BPCI Advanced Financial Arrangement List (FAL) User Guide

September 2023

The purpose of this User Guide is to:

- **Provide an overview of the FAL process**
- **Provide direction on how to complete the FAL**
- **Describe the submission process for the FAL**

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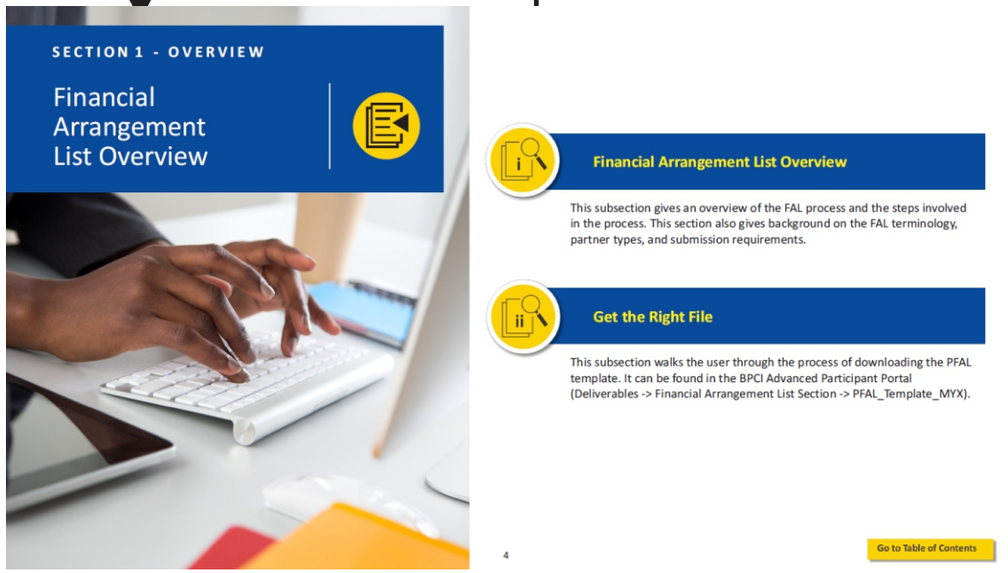
How to Use this User Guide

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

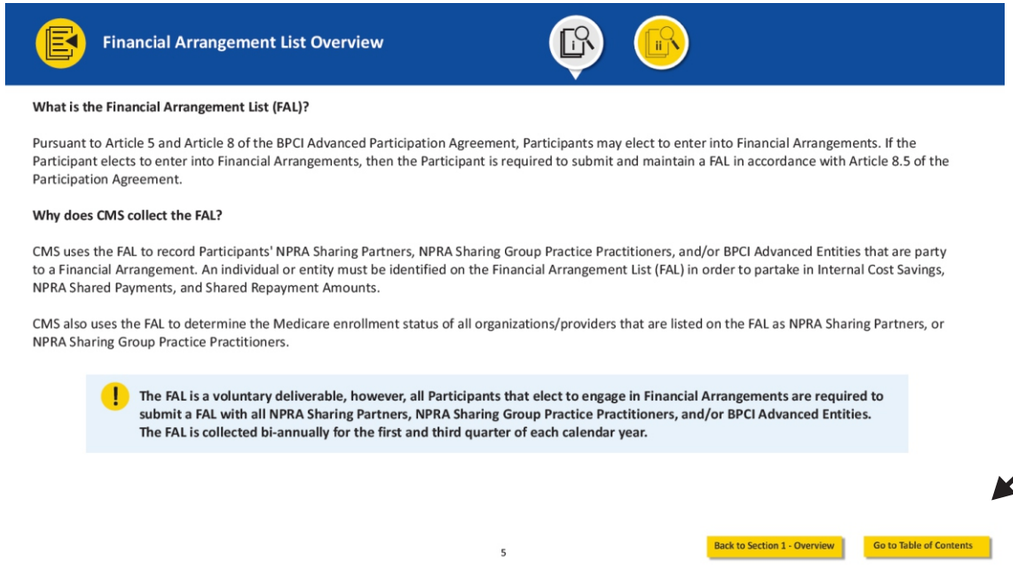
Section Content: Section Overview pages may have direct links to topics.

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.



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.



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

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

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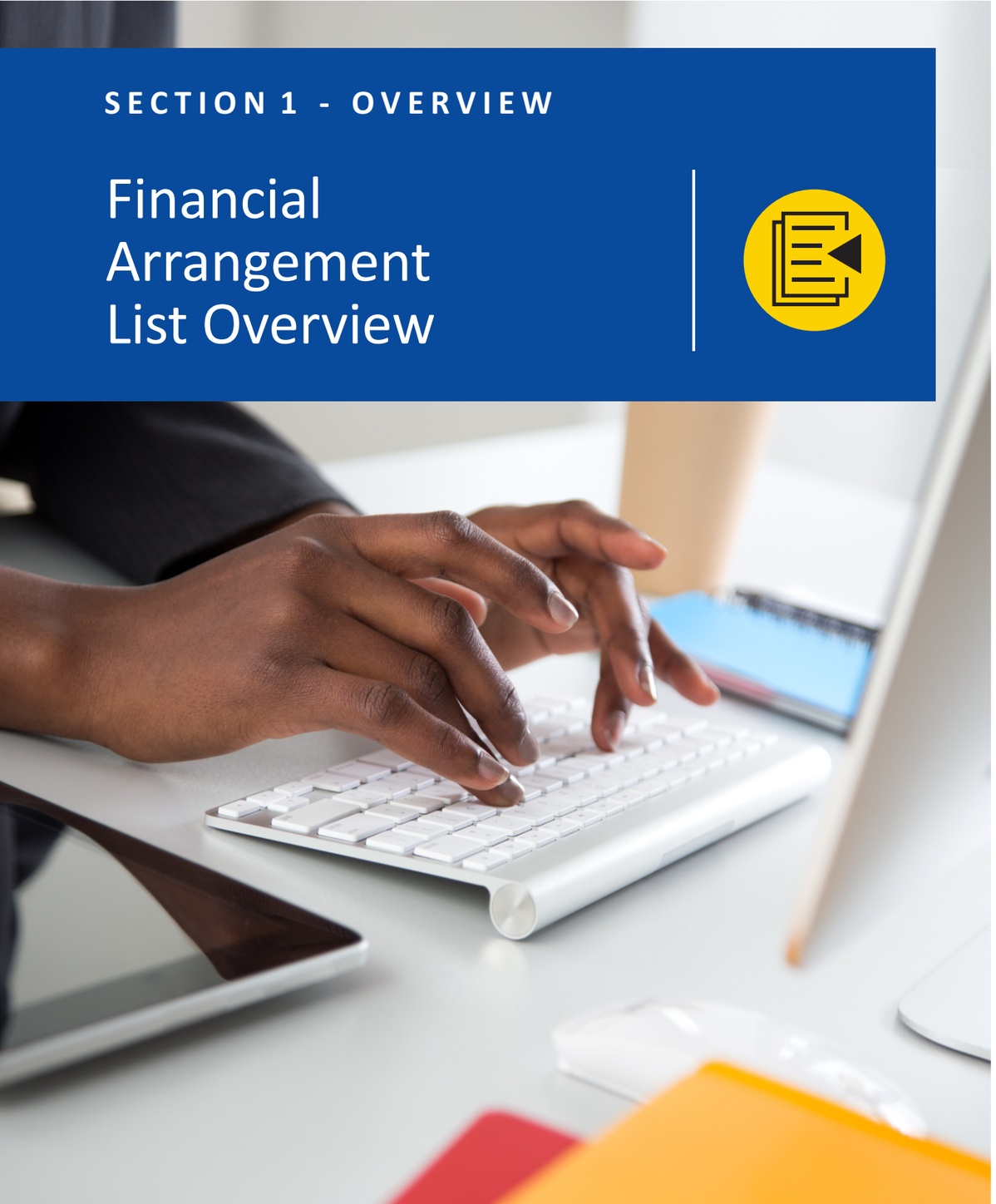
SECTION 1 - OVERVIEW

Financial Arrangement List Overview



Financial Arrangement List Overview

This subsection gives an overview of the FAL process and the steps involved in the process. This section also gives background on the FAL terminology, partner types, and submission requirements.

Get the Right File

This subsection walks the user through the process of downloading the PFAL template. It can be found in the BPCI Advanced Participant Portal (Deliverables -> Financial Arrangement List Section -> PFAL_Template_MYX).

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Financial Arrangement List Overview

What is the Financial Arrangement List (FAL)?

Pursuant to Article 5 and Article 8 of the BPCI Advanced Participation Agreement, Participants may elect to enter into Financial Arrangements. If the Participant elects to enter into Financial Arrangements, then the Participant is required to submit and maintain a FAL in accordance with Article 8.5 of the Participation Agreement.

Why does CMS collect the FAL?

CMS uses the FAL to record Participants' NPRA Sharing Partners, NPRA Sharing Group Practice Practitioners, and/or BPCI Advanced Entities that are party to a Financial Arrangement. An individual or entity must be identified on the Financial Arrangement List (FAL) in order to partake in Internal Cost Savings, NPRA Shared Payments, and Shared Repayment Amounts.

CMS also uses the FAL to determine the Medicare enrollment status of all organizations/providers that are listed on the FAL as NPRA Sharing Partners, or NPRA Sharing Group Practice Practitioners.

The FAL is a voluntary deliverable, however, all Participants that elect to engage in Financial Arrangements are required to submit a FAL with all NPRA Sharing Partners, NPRA Sharing Group Practice Practitioners, and/or BPCI Advanced Entities. The FAL is collected bi-annually for the first and third quarter of each calendar year.

Financial Arrangement List Overview

The Financial Arrangement "Partner" Types

"NPRA Sharing Partner" is a Participating Practitioner, a PGP, an ACH, an ACO, or a PAC Provider that is:
(1) participating in BPCI Advanced Activities;
(2) identified as an NPRA Sharing Partner on the Financial Arrangement List; and
(3) has entered into a written NPRA Sharing Arrangement.

"NPRA Sharing Group Practice Practitioner" is a Medicare-enrolled physician or non-physician practitioner who is:
(1) identified by an individual NPI;
(2) has reassigned his or her right to receive Medicare payment to the TIN of a PGP NPRA Sharing Partner;
(3) is participating in BPCI Advanced Activities;
(4) is identified as an NPRA Sharing Group Practice Practitioner on the Financial Arrangement List; and
(5) has entered into a Partner Distribution Arrangement.

"BPCI Advanced Entity" is an entity that administers the Participant's Financial Arrangements pursuant to a BPCI Advanced Entity Agreement

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Financial Arrangement List Overview

FAL and QPP List Intersection

BPCI Advanced QPP List:
The quarterly submission of a BPCI Advanced QPP List is a participation requirement per Article 3.1, and Article 6 of the BPCI Advanced Participation Agreement. The BPCI Advanced QPP List serves 2 purposes:

1. Identification of Participating Practitioners implementing the Model, and
2. Identification of eligible clinicians associated with an Alternative Payment Model (APM) Entity that will be included in the quarterly report to the CMS Quality Payment Program for Qualifying APM Participant (QP) determinations.

Financial Arrangement Eligibility Requirements (Article 8.2):
The NPRA Sharing Partner or NPRA Sharing Group Practice Practitioner, as applicable, must:

1. be identified on the Financial Arrangement List during the applicable Performance Period;
2. be engaged in BPCI Advanced Activities during the applicable Performance Period;

If a clinician is “engaged in BPCI Advanced Activities”, then they are considered a “Participating Practitioner” implementing the Model and the individual must be listed in the BPCI Advanced QPP List for the period covered by the FAL.

Any individual listed in the FAL must appear in the QPP List, but not every individual listed in the QPP List needs to be listed in the FAL. There is no obligation for Participants in the Model to share savings with clinicians and/or other organizations. But if they do, then Participants must comply with the requirements of the Participation Agreement and the Fraud and Abuse Waivers.

Financial Arrangement List Overview

FAL Process Overview

Proposed Financial Arrangement List (PFAL)

The PFAL is the first iteration of the FAL. Participants that elect to enter Financial Arrangements must submit a PFAL that lists each NPRA Sharing Partner, NPRA Sharing Group Practice Practitioner, and/or BPCI Advanced Entity that Participant expects to have Financial Arrangements with for the given period. Along with the PFAL, the Participant must submit a Model Deliverable Certification Form stating that such list is a true, accurate, and complete list, signed by an executive of the Participant.

PFAL Vetting

CMS will conduct a Center for Program Integrity (CPI) screening of all organizations and individuals listed on the PFAL to determine the Medicare enrollment status of all NPRA Sharing Partners and NPRA Sharing Group Practice Practitioners. Non-Medicare providers are screened manually by CMS for any sanctions, settlements, and justifications.

FAiL Report

CMS will only distribute FAiL Reports to Participants who listed an organization or individual in the PFAL that failed the CPI screening. Participants will have the opportunity to review the FAiL report and provide corrections for organizations/individuals that failed the CPI screening.

Tentative Financial Arrangement List (TFAL)

CMS will submit to the Participant in writing a list of individuals and entities that CMS has approved to be NPRA Sharing Partners, NPRA Sharing Group Practice Practitioners, and BPCI Advanced Entities on a TFAL.

The Participant shall review the TFAL and must remove from it any NPRA Sharing Partner with which the Participant does not have a fully executed NPRA Sharing Arrangement, any NPRA Sharing Group Practice Practitioner that does not have a fully executed Partner Distribution Arrangement, and any BPCI Advanced Entity that does not have a fully executed BPCI Advanced Entity Agreement.

The Participant will not be able to add any individuals or entities to their FAL after the submission of the PFAL for the given quarter.

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Financial Arrangement List Overview

FAL Process Overview

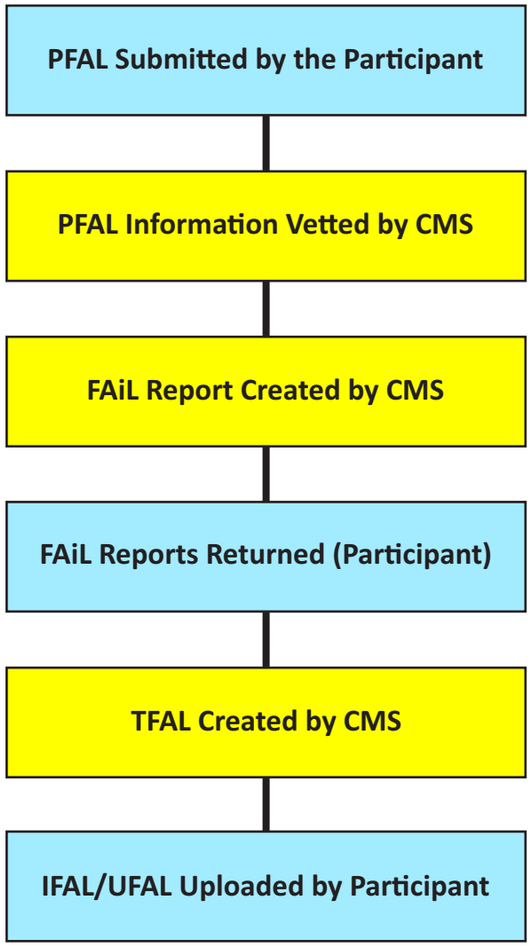
Initial Financial Arrangement List/Updated Financial Arrangement List (IFAL/UFAL)

The Participant shall submit to CMS the TFAL that the Participant has certified is a true, accurate, and complete list, identifying all the Participant's NPRA Sharing Partners, NPRA Sharing Group Practice Practitioners, and BPCI Advanced Entities who are approved by CMS to participate in BPCI Advanced and that have a fully executed NPRA Sharing Arrangement, Partner Distribution Arrangement, or BPCI Advanced Entity Agreement.

After the Participant submits the TFAL document back to CMS via the Participant Portal, it will automatically become the IFAL/UFAL. The IFAL is the first iteration of a final FAL, and any subsequent final FALs will be UFALs. A Model Deliverable Certification Form should also be submitted in the supporting documentation section of the IFAL/UFAL. This Financial Arrangement List (IFAL/UFAL) will reflect the current list of NPRA Sharing Partners, NPRA Sharing Group Practice Practitioners, and BPCI Advanced Entities effective as of the start of a given semi-annual period.

Financial Arrangement List Overview

The Financial Arrangement List process is a multi-step process, which involves the submission of multiple iterations of the FAL throughout the given reporting period.



1. The PFAL is due when specified by CMS.
- 30 days before the start of the quarter (i.e., Q3 202X) or Two weeks prior to the start of the Model Year.
- It must be accompanied by a Model Deliverable Certification Form.

2. The PFAL information is vetted by CMS.
- This process takes 3 - 4 weeks. The organizations and individuals submitted in the PFAL are compared to the information in PECOS.

3. The FAiL Report is created and released.
- The Participants have 10 business days to review and submit corrections.

4. The TFALs are created based on the information submitted in the PFAL and any corrections to the FAiL.
- The TFALs are uploaded to the Participant Portal.

5. The Participants review & accept the TFAL.
- The Participants have 10 business days to review the TFAL.
- Participants should remove from it any organizations, individuals, or entities that they do not have a Financial Arrangement with, and upload the final FAL.
- Upon upload, it will automatically become the IFAL/UFAL.

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Get the Right File

Obtaining the Template

The PFAL template should be downloaded from the Participant Portal. First log on to the Participant Portal, then select Deliverables from the menu on the left side of the screen.

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Get the Right File

Obtaining the Template

Once in the Deliverables section, locate the tile labeled Financial Arrangement List (FAL). Select Manage FAL button.

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Get the Right File

Obtaining the Template

Under the 2024 Q1 section, the PFAL Template will be available to download. Select the Download button on the right side of the screen, on the same line as the file.

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SECTION 2 - OVERVIEW

Completing the Financial Arrangement List

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

Review Instructions and Populate the PFAL

Once you have downloaded the template, please review the Instructions tabs in the PFAL template and populate all required fields in the appropriate tabs (i.e., Organizations, Individuals, BPCI Advanced Entity).

Review Instructions and Revise the FAiL Report

After the information from your submitted PFAL has been reviewed, any errors will be identified and placed in a FAiL Report. A FAiL Report will be uploaded in the Participant Portal for all BPIDs that listed an organization or individual that failed CPI vetting. Each organization/individual will have a status of either Pass, Pass with Corrections, or Fail. If the status is Pass with Corrections, please review the correction(s) and make sure that the information is accurate. If the status is FAiL, please make corrections in the appropriate area and provide any applicable supporting documents (i.e., documents the support the information in question).

Review Instructions and Certify the TFAL

After the FAiL Report revisions have been received, Participants will receive a TFAL containing individuals and entities that CMS has approved to be NPRA Sharing Partners, NPRA Sharing Group Practice Practitioners, or BPCI Advanced Entitles. Participants shall review the TFAL and must remove any organizations or individuals that the Participant does not have an executed Sharing Agreement with. Participants shall submit to CMS the FAL and a Certification Form. Once the TFAL has been submitted, the TFAL automatically becomes the IFAL/UFAL, which is the final iteration of the FAL.

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Review Instructions and Populate the PFAL

PFAL Instructions Tab

The PFAL instructions tab is broken into four sections: Overview, instructions for the Organizations worksheet, instructions for the Individuals worksheet, and instructions for the BPCI Advanced Entities worksheet. It is recommended that the instructions tab be read in its entirety before filling out the template.

Overview: The overview section depicts overarching themes relevant to the PFAL. Definitions of entities eligible for financial arrangements i.e., NPRA Sharing Partner (SP), NPRA Sharing Group Practice Practitioner (SGPP), and BPCI Advanced Entity are provided in accordance with the worksheet they must be listed on.

Organizations Worksheet Instructions: The "Organizations" worksheet should only be used to list Medicare providers: Acute Care Hospitals (ACHs), Accountable Care Organizations (ACOs),Home Health Agencies (HHAs), Inpatient Rehabilitation Facilities (IRFs), Long Term Care Hospitals (LTCHs), Physician Group Practices (PGPs), and/or Skilled Nursing Facilities (SNFs). The instructions provide an explanation of each column, the information required in that column, and key tips for entering the information accurately.

Individuals Worksheet Instructions: The "Individuals" worksheet should be used to list physicians and/or non-physician providers. The instructions provide an explanation of each column, the information required in that column, and key tips for entering the information accurately.

BPCI Advanced Entity Instructions: The BPCI Advanced Entity worksheet should only be used to list organizations that fall under the definition of BPCI Advanced Entity in the Participation Agreement. The instructions provide an explanation of each column, the information required in that column, and key tips for entering the information accurately.

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Review Instructions and Populate the PFAL

PFAL Organizations Tab

The Organizations tab is comprised of 11 columns to be populated by the Participant. The Organizations tab is to be used to record all ACHs, ACOs, HHAs, IRFs, LTCHs, PGPs, and/or SNFs that the Participant may elect to have financial arrangements with.

	A	B	C	D	E	F	G	H	I	J	K
1	BPCI Advanced Financial Arrangement List (FAL): Organizations Worksheet										
2	NOTE: Please refer to the "FAL Instructions" tab for directions about how to complete this template. All fields are required unless otherwise noted. No Participants should be listed in the FAL.										
3	No Participants should be listed in the FAL.										
4	Participant BPID	TIN	Organizational NPI	CCN	ACO ID	Legal Business Name	Organization Type	Effective Start Date	Effective End Date	Adding New Organizations	Removing Organizations
5	*8 digit number (XXXX-XXXX)*	*9 digit number without dashes*	*Required field, unless ACO (10 digit number without dashes)*	*Required field, except if PGP or ACO (6 digit number without dashes)*	*Required field, if ACO*	*Must match name as listed in PECOS and (if an Episode Initiator) in the Participant Portal.*	*Select from drop-down menu (ACH, ACO, HHA, IRF, LTCH, PGP, or SNF).*	*Date begins as NPRA Sharing Partner (MM/DD/YYYY)*	*Date ceases as NPRA Sharing Partner (MM/DD/YYYY)*	*Identify all new organizations that are being added to the FAL*	*Identify all organizations that have been removed from the FAL*
6	1234-0000	123456789	1234567890	123456		ABC Hosptial, Inc	ACH	12/31/2023	12/31/2025		
7											

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Review Instructions and Populate the PFAL

PFAL Organizations Tab Instructions

Participant BPID (column A) – Enter the BPCI Advanced BPID of the Participant that is sharing NPRA with the listed organization (XXXX-YYYY or AXXX-YYYY, where YYYY is either 0000 or 0001). Do not enter a Downstream Episode Initiator BPID (the last digit will be 2 or higher).

TIN (column B) – Enter the Federal Tax Identification Number (TIN) for each organization that is an NPRA Sharing Partner. The TIN should be entered as nine digits (without dashes). Please verify the TIN against available IRS documentation, and double check to make sure that there are no digits missing (specifically leading zeros) or transposed.

Organizational NPI (column C) – Enter the National Provider Identifier (NPI) for the listed organization. The NPI should have 10 digits and usually starts with either a 1 or a 2. Please ensure that the Organizational NPI matches the information in PECOS and in the Participant Portal. Please review the NPI to ensure that it has 10 digits, no dashes, and verify that no digits have been transposed.

CCN (column D) – Enter the CMS Certification Number for the listed Organization. The CCN is a six-digit number that is assigned to Medicare institutional providers. Please verify the CCN to ensure that it matches the information in PECOS. Please double check the CCN against available documentation. Ensure that the CCN has six digits, no dashes, and verify that numbers have not been transposed. If the organization does not have a CCN, leave this field blank.

ACO ID (column E) - Enter the ACO Identifier (assigned by Medicare to ACOs) for the listed organization, if the organization is an ACO. If the organization does not have an ACO ID, leave this field blank.

Legal Business Name (column F) – Enter the legal business name for each organization that is an NPRA Sharing Partner. Please double check the legal business name against PECOS, and if the organization is an Episode Initiator, the Participant Portal. Please do not use the "Doing Business As (DBA)" name in this field. Except for legal designations (i.e., Inc., LLC, PLLC), please do not use abbreviations.

Review Instructions and Populate the PFAL

PFAL Organizations Tab Instructions

Organization Type (column G) – Select the Organization Type from the drop-down menu (The Organization must be an ACH, ACO, HHA, IRF, LTCH, PGP, or SNF). If the organization is not a Medicare provider, it should not be listed in the Organizations sheet.

Effective Start Date (column H) – Enter the effective date (start day) the organization became or will become an NPRA Sharing Partner. The date must be in the format MM/DD.YYYY. The date must be between 10/01/2018 and the end of the current quarter.

Effective End Date (column I) – Enter effective date (last day) the organization will cease being an NPRA Sharing Partner. The date must be in the format MM/DD/YYYY. The end date must be after 10/01/2018. If the financial arrangement is ongoing (not terminating), the effective end date should be left blank.

Adding New Organization (column J) – Identify any new organization that will begin as an NPRA Sharing Partner for the reporting quarter. If the organization was listed on a previous FAL, then leave this field blank. If the organization is being added to the FAL, then identify the organization with a “yes” in this column.

Removing Organizations (column K) – Identify any organizations that will cease being an NPRA Sharing Partner for the reporting quarter or previous one. If the organization is still an NPRA Sharing Partner on a previous FAL, then leave this column blank. If the organization is being removed from the FAL, then identify the organization with a “Yes” in this column.

Review Instructions and Populate the PFAL

PFAL Individuals Tab

The “Individuals” tab is comprised of 10 columns to be populated by the Participant. The “Individuals” tab should be used to list all physicians and/or non-physician providers that have elected to enter into a financial arrangement with the Participant.

	A	B	C	D	E	F	G	H	I	J
1	BPCI Advanced Financial Arrangement List: Individuals Worksheet									
2	NOTE: Please refer to the "FAL Instructions" tab for directions about how to complete this template. All fields are required unless otherwise noted.									
3	No Participants should be listed in the FAL.									
4	**Participant BPID**	**Individual NPI**	**LAST NAME**	**FIRST NAME**	**Effective Start Date**	**Effective End Date**	**Type of Partner**	**NPRA Sharing Partner's TIN (Complete if you selected "SGPP" in column G.)**	**Adding New Individuals**	**Removing Individuals**
5	*8 digit number (XXXX-XXXX)*	*10 digit number without dashes*	*Must match name as listed in PECOS. Do not include professional titles or certifications.*	*Must match name as listed in PECOS. Do not include professional titles or certifications.*	*Date begins as NPRA SP or SGPP. (MM/DD/YYYY)*	*Date ceases as NPRA SP or SGPP. (MM/DD/YYYY)*	*Select from drop-down menu: NPRA Sharing Partner (SP) or NPRA Sharing Group Practice Practitioner (SGPP).*	*List the TIN of the PGP that will be sharing NPRA with the Individual. (If the payments will be made directly by the Participant, then leave blank).*	*Identify all new individuals that are being added to the FAL*	*Identify all individuals that have been removed from the FAL*
6	1234-0000	1234567890	Doe	John	12/31/2023	12/31/2025	NPRA Sharing Group Practice Practitioner (SGPP)	123456789		

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Review Instructions and Populate the PFAL

PFAL Individuals Tab Instructions

Participant BPID (column A) – Enter the BPCI Advanced BPID of the Participant that is sharing NPRA with the listed organization (XXXX-YYYY or AXXX-YYYY, where YYYY is either 0000 or 0001). Do not enter a Downstream Episode Initiator BPID (the last digit will be 2 or higher).

Individual NPI (column B) – Enter the National Provider Identifier (NPI) for the Individual that is an NPRA Sharing Partner (SP) or an NPRA Sharing Group Practice Practitioner (SGPP). Ensure that the individual NPI matches the information in PECOS. Do not list an organization's NPI. The NPI must be that of the individual provider. Please double check the individual NPI against available documentation. Please review the NPI to ensure that it has 10 digits, no dashes, and verify that no digits have been transposed.

Last Name (column C) – Enter the last name for the Individual that is an NPRA Sharing Partner (SP) or an NPRA Sharing Group Practice Practitioner (SGPP). Please double check the spelling of the individual's last name. The last name must match the last name found in PECOS. Do not add any professional titles or certifications (i.e., MD, DO, PA, PhD) to the last name field.

First Name (column D) – Enter the first name of the Individual that is an NPRA Sharing Partner (SP) or an NPRA Sharing Group Practice Practitioner (SGPP). Please double check the spelling of the individual's first name. The first name must match the first name found in PECOS. Please do not use abbreviated first names, nick names, or alias first names. Please do not add middle initials. Do not add any professional titles or certifications (i.e., MD, DO, PA, PhD) to the last name field.

Effective Start Date (column E) – Enter the effective start date (first day) in which the Individual will start as an NPRA Sharing Partner (SP) or as NPRA Sharing Group Practice Practitioner (SGPP). The start date must be between 10/01/2018 and the end of the current quarter. Enter the date in the MM/DD/YYYY format.

Effective End Date (column F) – List the effective end date (last day) in which the Individual will cease participating as an NPRA Sharing Partner (SP) or as NPRA Sharing Group Practice Practitioner (SGPP). The end date must be after 10/01/2018. Enter the date in the MM/DD/YYYY format. If the financial arrangement is ongoing (not terminating), the effective end date should be left blank.

Review Instructions and Populate the PFAL

PFAL Individuals Tab Instructions

NPRA Sharing Partner Type (column G) – From the drop-down menu, select the correct designation for the Individual - NPRA Sharing Partner (SP) or NPRA Sharing Group Practice Practitioner (SGPP). Before making your selection, please review the following definitions.

- **NPRA Sharing Partner (SP)** - a Participating Practitioner, a PGP, an ACH, an ACO, or a PAC Provider that is: (1) participating in BPCI Advanced Activities; (2) identified as an NPRA Sharing Partner on the Financial Arrangement List; and (3) has entered into a written NPRA Sharing Arrangement.

- **NPRA Sharing Group Practice Practitioner (SGPP)** - a Medicare-enrolled physician or non-physician practitioner who is: (1) identified by an individual NPI; (2) has reassigned his or her right to receive Medicare payment to the TIN of a PGP NPRA Sharing Partner; (3) is participating in BPCI Advanced Activities; (4) is identified as an NPRA Sharing Group Practice Practitioner on the Financial Arrangement List; and (5) has entered into a Partner Distribution Arrangement.

If "NPRA Sharing Group Practice Practitioner (SGPP)" is selected, then a PGP TIN must be entered in column H. That PGP (which is an "NPRA Sharing Partner [SP]") must be listed in the Organizations worksheet.

NPRA Sharing Partner's Tax Identification Number (TIN) (column H) – For those Individuals who were identified as "NPRA Sharing Group Practice Practitioners (SGPPs)" in column F, you must list the TIN of the PGP that will be making payments to the individual. If the payments will be made directly by the Participant/BPCI Advanced Entity to the Individual (which makes them a "NPRA Sharing Partner" (SP), then leave blank. If payments will be made by the Participant/BPCI Advanced Entity to the PGP, and then the PGP to the Individual (which makes them a "NPRA Sharing Group Practitioner (SGPP)," then: 1) Enter the PGP TIN, a nine-digit number assigned to a business entity, 2) Double-check the TIN against available documentation, 3) Ensure the TIN has nine digits, no dashes, and verify that numbers have not been transposed, and 4) If the TIN begins with a zero, double check that no leading digits were removed from the TIN upon entering the data into the data cell.

Review Instructions and Populate the PFAL

PFAL Individuals Tab Instructions

Adding New Individuals (column I) – Identify any new individuals that will begin as an NPRA Sharing Partner. If the individual was listed on a previous FAL, then leave this field blank. If the individual is being added to the FAL, then identify the organization with a “yes” in this column.

Removing Individuals (column J) – Identify any individuals that will cease being an NPRA Sharing Partner. If the individual is still an NPRA Sharing Partner on a previous FAL, then leave this column blank. If the organization is being removed from the FAL, then identify the organization with a “Yes” in this column.

Review Instructions and Populate the PFAL

PFAL BPCI Advanced Entity Tab

The BPCI Advanced Entity tab is comprised of 7 columns to be filled out by the Participant. The BPCI Advanced Entity tab should only be used to list organizations that fall under the BPCI Advanced Entity category as defined in the Participation Agreement.

"BPCI Advanced Entity" means an entity other than the Participant that administers the Participant's Financial Arrangements pursuant to a BPCI Advanced Entity Agreement. The entity cannot be a Medicare provider or supplier.

	A	B	C	D	E	F	G
1	BPCI Advanced Financial Arrangement List (FAL): BPCI Advanced Entities Worksheet						
2	NOTE: Please refer to the "FAL Instructions" tab for directions about how to complete this template. No Participants should be listed in the FAL.						
3	Per Article 8 of the Participation Agreement a BPCI Advanced Entity cannot be a Medicare provider or the BPCI Advanced Participant.						
4	**Participant BPID**	**TIN**	**Legal Business Name**	**Effective Start Date**	**Effective End Date**	**Adding New Entity**	**Removing Entity**
5	*8 digit number (XXXX-XXXX)*	*9 digit number without dashes*	*Double-check name against available documentation.*	*Date begins as BPCI Advanced Entity (MM/DD/YYYY)*	*Date ceases as BPCI Advanced Entity (MM/DD/YYYY)*	*Identify all new entities that are being added to the FAL*	*Identify all entities that have been removed from the FAL*
6	1234-0000	123456789	Test BPCI Advanced Entity, inc.	12/31/2023	12/31/2025		

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Review Instructions and Populate the PFAL

PFAL BPCI Entity Tab Instructions

Participant BPID (column A) – The BPCI Advanced BPID of the Non-Convener Participant or Convener Participant (XXXX-YYYY or AXXX-YYYY, where YYYY is either 0000 or 0001). Do not enter a Downstream Episode Initiator BPID (the last digit will be 2 or higher).

TIN (column B) – The Federal Tax Identification Number (TIN) for each Organization that is a BPCI Advanced Entity. Enter the BPCI Entity TIN, a nine-digit number assigned to a business entity and 1) double-check the TIN against available documentation, 2) ensure the TIN has nine digits, no dashes, and verify that numbers have not been transposed, and 3) if the TIN begins with a zero, double check that no leading digits were removed from the TIN upon entering the data into the data cell.

Legal Business Name (column C) – Enter the legal business name for each organization that is a BPCI Advanced Entity. Please double check the legal business name against available documentation. Please do not use the "Doing Business As (DBA)" name in this field. Except for legal designations (i.e., Inc., LLC, PLLC), please do not use abbreviations.

Effective Start Date (column D) – Enter the effective start date (first day) in which the organization will start as a BPCI Advanced Entity. The date must be between 10/01/2018 and the end of the Current quarter. Enter the date in the MM/DD/YYYY format.

Effective End Date (column E) – Enter effective date (last day) the organization will cease being a BPCI Advanced Entity. The date must be in the format MM/DD/YYYY. The date must be after 10/01/2018. If the financial arrangement is ongoing (not terminating), the effective end date should be left blank.

Adding New Organization (column F) – Identify any new BPCI Advanced Entities that will begin as an NPRA Sharing Partner. If the BPCI Advanced Entity was listed on a previous FAL, then leave this field blank. If the organization is being added to the FAL, then identify the BPCI Advanced Entity with a "Yes" in this column.

Removing Organizations (column G) – Identify any BPCI Advanced Entities that will cease being an NPRA Sharing Partner. If the BPCI Advanced Entity is still an NPRA Sharing Partner on a previous FAL, then leave this column blank. If the BPCI Advanced Entity is being removed from the FAL, then identify the BPCI Advanced Entity with a "Yes" in this column.

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Review Instructions and Revise the FAiL Report

FAiL Report

The FAiL Report is distributed after the CPI Screening is complete. The FAiL report is comprised of 14 columns that will be prefilled with information to be reviewed and if applicable revised by the Participant. Information that was changed because of the screening will be highlighted in yellow, and noted in Column M.

The Participant should review the information that has a Failed status and provide corrections and provide supporting documentation.

BPCI Advanced FAiL Report

Program Integrity Screening Results Worksheet

NOTE: Please refer to the "Interpretation Instructions" tab for directions about how to read and interpret the results provided in this sheet.

BPID	TIN	NPI	CCN	ACO ID	Organization Name	Last Name	First Name	Provider Type	Effective Start Date	Effective End Date	Status	CPI Result
0001-0001	123456780	9876543210			ABC Example Hosptial, LLC			PGP	03/08/2019		Fail	Not found in PECOS
0001-0001		0000000000				Jane	Doe	SP	10/01/2018		Fail	Not approved to bill
0001-0001	100000089	1236547890				John	Doe	SGPP	10/01/2018		Pass with Corrections	Corrections made

CPI Result	Corrections Made	Submitting Corrections	Correction Notes
Not found in PECOS		Yes	Updated Name: ABC Example Hospital, inc.
Not approved to bill		Yes	Updated NPI to 2210587493. Submitted supporting documentation
Corrections made	NPI		

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Review Instructions and Revise the FAiL Report

FAiL Report Instructions

The FAiL Report provides Participants that submitted a PFAL for a particular period (i.e., Q1 2024) with results from CMMI review and CMS' Center for Program Integrity (CPI) screening. The information listed in the report may vary from the information submitted on your PFAL template for two reasons: the information submitted (1) was not as CMS specified in its PFAL template instructions and/or (2) did not match information in PECOS. As a result, the information in this report has been corrected from your PFAL submission for the given period (i.e., Q1 2024).

Going forward, your organization should use this corrected information in your PFAL submissions to reduce the number of revisions requested by the BPCI Advanced Team and to streamline Program Integrity Screening. This will increase the likelihood that the organizations, individuals, and entities you list in your PFAL are approved, per Article 8.5 in the Participation Agreement, and reduce future requirements of your organization.

You will have the opportunity to resubmit this FAiL template and provide supporting documentation for those individuals and/or organization that did not pass CPI screening.

Review Instructions and Revise the FAiL Report

FAiL Report Instructions
The FAiL Report is a template in which columns A-N contain pre-filled information from the PFAL and corrected information from the CPI screening, if applicable.

Participant BPID (column A) – Enter the BPCI Advanced BPID of the Non-Convener Participant or Convener Participant (XXXX-YYYY or AXXX-YYYY, where YYYY is either 0000 or 0001). Do not enter a Downstream Episode Initiator BPID (the last digit will be 2 or higher).

TIN (column B) – Enter the 9-digit Tax Identification Number (TIN) required for organizations or BPCI Advanced Entities listed in the FAL as well as the respective TIN for SGPPs. Please double-check the TIN against available documentation, ensure the TIN has nine digits, no dashes, and verify that numbers have not been transposed, and if the TIN begins with a zero, double check that no leading digits were removed from the TIN upon entering the data into the data cell.

NPI (column C) – Enter the 10-digit National Provider Identifier (NPI) of organization or individual.

CCN (column D) - Enter the 6-digit CMS Certification Number (CCN) for ACHs, HHAs, IRFs, LTCHs, and SNFs.

ACO ID (column E) – Enter the 6-digit ID for Accountable Care Organizations (ACOs).

Organization Name (column F) – Enter the legal name of organization required for organizations or BPCI Advanced Entities listed in the FAL. Please double check the legal name against available documentation. Please do not use the "Doing Business As (DBA)" name in this field. Except for legal designations (i.e., Inc., LLC, PLLC), please do not use abbreviations.

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Review Instructions and Revise the FAiL Report

FAiL Report Instructions

Last Name (column G) – Enter the legal last name listed in PECOS for NPRA Sharing Partners (SP) or Sharing Group Practice Practitioners (SGPP). This is for individual physicians or non-physician providers.

First Name (column H) – Enter the legal first name listed in PECOS for NPRA Sharing Partners (SP) or Sharing Group Practice Practitioners (SGPP). This is for individual physicians or non-physician providers.

Provider Type (column I) – Enter the type of organization or individual listed in the FAL. Organizations are listed as ACH, ACO, IRF, HHA, LTCH, PGP, SNF, or BPCI Advanced Entity. Individuals are either SP or SGPP.

Effective Start Date (column J) – Enter the first day in which the organization or individual began as an NPRA Sharing Partner or Sharing Group Practice Practitioner, or first day in which the organization will begin as the BPCI Advanced Entity. The date must be between 10/01/2018 and the end of the current quarter. Enter the date in the MM/DD/YYYY format.

Effective End Date (column K) – Enter the day in which the organization or individual will cease being an NPRA Sharing Partner or Sharing Group Practice Practitioner, or cease being the BPCI Advanced Entity. The date must be in the format MM/DD/YYYY. The date must be after 10/01/2018. If the financial arrangement is ongoing (not terminating), the effective end date should be left blank.

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Review Instructions and Revise the FAiL Report

FAiL Report Instructions

Status (column L) – Status of organization or individual after CMMI review and Program Integrity Screening. Statuses include: 1) Pass: Organization or individual passed screening based upon the exact information provided in your PFAL, 2) Pass with corrections: Organization or individual passed screening based upon corrections made to the information provided in your PFAL, or 3) Fail: Organization or individual did NOT pass screening. Reasons are listed in columns L and M. For any status that is a "Fail", the deficiency must be addressed in order for that organization or individual to participate in NPRA sharing.

CPI Result (column M) - Program Integrity Screening results for the organization or individual, no results will be provided for BPCI Advanced Entities since they are not Medicare providers. Results include: 1) Pass: Passed Screening without any corrections made to the information provided in the FAL, 2) Corrections made: Passed only after corrections were made to the information provided in the FAL, 3) Identifiers Inconsistent: Program Integrity Screening attempts to link all organizational or individual identifiers for a provider type to a single provider in PECOS (If the identifiers provided in the FAL for this organization or individual link to different providers, this result will be selected), 4) If not all required identifiers were provided in the FAL, this result may also be selected: 1) Sanctioned: Indicates that the submitted provider is currently sanctioned in the Medicare Exclusion Database, 2) Not approved to bill: Indicates that the submitted provider does not have at least one approved PECOS enrollment or that the provider's PECOS enrollment has ended, or 3) Not found in PECOS: Submitted provider is not found in PECOS.

Correction Made (column N) – This field lists fields in which corrections were made by CMMI to meet requirements for that field or to match information in PECOS for that provider.

Submitting Corrections (column O) – Participants should use the drop-down menu in this column if they plan to submit corrections as part of the FAiL Review and Corrections process. This should only be done if the provider has "Fail" in Column L.

Correction Notes (column P) – If the Participant elects in Column O, to make corrections to a failed listing, the participant should provide an explanation of the changes that they made to the listing in the corresponding row. It is useful to submit documentation supporting that change. Please remember that the screening utilizes the data contained in PEOCS. Submitting a listing from NPPES (the NPI Directory) will not reverse an organization or individual not found in PECOS based on the identifiers provided in the PFAL.

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Review Instructions and Certify the TFAL

TFAL

CMS will distribute TFALs to all Participants who submitted PFALs. The TFAL will include all CMS approved organizations and individuals from the Participant's PFAL. Participants shall review the TFAL and remove from it any NPRA Sharing Partner with which the Participant does not have a fully executed NPRA Sharing Arrangement, any NPRA Sharing Group Practice Practitioner that does not have a fully executed Partner Distribution Arrangement, and any BPCI Advanced Entity that does not have a fully executed BPCI Advanced Entity Agreement.

The Participant may not add any individuals or entities to the TFAL.

In accordance with the directions provided by CMS with the TFAL, the Participant shall submit to CMS the IFAL or UFAL that the Participant has certified as a true, accurate and complete list, identifying all of the Participant's NPRA Sharing Partners, NPRA Sharing Group Practice Practitioners, and BPCI Advanced Entities.

All organizations and entities included on this list are approved by CMS to participate in BPCI Advanced and have a fully executed NPRA Sharing Arrangement, Partner Distribution Arrangement, or BPCI Advanced Entity Agreement.

The IFAL or UFAL reflects the current list of NPRA Sharing Partners, NPRA Sharing Group Practice Practitioners, and BPCI Advanced Entities effective as of the Start Date (Initial) or on the first day of the next calendar quarter (Update).

Review Instructions and Certify the TFAL

TFAL Report

The TFAL is generated after the CPI Screening is complete and the associated FAiL Report (if applicable) has been returned, reviewed, and the revisions have been incorporated. The TFAL is comprised of 13 columns that contains the final corroborated information from the data review completed by CMS.

A	B	C	D	E	F	G	H	I	J	K	L	M
BPCI Advanced Tentative FAL												
NOTE: Please refer to the "Instructions" tab for directions on how to finalize this document.												
BPID	**TIN**	**NPI**	**CCN**	**ACO ID**	**Organization Name**	**Last Name**	**First Name**	**Type**	**Effective Start Date**	**Effective End Date**	**Status**	**Participant Action**
0002-0001	123456780	2210587493			Example Ortho Institute, LLC			PGP	10/01/2018		Approved	
0002-0001		9876543210				Jane	Doe	SP	10/01/2019		Approved	
0002-0001	100000089	1236547890				John	Doe	SGPP	09/16/2018		Approved	

Review Instructions and Certify the TFAL

TFAL Report Instructions

In Column M, Participant Action, select "Delete- no arrangement Executed" for any row where the NPRA Sharing Partner does not have a fully executed NPRA Sharing Arrangement; any NPRA Sharing Group Practice Practitioner that does not have a fully executed Partner Distribution Arrangement; and any BPCI Advanced Entity that do not have a fully executed BPCI Advanced Entity Agreement.

Leave Column M, Participant Action, blank for every row where there is a fully executed NPRA Sharing Arrangement, Partner Distribution Arrangement, or BPCI Advanced Entity Agreement, as applicable.

Save the finalized document and submit the document to CMS by uploading it to the respective slot in the Participant Portal.

At the time of submission, an authorized representative from the organization must sign and submit the QX 202X TFAL Certification Page in the Participant Portal under the Supporting Documentation section of the IFAL/UFAL.

SECTION 3 - OVERVIEW

Submitting the Financial Arrangement List

Click each of the links on the right to jump directly to each error message

Submitting the PFAL

Submit your BPCI Advanced PFAL AND your Model Deliverable Certification Form via the BPCI Advanced Participant Portal -> Deliverables -> Financial Arrangement List section.

Submitting the FAiL Report

Submit your FAiL Report corrections AND any applicable supporting documentation via the BPCI Advanced Participant Portal -> Deliverables -> Financial Arrangement List section.

Submitting the IFAL/UFAL

Download your TFAL via the BPCI Advanced Participant Portal -> Deliverables -> Financial Arrangement List section. After review, upload the FAL to the same section of the Participant Portal. It will automatically become the IFAL/UFAL.

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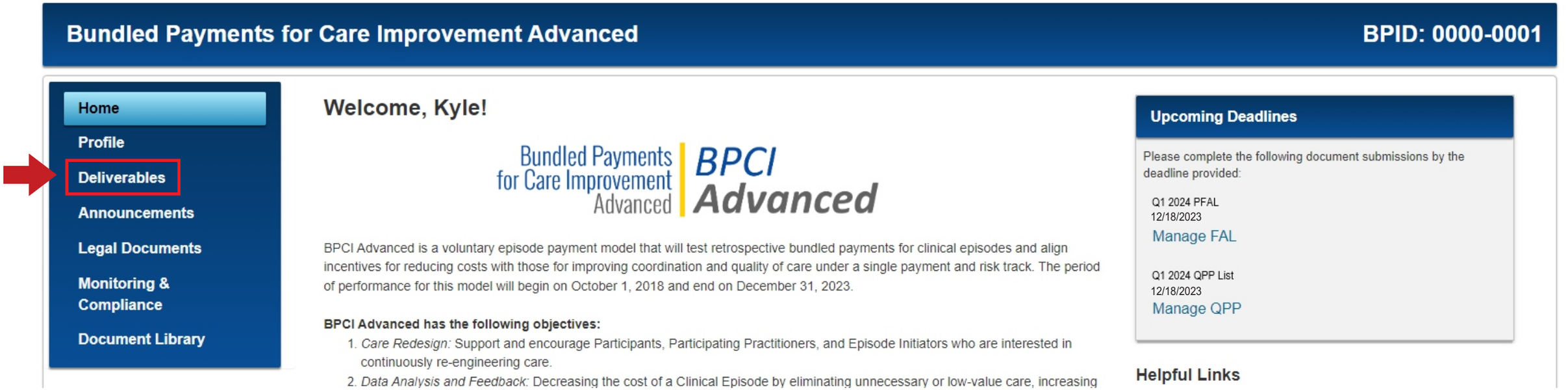
Submitting the PFAL

Uploading the PFAL

Log on to the Participant Portal. Select Deliverables from the menu on the left side of the screen.



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Uploading the PFAL

Once in the Deliverables section, locate the tile labeled Financial Arrangement List (FAL). Select Manage FAL button.

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Submitting the PFAL

Uploading the PFAL

Under the 2024 Q1 section, select the Upload button on the right side of the screen.

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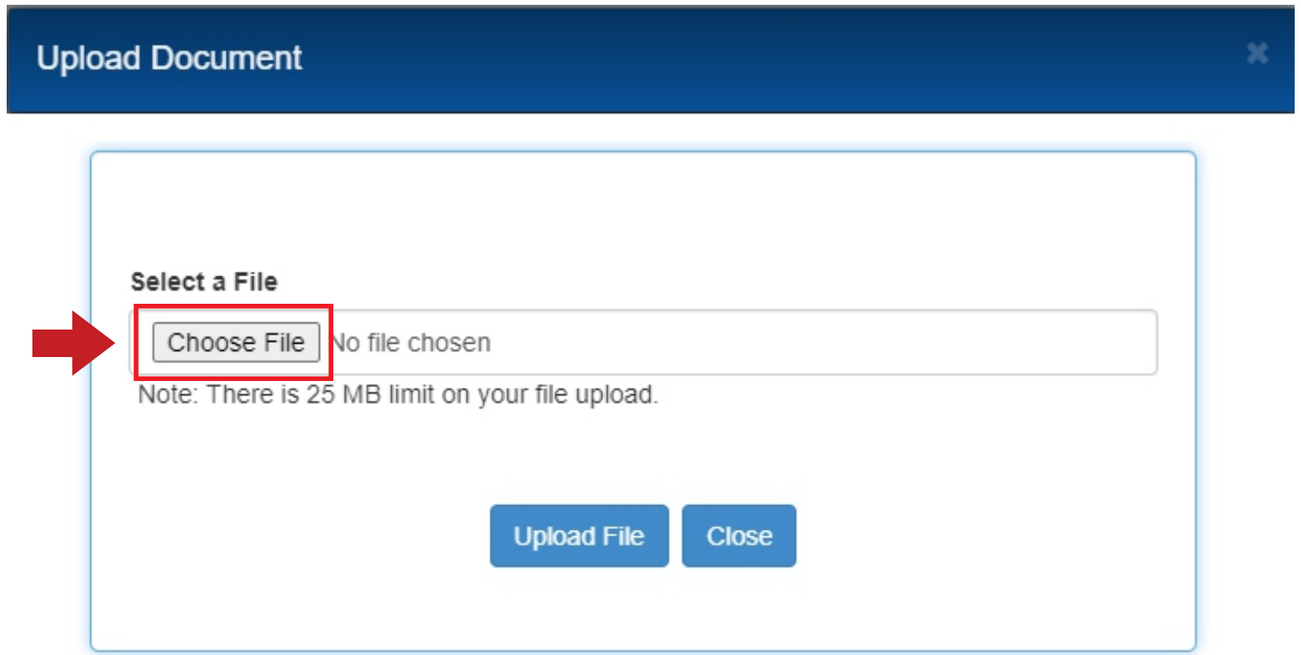
Uploading the PFAL

Select the Choose File button directly under Select a File.



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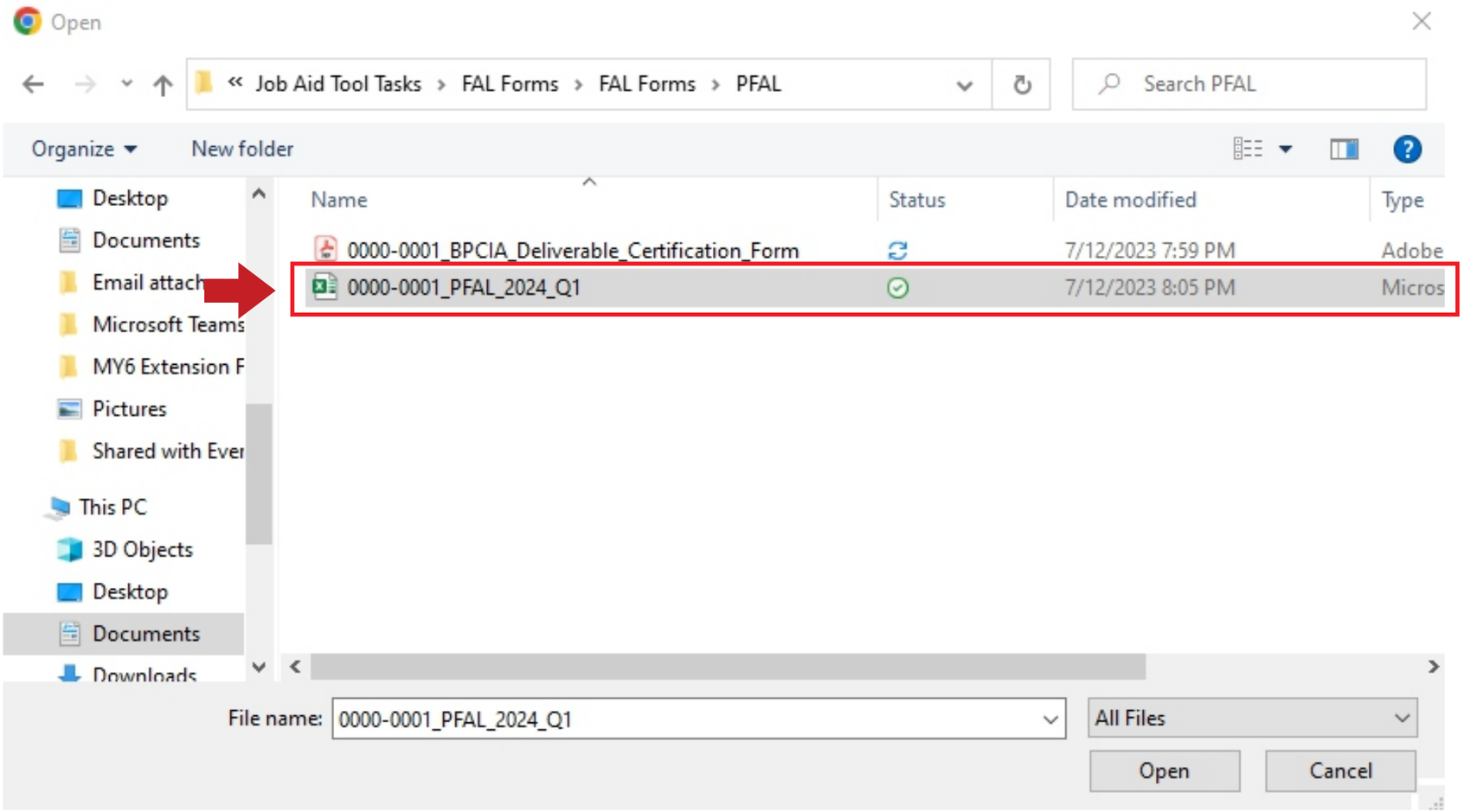
Submitting the PFAL

Uploading the PFAL

Locate your PFAL document, select the PFAL file, and then select the Open button.



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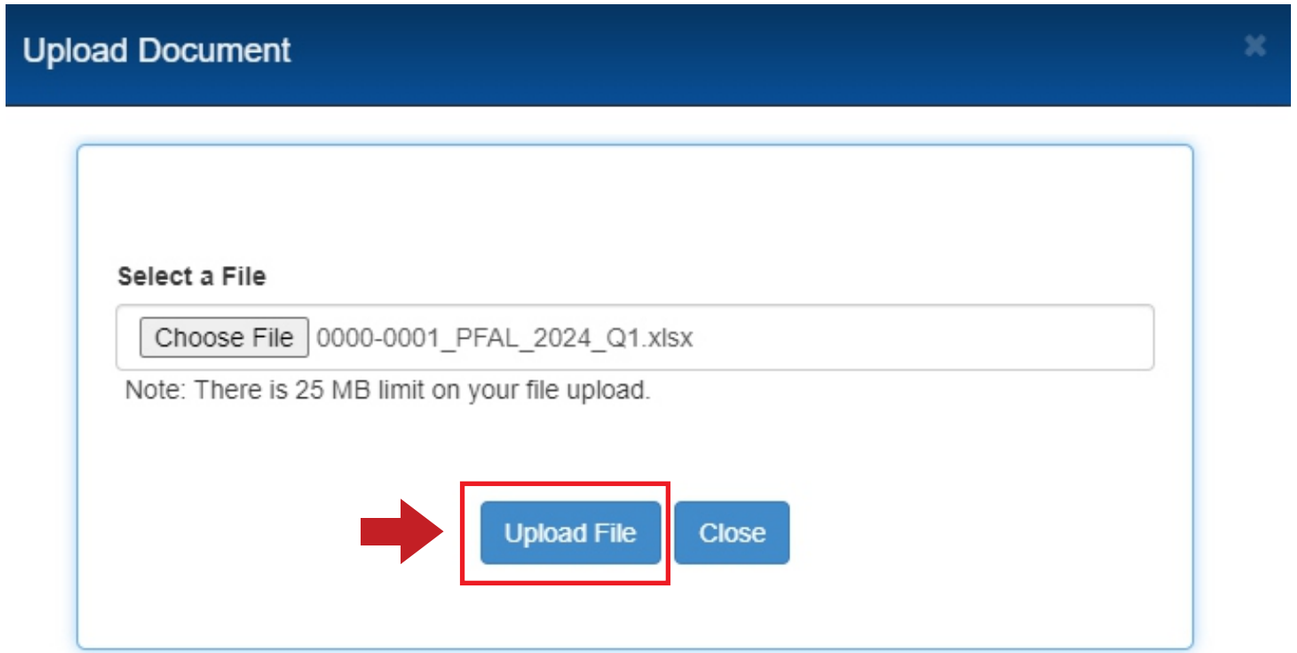
Uploading the PFAL

Select the Upload File button.



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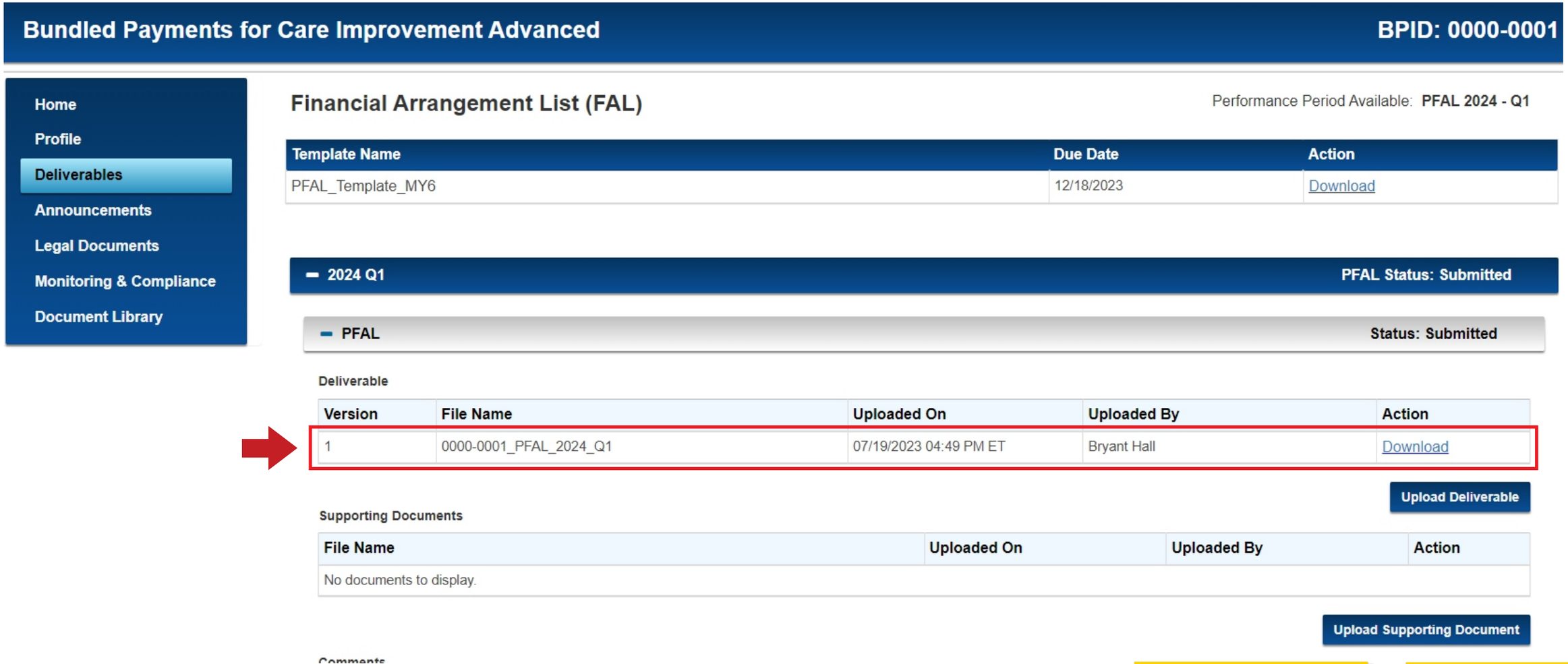
Uploading the PFAL

Verify that the PFAL was uploaded. There should be a new file listed in the Deliverable section.



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Submitting the PFAL

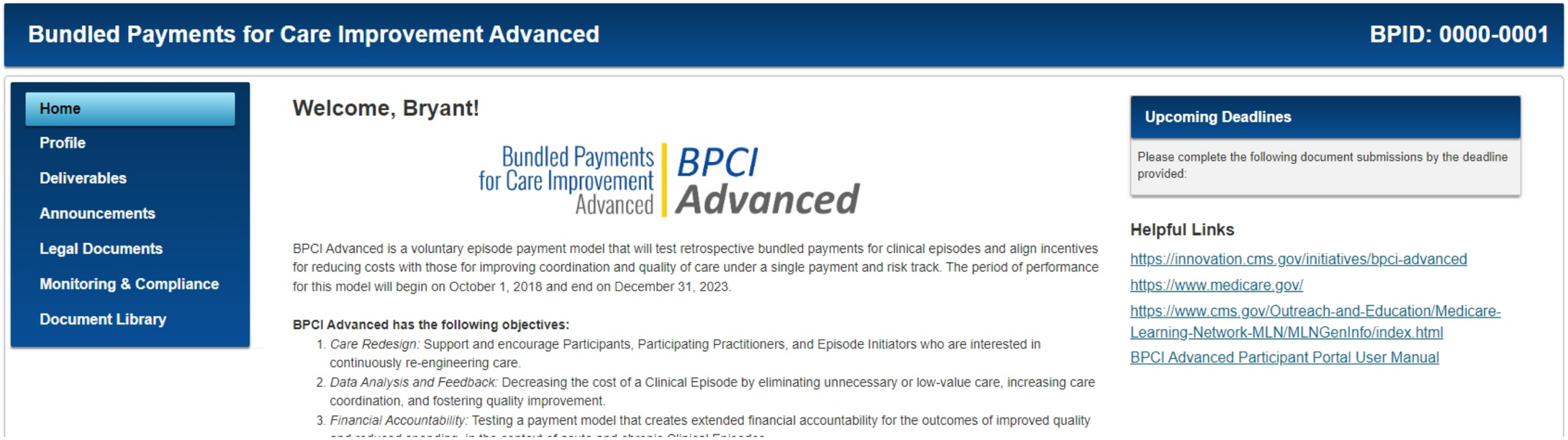
Deliverable Certification Form

The Deliverable Certification Form is a legal document on which the Participant certifies that all the information contained within the Financial Arrangement List is accurate and true.

The Deliverable Certification Form may be obtained by accessing the Participant Portal -> Document Library -> Document Type (General) -> Document Subtype (Deliverables) -> BPCI_Advanced_ Deliverable_Certification_Form.

A unique Certification form must be submitted for each required deliverable.

Log onto the Participant Portal.



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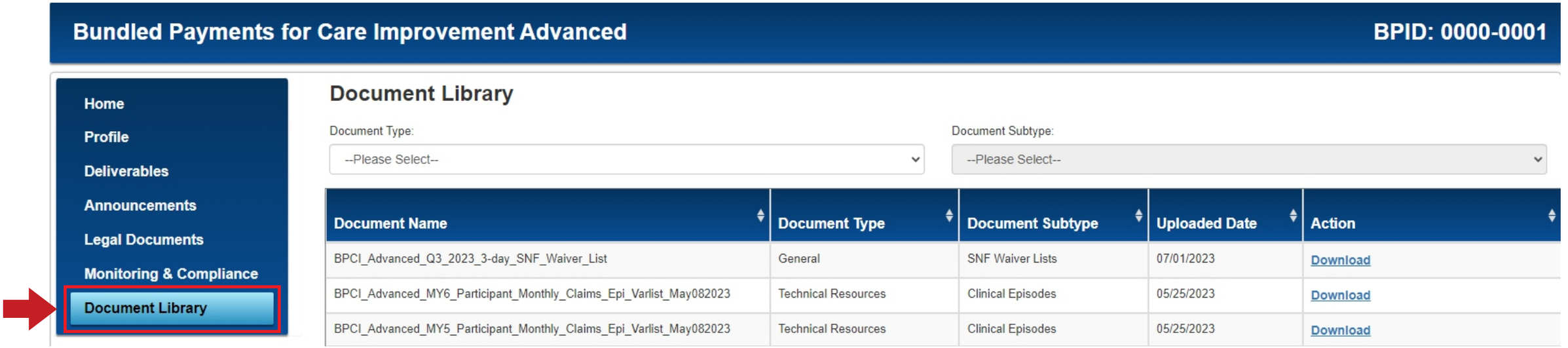
Where to find the template for the Deliverable Certification Form?

Select Document Library from the option box on the left side of the screen.



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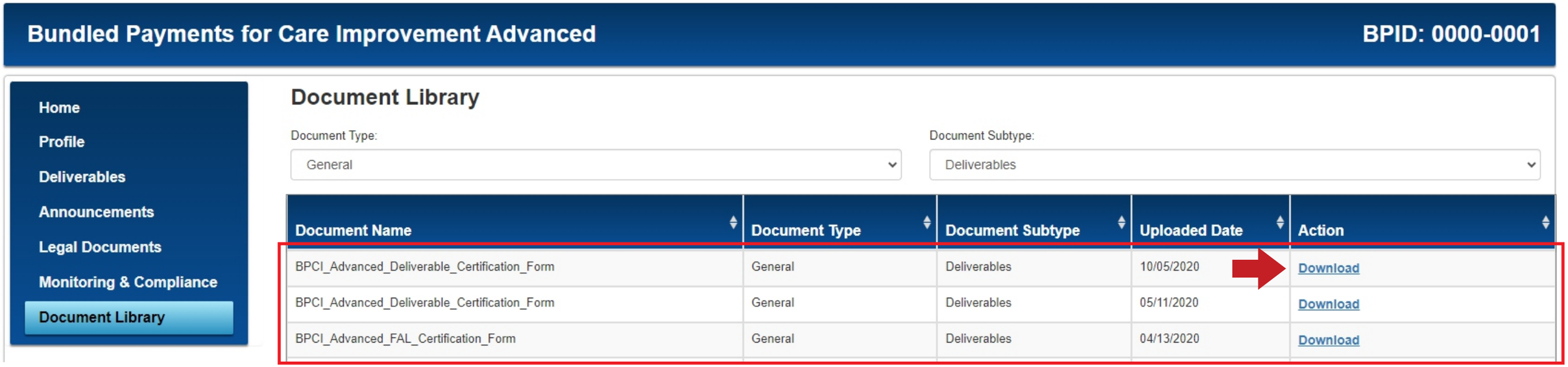
Search for the Deliverable Certification Form

Select General from the Document Type drop-down menu. Then select Deliverables from the Document Subtype drop-down menu.

Identify the file labeled BPCI_Advanced_Deliverable_Certification_Form. Once you have found it, select the Download button on the right side of the screen, in the same row as the file.



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Submitting the PFAL

Completion of the Deliverable Certification Form for submission of the PFAL
A unique Deliverable Certification Form must be submitted for each required deliverable.

Please enter the following information:

Quarter – enter the current quarter (i.e., Q1)
Year – enter the current year (i.e., 2024)
Deliverable – enter the Deliverable (i.e., Financial Arrangement List)
Authorized Senior Executive – Signature of authorized representative
Date – enter the date that the document was signed (mm/dd/yyyy)
BPID – enter the assigned BPID (i.e., XXXX-XXXX or AXXX-XXXX)

Scan the executed document and create a PDF of the original document or use a digital signature.

Have the Deliverable Certification Form executed and available when you begin the upload process for the PFAL.

Digital signatures are accepted.

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

BPCI Advanced Model Deliverable Certification Form

For the Quarter Year Deliverable :

I certify that all information and statements provided in this document are true, accurate, and complete to the best of my knowledge, information, and belief. The authorized signatory attests that he or she is qualified to make the assertions contained herein as an agent of the Participant.

Authorized Senior Executive

Date

BPID

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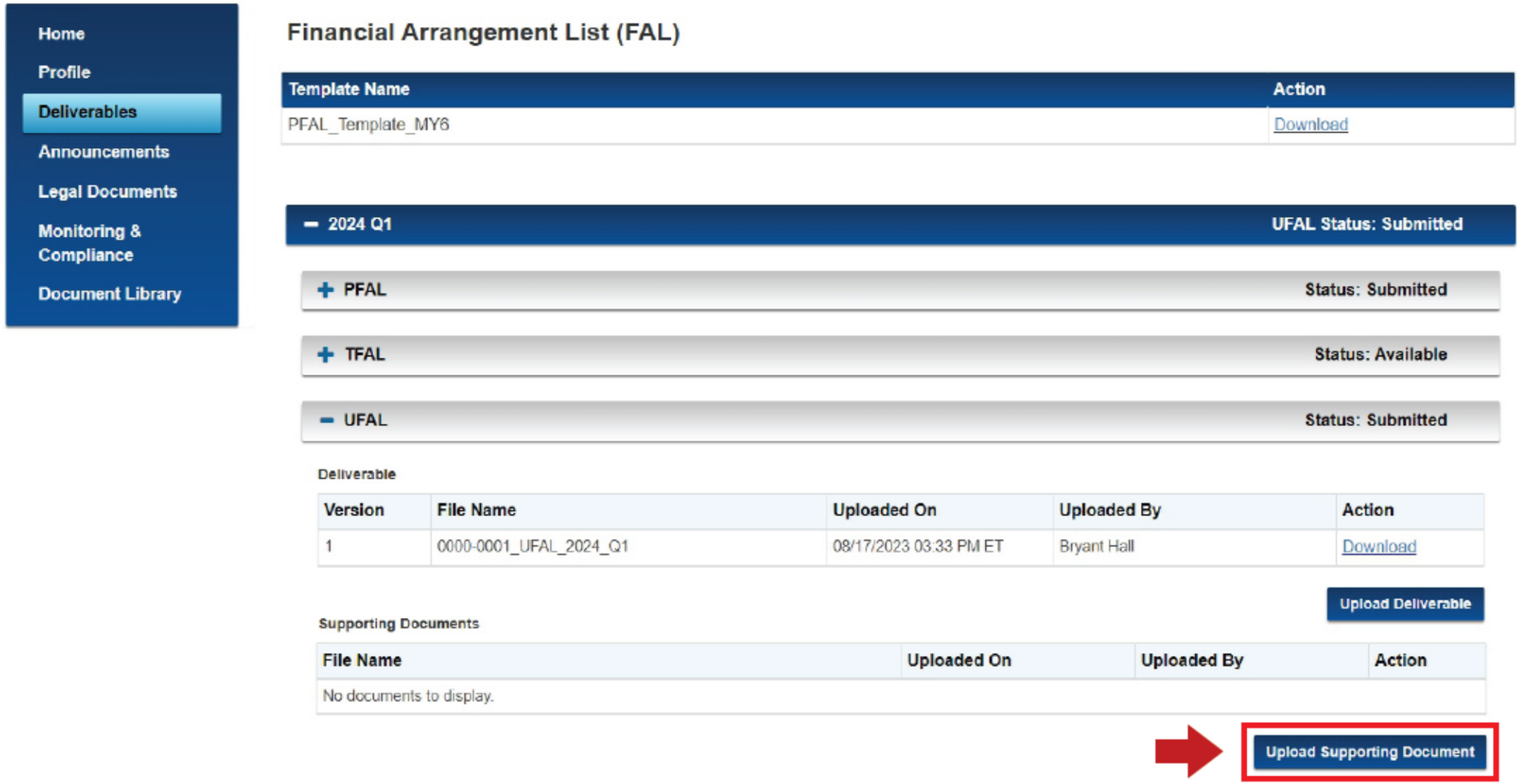
Submitting the PFAL

Uploading the PFAL Certification Form

Under the 2024 Q1 section header (in the Supporting Documents sub-section), select the Upload Supporting Document button on the right side of the screen.



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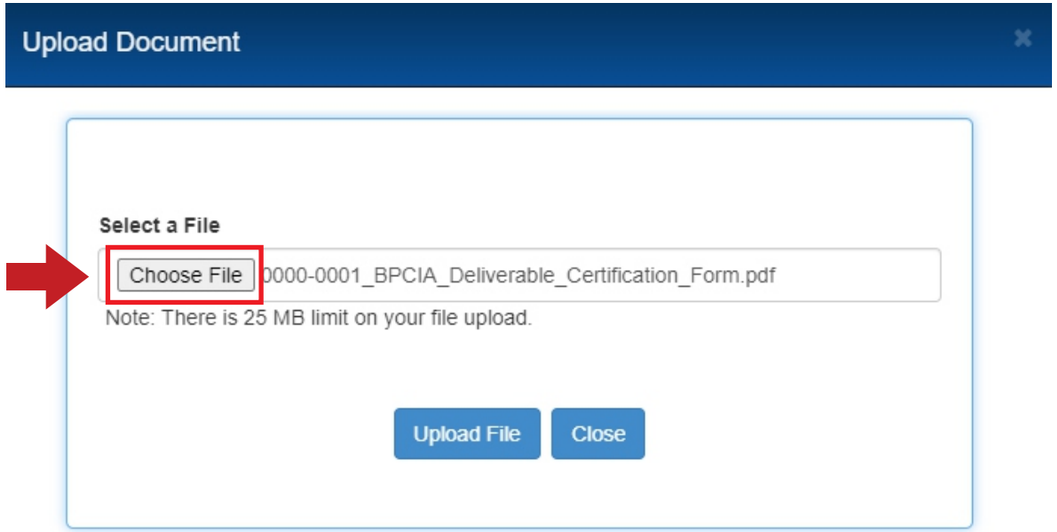
Submitting the PFAL

Uploading the Deliverable Certification Form

Select the Choose File button directly under Select a File.



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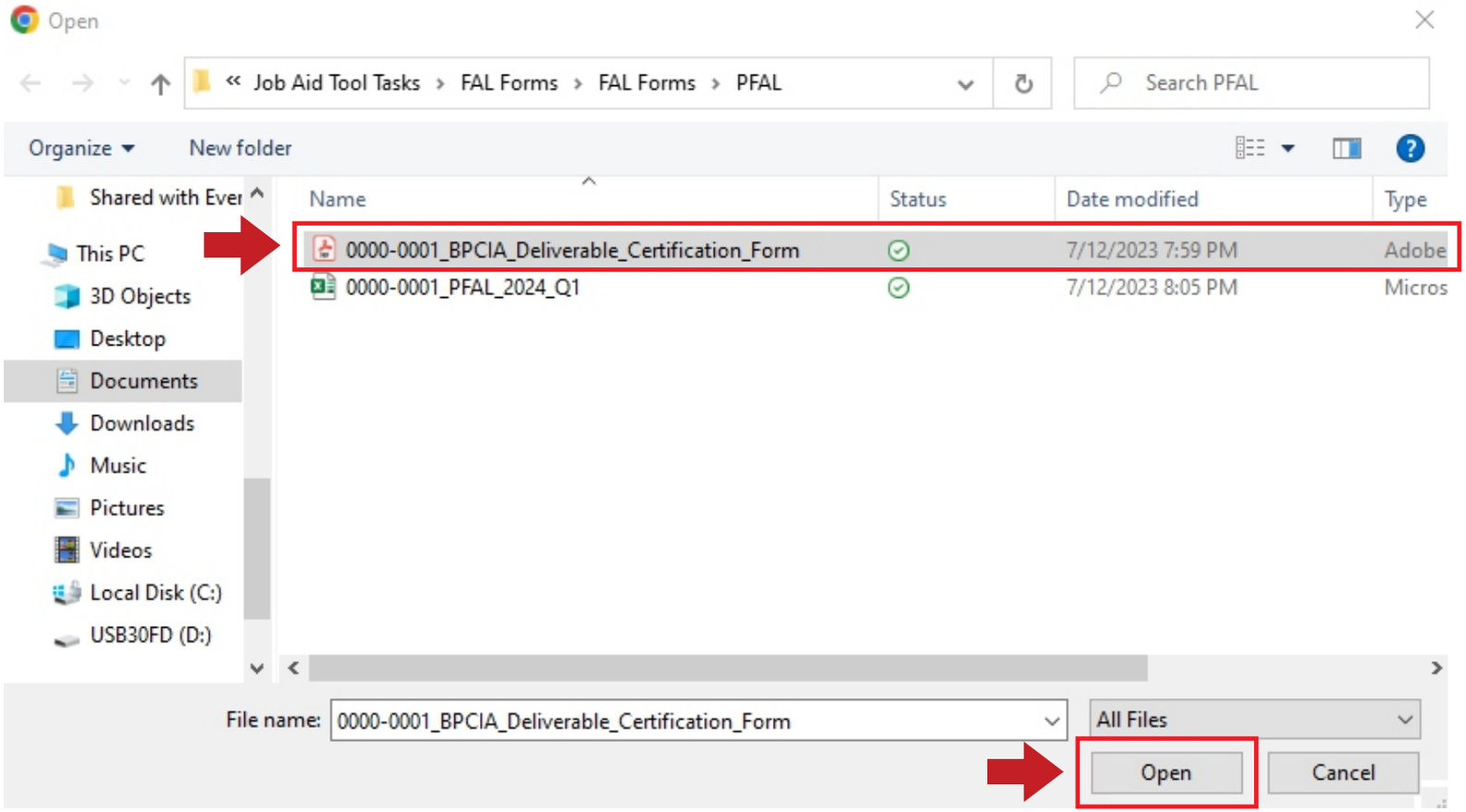
Uploading the Deliverable Certification Form

Locate your Deliverable Certification Form file, select the Deliverable Certification Form Document file (PDF format), and then select the Open button.



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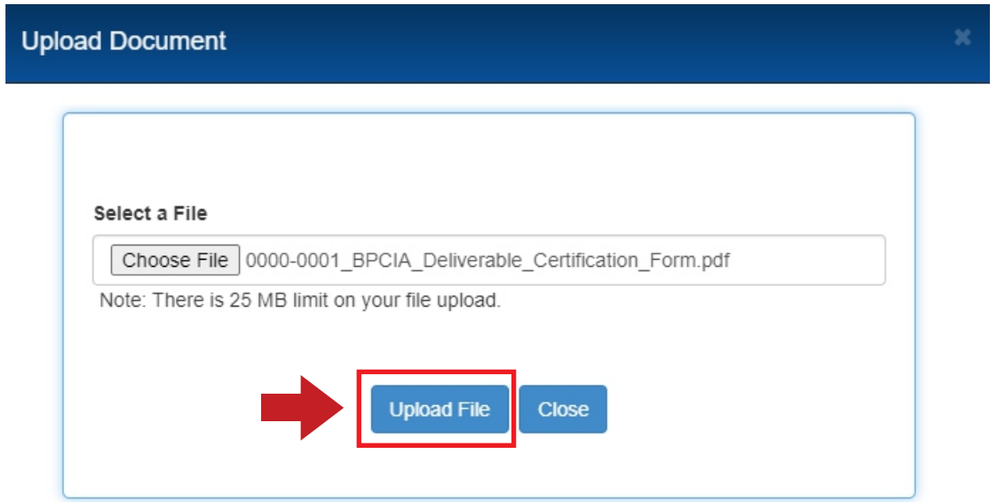
Submitting the PFAL

Uploading the Deliverable Certification Form
Select the Upload File button.



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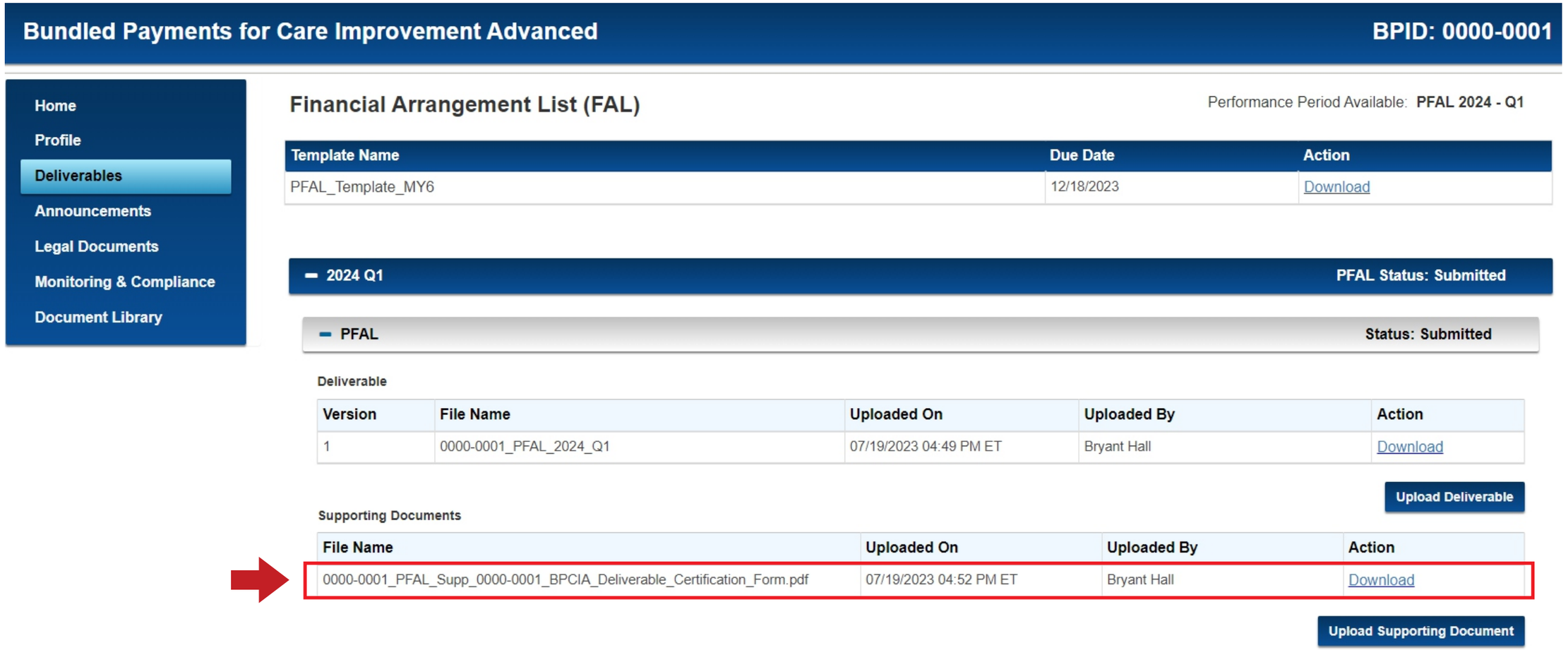
Uploading the PFAL Certification Form

Verify that the PFAL Certification Form Document was uploaded. There should be a new file listed in the Supporting Documents sub-section.



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Submitting the FAiL Report

Uploading the FAiL Report

Log on to the Participant Portal. Select Deliverables from the menu on the left side of the screen.

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Submitting the FAiL Report

Uploading the FAiL Report

Once in the Deliverables section, locate the tile labeled Financial Arrangement List (FAL). Select Manage FAL button.

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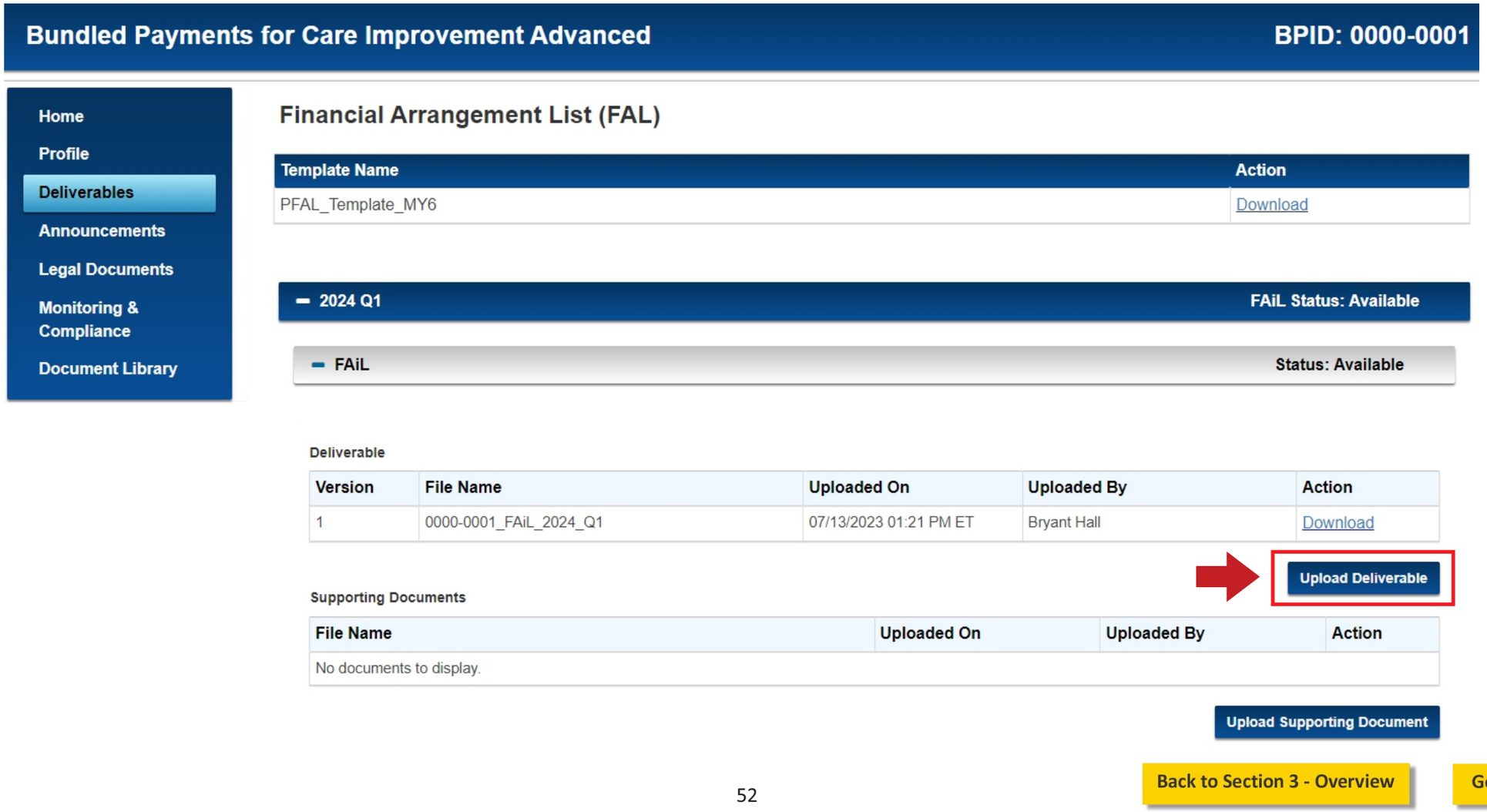
Submitting the FAiL Report

Uploading the FAiL Report

Under the 2024 Q1 section, select the Upload Document button on the right side of the screen.



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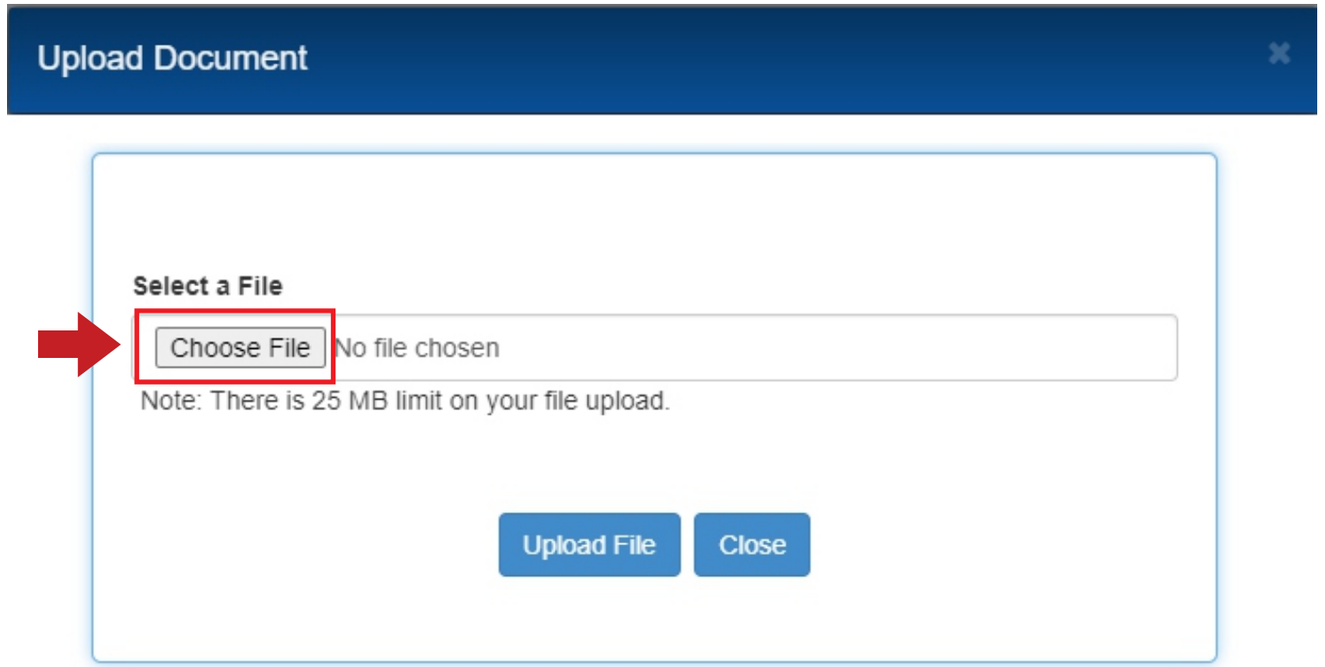
Submitting the FAiL Report

Uploading the FAiL Report

Select the Choose File button directly under Select a File.



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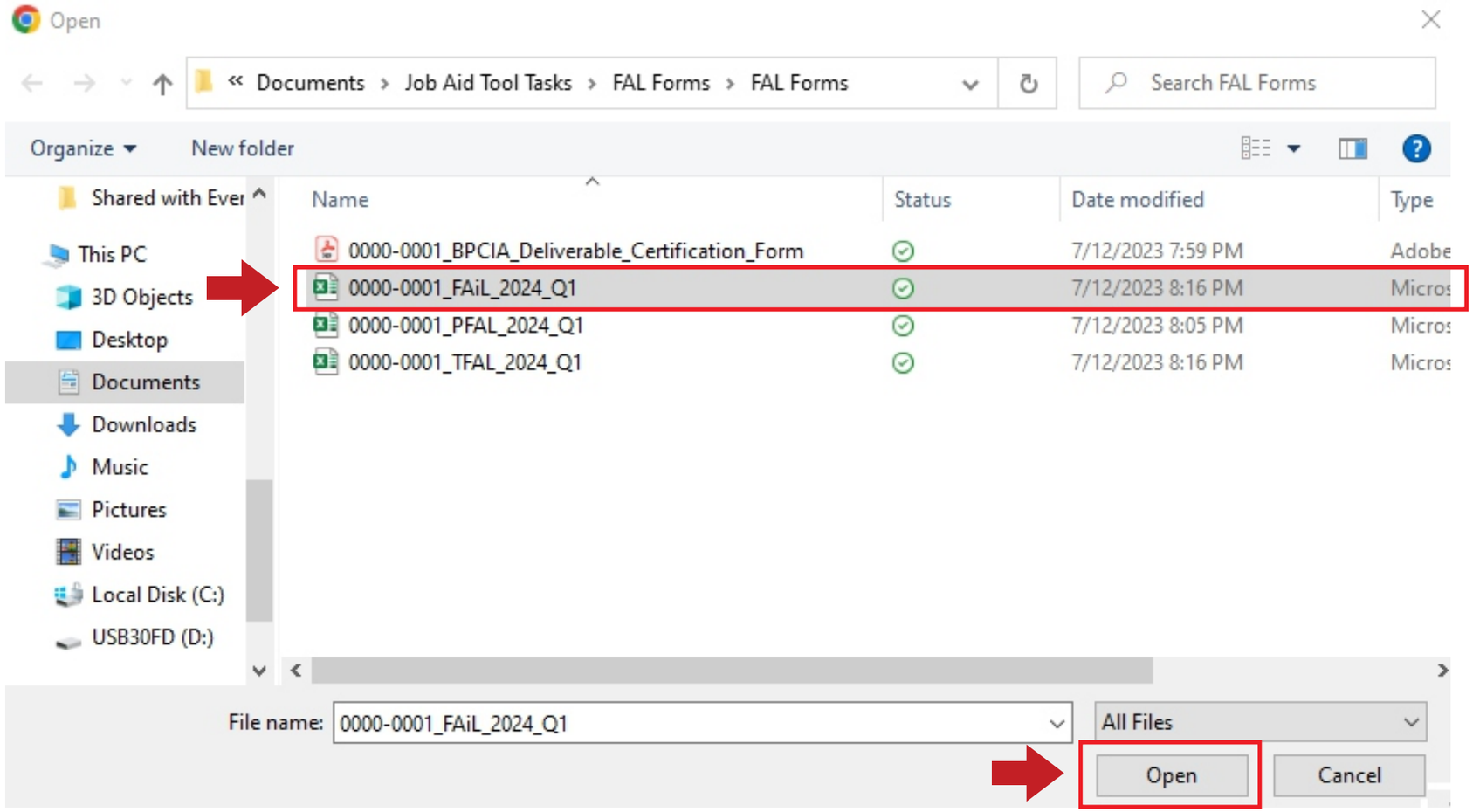
Uploading the FAiL Report

Select the FAiL Report file, and select the Open button.



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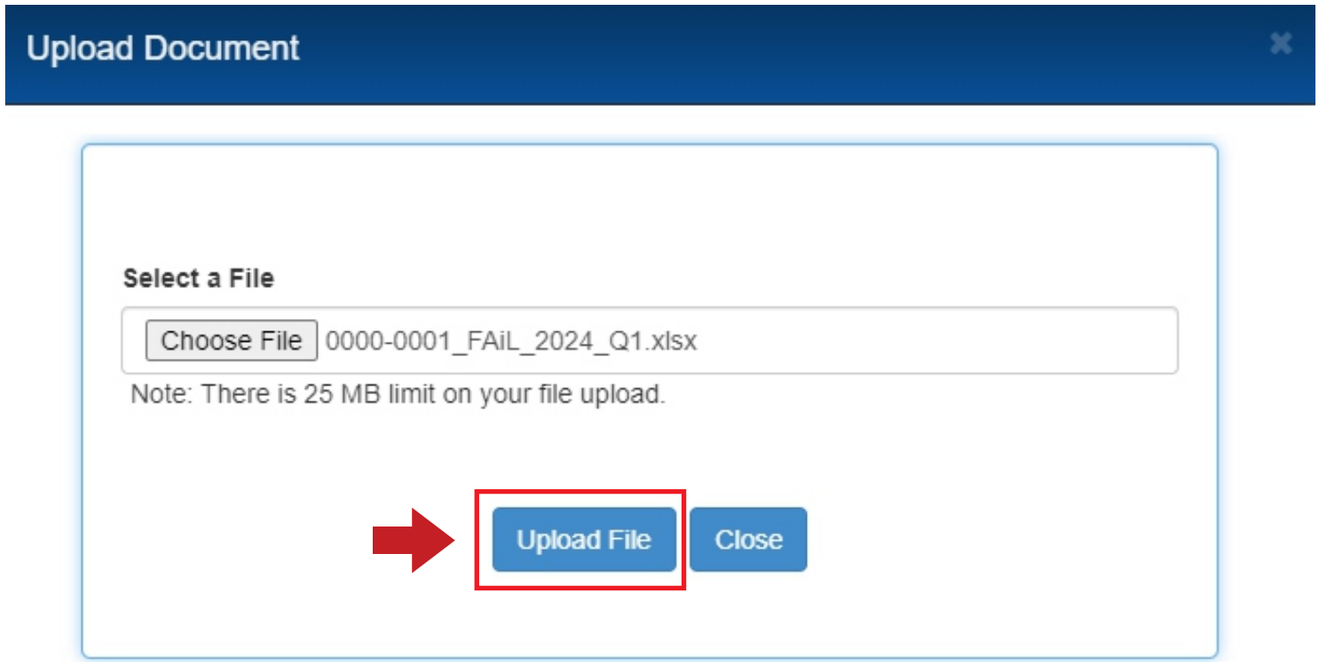
Submitting the FAiL Report

Uploading the FAiL Report

Select the Upload File button.



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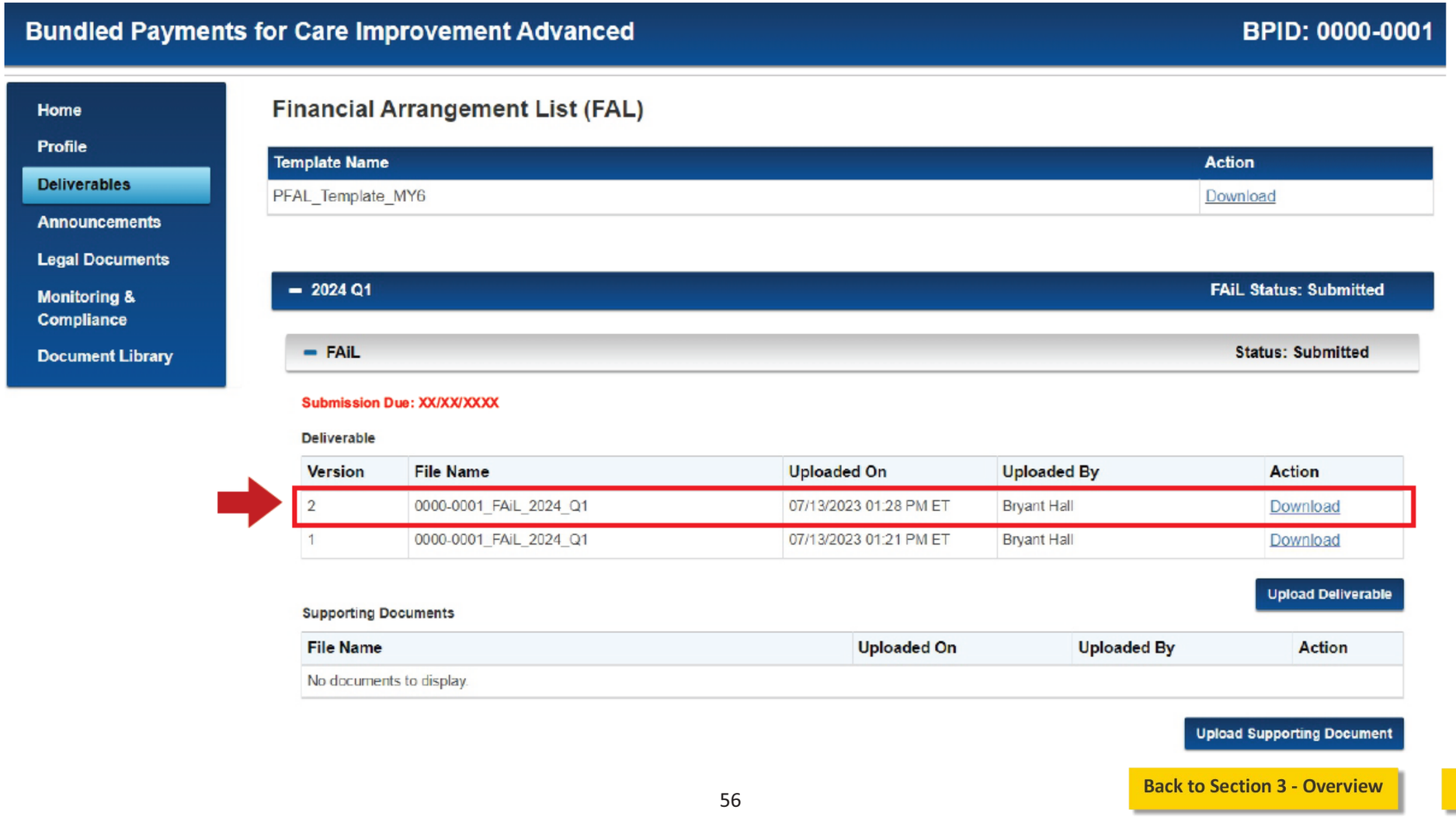
Uploading the FAiL Report

Verify that the FAiL Report was uploaded. There should be a new file listed in the Deliverable section.



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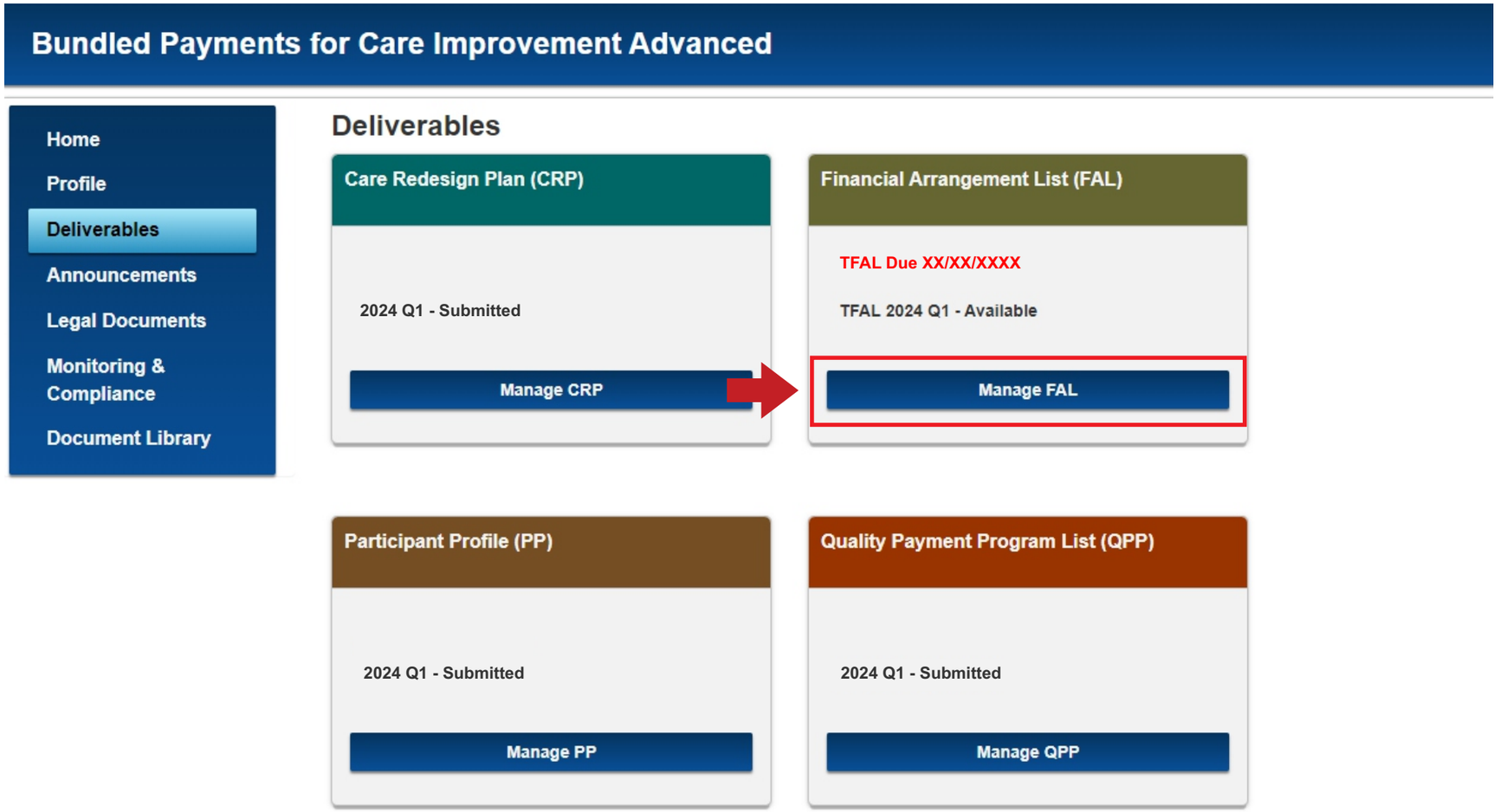
Submitting the IFAL/UFAL

Uploading the IFAL/UFAL

Once in the Deliverables section, locate the tile labeled Financial Arrangement List (FAL). Select Manage FAL button.



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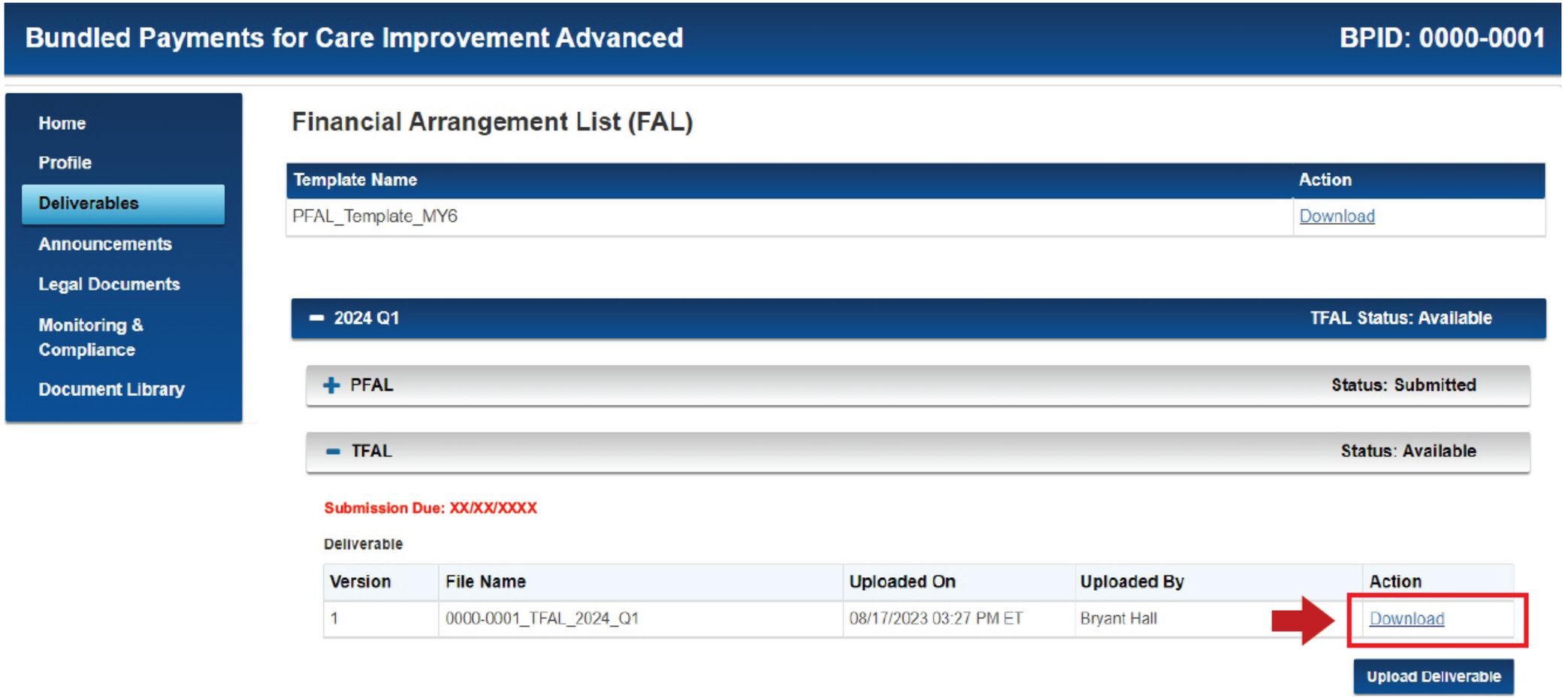
Downloading the TFAL

Download your TFAL using the Download button.



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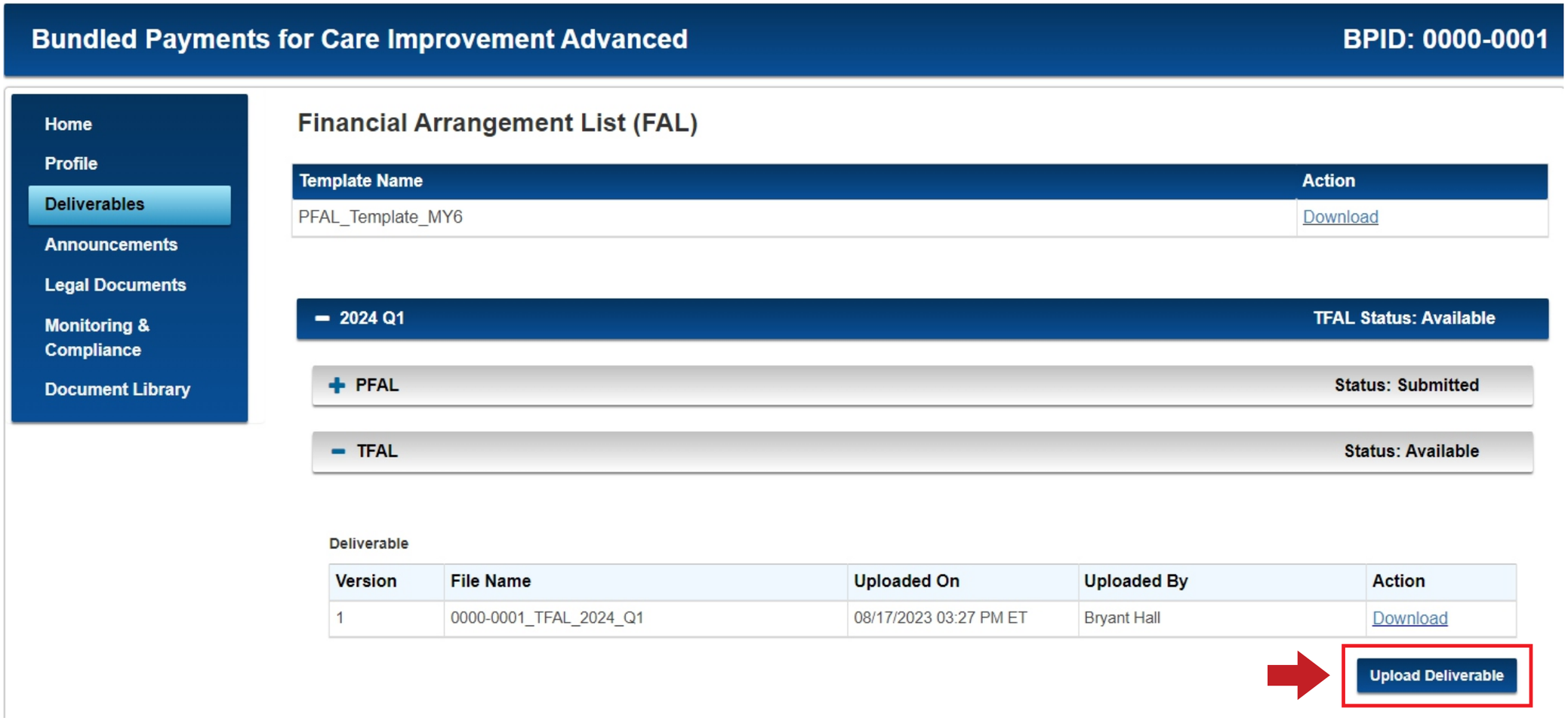
Submitting the IFAL/UFAL

Uploading the IFAL/UFAL

Under the 2024 Q1 Section, select the TFAL sub-section. Once the contents of the TFAL sub-section display, select the “Upload Documents” button.



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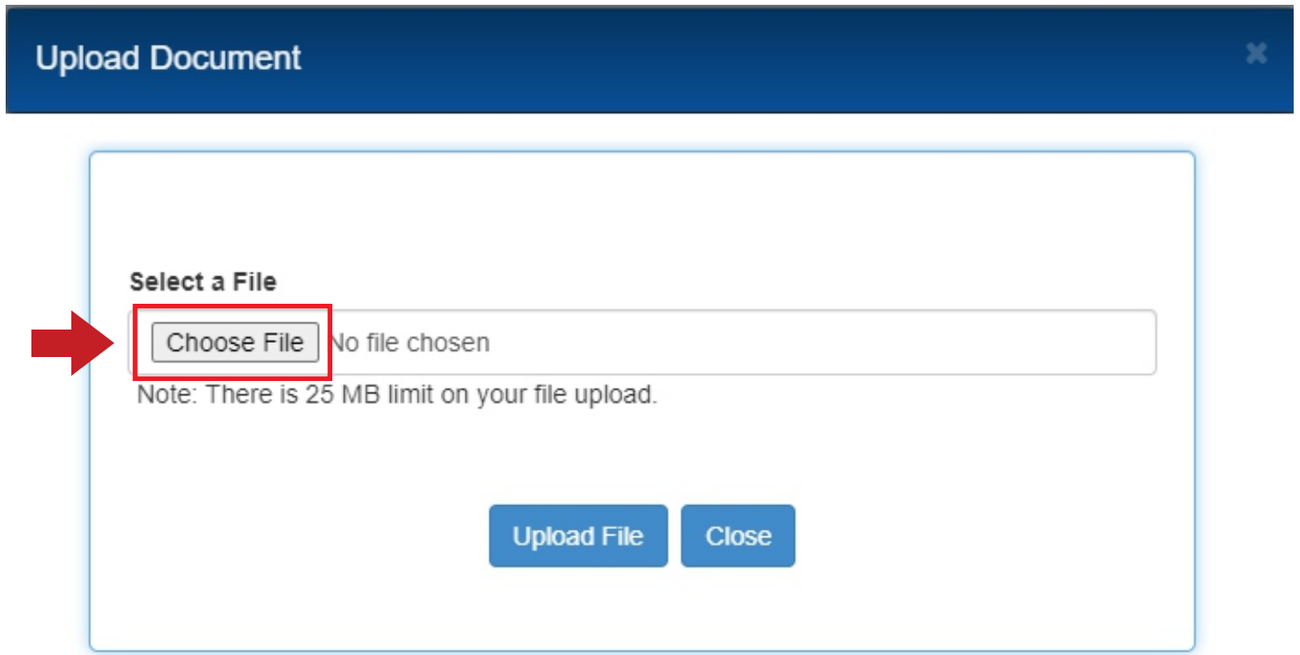
Submitting the IFAL/UFAL

Uploading the IFAL/UFAL

Select the Choose File button directly under Select a File.



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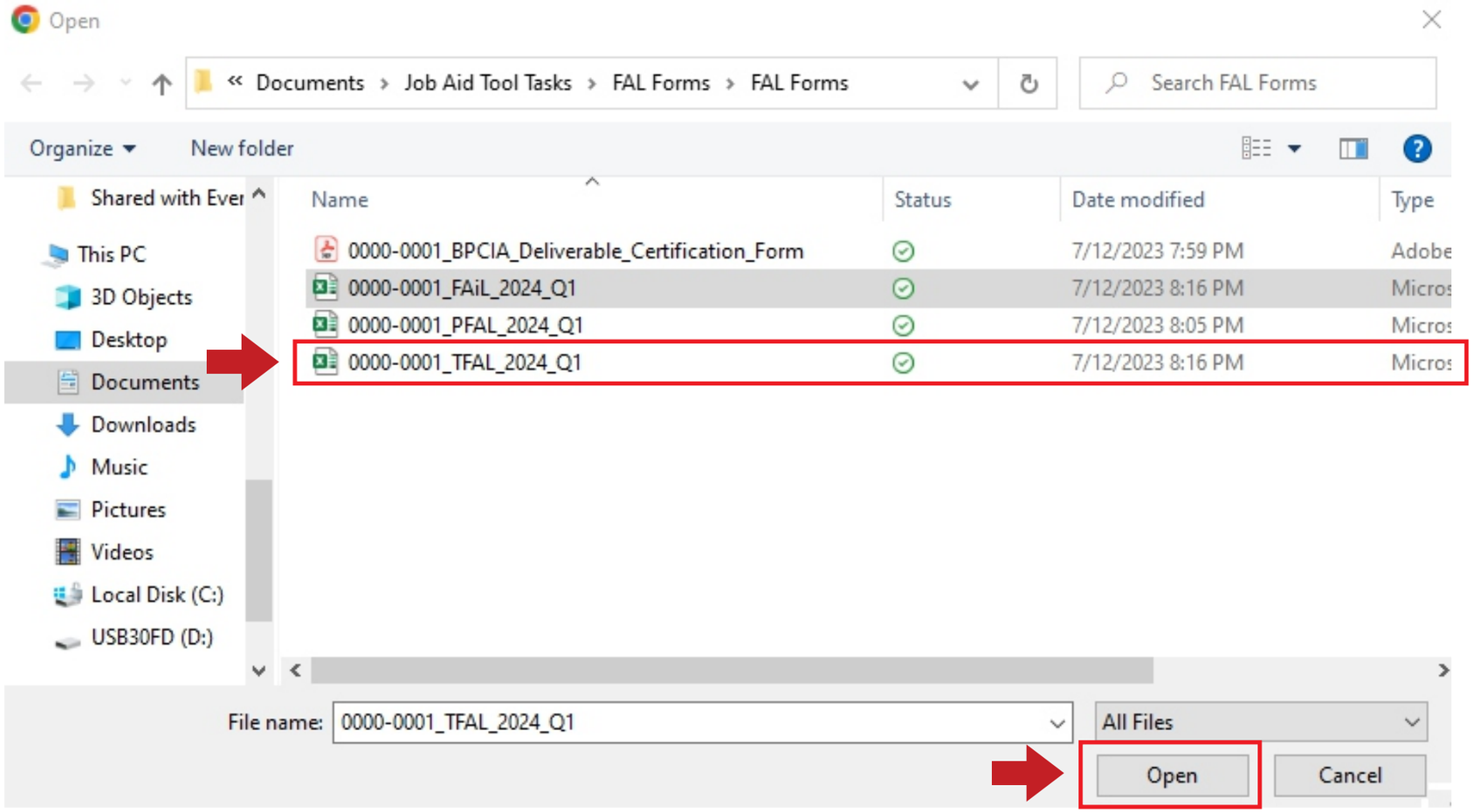
Uploading the IFAL/UFAL Report

Locate your Financial Arrangement listing, select the IFAL/UFAL Report file, and then select the Open button.



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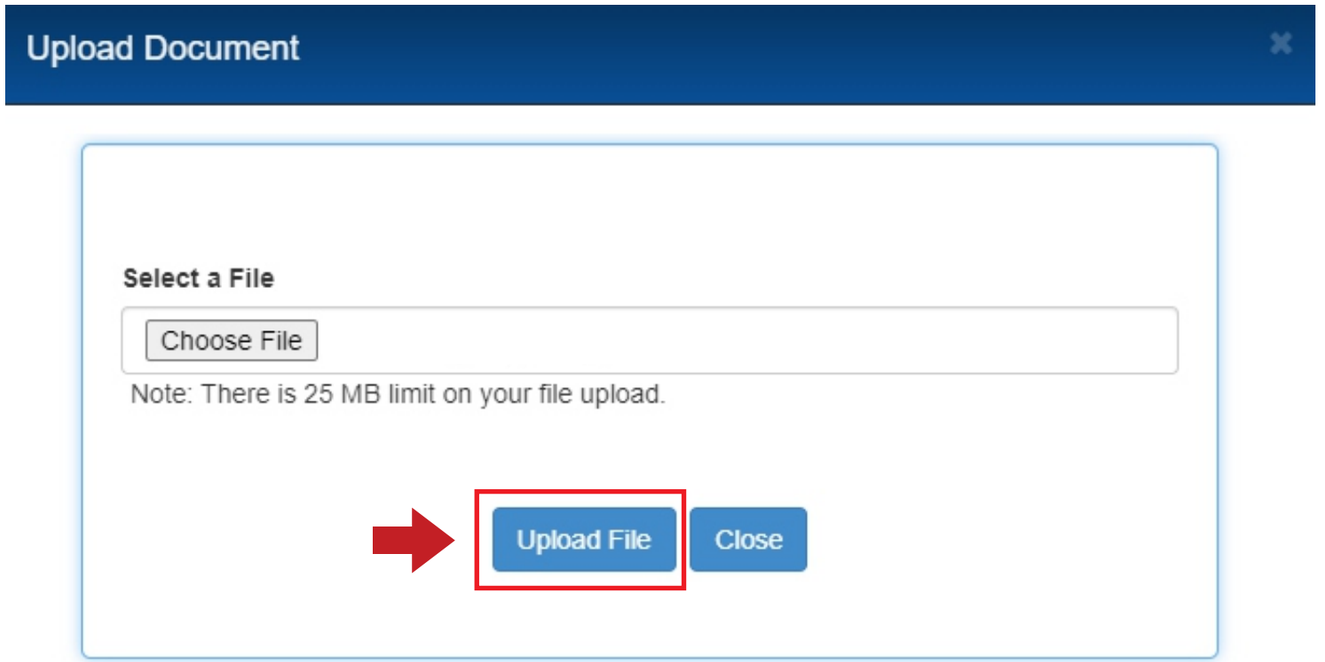
Submitting the IFAL/UFAL

Uploading the IFAL/UFAL Report

Select the Upload File button.



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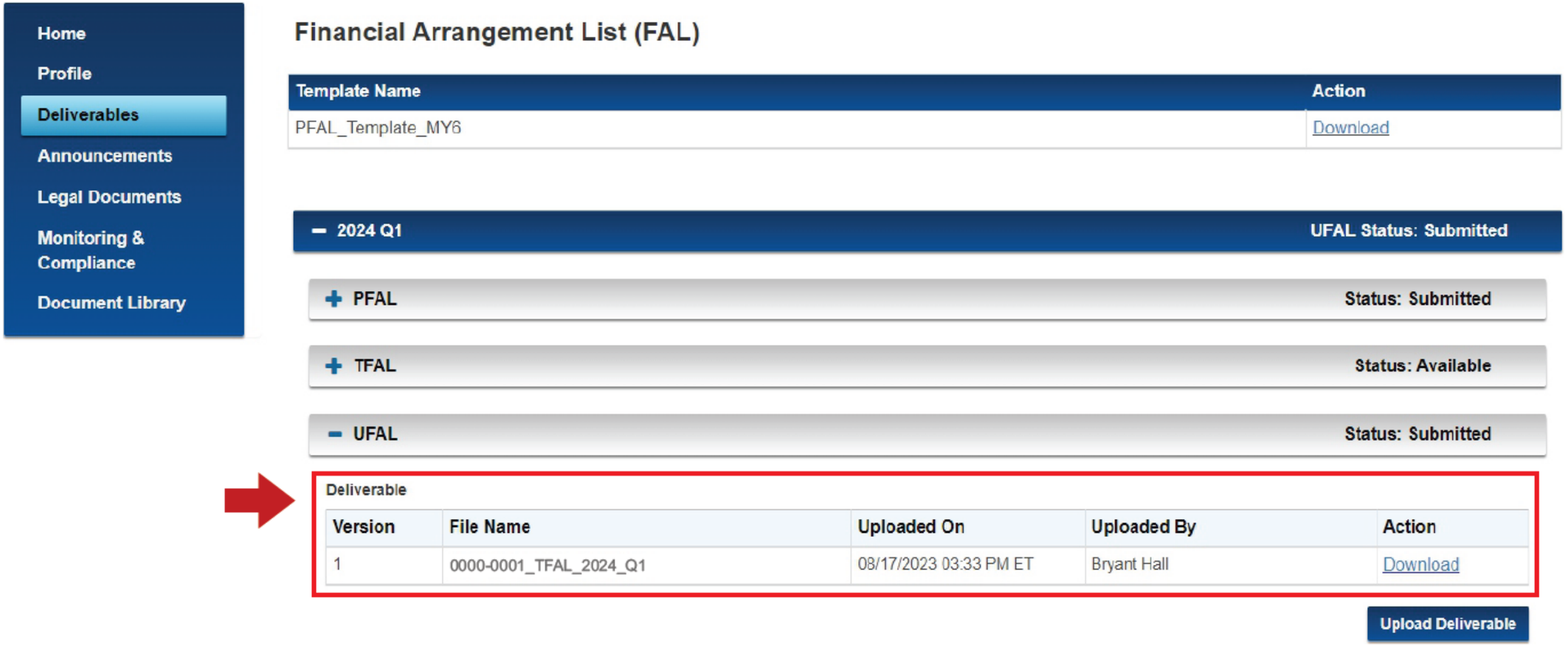
Uploading the IFAL/UFAL

Verify that the IFAL/UFAL was uploaded. There should be a new file listed in the Deliverables section.



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Submitting the IFAL/UFAL

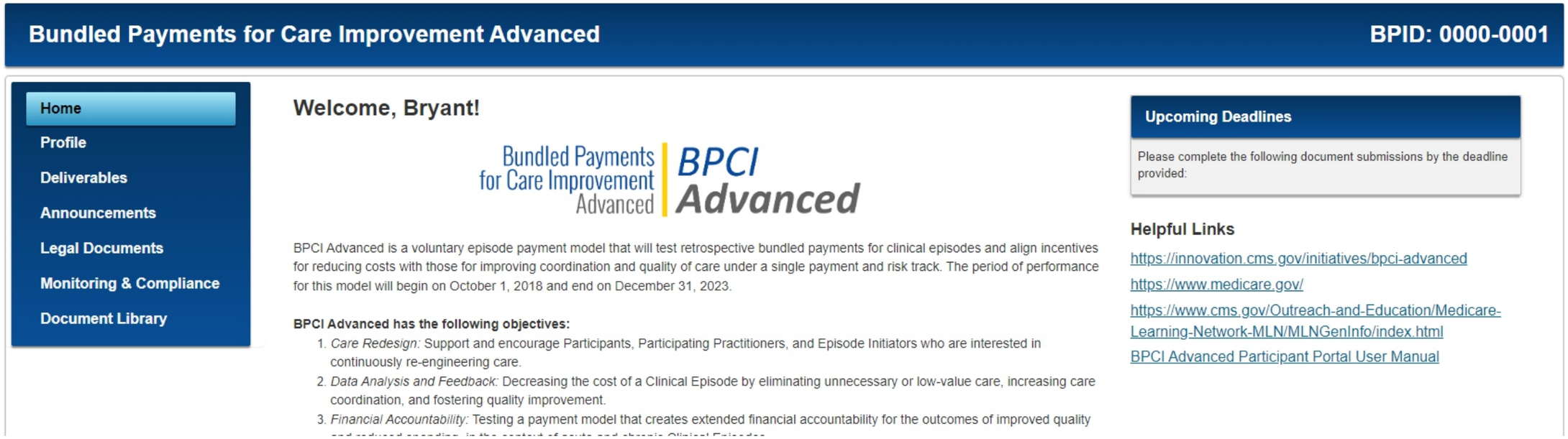
Deliverable Certification Form

The Deliverable Certification Form is a legal document on which the Participant certifies that all the information contained within the Financial Arrangement List is accurate and true.

The Deliverable Certification Form may be obtained by accessing the Participant Portal -> Document Library -> Document Type (General) -> Document Subtype (Deliverables) -> BPCI_Advanced_ Deliverable_Certification_Form.

A unique Certification form must be submitted for each required deliverable.

Log onto the Participant Portal.



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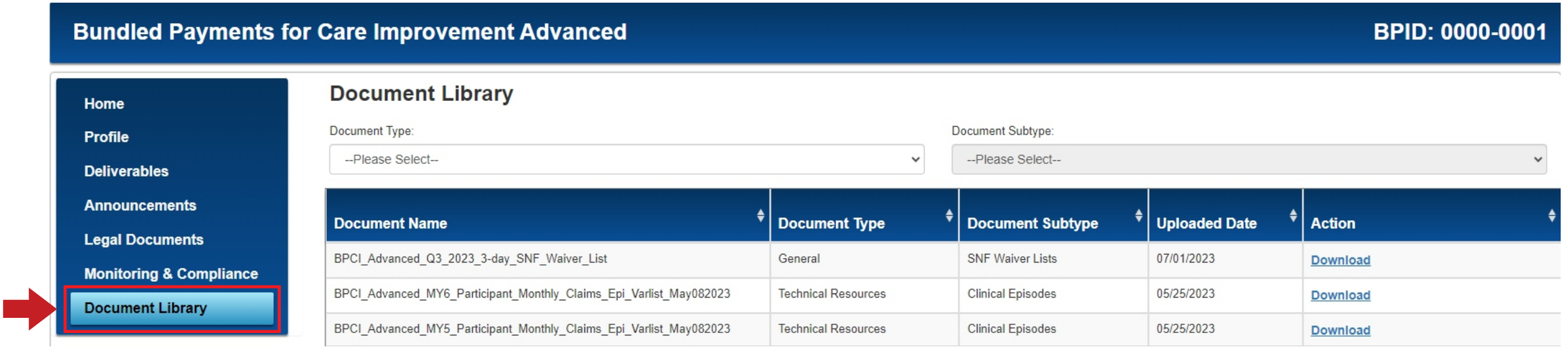
Where to find the template for the Deliverable Certification Form?

Select Document Library from the option box on the left side of the screen.



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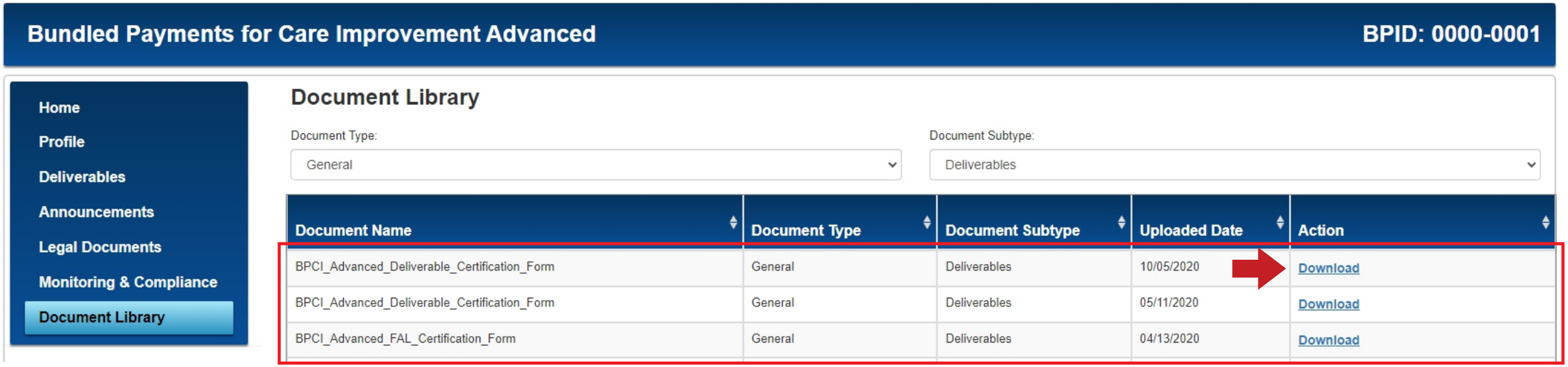
Search for the Deliverable Certification Form

Select General from the Document Type drop-down menu. Then select Deliverables from the Document Subtype drop-down menu.

Identify the file labeled BPCI_Advanced_Deliverable_Certification_Form. Once you have found it, select the Download button on the right side of the screen, in the same row as the file.



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Submitting the IFAL/UFAL

Completion of the Deliverable Certification Form for submission of the IFAL/UFAL
A unique Deliverable Certification Form must be submitted for each required deliverable.

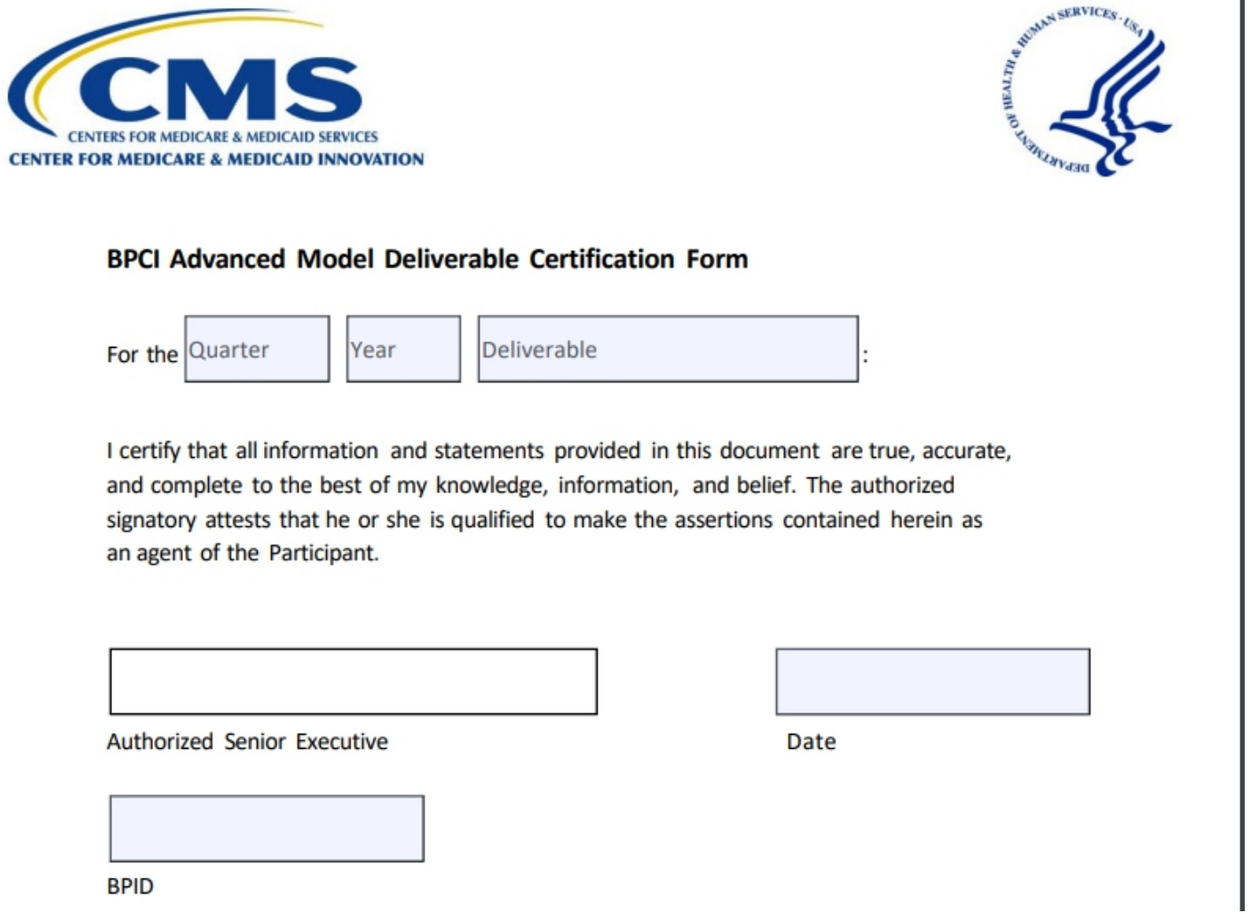
Please enter the following information:

Quarter – enter the current quarter (i.e., Q1)
Year – enter the current year (i.e., 2024)
Deliverable – enter the Deliverable (i.e., Financial Arrangement List)
Authorized Senior Executive – Signature of authorized representative
Date – enter the date that the document was signed (mm/dd/yyyy)
BPID – enter the assigned BPID (i.e., XXXX-XXXX or AXXX-XXXX)

Scan the executed document and create a PDF of the original document or use a digital signature.

Have the Deliverable Certification Form executed and available when you begin the upload process for the IFAL/UFAL.

Digital signatures are accepted.



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BPCI Advanced Model Deliverable Certification Form

For the Quarter Year Deliverable :

I certify that all information and statements provided in this document are true, accurate, and complete to the best of my knowledge, information, and belief. The authorized signatory attests that he or she is qualified to make the assertions contained herein as an agent of the Participant.

Authorized Senior Executive

Date

BPID

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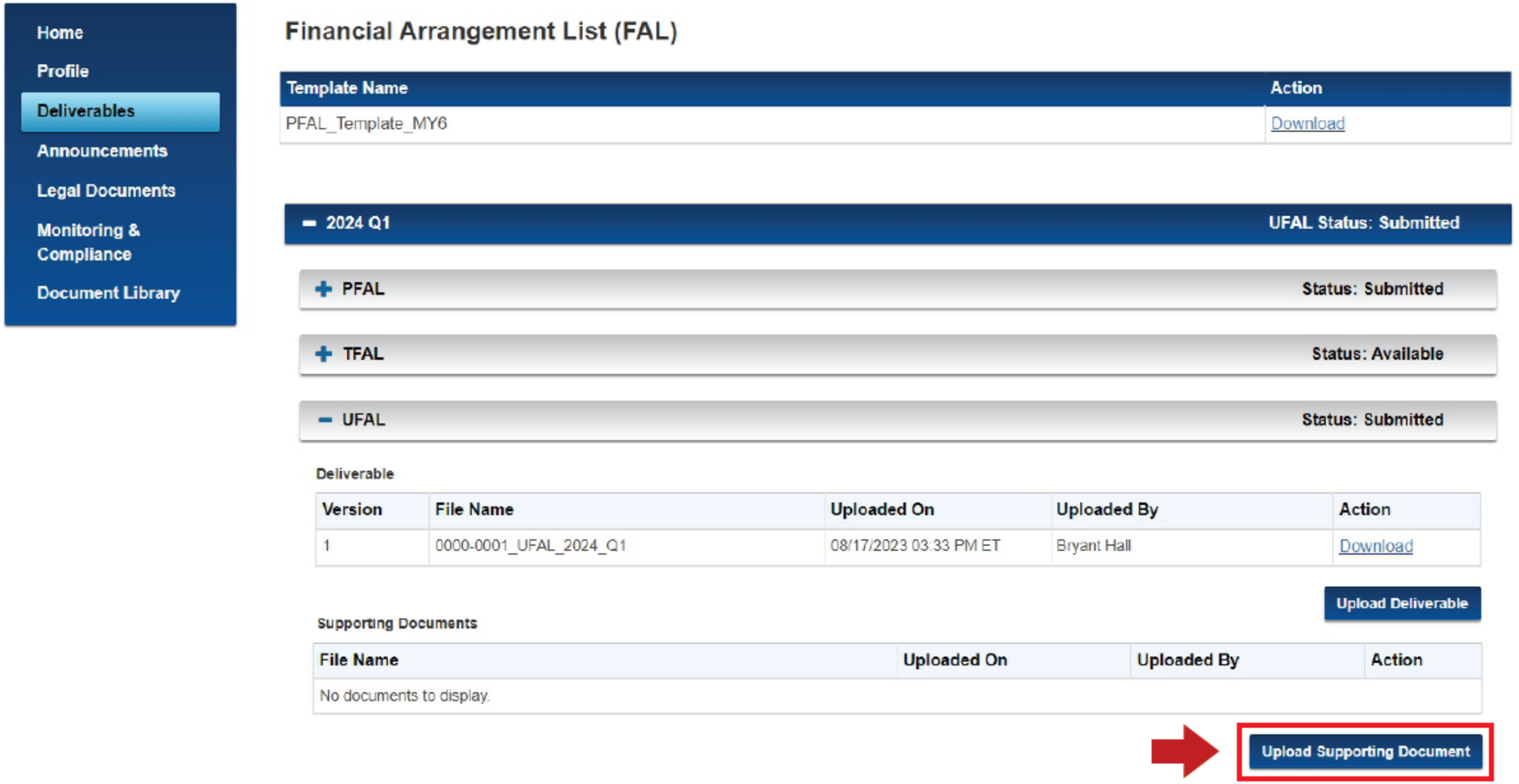
Submitting the IFAL/UFAL

Uploading the IFAL/UFAL Certification Form

Under the 2024 Q1 section header (in the Supporting Documents sub-section), select the Upload Supporting Document button on the right side of the screen.



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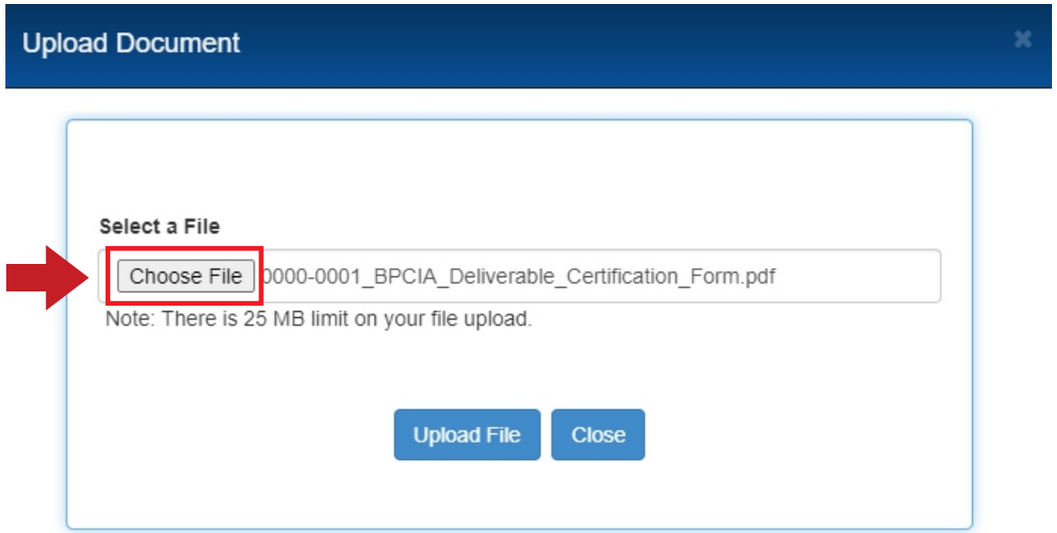
Submitting the IFAL/UFAL

Uploading the Deliverable Certification Form

Select the Choose File button directly under Select a File.



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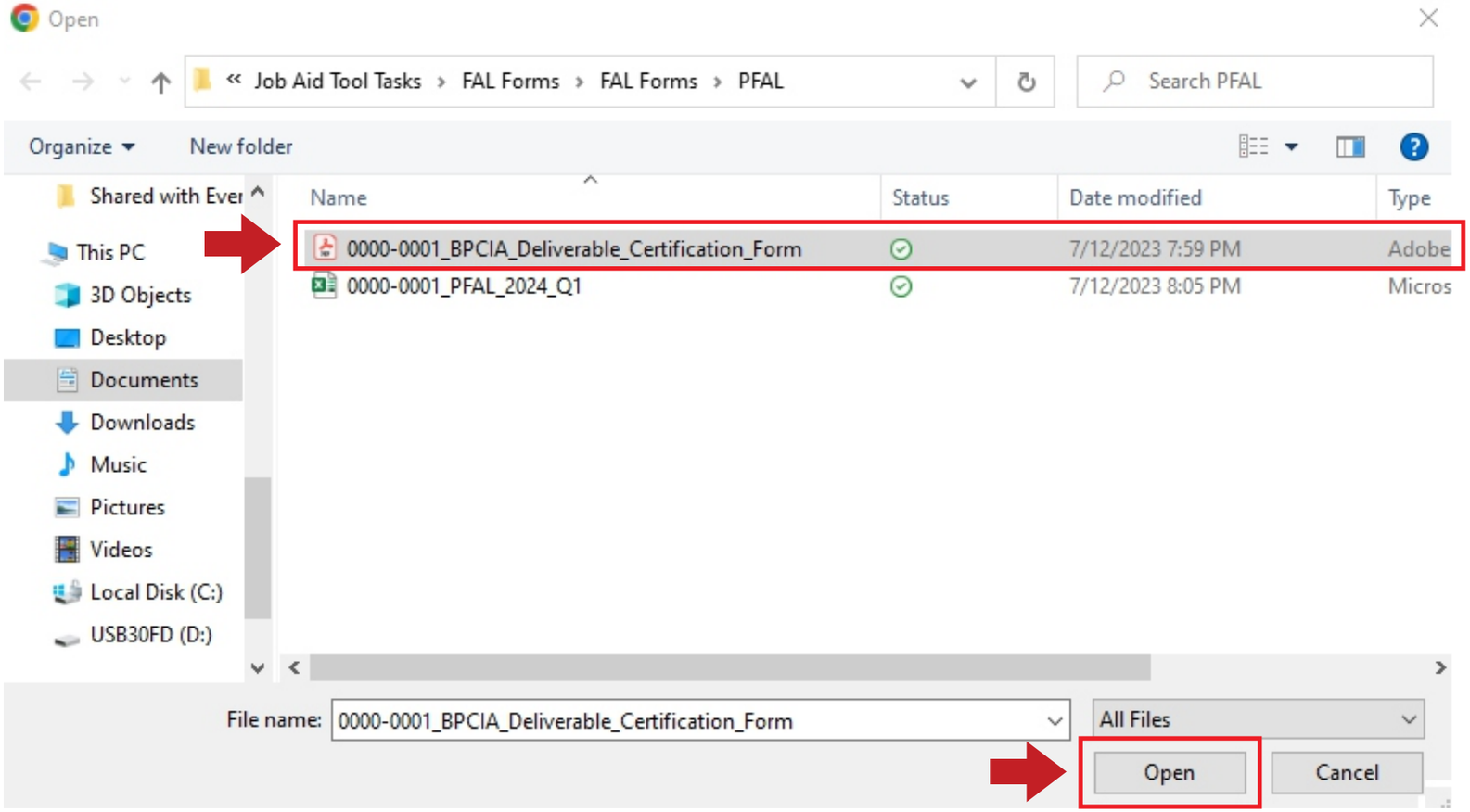
Uploading the Deliverable Certification Form

Locate your Deliverable Certification Form file, select the Deliverable Certification Form Document file (PDF format), and then select the Open button.



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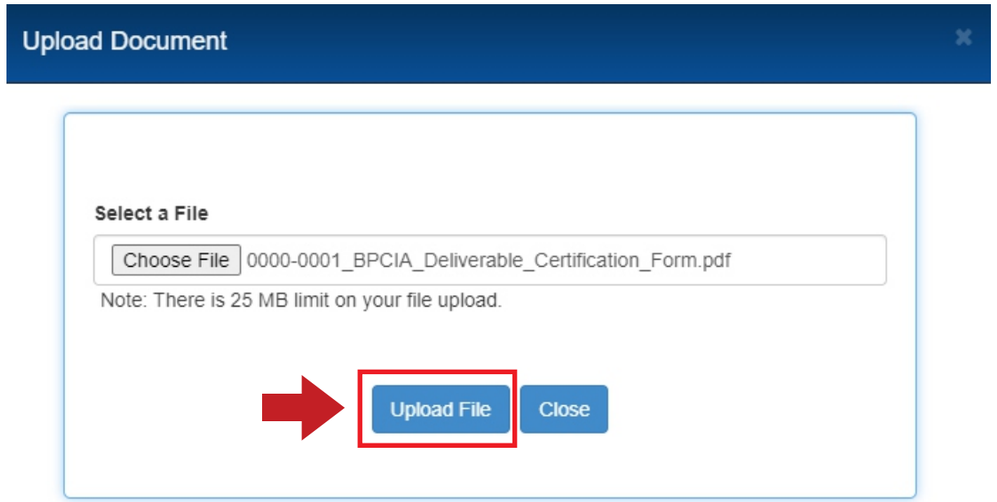
Uploading the Deliverable Certification Form

Select the Upload File button.



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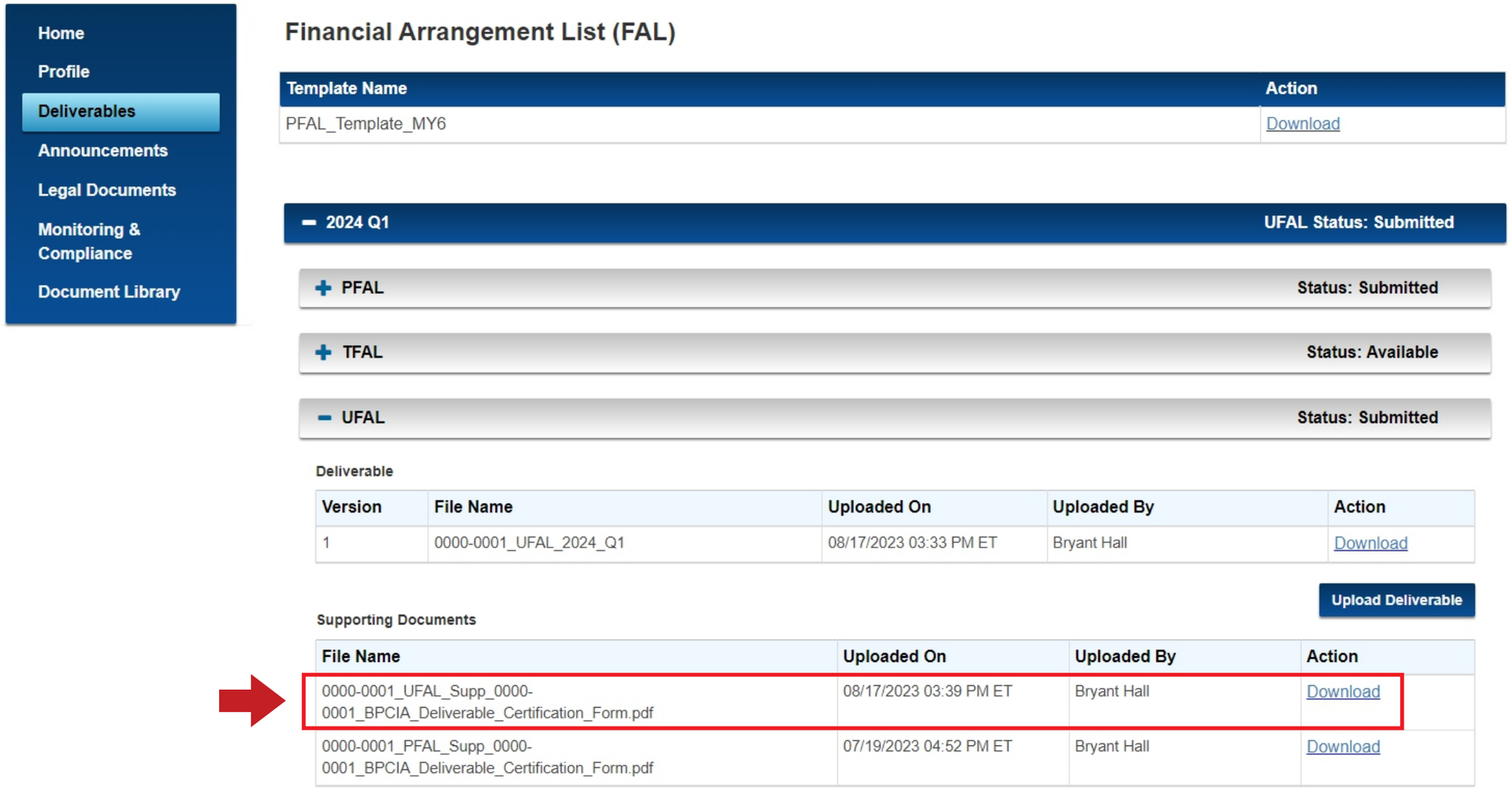
Submitting the IFAL/UFAL

Uploading the IFAL/UFAL Certification Form

Verify that the IFAL/UFAL Certification Form Document was uploaded. There should be a new file listed in the Supporting Documents sub-section.



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SECTION 4 - OVERVIEW

Additional Resources for Participants

More resources available in the BPCI Advanced webpages

Main Page | Applicant Resources | Participant Resources | Quality Measures

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

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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: ○ Access organizational data ○ Add/Delete Participant POCs ○ Download templates and submit deliverables ○ Access Participation Agreement, Amendments and DRA ○ Verify Clinical Episode selection ○ 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: ○ Preliminary and updated Target Prices ○ Baseline claims data ○ Monthly claims data ○ Reconciliation Reports ○ Quality Measure data • ***The Data Portal is hosted within the CMS Enterprise Portal and IC - Innovation Center Application.***

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