Data Request and Attestation (DRA) Form User Guide
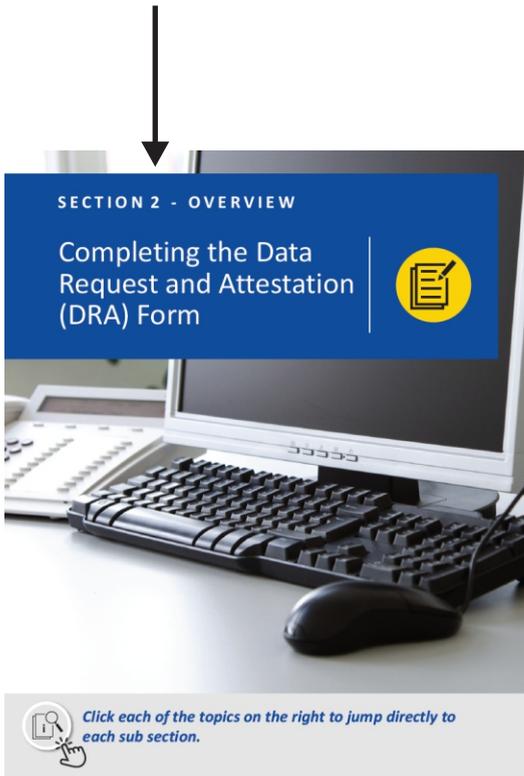
September 2023

The purpose of this User Guide is to:

- Provide an overview of the DRA Form
- Provide direction for the completion of the DRA Form
- Describe the submission process for the DRA Form

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Bundled Payments for Care Improvement Advanced | *BPCI Advanced*
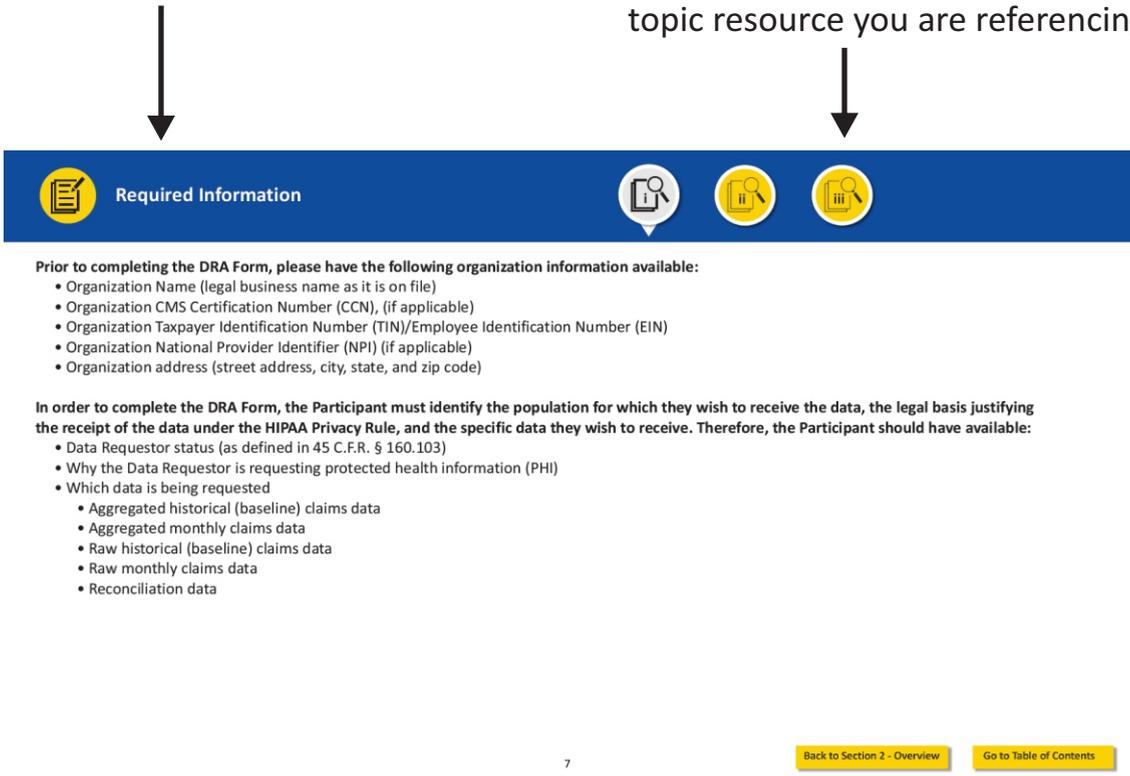
How to Use this User Guide

Section Overview: This shows the section title and provides a description.

Section Content: Section Overview pages may have direct links to topics.
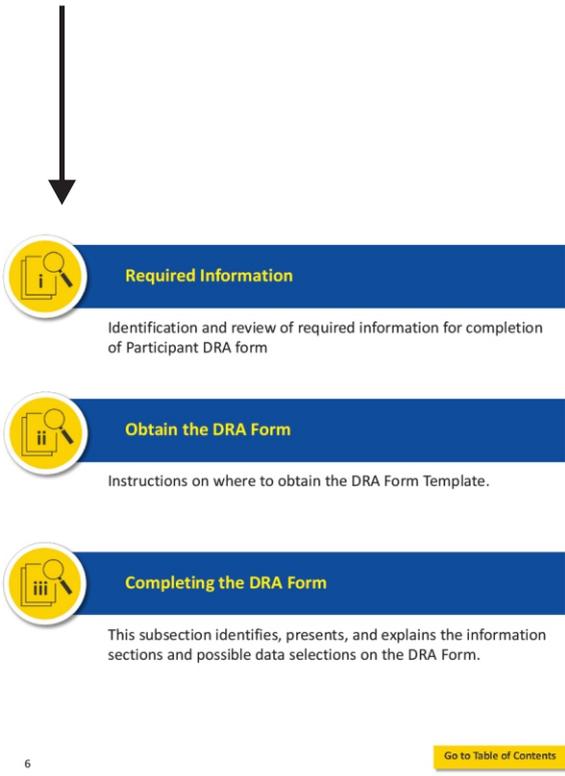
Section Overview Reference: This title helps you keep track of what section you are currently navigating.

Topic Navigation Buttons: Certain sections may include quick access buttons. The grey shading of the button will indicate which topic resource you are referencing.

Guide Navigation Buttons: Click here to navigate back to the Section Overview Page or back to the Table of Contents.

SECTION 2 - OVERVIEW

Completing the Data Request and Attestation (DRA) Form

Required Information
Identification and review of required information for completion of Participant DRA form

Obtain the DRA Form
Instructions on where to obtain the DRA Form Template.

Completing the DRA Form
This subsection identifies, presents, and explains the information sections and possible data selections on the DRA Form.

Click each of the topics on the right to jump directly to each sub section.

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Required Information

Prior to completing the DRA Form, please have the following organization information available:
• Organization Name (legal business name as it is on file)
• Organization CMS Certification Number (CCN), (if applicable)
• Organization Taxpayer Identification Number (TIN)/Employee Identification Number (EIN)
• Organization National Provider Identifier (NPI) (if applicable)
• Organization address (street address, city, state, and zip code)

In order to complete the DRA Form, the Participant must identify the population for which they wish to receive the data, the legal basis justifying the receipt of the data under the HIPAA Privacy Rule, and the specific data they wish to receive. Therefore, the Participant should have available:
• Data Requestor status (as defined in 45 C.F.R. § 160.103)
• Why the Data Requestor is requesting protected health information (PHI)
• Which data is being requested
   • Aggregated historical (baseline) claims data
   • Aggregated monthly claims data
   • Raw historical (baseline) claims data
   • Raw monthly claims data
   • Reconciliation data

7   Back to Section 2 - Overview   Go to Table of Contents

Section Overview Page: This page introduces the section and highlights the key topics. The User Guide includes four section overview pages listed in the table of contents.

Topic Resource Page: This page will provide you with applicable resources for the section topic. Pages may include additional links.

Table of Contents

NAVIGATING THE TABLE OF CONTENTS:
Click on the icons to access each Section Overview page.

Section 1: Overview of the DRA Form

Section 2: Completing the DRA Form
  i. Information Required to Complete the DRA Form
  ii. Obtain the DRA Form
  iii. Completing the DRA Form

Section 3: Submitting the DRA Form

Section 4: Additional Resources for Participants

Overview of the Data Request and Attestation (DRA) Form

Overview of the DRA Form

The Participant DRA Form is a legal document that Participants must submit in order to request to receive certain data during their participation in the BPCI Advanced Model.

The DRA submitted as part of the application had a temporary validity and must be replaced with a Participant DRA.

For additional information on data sharing, Participants should review Article 12 of the Participation Agreement.

The DRA Form template can be found in the Participant Portal under the Legal Documents section.

Overview of the DRA Form

What is the DRA Form?

As part of the BPCI Advanced Model, CMS offers Participants an opportunity to request certain data and reports, which are described in Article 12 of the BPCI Advanced Participation Agreement. Participants that choose to request this data must complete and submit a DRA Form, and Participants are required to keep their DRA Form updated if the assertions (i.e., data requests, Data Primary POCs) within the DRA Form become inaccurate over the course of their participation in the model.

Applicants submitted an Applicant DRA Form as part of the application. New Participants will be required to submit a Participant DRA Form prior to the start of Model Year 7 if they wish to receive data.

How can a Participant access the requested Data?

On the DRA, Participants are required to list at least two Data Primary POCs for their organization. The two Data POCs will have the ability to request access to the Data Portal, where data files will be uploaded by CMS. To ensure continued access, it is important for Participants to update the Data POCs on the DRA if any changes occur.

The Data Primary POCs would have received a communication from the Model Team with a link to the CMS Data Portal User Guide, which contains step-by-step instructions on how to access and use the portal, and the BPID assigned to each Application ID. The BPID will be required when registering for access to the BPCI Advanced Data Portal Application.

> **!** **The CMS Data Portal may be accessed at here.**

Completing the Data Request and Attestation (DRA) Form

Required Information

Identification and review of required information for completion of Participant DRA form

Obtain the DRA Form

Instructions on where to obtain the DRA Form Template.

Completing the DRA Form

This subsection identifies, presents, and explains the information sections and possible data selections on the DRA Form.

Click each of the topics on the right to jump directly to each sub section.

Prior to completing the DRA Form, please have the following organization information available:
- Organization Name (legal business name as it is on file)
- Organization CMS Certification Number (CCN), (if applicable)
- Organization Taxpayer Identification Number (TIN)/Employee Identification Number (EIN)
- Organization National Provider Identifier (NPI) (if applicable)
- Organization address (street address, city, state, and zip code)

In order to complete the DRA Form, the Participant must identify the population for which they wish to receive the data, the legal basis justifying the receipt of the data under the HIPAA Privacy Rule, and the specific data they wish to receive. Therefore, the Participant should have available:
- Data Requestor status (as defined in 45 C.F.R. § 160.103)
- Why the Data Requestor is requesting protected health information (PHI)
- Which data is being requested
  - Aggregated historical (baseline) claims data
  - Aggregated monthly claims data
  - Raw historical (baseline) claims data
  - Raw monthly claims data
  - Reconciliation data

Required Information

In addition to the information on the prior slide, the Participant should also have the following information available when completing the DRA Form.

Data Primary Point of Contacts #1 & #2
- Name
- Title
- Organization Name
- Phone number and extension (if applicable)
- Work email address

Data Requestor (Can be the same as one of the Data Primary POCs.)
- Name
- Title
- Phone number and extension
- Email address
- Signatory should be prepared to sign and date the document

> ⚠ **Note: It is highly advisable to list two individuals as Data Primary POCs.**

Obtaining the DRA Form

Log onto the Participant Portal. In the menu on the left side of the screen, select Legal Documents.

Get the Right File

Obtaining the DRA Form

The screen will display four tiles. Identify the Data Request & Attestation (DRA) tile. Select the Manage DRA button.

Obtaining the DRA Form

Identify the section labeled Template Name. Identify the file labeled BPCI_Advanced_Participant_DRA. On the same line as the file, there is a Download button. Select the Download button to download a copy of the DRA Form to your computer.

DRA Form instructions:

A Participant must identify both the capacity of the Data Requestor and the manner in which the data will be used. It is advisable that the Participant review the subsections of the HIPAA Privacy Policy referenced below in order to determine which of the three categories they fall under and make the appropriate selections by checking the associated boxes.

The Data Requestor is (select one):

☐ A HIPAA Covered Entity (CE), as defined in 45 C.F.R. § 160.103, and a BPCI Advanced Participant.

☐ A HIPAA Business Associate (BA), as defined in 45 C.F.R. § 160.103, and a BPCI Advanced Participant.

☐ Neither a HIPAA CE nor a BA of HIPAA CE.

The Data Requestor is seeking protected health information (PHI), as defined in 45 C.F.R. § 160.103, for (select one):

☐ Its own use

☐ On behalf of a HIPAA CE for which the Data Requestor is a BA

☐ Other (please attach detailed explanation)

DRA Form Data Categories:

A Participant must identify the data that they are requesting. There are five (5) designated categories for data associated with the BPCI Advanced Model and one category that allows the Participant to request additional information. The Participant must choose the data categories they wish to receive. The DRA Form lists the following categories:

1. **Aggregate Historical Claims Data:** Deidentified summary data shared with Participants that aligns with the three most recent years of the baseline period.
2. **Aggregate Monthly Claims Data:** Deidentified summary data shared with Participants on a monthly basis for BPCI Advanced Beneficiaries whose Clinical Episodes are potentially attributed to the Participant or the Participant's Downstream Episode Initiator(s).
3. **Raw Historical Claims Data:** Beneficiary line-level claims shared with Participants that aligns with the three most recent years of the baseline period.
4. **Raw Monthly Claims Data:** Beneficiary line-level claims shared with Participants on a monthly basis for BPCI Advanced Beneficiaries whose Clinical Episodes are potentially attributed to the Participant or the Participant's Downstream Episode Initiator(s).
5. **Reconciliation Data:** Beneficiary line-level claims shared with Participants on a semi-annual basis for BPCI Advanced Beneficiaries whose Clinical Episodes are attributed to the Participant or the Participant's Downstream Episode Initiator(s).
6. **Other:** Other data Participants request that requires a detailed description and legal justification. The "detailed description" that needs to be attached should be submitted as "Supporting Documentation" via the Participant Portal.

DRA Form Data Usage Categories:

CMS requires that the Participant notify CMS of how they intend to use the data that they are requesting. It is advisable that the Participant review the subsections of the HIPAA Privacy Policy referenced below in order to determine their intent to use the data and whether or not their usage meets the "minimum necessary" definition. For any usage outside the "healthcare operations" definition or any data above the "minimum necessary" definition, the Participant must provide a detailed explanation of the usage and/or the excess over the "minimum necessary". For use of the "Other" option, the "detailed description" should be submitted as Supporting Documentation via the Participant Portal.

The Data Requestor intends to use the data requested herein for the following purpose (select one):

☐ To perform "health care operations" that fall within the first and second paragraphs of the definition of that term under the HIPAA Privacy Rule (45 C.F.R. § 164.501)

☐ Other (please attach detailed explanation)

The data requested herein is (select one):

☐ The "minimum necessary" for (as defined in 45 C.F.R. § 164.502) to carry out the health care operations activities that fall within the first and second paragraphs of the definition of that term under the HIPAA Privacy Rule (45 C.F.R. § 164.501)

☐ Other (please attach detailed explanation)

Data Primary Points of Contact #1 and #2 Information:

The Participant is responsible for determining who will serve as the Data Primary Points of Contact (POCs) during their participation. It is extremely important, in order to access the data files (i.e., Target Price, Baseline Data, Reconciliation Data), that the Data Primary POCs are kept up to date. Additionally, it is advisable to identify both a Data Primary POC #1 and a Data Primary POC #2 for greater organizational flexibility.

Whenever there is a change in a Participant's personnel, it is the Participant's responsibility to update the Data Primary POC(s) for all BPIDs that are affected by the personnel change.

The email address listed for the POC should have an organizational domain (i.e., john.smith@abchospital.com). Email addresses utilizing domains that are not organizational (i.e., yopmail, gmail, hotmail, aol, yahoo, etc.) will not be approved to access the Data Portal for security reasons.

BPCI Advanced Data Point of Contact #1:

Name_____ Title _____

Organization Name_____

Phone Number_____ Extension_____

Work Email Address_____

DRA Form Signature of the Data Requestor:

All of the data fields must be filled out completely and accurately. The email address listed for the Data Requestor should have an organizational domain (i.e., john.smith@abchospital.com). The individual signing this document must be an authorized representative for the Participant. The signature may be either a physical signature or a digital/electronic signature.

The Authorized Representative of the Data Requestor attests that it is qualified to make the assertions contained herein and that the assertions contained herein are true and accurate with respect to this request.

This Data Request and Attestation Form supersedes any and all prior attestations made by the BPCI Advanced Participant to CMS at any time during its participation in the Model.

Signature of the Authorized Representative of the Data Requestor: _____

Print or Type Name _____

Title _____

Phone Number_____

Email Address_____

Date_____

Submitting the Data Request and Attestation (DRA) Form

Submitting the DRA Form

This subsection demonstrates how to submit your DRA via the BPCI Advanced Participant Portal > Legal Documents > Data Request and Attestation (DRA) section.

In order to submit the DRA Form, please follow the instructions as noted on this and the following seven slides.

Log onto the Participant Portal. In the blue menu on the left side of the screen, select Legal Documents.

The screen will display four tiles. Identify the Data Request & Attestation (DRA) tile. Select the Manage DRA button.

Submitting the DRA Form

Identify the section labeled BPCI_Advanced_Participant_DRA. On the right side of the screen, there is an Upload DRA button. Select the Upload DRA button to upload a copy of the DRA Form from your computer.

Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

Home	**Data Request & Attestation (DRA)**
Profile	
Deliverables	
Announcements	
Legal Documents	
Monitoring & Compliance	
Document Library	

Template Name	Action
BPCI_Advanced_Participant_DRA	Download

─ BPCI_Advanced_Participant_DRA

Version	File Name	Uploaded On	Uploaded By	Action
No documents to display.				

Upload DRA

Supporting Documents

Select the Choose File Button.

Submitting the DRA Form

Select the DRA Form file (PDF) that you want to upload to the Participant Portal. Once you have selected the file, select the Open button.
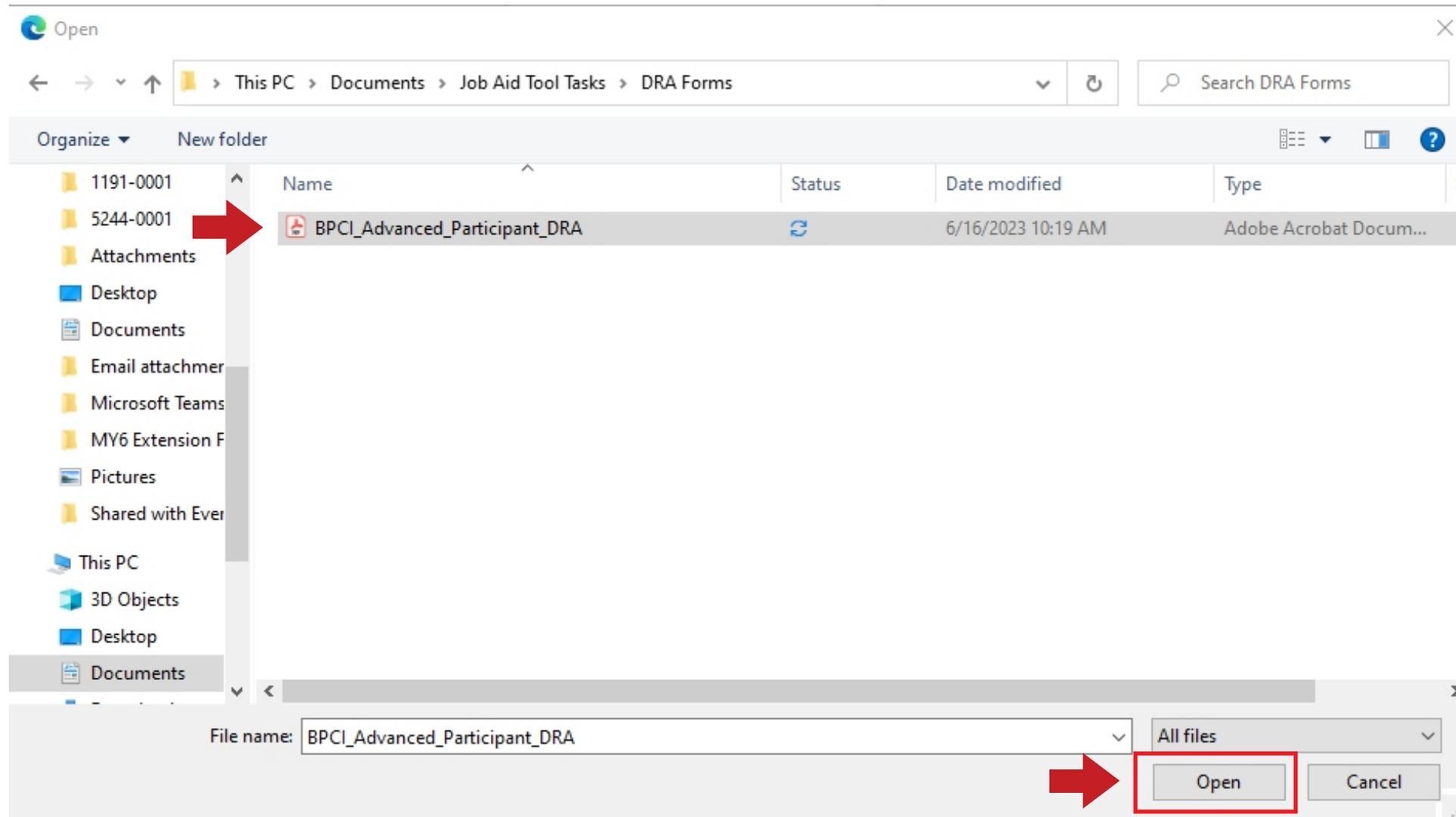
Submitting the DRA Form

Select the Upload File button to upload the DRA Form to the Participant Portal.

Upload Document   ✕
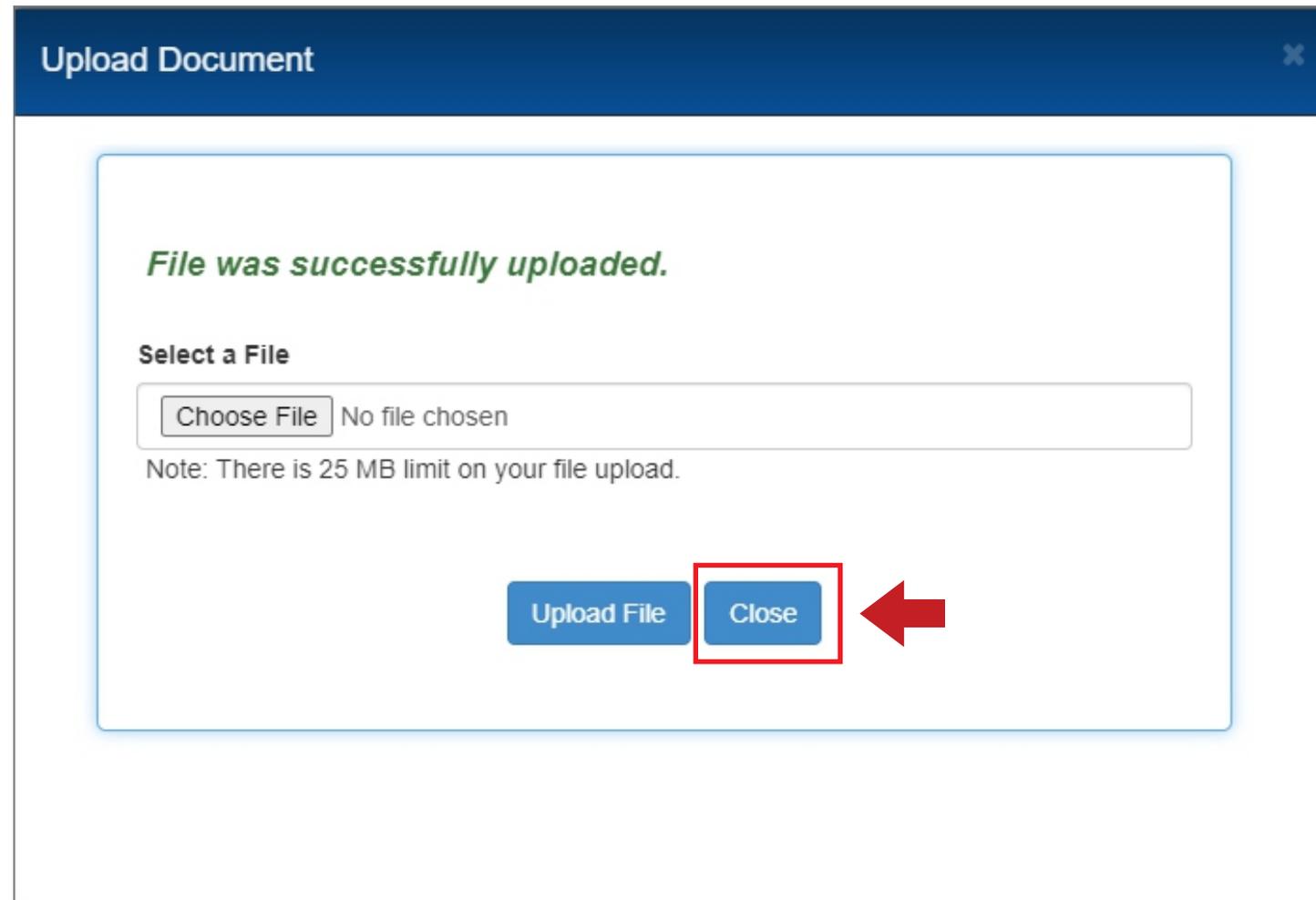
Select a File

| Choose File | BPCI_Advanced_Participant_DRA.pdf |

Note: There is 25 MB limit on your file upload.

➡ **Upload File** **Close**

Select the Close button to exit the Upload Document pop-up window.

Submitting the DRA Form

Verify that your upload is complete. The DRA Form should be listed on the version list. Your DRA Form has now been uploaded.

Bundled Payments for Care Improvement Advanced — BPID: 0000-0001

Data Request & Attestation (DRA)

Template Name	Action
BPCI_Advanced_Participant_DRA	Download

— BPCI_Advanced_Participant_DRA — Status: Submitted

Version	File Name	Uploaded On	Uploaded By	Action
1	0000-0001_BPCI_Advanced_Participant_DRA	06/16/2023 10:22 AM ET	Bryant Hall	Download

Upload DRA

Supporting Documents

Navigation menu: Home, Profile, Deliverables, Announcements, Legal Documents, Monitoring & Compliance, Document Library

Additional Resources for Participants

Model Deliverables

QPP User Guide MY7

❖ QPP template MY7

CRP User Guide MY7

❖ CRP template MY7

FAL User Guide MY7

❖ FAL template MY7

PP User Guide MY7

DRA Form User Guide MY7

❖ DRA template MY7

Model Deliverable Certification Form template

Model Overview Fact Sheet-Model Year 6 (PDF)

Need Help?
If you need technical assistance for the Participant Portal, contact the Salesforce Help Desk at:
CMMIForceSupport@cms.hhs.gov
or call 1-888-734-6433, option 5.

If you have questions about the Model or Deliverables, contact the Model Help Desk at:
BPCIAdvanced@cms.hhs.gov

More resources available in the BPCI Advanced webpages

Main Page | Applicant Resources | Participant Resources | Quality Measures

Additional Resources

Overview of portals that BPCI Advanced Participants must navigate.

Portals	Portal Use

BPCI Advanced Participant Portal
 	
https://app.innovation.cms.gov/bpciadv
 	
❖ Participant Portal User Guide - 2023
❖ BPCI Advanced Participant Portal User Manual (Salesforce)
	• Online platform used by BPCI Advanced Participants to:
	  o Access organizational data
	  o Add/Delete Participant POCs
	  o Download templates and submit deliverables
	  o Access Participation Agreement, Amendments and DRA
	  o Verify Clinical Episode selection
	  o Document Library: Model communications and reference materials

CMS Enterprise/Data Portal
 	
https://portal.cms.gov/
 	
❖ Data Portal User Guide
	• Online platform used by CMS to deliver:
	  o Preliminary and updated Target Prices
	  o Baseline claims data
	  o Monthly claims data
	  o Reconciliation Reports
	  o Quality Measure data
	
	• ***The Data Portal is hosted within the CMS Enterprise Portal and IC-Innovation Center Application.***