Bundled Payments for Care Improvement (BPCI) Advanced Application for Model Year 7 (2024)

Participating Organizations Instructions

Convener Applicants: Please provide information on all participating organizations, which would participate as Downstream Episode Initiators (EIs) under the Model, and then upload the completed document in the Application Portal.

For any Downstream EI that is a Physician Group Practice (PGP) please list only one practicing physician associated with that PGP. Applicants can list any physician associated with the PGP when populating the practicing physician columns. When populating column W, Applicants should enter all the hospital CMS Certification Numbers (CCNs) where the potential PGP Episode Initiator (not the practicing physician) expects to trigger Clinical Episodes. The hospital CCNs can include those where the potential PGP Episode Initiator practiced during the baseline period and the hospital CCNs where they may practice in the performance period. This means that Convener Applicants will only list each potential Downstream Episode Initiators once in the Participating Organizations attachment.

Non-Convener Applicants that are a PGP: Please provide information on the PGP, and then upload the completed document in the Application Portal. Please list only one practicing physician associated with the PGP. Applicants can list any physician associated with the PGP when populating the practicing physician columns. When populating column W, Applicants should enter all the hospital CMS Certification Numbers (CCNs) where the potential PGP Episode Initiator (not the practicing physician) expects to trigger Clinical Episodes. The hospital CCNs can include those where the potential PGP Episode Initiator practiced during the baseline period and the hospital CCNs where they may practice in the performance period. This means that a Non-Convener PGP Applicant will only populate one row in the Participating Organizations attachment.

Application Portal. Download the template from the Application Portal, complete the template using the rules provided below, and upload the template back (as a .csv file) to the Application Portal. If your file is less than 1000 rows, you will have the opportunity to make any edits directly in the Portal after uploading. If you have numerous errors, we recommend making updates directly in the .CSV file. Once all edits are completed, use the Validate & Save button to save your upload. Uploads will not be saved until all errors have been addressed. Errors can be addressed in the source .CSV file and re-uploaded or directly within the Application Portal (if less than 1000 rows). Please upload only ONE file with all organizations as each subsequent upload deletes the previous.

RULES

GENERAL RULES

- **Do not enter any commas in the spreadsheet.**
- **Do not change any of the column names.**
- **Do not move or add any columns.**
- If there are leading zeros on any TINs, NPIs, CCNs, or Zip Code fields in your upload you <u>MUST</u> format those columns anytime you are performing a final save before an upload. To format a column:
  1. Select the entire column in the spreadsheet.
  2. Right click the column and select "Format Cells".
  3. Select the "Custom" Category.
  4. Under "Type", enter as many zeros as there are digits in the identifier. For example:
     a. For TIN, enter nine zeros (000000000)
     b. For NPI, enter ten zeros (0000000000)
     c. For CCN, enter six zeros (000000)
     d. For Zip Code, enter five zeros (00000)
     e. For Zip Code (+4), enter four zeros (0000)

  This will ensure your leading zeros are retained upon saving and uploading. If you re-open the file in Excel, the leading zeros will be removed, and this process will need to be completed again. Also, keep in mind you can edit the values within the application after uploading if your upload is 1000 rows or less.

SPECIFIC COLUMN RULES

Column	Column Heading	Rule
A	Organization Legal Name	This field is required.
B	Organization Doing Business As (DBA) Name	This field is optional.
C	Street Address	This field is required.
D	Address Line 2	This field is optional.
E	City	This field is required.
F	State	This field is required. Must be 2-character State Abbreviation.
G	ZIP	This field is required. Must be 5 numeric characters.
H	Zip (+4)	This field is optional. If provided, must be 4 numeric characters.
I	Organization Type	This field is required. Responses to this field are limited to the following values: • **Acute Care Hospital** • **Physician Group Practice**
J	Organization Tax Identification Number/Employer Identification Number (TIN/EIN)	This field is required. Must be 9 numeric characters without hyphens.

		If Organization Type (Column I) is Physician Group Practice, then a TIN/EIN cannot be duplicated within an upload.
K	Organization National Provider Identifier (NPI)	This field is required. Must be 10 numeric characters without hyphens.
L	CMS Certification Number (CCN)	This field is required if Organization Type is Acute Care Hospital. Do not provide a CCN if Organization Type (Column I) is Physician Group Practice. Must be 6 numeric characters without hyphens. **If Organization Type (Column I) is Acute Care Hospital, then a CCN cannot be duplicated within an upload.**
M	Entity Type	This field is required. Responses to this field are limited to the following values: • **Non-profit** • **For-profit** • **Publicly Traded** • **For-profit Privately Held** • **Other**
N	Entity Type if "Other"	This field is required if Entity Type (Column M) is Other.
O	Contact First Name	This field is required.
P	Contact Last Name	This field is required.
Q	Contact Email	This field is required. Must contain an "@" character and a valid domain extension.
R	Contact Business Phone	This field is required. Must be numeric characters without hyphens. EX:5555555555
S	Contact Business Phone Extension	This field is optional.
T	Practicing Physician First Name	This field is required if Organization Type (Column I) is Physician Group Practice.
U	Practicing Physician Last Name	This field is required if Organization Type (Column I) is Physician Group Practice.
V	Practicing Physician NPI	This field is required if Organization Type (Column I) is Physician Group Practice. Must be 10 numeric characters, no hyphens.
W	Hospital CMS Certification Number (CCN) where PGP is Expected to Trigger Clinical Episodes	This field is required if Organization Type (Column I) is Physician Group Practice. Must be 6 numeric characters without hyphens. If a PGP expects to trigger Clinical Episodes at multiple hospitals, enter all hospital CCNs in this field separated by a semicolon (;). EXAMPLE: 111111;222222;333333