-Convener Participant. CMS will send a Participant Profile template to each applicant later in the summer. The Participant Profile template will include all potential Episode Initiators that were listed within an application. When the Participant Profiles are submitted back to CMS, an Episode Initiator that was listed in multiple applications must appear in only one Participant Profile with a status of "active." Each Participant will be required to submit a Participant Profile with their selection of Episodes Initiators and Clinical Episode Service Line Groups, for which they will be held accountable until the end of the model, which is December 31<sup>st</sup>, 2025. Next slide, please.

We have another poll question for you all. How comfortable are you with navigating and accessing the application portal? Please choose one of the responses by choosing the appropriate response on your device. You could choose: I'm an expert; Very Comfortable; Moderately Comfortable; Somewhat Comfortable; or I Don't Know Anything About The Application. I'm seeing results come in now, but I'll give it a minute. So far, no expert, well, maybe one expert. Well, looks like it's good timing for this open forum. Alright, well thank you so much for participating. That moves us right along into our next topic. Next slide, please.

Applicants may access the BPCI Advanced Application Portal How-To Guide on the model website, and through the link provided on your screen. CMS will only accept applications and attachments that are submitted through the BPCI Advanced Application Portal. The deadline's reply is May 31<sup>st</sup>, 2023, at 5:00 PM Eastern Daylight Time. There are several printable materials that can be found on the Applicant Resources webpage that can help you throughout the application process.

There are a few things to note once you start an application in the application portal. Number one, the user who begins to application process must be the same user who submits the finalized version. Another user will not be able to access this application. Number two, applications do not need to be completed in one sitting. Please save your work as you go. The application portal times out after 30 minutes of inactivity. Number three, please be sure to save any changes before navigating away from any page, as all unsaved changes will be lost. Next slide, please.

In BPCI Advanced, we have identified certain strategies that applicants have implemented to achieve success. Like I mentioned in the previous slide, you should save your work as you go. The application portal times out after 30 minutes of inactivity. If you are submitting multiple applications of the same Participant type for an organization, you may clone a submitted application in order to do so, click the clone button next to the submitted application on the homepage of the application portal. Applicants will still need to update the information as applicable, plus individually certify and sign various fields in the clone application.

Concerning the Participating Organization's template, when populating the Excel form, Convener applicants will provide information on all potential downstream Episode Initiators. For any downstream Episode Initiators that is a PGP, please list only one practicing physician associated with that PGP. A Non-Convener applicant that is a PGP will list only one practicing physician associated with that PGP. Also, please enter all of the hospital CCNs where the potential PGP Episode Initiator rather than the practicing physician expects to trigger Clinical Episodes.

Upon uploading the Participating Organization's form to the application portal, you will be asked to validate the data. If there are errors in this file, you can review the fields highlighted in red, or you can select "download errors" to see a validation errors document with a row and column where the error is occurring along with an error description.

Our final tip is related to the section on Net Payment Reconciliation Amount, or NPRA for short. In the application for Model Year 7, CMS is interested in applicants' proposed methodology for NPRA sharing, but it's not asking for the list of organizations or individuals with which applicants will enter into financial arrangements. That information is reported in the Financial Arrangements List, which is a required deliverable for Participants that wish to engage with other providers and share the savings earned by participating in BPCI Advanced.

Now I'll pass it over to my colleague, Aaron Broun, to tell us more about the required deliverables.

>> **Aaron Broun, CMS:** Thank you, Kendra. Hi everyone and thanks again for being here today. My name is Aaron Broun, and I am a Social Science Research Analyst on the BPCI Advanced team. In the next section of the webinar, I will discuss the application process and timelines. There will be time at the end of the event, for the model team to address frequently asked questions and answer live questions from you all. Next slide, please.

So, the graphic on this slide shows the process and key dates through the end of the model period. The application portal is currently open through May 31<sup>st</sup>. CMS will screen applicants through June 2023. In September 2023, applicants will receive several materials from CMS, including the baseline data, preliminary target prices, and Model Year 7 Participation Agreement. The deadline for applicants to submit the Participation Agreement, Participant Profile, and all other deliverables has been extended to December 2023. Following submission of those materials, CMS will announce the selection of applicants for Model Year 7. The model extension period will then start on January 1<sup>st</sup>, 2024. Model Year 8 will start on January 1<sup>st</sup>, 2025, and we'll end on December 31<sup>st</sup>, 2025. This date we'll conclude the model. Next slide, please.

After an organization submits their application, there are several deliverables that must be completed and submitted before CMS can approve the submitted application and execute the Model Year 7 Participation Agreement. The templates for all the required deliverables will be distributed in early September, and the Participation Agreement and all the applicable deliverables will be due in December 2023.

Those deliverables that are required prior to the start of Model Year 7 are: the BPCI Advanced Participation Agreement for Model year 7; The Participant Profile, which is where the selection of Clinical Episodes Service Line Groups for each active Episode Initiator is documented, and this is considered a legally binding document; The BPCI Advanced QPP List; The Care Redesign Plan; And if applicable, the Financial Arrangements List. Next slide, please.

We have another poll question for you all now. Before we move on, we'd like to know more about your likelihood of applying to the BPCI Advanced Model. As a reminder, you can join our Poll Everywhere event by scanning the QR code on the screen with your phone. You may also enter [Pollev.com/bpciadvanced](https://pollev.com/bpciadvanced) in your browser, or you could participate by texting [bpciadvanced](https://text.bpciadvanced.com), one word, all lowercase, to 22333. I'll give you all a few moments to join before moving on. Seeing some good



topics come in here. I'll give it about 30 more seconds. Alright, just a few more seconds here. Great, alright, thank you all so much for participating. We will take that information back with us to inform future model events and resources.

Now I'll pass it over to my colleague, Tom Ensor, to answer some frequently asked questions.

>> **Tom Ensor, CMS:** Thanks, Aaron. Good afternoon, everyone. My name is Tom Ensor, and I'm a Social Science Research Analyst on the BPCI Advanced team.

We're going to answer a few questions which were collected from this event's registration. And as a reminder, due to the high volume of attendance, we may not be able to get to every question, but we will take note of each question and try to ensure that future materials help address any common themes. Also, you're welcome to submit additional questions to the Model Help Desk at [BPCIAdvanced@cms.hhs.gov](mailto:BPCIAdvanced@cms.hhs.gov). You may also submit questions now, using the Q&A box on the screen. Next slide, please.

Our first question is: If we are a current Participant looking to continue into the two-year extension of BPCI Advanced, how do we elect which episode data we would like to receive? So, all applicants and active model Participants will receive historical claims data and Model Year 7 preliminary target prices for all Clinical Episode Categories within a Service Line Group for which they meet the minimum volume threshold. In order to receive this data, applicants and Participants must have a signed Data Request and Attestation form on file. No other action is required by applicants or model Participants to receive this data. Next slide, please.

Our second question is: Can a Convener remove downstream Episode Initiators or Clinical Episode Service Line Groups after the start of model year? So, the answer here is "no." Model Year 7 Participant Profiles will be due December 4th, 2023, and this will be the final opportunity for applicants and Participants to make changes to their Service Line Group selections, and to their active downstream Episode Initiators prior to the beginning of Model Year 7. It's important to note that these decisions are binding until the end of mod, until the end of the model, in 2025. CMS does not anticipate allowing any future opportunities to change the selections made to the EI list or the Clinical Episode Service Line Groups on the Participant Profile. Next slide, please.

Our next question is another one that we've seen quite a bit regarding the application portal and it reads: On the application narrative questions, there's a limit of 4,000 characters, does the character count include spaces? And the answer here is, "yes." In the narrative questions of the application, there's a limit of 4,000 characters and spaces, or 4,000 characters and spaces are counted in the character count total. Next slide, please.

And our final frequently asked question is: In selecting Clinical Episode Service Line Groups, do Convener Participants have to choose the same Clinical Episodes Service Line Groups for all of its Episode Initiators? And the answer here is, when CMS releases the Participant Profiles from Model Year 7, your organization will have the ability to select which downstream Episode Initiators you would like to make active for Model Year 7 and Model Year 8. And then on a separate tab in the file, you will be able to make selections on the Clinical Episodes Service Line Groups for each active Episode Initiator.

That concludes the FAQ section of today's webinar. I'm going to pass the mic to my colleague Ashley Franklin to open the floor up for the live portion of today's event. Next slide, please.

>> **Ashley Franklin, CMS:** Thanks Tom. Hi, everyone! I'm Ashley Franklin, and I'm a Public Health Analyst on the BPCI Advanced team.

Before we open up the floor for questions we'd really appreciate your participation in a quick survey about today's event. Please participate in the survey for today's event by using your phone camera to scan the QR code or by clicking the link in the window, in the chat window. You can also send any additional input on today's session or concepts to [BPCIAdvanced@cms.gov](mailto:BPCIAdvanced@cms.gov). Now, I'll give you guys a few minutes to complete the survey. Okay, you guys have about thirty seconds left to answer the survey questions. Thank you all for your participation. This survey will remain open for three days following today's open forum.

Now we're going to continue on to the live Q&A portion of the event. So, let me check, I see a few questions coming in.

Okay, the first question is: Are applicants able to clone a Convener application into a Non-Convener ACH application, or vice versa? Applicants are able to clone applications in the application portal and go back into the application to update certain fields and information within. The application type, however, cannot be changed. So, you would not be able to clone a Convener application into a Non-Convener application, or vice versa. It's also important to note that if you are, that if you use the clone application feature, you are still required to upload a new Participating Organizations Attachment, if applicable, and sign/certify the DRA in the certification page.

Another question that came into the chat. Oh, this is a really good one, we see this quite often. How will BPCI Advanced interact with REACH ACO or other shared savings programs? So, the BPCI Advanced Model has different overlap policies for ACO models or programs, for different ACO models or programs. For beneficiaries aligned to ACO REACH the BPCI Advanced Model does not allow for overlap. This means a beneficiary aligned to an ACO REACH will not be able to trigger a BPCI Advanced Clinical Episode. The same policy is mimicked for interactions with the Vermont Medicare Ago initiative and the Comprehensive Kidney Care Contracting Options of the Kidney Care Choices model. However, the policy is different for the Medicare Shared Savings Program. The BPCI Advanced Model allows beneficiary overlap with the Medicare Shared Savings Program. This means a beneficiary assigned to a Medicare Shared Savings Program ACO may be able to trigger a BP, BPP, BPCI, I'm sorry, Advanced Clinical Episode.

While the BPCI Advanced Model has certain beneficiary overlap policies for ACO models and programs, providers who participate in ACO models and programs are not precluded from participating in BPCI Advanced. For example, this means a provider who was participating in ACO REACH is eligible to participate in BPCI Advanced and beneficiaries that they manage who are not aligned to ACO REACH could trigger BPCI Advanced Clinical Episodes. I hope that was clear. I understand it's a lot of information to take in.

Another question that just came into the chat, it says: If a current Model Year 6 Convener is adding an EI via the EI Addition Form, will the Convener receive baseline data for the new EI? So yes, current Model Year 6 Conveners or Non-Conveners that add EIs to existing BPIDs with the EI Addition Form will be able to receive baseline data and preliminary target prices in September, for all Clinical Episodes within a Service Line Group for which they meet the minimum volume threshold.

Okay, I see another live answer, let's see, or a live question. Okay, how does this relate to CJR? Since the CJR model is ending on December 31<sup>st</sup>, 2024, the BPCI Advanced Model provides CJR hospitals the opportunity to continue initiating the Lower Extremity Joint Replacement Clinical Episode for calendar year 2025. CJR hospitals interested in continuing to initiate the LEJR Clinical Episode in 2025 must apply to the BPCI Advanced Model by May 31<sup>st</sup>, 2023.

Now I'm going to let another member of the BPCI Advanced Model team answer a few more questions from the live Q&A chat.

>> **Jessica Dawson, CMS:** Sure Ashley, I'll take it from here. I see one question that came in from chat in says: Can we put an ACO overlap, etc. on the slide? So, we do recommend reviewing our Model Overlap FAQ on the BPCI Advanced website for current Model Year 6 model overlap policies. I'll pass it to another colleague for a few other live questions.

>> **David Bowen, CMS:** Hey, Jess, I can take it. I see we had a question around a demo to walk through the application process. And we, let's see, we do have the Applicant Resource webpage for a How-To Guide on the Model Year 7 application process. And we also have a PDF version available as well, of the application template for review. So, I'll hand it off to another teammate for another question.

>> **Jessica Dawson, CMS:** Thank you, David, hopping in again. So, we have a question that says: Are home health agency is able to apply for participation? And yes, home health agencies may apply as Convener Participants only.

So, I'll pass it to another colleague. I know we have you have a few more minutes for questions. So, looking at others coming in.

>> **Ashley Franklin, CMS:** I can jump in. Let me see. Are episodes still grouped together, or can you participate in just a single episode within orthopedics, for example? So yes, for Model Year 6 Clinical Episodes are grouped into Clinical Episode Service Line Groups. Participants will not have the option to select a single Clinical Episode within a Service Line Group. And it's also important to remember that Participants will not be eligible to initiate a Clinical Episode within a chosen Service Line Group if they do not meet the minimum volume threshold during the baseline period for that specific Clinical Episode.

>> **Aaron Broun, CMS:** Thanks for that, Ashley. And I am getting the signal that is all the time we have for questions and answers in today's open forum. So, thank you, everyone for your attention and engagement. And I'm going to pass the mic to Amy Giardina, the Director of the Division of Payment Models to wrap up the webinar.

>> **Amy Giardina, CMS:** Hi, everyone. This is Amy Giardina, I'm the Director of the Division of Payment Models. Thanks, Aaron. Well, thanks for sticking around for the closing remarks.

I just wanted to take a minute to say "yay" to the team. Well, I should say teams, we have a couple on the line, so we have the CMS team, Deloitte team and the SEA teams representing, and they all did such a great job on today's open forum. So, a ton of prep goes into these webinars and open forms. I know sometimes it doesn't seem like it, because it's only an hour, but there are absolutely worth it, so that we can support you guys in applying. So, thank you again, and thanks for coming.

So, one of the best parts of my job is being able to lead these types of events. And I really love interacting with applicants and Participants as part of our stakeholder engagement initiatives. And so I'm super excited to see so many people here today. I have been personally through a couple of open application periods since I've been at CMS, I think four or five, including BPCI Advanced or yeah, including BPCI classic, I should say. And so, it's good to see some of your names on here.

And I was just telling the team that the other day, that in my experience this, meaning the application period, is the most exciting part. So being able to support you guys in your organization to want to be part of this model is such a fantastic experience. And I'm especially excited that our administration is extending this model again, this is, I think, the second or third time.

So, I mean, you can see from the evaluation reports and data, if you haven't, they're on the website, and they're definitely worth a read. Lots of time and work goes in by our evaluation team, and whole bunch of contractors and so they do some super smart data stuff like super smart data people do. So, and I'm just going to give you the really quick, way over simplified version, so if they're on the line, pardon me. The super simplified version is this: bundle payment works, and you should apply now.

So, it's I think it's no secret that we're working on a future episode payment model for CMMI. I know what our plans are, but I don't know what it will look like once it finishes going through clearance and all that stuff. Mandatory or voluntary, what the clinical conditions we'll be testing are, and what roles will, we will allow to like Convene or Non-Convenor, that type of thing. But I do know that there is a successor plan or successor model in the works. So, getting experience in this model is a great way to be ahead of the curve and prepare for whatever is next.

But what's more, is that you can be a part of this very exciting model now. So BPCI and BPCI Advanced have really stood the test of time. I mean, when you look at the Innovation Center, we have been here for a long time because they are effective. And we believe in value-based care through episode payment models and the impact it can have on cost efficiency and improvement in patient experience, which we've seen after beneficiary interviews and things like that. So, we thank you for your continued support of the BPCI Advanced Model and look forward to seeing you at upcoming events. So next slide, please.

On May 11<sup>th</sup>, I'm really excited about this event, because we'll be hosting a panel discussion with BPCI Advanced Participants, so people who have already, or organizations who have already participated in this model. So, they'll talk to you about why they choose to participate, and their experiences. And then I think they're going to put the registration link in the chat. But if not, our team will follow up for sure, and then all interested applicants and Participants are welcome to join that. So, we hope that you'll invite your colleagues, and we hope that we'll see there. I'll be there.

So, thanks again for your time today. I hope that in the future I have the pleasure of welcoming you to that future webinar, as well as to be a Participant in 2024. So, I'm going to give the floor over to TJ Smith so he can close us out and do some administrative wrap up for the webinar. But it was great to talk to you today, and thanks for giving me this time. Next slide, please.

>> **TJ Smith, Deloitte:** Thank you so much, Amy. So, as Amy and team have mentioned, they have created many resources that are aimed to help support applicants throughout this process, so you can refer to the BPCI Advanced Applicants Resource page. The link will be in the chat for your reference, it's also on the screen here. In the coming weeks, and throughout the application process we'll be posting additional

resources that includes the recording of today's event, which will be available in about a week. Next slide, please.

If you're having any trouble with the registration process, password issues or navigating the application portal, do contact our Salesforce IT Help Desk. If you fail the identification process, which is part of CMS's IT Security Protocols, during the initial registration on your application portal, please contact Experian, their phone number is listed on the screen. Again, if you have any questions about the model, please contact the help desk at the mailbox listed here. Or if you require more information about the model, Clinical Episodes, pricing methodology quality measures, evaluation reports, or more visit the BPCI Advanced Model General Webpage. For resources and materials that help address and educate the public interested in applying to the model, please visit the Applicant Resources webpage. Next slide, please.

Thank you again for attending today's Application Process Open Forum. Resources shared during this webinar will be available in the Participant Portal later this month. If you haven't already, do please participate in the survey for today's event. We'll be adding to the chat link as well, and you had it in the chat earlier. And you could send any additional input on today's session or concepts to the [BPCIAdvanced@cms.gov](mailto:BPCIAdvanced@cms.gov) mailbox.

Please also take note of the following actions to continue engagement and learn more about BPCI Advanced. Submit any input or additional questions from today's webinar session to the Model Help Desk. And if you've not done so already, please sign up for the BPCI Advanced listserv to receive updates regarding this application process, upcoming events and deadlines, plus notice on when new resources are available on our model web page.

This concludes today's webinar. Thank you for joining and we hope you have a good rest of your day.

###