

BPCI-Advanced Model Year 7 Application Process Office Hours
May 18, 2023

>> **TJ Smith, Deloitte:** Good afternoon everyone, and thank you for joining today's BPCI-Advanced Model Year 7 Application Office Hours.

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 BPCI-Advanced website in about a week.

Today's event format will be a longer form 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 box displayed on the right side of the meeting room window. Given time constraints, we may not get to every question, but we will collect them for future events and frequently asked questions documents.

Again, thank you for joining us today, and it is now my pleasure to turn the Office Hour over to Agnelli Sybel, the BPCI-Advanced Lead, Agnelli.

>>**Agnelli Sybel, CMS:** Good afternoon everyone. Thank you for making time out of your busy day to join us, telling me you have some interest in the BPCI-Advanced Model application opportunity that will close in 13 days. So the goal of this Office Hour is to respond to the questions you have. I'm going to start with a quick review of what the application process looks like, and then we'll continue with the questions we've received during registration. Meanwhile, please add your questions in the Q&A box.

So, if you're considering submitting an application, these are some things I want to make sure you're aware of. Start by reviewing the request for application, the RFA, and the many resources that are available in the Applicant Resources Webpage. I also recommend that you download the Application Template, it's a PDF. And you can prepare your answers in a Word document first, then, go into the Application Portal and cut and paste the answers into the online Application Portal. However, I want to make sure that you understand that the Application Template was created as a guide for Applicants, and we will not accept applications submitted via email in a PDF format.

Also, when registering for the Application Portal, which is, like I said, the only way to apply, I want to make you aware there's two sections. First, you'll need to verify your identity under the CMS Identity Management System. So if you have an account, an IDM account, you will verify it. If you don't have an IDM account with CMS, you'll have to go through some steps. Once that is completed, then you will be granted access to the BPCI-Advanced Application Portal.

Once you start your application, you do not need to complete them in one sitting, but I encourage you to save your work as you go, because the portal times out after 30 minutes of inactivity. So make sure you change, save your work before navigating away from any page. Something to remember is that whoever starts the application is the person that needs to finish it and submit it. Someone else will not have access to a previously started application.

As part of the application, there is a Participating Organization Template that must be submitted. If you are a Convener Applicant, that's where you will list all potential Episode Initiators for which the Convener will receive baseline claims data and Target Prices. If you are applying as a Non-Convener Applicant, that is a PGP, you will need to populate the name of the PGP and identify one physician in the Participation Organizations Template and the CCNs of the hospitals where the PGP may trigger Clinical Episodes. Again, we only need one clinician if you are applying as a Non-Convener PGP and completing the Participation Organizations Template.

Also, you will need to re-complete the Data Request and Attestation Form if you want to receive historical claims data from Medicare. In that form, you will identify two individuals designated as Data Points of Contact for the Applicant. And those are the two individuals that will be granted access to the BPCI-Advanced Data Portal, where historical claims and target data files will be made available. Once these two Data Portal POCs go through the process of gaining access to the Data Portal, they will have the ability to grant access to other individuals.

In completing the application, it's really important that you verify that the item and files submitted are correct. I'm referring to Tax Identification Numbers, National Provider Identifiers, CCNs, the legal names of your organization and the names of the organizations listed in the participating organization attachments. Now, the last section, before submitting the application, it's called certification, and asks for a name and a date, kind of as a signature. So what I want to make clear, is that the name to be entered in the certification does not have to be the person completing the application. The name should be the authorized signatory that attests that he or she is qualified to make the assertions contained in the application as an agent of the organization identified as the Applicant.

Finally, if after you submit an application, you decide you don't want to move forward in the process, send an email to the Model Help Desk telling us to withdrawal that application. If you find that there was some errors on a submitted application, do a new application and send us an email with the Application ID that you want to withdraw. Once an application is submitted, we encourage you to download a copy from, for your records, by clicking the view PDF that will be on the screen and also the view DRA buttons that will be on the home page. And finally, the application is not binding. It does not commit the Applicants to partake, participate in the model at this time, nor does he guarantee that the Applicants will be selected by CMS for participation.

Okay, so we've received a few questions during registration. And we're going to start with: How do current Model Year 6 Participants make changes to their Clinical Episode Service Line Groups for Model Year 7 and Model Year 8. I'm going to ask my colleague Aaron, to respond to that one.

>>Aaron Broun, CMS: Hey, Agnelli, thanks for passing that question on, it's a great question. So yes, current Model Year 6 Participants will be able to change their Clinical Episode Service Line Group selections prior to Model Year 7. And that's done through the Participant Profile, which is due on December 4th, 2023. One important note is that CMS does not intend to allow Participants to change their Clinical Episode Service Line Group selections prior to Model Year. 8. So, Participants should expect the selections they make prior to Model Year 7, the upcoming Model Year, to be binding for the duration of their participation in the model.

>>Agnelli Sybel, CMS: Thank you, Aaron. We have another question regarding, how do the registries work with cardiac care Clinical Episodes. David, can you help us understand better?

>>**David Bowen, CMS:** Yeah, hi Agnelli, thank you, this is a great question. Specifically for the cardiac care, we have the acute myocardial infarction, or AMI, the cardiac arrhythmia and the congestive heart failure clinic episodes that make up that specific Clinical Episode Service Line Group. Specifically, when looking at quality, we have a great resource on the BPCI-Advanced quality web page that provides some additional detail on which specific quality measures apply to these episodes within both the administrative and alternate quality measure sets. I can be sure to link that into the chat along with our factsheets that provide some additional detail on the measures themselves.

Specifically for the cardiac care group, when looking at the registries, we have the American Heart Association “Get with the Guidelines” program, and the American College of Cardiology, who collect measurement data on the quality measures that are a little bit more specific to these cardiac care episodes. I will say that you will need to check with your organization to ensure that you are members of the said registries in order to be able to submit data. And a fortunate thing about how the registries work with BPCI-Advanced, is sort of is fairly simple. If you are a member with that registry, you can continue to code for the set episodes, as you normally have done in the past, without any additional steps. Our registry partners will be sure to collect your data and share it over with CMS in time to calculate your composite quality score calculation. Back to you Agnelli.

>>**Agnelli Sybel, CMS:** Thank you, David. I'm going to ask Tom to respond to this question: How will the organizations be notified if there are errors in their documentation? They also want to know: How can we obtain additional information to ensure we are presenting our application correctly?

>>**Thomas Ensor, CMS:** Thanks Agnelli, this is a great question. So after the May 31st deadline, all of the applications that are submitted are considered final at that point. In June, CMS will begin screening applications and vetting providers with the Center for Program Integrity. And if during the screening process, CMS finds any issues, we will reach out to Applicants, and provide an opportunity to correct the information in the application.

In terms of additional information to assist with the application process, we recommend visiting the BPCI-Advanced webpage, where we have Applicant resources to assist with the application and its attachments. And I would also recommend having your organization's PECOS information on hand for all of the organizations or providers that you plan to submit. That will ensure that the submitted identifiers are correct and match what we have in the PECOS system.

>>**Agnelli Sybel, CMS:** Thank you, Tom. We have the next question that was received: Will an organization learn its Target Price before the deadline to participate? Justin?

>>**Justin Bondietti, CMS:** Yeah, thanks Agnelli. Yes, absolutely, they're going to receive Target Prices. We're aiming to have those out to Applicants right around, towards the end of August. That will be ahead of receiving the Participation Agreement, and then it'll give you plenty of time to review and decide if you want to move forward with the participation. Back to you Agnelli.

>>**Agnelli Sybel, CMS:** Okay, thank you. I'm sure everybody is interested in knowing how the Target Prices get calculated. Sacha?

>>**Sacha Wolf, CMS:** How long do I have to answer that? Do I have 20 minutes, an hour? What can you give me, Agnelli? But no, that that really is an important question, and we get that a lot because as an

episode-based payment model Target Prices play a really pivotal role in in our model. We try to construct our prices to encourage participation, provide opportunities to earn incentive payments, and ensure prices are risk-adjusted to account for patient and provider characteristics.

So in short, benchmark prices are calculated using historical claims data, and they take into consideration patient case mix, hospital characteristics, and the projected spending among hospital peer groups. We then apply a CMS Discount to Benchmark Prices to create a Preliminary Target Price. And one thing to note, is that we did change the CMS Discount for Model Year 6, and how it will be applied in Model Years 6, 7, and 8. So for the CMS Discount for medical episodes, it is a 2% discount, and for surgical episodes it is a 3% discount.

Now, that is just a very high-level description of how Target Prices are constructed. And so what I would recommend, is that you go to our website and look at some of our existing resources for Model Year 6. So on our website we have a Pricing Methodology FAQ, we also have lots of technical specifications. One of them is called a Target Price Specification. You can sort of take a look at them to get further information on how we construct our Target Prices. But also, in the works we're developing some other learning resources that will help Applicants and current Participants understand our pricing methodology a little bit better. So be on the lookout when we share the additional information. That's all I have Agnelli.

>>**Agnelli Sybel, CMS:** Yes, thank you. So that was definitely high-level. We're working, like Sacha mentioned, on several resources. Two of them will be webcasts, longer than 20 minutes. We're trying to present the first one as an introduction to price methodology, and then we get into a deeper dive in pricing methodology, so expect that for later summer. Sacha, could you put the link to that Target Price Specifications in the chat when you have a moment?

>>**Sacha Wolf, CMS:** Yeah, I can do that.

>>**Agnelli Sybel, CMS:** Thank you. We also received a question that's asking us to send out a step-by-step process for current participants on how to extend their participation in the model. And Jessica is going to address that one.

>>**Jessica Dawson, CMS:** Thank you, Agnelli. So, we actually a resource on our webpage, which is a job aid for active Participants in the model, and I'll be posting that link in the chat.

I also see a question that just came in asking, do current Model Year 6 Participants have to reapply? And the short answer is, no, existing Participants would not need to apply for participation in the 2-Year-Extension Period. These Participants can continue to participate in the model by signing a Participation Agreement for Model Year 7, provided that the Participant or CMS has not terminated the organization's Participation Agreement during Model Year 6. So, what I'll do is, I'll post the link to that document in the chat. Let me just make sure. I accidentally sent it directly to.

>>**Agnelli Sybel, CMS:** Thank you, Jessica. I want to add that if current Participants want to bring new Episode Initiators on their existing BPIDs, they can do that. Or, if they want to submit an application to participate as a Convener in another way, they can also do that.

We have this question that's kind of interesting: What are the requirements for applying? And can we apply, working with a Rural Action Community Agency? Kendra, can you speak to that, please?

>>**Kendra Glasgow, CMS:** Thank you, Agnelli, great question. So the kind of organization you are will determine your options when applying to participate. Since it's not clear from the question, what kind of services a Rural Action Community Agency provides, I would say that if the agency is a Medicare-enrolled provider or supplier, they may apply as a Convener Applicant, and must list at least one downstream Episode Initiator that is either a Physician Group Practice or an Acute Care Hospital, and they would do so on their Participating Organizations Template in the Application Portal. Only Physician Group Practices and Acute Care Hospitals may apply as Non-Convener Applicants.

>>**Agnelli Sybel, CMS:** Okay, thank you. Now we know this question is important to many of our listeners today. Sacha, what can we say about future mandatory models from the Innovation Center?

>>**Sacha Wolf, CMS:** Well, I can let everyone know that we've definitely sent a signal to the public and our stakeholders that there is a future mandatory model in the making. And this is something that we've relayed in our Specialty Care Blog back in in November. And I'm happy to add that to the chat, so everyone can sort of look at that if they haven't seen it. And it was the first time I think we really did signal that we will be looking into developing a future mandatory model. Now, I can't really provide any other sort of specifics beyond that, other than that, that's what we're trying to do. And so figuring out what episodes, what the pricing methodology, all that kind of stuff we don't have any of that figured out yet. And it's something that we will do while we have extended the BPCI-Advanced Model.

But, one thing to note is, it's really important for us to get stakeholder input as we try and design this next model. And so I would say to Applicants or Participants here on this phone call, be on the lookout for some things where we will be engaging the public and stakeholders to get input on the design of this next model. So something in the pipeline again, because stakeholder inputs really important to us, so be on the lookout for that.

>>**Agnelli Sybel, CMS:** Thank you, Sacha. So those were the questions we've received through registration. I'm going to start scrolling down to the ones that are in the Q&A box. Okay: As a Convener Applicant, will we have the chance to add or remove Episode Initiators at a later date?

So there's two answers to that. If you're a current, active model Participant, that is a Convener, yes, you have the opportunity to add Episode Initiators onto, under your BPID for Model Year 7 by submitting the episode, in the Episode Initiator Addition Form in the Participant Portal. That resource that was posted in the chat, Options for Model Year 7, would give you additional guidance. As a current model Participant, you also have the opportunity to remove your Episode Initiators when the Participant Profile for Model Year 7 is distributed. Now, if you are a new Convener Applicant for Model Year 7, and you submit an application with a particular Episode Initiator or multiple, there will be no opportunity to make changes for Model Year 8.

The next question we have: For Non-Convener Applicants, we do not need to complete the Participation Organization Excel Template? Tom, would you like to address that one?

>>**Thomas Ensor, CMS:** Yeah, I can take that one Agnelli. So I'm not sure if this Non-Convener Applicant is an ACH or a PGP. But for an ACH, they do not have to complete the Participating Organizations Template. For a Non-Convener that is a PGP, we ask that you list one participating physician associated with the PGP, and list that in the participating organization's attachment. So in this, in essence, the Applicant would be filling out one line of the template.

>>**Agnelli Sybel, CMS:** Thank you, Tom. I also have another question here: We are applying as a Convener, ACO. We would like to submit each of our hospitals, three of them, as Episode Initiators separately. They operate under one CCN with a suffix. The system does not let us submit this as three separate hospitals. Is there a better way we should be submitting this application with three hospitals as an EI?

Okay, I'm glad that there are folks that are in bringing three Episode Initiators, and my understanding is that you want them standing on separate applications. So maybe, the problem might be putting that suffix to the CCN, and that's why, probably, the system is not validating the information. So I would say, you can do three separate applications, there will be different legal names. And send the team an email with the Application IDs in this part, and the CCNs with the suffix, and we can work on that in the back end.

Sacha, is there something do you want to address in this question?

>>**Sacha Wolf, CMS:** Yeah, so and maybe I can further clarify. For hospitals we recognize that certain hospitals may share a CCN, meaning you may have one CCN, and that's associated with three different hospitals. In our eyes, we create our Target Prices, and we attribute episodes at the CCN level for a hospital. So while you might have three separate hospitals with three different locations, if they all serve, or all have one CCN, that is one Episode Initiator in our eyes. You would receive Target Prices again just at the CCN level. So when you're actually filling out the application, you would only list one of those hospitals, and you don't need to list the others. It would just be, you can list any of the three, and so it doesn't matter just as long as you obviously put that CCN, we just want one of them.

>>**Agnelli Sybel, CMS:** Well, I'm glad you spoke up because I got confused on that one, Sacha. Thank you so much for the clarification. Let's see. I have another, I see another question that we just addressed: Based on our structure, we would like to list ACHs multiple times, however, the CCN would be duplicated. Like, Sacha said, even though you might have different EIs for inpatient or outpatient, if the Episode Initiator is a hospital, we would be looking at the CCN. If the Episode Initiator is a PGP, we would be looking at the TIN for that PGP.

Okay, let's see: If you could please go over one more time in detail with what is due by May 31st as a Non-Convener Applicant.

Sure. So, you need to answer the questions in the application. As a Non-Convener Applicant, the Participating Organization Template does not apply to you. If you are a hospital, you do not need to do anything with the participating organization attachments. But, like we answered earlier, if you are a Non-Convener Applicant, that is a PGP, we need one line of the participation, Participating Organizations Template completed with the name of that PGP and the name of the clinician in the last columns and the CCNs, where they might trigger episodes. You would also need to complete the DRA Form that is

embedded in the application in order to receive data. And submit the application. That's all you need to do by May 31st.

The next question: Please define Clinical Episode for Model Year 7, is this strictly cardiac? Okay, Sacha, you want to take that one?

>>**Sacha Wolf, CMS:** I'll take that one. So, we have yet to release our list of Model Year 7 Clinical Episodes, but you can definitely take a look at our Model Year 6 list that's already on the BPCI-Advanced website. We have a whole list of episodes, 34 Clinical Episodes, and they are categorized into eight Clinical Episode Service Line Groups. So we do have a cardiac care Clinical Episode Group and a cardiac procedures, Clinical Episode Group and Applicants or Participants can select from them. But we also have a whole bunch of other episodes, so orthopedics, and we have medical, and other ones. So definitely take a look at our website, take a look at the Clinical Episodes that we offer. The episodes go beyond cardiac and cover different clinical spaces.

>>**Agnelli Sybel, CMS:** Thank you, Sacha. Okay, we have a next question: When do Non-Conveners, Acute Care Hospitals, update their participating providers?

Okay, so in the application process we are not asking which are going to be your participating providers. The clinicians that are actually going to be delivering the care to Medicare beneficiaries. And so it's when the required deliverable, that is the BPCI-Advanced QPP list, that is the document where we require all our Participants, whether Non-Conveners or Conveners, and their Episode Initiators, to identify the clinicians that will be implementing the model. That document is due on December 18th. We intend to distribute the templates for the various required deliverables for Model Year 7, and guidance on how to complete those deliverables, in late summer.

Okay, Tom, go ahead and address one of the questions.

>>**Thomas Ensor, CMS:** Hey, Agnelli. Yeah, I have one here, that is: As a Convener Applicant will we have the chance to add or remove Episode Initiators at a later date? This is one we've been seeing a lot. And I guess our recommendation is to, in the application, to add all of the providers that you think could potentially act as an Episode Initiator for your organization. And at a later date, which would be December 4th, the Participant Profiles will be due. That is the point where a Convener Applicant would have to make the final decisions on which of those Episode Initiators they would like to select as either active or withdrawal.

>>**Agnelli Sybel, CMS:** Thank you, Tom. Okay, so here is a follow-up question to somebody, something I mentioned at the beginning. Does the person certifying the application need to set up their own portal access to complete that section, or can the person who's working on the application put that person's name and title? So, it's the second part. Whoever started the application, maybe, is the Director of Nursing or an Administrator of a PGP clinic. They would register for the portal, they will start the application, and they're the ones who need to submit it. But what we're asking is that in that section for certification, you type the name of that person who has the authority to submit the application on behalf of the organization. So you can type their name, the authorized signatory does not need to have their own account. Let's see.

>>**David Bowen, CMS:** Oh, hi Agnelli. I just wanted to mention that one of our attendees, Chelsea, she had asked: Will the Clinical Episode Service Line Groups be changing for Model Year 7? I did submit a response within the chat, but I just want to say it live so everyone, that so everyone who is attending, can hear. And currently at this time, CMS expects that the Clinical Episodes and the eight Clinical Service Line Groups for Model Year 7 will be the same as they were for Model Year 6. And I believe my colleague Sacha did paste the link for those lists as well.

>>**Agnelli Sybel, CMS:** Thank you, David. I think I started that, and somehow I didn't finish. Thank you so much. Let's see what else. We are getting a lot of questions. If a system is interested in applying as a Convener and a Non-Convener, I am confirming that we would submit one Convener application, and then as many Non-Convener applications as needed for anticipated Episode Initiators.

Yes, if a Participant is not sure at this time of what kind of structure they want to have regarding Episode Initiators, they know they want to convene, but they're not sure if they want to put multiple Episode Initiators into one application, or have the flexibility of having each Episode Initiator on its own application. Our recommendation is, do it both ways, it's not a problem. You'll receive Target Prices under both Application IDs. And it's in December where the Applicants need to make a decision under which particular Application BPID you want that Episode Initiator to be active, and that selection would be made in the Participant Profile.

The critical point is that Episode Initiators might appear in multiple applications, and that's perfectly fine. But when Participant Profiles are submitted in December, that Episode Initiator that was in multiple applications must only appear as active in one BPID. So for, let's say, they're listed in five applications. They finalize their conversations with the organization that's going to be the Convener, and that Convener needs to make sure that Episode Initiator is listed and active in the application BPID they want, and withdraw it in all other applications.

Okay, Jessica, is there an answer? Oh, wait! Tom wants to speak. Go ahead, Tom. Maybe there's something you want to add.

>>**Thomas Ensor, CMS:** Yeah, there, was just another question that I saw that was very similar. It was: What happens if a hospital listed as an EI on our Convener Application decides to apply and ultimately participate in BPCI-Advanced on their own? I just wanted to tie that one in with your response. That would essentially function the same way, and it's totally possible to have both the hospital apply as a, or be listed as an Episode Initiator on a Convener Application, and apply on their own, although they can only end up on one Participant Profile as active.

>>**Agnelli Sybel, CMS:** Thank you. Jessica, was there a question you were going to answer, or has it been addressed?

>>**Jessica Dawson, CMS:** Yeah, I think that Tom's answer sort of addressed the answer. But for context, the question was: For current Convener Participants in Model Year 6, all we have to do is revise their downstream Episode Initiators List and submit prior to May 30, to the May 31st deadline, would we please confirm? And the answer to that is: Yes. Make sure to submit all attachments by 5 P. M. May 31st EDT.

>>**Agnelli Sybel, CMS:** Okay, so this is for the current Participant: If you don't want to make any changes, you don't have to do anything at this time. If you want to add Episode Initiators you can, by submitting the Episode Initiator Addition Form. If you want to remove Episode Initiators and you are current Participants, you will do that in the Model Year 7 Participant Profiles that will be due in December, and that's where you will change that status to withdraw.

Okay, David, I'm going to give this one to you because they're asking: Please repeat the need for Participants to be in the cardiology registry. Maybe you can clarify between administrative and alternate quality measures.

>>**David Bowen, CMS:** Yeah, hi Agnelli. I can definitely provide more context here. So, for the administrative measure set, Participants do not have to be a member of any of the registries that we have a partnership with. But if a Participant is considering any of the alternate quality measure sets for any other specific Clinical Episodes for Model Year 7, they will need to check with their organizations to see if they are members of these specialty societies. Specifically for the cardiac case, I would suggest checking to see if your organization is a member of the American Heart Association's "Get with the Guidelines" program or the American College of Cardiology. I know they collect some measurement data for our cardiac care Service Line Group, so I would double check with your org to ensure that you have that membership. And then, once you have sort of verified or not, most likely there's no additional steps that you would have to do. You would just continue to trigger Clinical Episodes, as you have traditionally done, and code for the side quality measures, as you always have. And the registries will collect that data for you, and they will send that over to us at CMS. But if you have any troubles or any additional questions, definitely feel free to submit a question to us in the model inbox. And myself and the quality team are more than happy to help connect you to the right people at these registries.

>>**Agnelli Sybel, CMS:** Thank you, David. We also have additional resources to educate on quality measures that we'll be making available in the near future.

So there is a question here that, well two look kind of the same: There is nowhere to upload the participation, participating organizations for a Non-Convener Applicant for a PGP. How do I include this with the application, please advise.

Okay, so the system is supposed to provide the option for Non-Convener Applicant that is a PGP. The logic within the Application Portal should allow for that. If you're not seeing it, maybe a ticket to the model desk. But Sacha seems to know the technical way of working on this. Sacha?

>>**Sacha Wolf, CMS:** Yeah, so and it may not work. But, my thought is that once you sort of select, your first step is to select the type of Applicant you're applying as. So, you either choose Convener or a Non-Convener, and you've mentioned that you're applying as Non-Convener. When you do that, you'll see the application, and all the different things you have to then fill out like the first page, and there is a field that says the type of role you are, I believe, or the participant type. When you select PGP, that will then trigger the logic to allow you to fill out a participating organization section. However, if you haven't filled in that like specific field, then you might not see the participating organizations section yet. So I believe you have to, you know, populate that as a PGP, and then you might even have to hit save. And then you should be able to see it. But if that if that sort of resolution doesn't work, as Agnelli mentioned, feel free to email us, and we can definitely look into it further.

>>**Agnelli Sybel, CMS:** Thank you. Sacha and Tom are the gurus in our Application Portal. They know all the ins and outs. Thank you for that. Aaron, is there a question you want to address?

>>**Aaron Broun, CMS:** Yeah, thanks Agnelli. Someone was just looking for clarification and confirmation that Convener Applicants will have the chance in December to select which Episode Initiator hospitals that they had listed on their participating organizations file that they would like to move forward with at the model start. And that's right, that's correct. We are asking that you submit all potential Episode Initiators along with your application by May 31st, but you'll have the opportunity to remove or withdraw those from your list before beginning participation, that's in December.

>>**Agnelli Sybel, CMS:** Thank you. So, submitting the application, you are not committing. It's in December that's decision time. Tom, do you want to respond to another question?

>>**Thomas Ensor, CMS:** Yeah, I got one here Agnelli. It's, it says: We are a Convener and do new providers under us have to apply by 5/31? So I'm going to answer this in two ways, just because I'm not sure if this is a Participant that's currently a Convener or if it's an Applicant that is applying to be a Convener.

So, if you're a current Participant, you could add new Episode Initiators under you, using an EI Addition Form, which is located in the Participant Portal in the amendment section. And if you are an Applicant Convener, the providers that would be under you as a downstream initiator do not have to apply. Those would just be listed in your participating organizations.

>>**Agnelli Sybel, CMS:** Thank you, Tom. Okay: We are a Convener Participant currently in Model Year 6. If we add new downstream Episode Initiators, do we need to add their BPIDs? Where do we pull this information from? If we add downstream Episode Initiators which were dropped in previous years, do we add their BPID?

Okay, so this is definitely a Participant that knows all about BPIDs, and that's how we track our Participants and Episode Initiators. So, if you're adding new Episode Initiators under an active Bundle Payment Identification Number, that's the BPID, you won't have an BPID when you're submitting the EI Addition Form. After the Application Portal closes, then the team would create a BPID for those potential Episode Initiators under a current, active BPID. If you're interested in bringing past Episode Initiators in a new application, forget about their former BPIDs. Put them in the application, and this system will assign a BPID after the application is accepted.

This one sounds kind of similar: When we submit our list on May 31st, we submit the list only of new downstream Episode Initiators, we don't have to submit the names of current Episode Initiators?

So, if your current Participant has Episode Initiators, and you want to add, you don't go to the Participant Portal. Sorry, you don't go to the Application Portal. You do it via the Participant Portal in the legal documents section, and don't need to go to the Applicant portal.

Sacha, I think you have the number. Someone is interested in knowing how many hospitals are participating in the model this year, and I don't quite remember the number exactly. So, can you share that with us?

>>**Sacha Wolf, CMS:** Well, I'm going to keep the suspense going. I will provide everyone the link to a file where it gives you sort of the number of Acute Care Hospitals and Physician Group Practices currently participating. But when I give that link, I'll also provide the actual number, so I'm sorry I don't have it right off hand, but I'll provide the link where we list all of the current Episode Initiators from Model Year 6. But then I'll also follow-up and make sure I message to everyone the specific hospital number.

>>**Agnelli Sybel, CMS:** Thank you. Also in that file, besides seeing which are our current Participants and Episode Initiators, you can see which are their service line selections. Here's another question: Are the episodes attributed to a group only those that are coming from the downstream Episode Initiator groups that the ACO group lists in their application?

Okay, so this is about ACOs, and we have seen this kind of question. When an ACO applies as a Convener in the model, there's no requirement for them to put all their MSSP providers into the application as Episode Initiators. The ACO can decide to apply with one, or as many of their current providers under the ACO as Episode Initiators in the model. What's important to remember, is that an Episode Initiator in the model, and it's a PGP, and we have that TIN associated with the PGP, all clinicians associated, billing under that TIN, would trigger episodes in the model for the Clinical Episode Service Line Groups selected. So what I'm trying to add the clarification here, is that if there are seven doctors under a PGP, all doctors are billing under the same TIN, all doctors are participating in the model. You cannot just have doctors one, two, and three out of a practice, if they are all in the same Clinical Episode Service Line Group. I like to use the example of a multidisciplinary PGP practice that have OB-GYN clinicians. So there's no OB-GYN-related Clinical Episodes in BPCI-Advanced, so those doctors wouldn't trigger a Clinical Episode in the model.

Okay, let's see what other questions we have here. Another one related to ACOs, and Sacha, I'm going to help, ask your help, with this one. Can you describe how recoupment happens for overlap between MSSP and BPCI-Advanced beneficiaries?

>>**Sacha Wolf, CMS:** This is fairly easy for BPCI-Advanced. I think it was confusing for BPCI, but for BPCI-Advanced, we allow beneficiaries to overlap with the Medicare Shared Savings Program. So that means a beneficiary that's assigned to a Medicare Shared Savings Program can trigger a BPCI-Advanced Clinical Episode. And from our end, we do not do any recoupment if there is overlap. We did have, we did look into if we needed to do a recoupment, and to make sure that we were accounting for any duplicate payments. And based on the analysis that we did, we didn't have to do any recoupment. So, the overlap is fairly easy. Beneficiaries assigned to Medicare Shared Saving Programs can trigger BPCI-Advanced Clinical Episodes, and there's no recoupment that we do for that overlap.

>>**Agnelli Sybel, CMS:** Thank you. Sacha got busy, and she found the answer. At the start of Model Year 6, the model had 106 Acute Care Hospitals, and 174 participating PGP Groups. Thank you, Sacha.

Here's another question: A subset of physicians in our existing MSSP ACO want to apply to be BPCI under a new TIN entity. Would we need to apply under the existing MSSP ACO, or the new TIN entity, and then list the physicians' NPIs? This is a really good question. So, the PGP group has the flexibility of applying as a Non-Convener Applicant, and give us the new TIN. The ACO has the option of applying as a Convener and list the PGP group with the new TIN as an Episode Initiator under the ACO. So there is flexibility there.

Let's see, we're running out of time, and we still have some questions here. I'm trying to see which ones are more applicable and interesting. To clarify, we are independent physician practices who all own operate their own practices and have separate teams.

Okay. So for PGPs, the TIN is how we attribute Clinical Episodes. So if these separate physician practices have different TINs, they could apply in the model as Non-Convener Participants, or one of them could come and apply as a Convener and then have the independent physician practices as Episode Initiators under that Convener Application. I hope that helped clarify that.

Aaron, there's a question about dropping episodes. Do you want to answer that?

>>**Aaron Broun, CMS:** Yeah, absolutely. So, the question is: Can Non-Convener hospitals that are already participating drop any of the episodes for Model Year 7? And the answer to this is, yes. Participants that are currently active will be able to make new Clinical Episode Service Line Group selections for Model Year 7, and that happens to the Participant Profile, which is due December 4th. A couple of reminders on this. Selection is at the Clinical Episode Service Line Group level rather than at the individual Clinical Episode category level. And then, it's also important to note that selections made prior to Model Year 7 are binding for the duration of your participation in the model.

>>**Agnelli Sybel, CMS:** Thank you. Oh my goodness, I got a question here. Oh, David?

>>**David Bowen, CMS:** Sorry Agnelli. I was just going to add to Aaron's that even though your Service Line Group selections are permanent for the remainder of the model, in 2025, your quality measure selections are due to renew each year. So at the beginning, before each Model Year begins, you have the option to select between the administrative and alternate quality measure sets for each of your Clinical Episodes prior to the model start year, within your profiles.

>>**Agnelli Sybel, CMS:** Thank you, David, that was a great clarification. I want to apologize, there's a question here from the beginning of office hours that, at 2:13, I kind of missed that one. If we are applying for multiple Acute Care Hospitals in our health system, do we have to submit each application per hospital, or do we submit one application with all BPID's CCNs for each Acute Care Hospital?

Okay. So you're saying there's BPIDs. If you are current Participants, please refer to that options for Model Year 7. It will help you understand the various different options on how current Participants can apply or continue in the model. If you're a new one, you do not have BPIDs, so, here's the thing. Multiple Acute Care Hospitals under a health system. Part of our new requirements is that Convener has to be a Medicare provider, supplier or ACO. So, health systems that are not currently active in the model are not allowed to apply. So, they have the option of submitting applications for each of their hospitals independently, but they can also identify one of those hospitals as Convener, a Convener that would be an Episode Initiator under that BPID along with the other hospitals in the health system, as Episode Initiators under that Convener that happens to be a hospital in the system.

Here's another question: We seem to have a very unique organization which is making our application tricky. Is it possible to exchange direct emails, questions or to set up a separate focus meeting? Yes, please submit your email and request for clarification, what you think is a tricky situation, and the team will see if we can respond in writing, or there's a need for a call, in order to provide guidance, and we will do that as soon as we can, well ahead of the application deadline.

Let's see what else I have here. Running out of time.

>>**Jessica Dawson, CMS:** Agnelli, just for clarification, did you want them to submit that email to the Model's Help Desk or here on screen?

>>**Agnelli Sybel, CMS:** Yes, please do that.

Okay, this question is from a while ago, but it's something we said and I want to repeat it: We have two Acute Care Hospital locations that share a TIN and a CCN number. How do we list both on the participation organization spreadsheet? As we mentioned before, for hospitals, we look at the CCN as our trigger for Clinical Episodes, so the application you would submit one hospital because we consider all hospitals billing under that CCN to be the same Episode Initiator.

So, since we're running out of time, there're a few things I want to mention. What happens after the Application Portal closes? We will do quality assurance checks on the applications. If there are things that we believe need to be corrected, the team will reach out and give you a very short deadline to respond with corrections. After that, the file, with all submissions, is going to be sent for CPI vetting. And also, will be sent to our payment contractor, where they will start building the baseline claims data files, and the Target Prices. Our current target date for distributing Target Prices is September.

Then you, all Applicants and current model Participants, will have until the December 4th to review the information on Target Prices and all the requirements of the model. You will have received the Participation Agreement Template in September, and need to submit a signed Participation Agreement and your selection of Clinical Episode Service Line Groups by December 4th. There will be a series of other required deliverables that will be distributed, the templates, in September, and will be due on December 8th, and sorry, December 18th. And shortly after that, CMS will make final determinations on the selection of Participants that will start on January 1st.

So, in closing, this is the final opportunity to apply for BPCI-Advanced. There's 13 days left. If you have questions about, or after today's event, email the Model Help Desk. And I also encourage you to come back next Thursday at 2 P.M. We will have another Office Hours. Thank you so much.

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