

QPP List User Guide

September 2023



The purpose of this User Guide is as follows:

- Describe what has changed for Model Year 7 (MY7).
- Address the dual purpose of the QPP List.
 - Identification of Participating Practitioners implementing the Model.
 - Eligible Clinicians to be reported to the CMS Quality Payment Program for potential QP determinations.
- Provide standardized and clear explanations of "Error Messages" and how to fix them.

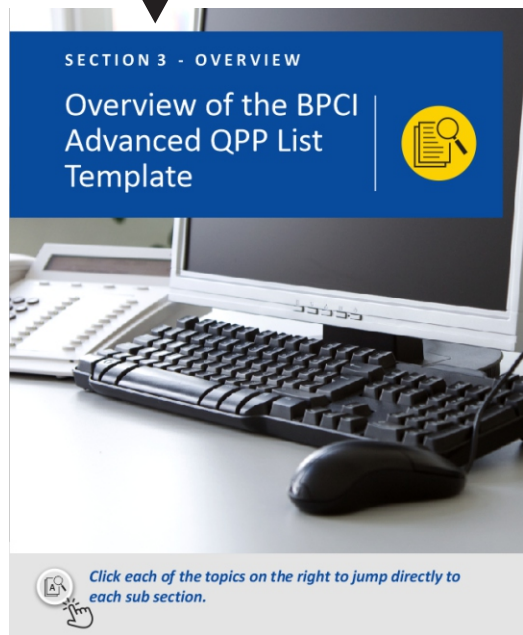
How to Use this User Guide

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

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

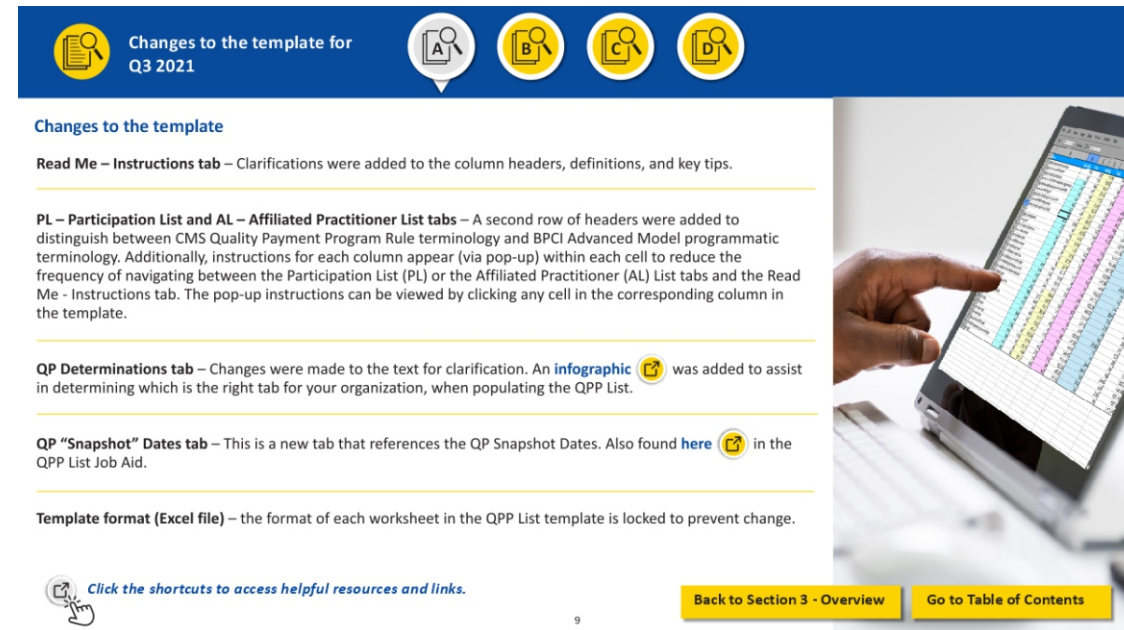
Section Overview Reference: This title helps you keep track of what section you are currently navigating.

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



- A** Changes to the template for Q3 2021
- B** Where to find the template for the current period in the Participant Portal.
- C** How to download the template from the Participant Portal.
- D** How to upload the QPP List to the Participant Portal.

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Go to Table of Contents

Guide Navigation Buttons:

Click here to navigate back to the Section Overview Page or back to the Table of Contents.

Section Overview Page: This page introduces the section and highlights the key topics. The User Guide includes five 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.

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NAVIGATING THE TABLE OF CONTENTS:

Click on the icons to access each Section Overview page.

Section 1: Submission Process for the BPCI Advanced QPP List

Section 2: CMS Quality Payment Program - QP Determination “Snapshots”

Section 3: Overview of the New BPCI Advanced QPP List Template

Section 4: Quality Assurance (QA) Error Messages and How to Fix Them

1 – Template format modified

2 – Failure to use the current QPP List template

3 – No QPP List submitted

4 – Blank QPP List submitted

5 – Non-QPP List document submitted

6 – QPP List submitted with no clinician information

7 – No QPP List Certification form submitted

AL3 – Information submitted in the incorrect list tab

PL3 – Information submitted in the incorrect list tab

AL4 – Multiple data fields blank

PL4 – Multiple data fields blank

AL5 – Participant BPID incorrect

PL5 – Participant BPID incorrect

AL6 – Participant BPID missing

PL6 – Participant BPID missing

AL7 – Participant legal name incorrect

PL7 – Participant legal name incorrect

AL8 – Participant legal name missing

PL8 – Participant legal name missing

AL9 – EI BPID incorrect

PL9 – EI BPID incorrect

AL10 – EI BPID missing

PL10 – EI BPID missing

AL11 – EI legal name incorrect

PL11 – EI legal name incorrect

AL12 – EI legal name missing

PL12 – EI legal name missing

AL13 – EI TIN missing

PL13 – EI TIN missing

AL14 – EI NPI missing

PL14 – EI NPI missing

AL15 – CCN blank

AL16 – CCN 999999

AL17 – Clinician information missing

PL17 – Clinician information missing



Click on any number below and it takes you directly to a visual representation of each error message.

Section 5: Additional Resources for Participants

SECTION 1 - OVERVIEW

Submission Process for the BPCI Advanced QPP List



Click the shortcuts to access helpful resources and links.

Step 1 - Get the Right Template

Start with the current period template (QX 202X) found in the BPCI Advanced Participant Portal (Deliverables > QPP Section> QPP202X QX Deliverable Template). There is a new template for 2024, and CMS may make additional changes in the future.

Failure to use the current period template will result in the submission failing the Quality Assurance (QA) check automatically. [How to download the template](#)

Step 2 - Pick the Right Tab

Determine which tab in the BPCI Advanced QPP List template is the most appropriate - the Participation List (PL) tab or the Affiliated Practitioners List (AL) tab for your specific Participant status.

[Review Diagram #1](#)

Step 3 - Review Instructions and Populate Information

Review the Instructions tab in the BPCI Advanced QPP List template and populate ALL the fields in the appropriate tab. Use the list of Quality Assurance (QA) Error Messages ([in Section 4](#)) and guidance on how to avoid them to ensure your submitted QPP List pass the QA check.

Step 4 - Submit BPCI Advanced QPP List

Submit your BPCI Advanced QPP List **AND** your Model Deliverable Certification Form via the BPCI Advanced Participant Portal > Deliverables > QPP section.

The BPCI Advanced Deliverable Certification is distributed with the QX 202X QPP List Notification email. It can also be found in the Participant Portal > Document Library. Search under Document Type (General), Document Subtype (Deliverables), select BPCI_Advanced_Deliverables_Certification_Form.

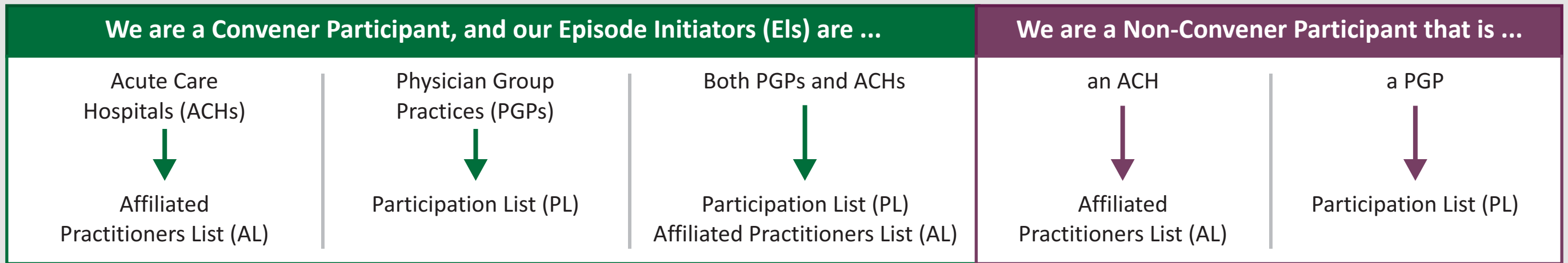


Submission Process for the BPCI Advanced QPP List

Which list is right for your organization? Pick the right tab.

Participants must either complete the Participation List (PL) tab, or the Affiliated Practitioners List (AL) tab, or both.

Diagram #1



New Quality Assurance (QA) Check and Error Reporting

Continuing the process changes that were introduced with the submission of the Q3 2021 BPCI Advanced QPP List, a new Quality Assurance (QA) system was implemented by CMS. Participants will NOT have the opportunity for revisions or corrections to be made to the submitted QPP List. Please review the instructions in the first tab of the template and use this User Guide to avoid errors. There are two potential outcomes after CMS conducts the QA check of a submitted QPP list:

- **Pass QA** – No errors found in the document.
 - All eligible clinicians in the submitted BPCI Advanced QPP List may be included in the quarterly report to the CMS Quality Payment Program.
- **Fail QA** – One or more errors found in the document. Errors will be identified using a numbering system that will indicate in which tab of the template (PL or AL) and which specific field must be revised for the NEXT quarterly submission. Please carefully review Section 4 - Quality Assurance (QA) Error Messages for the list of error messages, description of the problems, and how to fix them.
 - No eligible clinicians included in the submitted BPCI Advanced QPP List are reported to the CMS Quality Payment Program.

SECTION 2 - OVERVIEW

CMS Quality Payment Program - QP Determination “Snapshots”



Advanced APM Tracks

The eligible clinician must be on the APM Participation List for at least one of the three QP determination "snapshots" dates during the QP Performance Period.



An eligible clinician included on a Participation List (PL) or the Affiliated Practitioners List (AL) submitted to the CMS Quality Payment Program on any one of “snapshots” dates (March 31, June 30, August 31) may be included in the APM Entity group even, if that eligible clinician is not included on that Participation List (PL) or the Affiliated Practitioners List (AL) at one of the prior or later listed “snapshots” dates.

For more information:

Web - <https://qpp.cms.gov>

Email - QPP@cms.hhs.gov

Call - 1-866-288-8292



QP Determinations for BPCI Advanced Model Participants

Eligible clinicians affiliated with BPCI Advanced Model Participants through an Affiliated Practitioner List (AL) or a Participation List (PL) will be assessed for QP status as summarized below. QP determinations for eligible clinicians in BPCI Advanced are based on the type of the APM Entity’s participation (whether Convener Participant or Non-Convener Participant), as well as the type of Episode Initiator participation under the APM Entity.

1

Non-Convener Participants that are Acute Care Hospitals (ACHs)

QP determinations for eligible clinicians will be assessed at the individual level for practitioners listed on the Affiliated Practitioners List (AL) tab.

2

Non-Convener Participants that are Physician Group Practices (PGPs)

QP determinations for eligible clinicians will be assessed as one group for practitioners listed on the Participation List (PL) tab.

3

Convener Participants that have PGP(s) and ACH(s) as Episode Initiators

QP determinations for eligible clinicians will be assessed as one group for those practitioners listed on the Participation List (PL) tab. Eligible clinicians listed on the Affiliated Practitioners List (AL) tab will not be assessed for QP determinations.

Convener Participants that have PGP(s) and ACH(s) as Episode Initiators (with the same Parent BPID), must complete both templates (PL & AL) to identify their eligible clinicians, but only the eligible clinicians in the PL will be assessed for QP determinations.

4

Convener Participants that only have ACH(s) as Episode Initiators

QP determinations for eligible clinicians will be assessed at the individual level for practitioners listed on the Affiliated Practitioner List (AL) tab.

5

Convener Participants that only have PGP(s) as Episode Initiators

QP determinations for eligible clinicians will be assessed as one group for practitioners listed on the Participation List (PL) tab.

SECTION 3 - OVERVIEW

Overview of the BPCI Advanced QPP List Template



Changes to the template for Q1 2024

Where to find the template for the current period in the Participant Portal.

How to download the template from the Participant Portal.

How to upload the QPP List to the Participant Portal.



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




Changes to the template for Q1 2024




Changes to the template

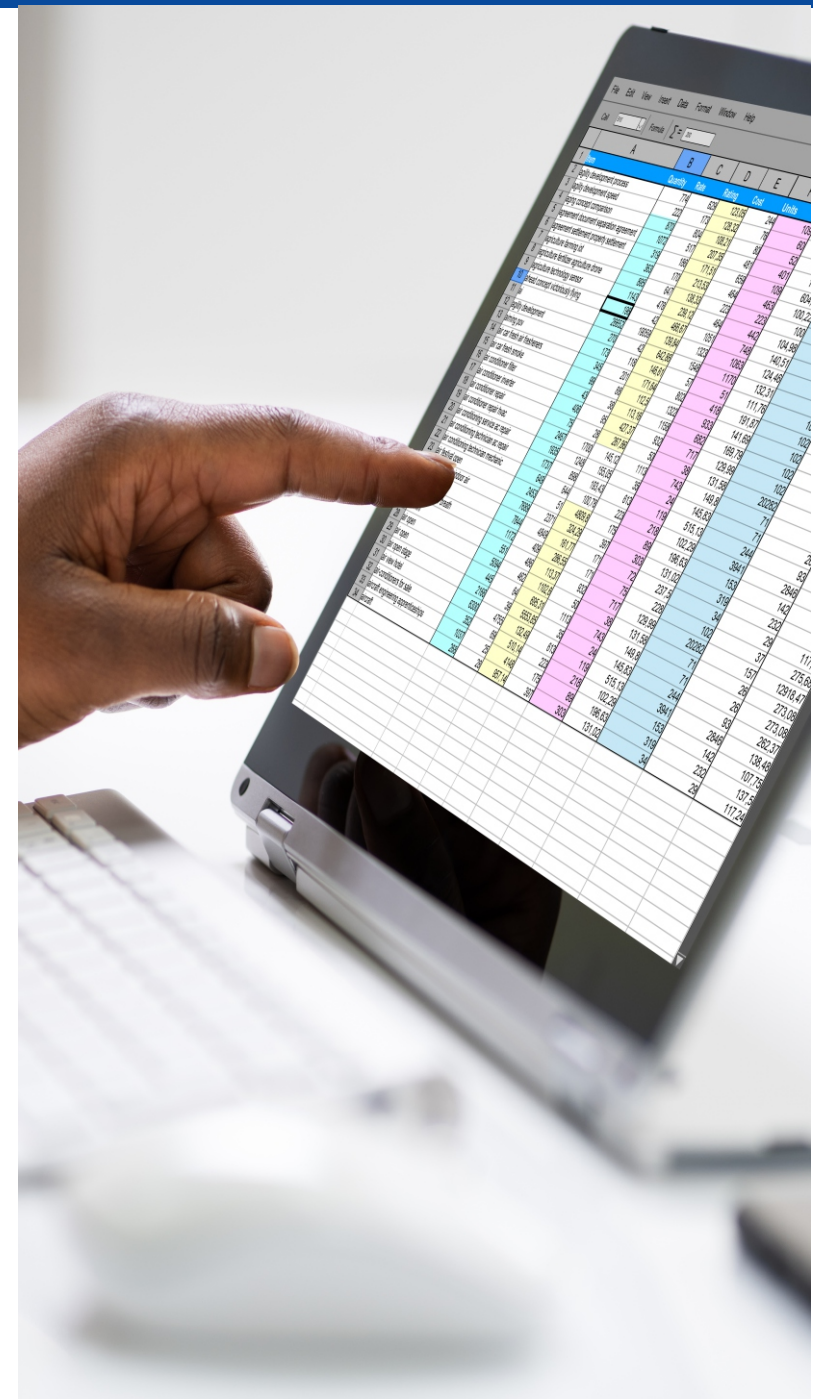
Read Me – Instructions tab – Clarifications were added to the definitions of Participating Practitioners and Eligible clinicians included on the Participation List (PL) tab, and the result of failing the QA checks, in the Overview section. Model Year 7 and August 2023 were added to the main banner to help identify the correct template for Q1 2024.

PL – Participation List and AL – Affiliated Practitioner List tabs – Model Year 7 was added to the main banner to help identify the correct template for Q1 2024. Instructions for each column will continue to appear (via pop-up) within each cell to reduce the frequency of navigating between the Participation List (PL) or the Affiliated Practitioner (AL) List tabs and the Read Me - Instructions tab. The pop-up instructions can be viewed by clicking any cell in the corresponding column in the template.

QP Determinations tab – Changes were made to the text for clarification. An **infographic**  was added to assist in determining which is the right tab for your organization, when populating the QPP List.

QP “Snapshots” Dates tab – This is a new tab that references the QP Snapshots Dates. Also found **here**  in the QPP List User Guide.

Template format (Excel file) – The format of each worksheet in the QPP List template is locked to prevent change.



Click the shortcuts to access helpful resources and links.



Submission Process for the BPCI Advanced QPP List Definitions

Participating Practitioner is defined as a Medicare-enrolled physician or non-physician practitioner listed at 42 C.F.R. § 410.78(b)(2), who:

- (1) is identified by an individual NPI;
- (2) is Medicare enrolled and has reassigned his or her right to receive Medicare payment to the TIN of the Participant or a Downstream Episode Initiator, if the Participant or such Downstream Episode Initiator is a PGP;
- (3) is participating in BPCI Advanced Activities;
- (4) has a written agreement with the Participant that requires the Participating Practitioner to comply with all applicable terms and conditions of this Agreement; and
- (5) is identified on the QPP List

Eligible Clinicians included in the Affiliated Practitioners List (AL) tab of the QPP List, must also meet the definition of Affiliated Practitioner in 42 C.F.R. § 414.1305.

Eligible Clinicians included in the Participation List (PL) tab of the QPP List for Participants and Downstream Episode Initiators who are PGPs, must also have reassigned their right to receive Medicare payments to the Tax Identification Number (TIN) of the Participant or to a Downstream Episode Initiator.

The BPCI Advanced QPP Lists, submitted by Model Participants before the start of every quarter, will be aggregated by the Model Team to create a quarterly report for the CMS Quality Payment Program.

QPP Lists that fail quality assurance (QA) checks will not be aggregated into the quarterly report or reported to the CMS Quality Payment Program.



Where to find the template for the current period in the Participant Portal.



Obtaining the Template

A new template should be downloaded from the Participant Portal for each quarter. Additionally, the format of the template is locked and should not be modified in any way. To download the template, navigate to the Deliverables section of the Participant Portal. Select Manage QPP and select the Download button from the new screen.

Bundled Payments for Care Improvement Advanced BPID: 0000-0001

Deliverables

- Care Redesign Plan (CRP)**
CRP Due 12/18/2023
[Manage CRP](#)
- Financial Arrangement List (FAL)**
PFAL Due 12/18/2023
[Manage FAL](#)
- Participant Profile (PP)**
PP Due 12/4/2023
[Manage PP](#)
- Quality Payment Program List (QPP)**
QPP Due 12/18/2023
[Manage QPP](#)

Deliverables showing only due date have yet to be submitted.

Selecting "Manage" displays more information.



How to download the template from the Participant Portal.



CMS.gov

Centers for Medicare & Medicaid Services

[SWITCH BPID](#) [LOGOUT](#)

Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

- Home
- Profile
- Deliverables**
- Announcements
- Legal Documents
- Monitoring & Compliance
- Document Library

Quality Payment Program List (QPP)

Template Name	Action
BPCI_Advanced_QPP_List_Template_MY7	Download



202X QX Status: Submitted

Deliverable

Version	File Name	Uploaded On	Uploaded By	Action
1	0000-0001_QPP_202X_QX	12/07/2020 09:21 AM ET	Thomas Ensor	Download

Supporting Documents

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

Comments

No comments available for display.

To navigate back to the main deliverables page use the vertical navigation bar



How to identify the correct QPP List template

1. Filename – BPCI_Advanced_QPP_List_Template_MY7

2. Read Me – Instructions tab banner

Model Year 7 BPCI Advanced Model QPP List - Overview

Model Year 7 August 2023

3. PL Participation List tab banner

Model Year 7 BPCI Advanced QPP List:

Model Year 7 QPP List

4. AL Affiliated Practitioner List tab banner

Model Year 7 BPCI Advanced QPP List:

Model Year 7 QPP List

5. Color scheme of greens and browns



How to upload the QPP List to the Participant Portal.



CMS.gov

Centers for Medicare & Medicaid Services

[SWITCH BPID](#) [LOGOUT](#)

Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

- Home
- Profile
- Deliverables**
- Announcements
- Legal Documents
- Monitoring & Compliance
- Document Library

Quality Payment Program List (QPP)

Performance Period Available: 2024 - Q1

Template Name	Due Date	Action
BPCI_Advanced_QPP_List_Template_MY7	12/18/2023	Download

[Upload Document](#)

Upload list

202X QX Status: Submitted

Deliverable

Version	File Name	Uploaded On	Uploaded By	Action
1	0000-0001_QPP_202X_QX	12/07/2020 09:21 AM ET	Thomas Ensor	Download

Supporting Documents

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

Comments

No comments available for display.

QPP Lists will not be accepted if submitted: 1) after the announced deadline, or 2) submitted via email.

SECTION 4 - OVERVIEW

Quality Assurance (QA) Error Messages



How to populate the fields in such a way that the submitted BPCI Advanced QPP List will pass the QA check.

When a list "Fails QA", the Participant will receive a notification from CMS that identifies each "**Error Message**" by one of the numbers listed below. However, the Participant will NOT have the option of submitting a revised document for the current quarter. The suggested "**Fix**" is for the next quarter submission of the BPCI Advanced QPP List.

- 1 – Template format modified
- 2 – Failure to use the current QPP List template
- 3 – No QPP List submitted
- 4 – Blank QPP List submitted
- 5 – Non-QPP List document submitted
- 6 – QPP List submitted with no clinician information
- 7 – No QPP List Certification form submitted
- AL3 – Information submitted in the incorrect list tab
- PL3 – Information submitted in the incorrect list tab
- AL4 – Multiple data fields blank
- PL4 – Multiple data fields blank
- AL5 – Participant BPID incorrect
- PL5 – Participant BPID incorrect
- AL6 – Participant BPID missing
- PL6 – Participant BPID missing
- AL7 – Participant legal name incorrect
- PL7 – Participant legal name incorrect
- AL8 – Participant legal name missing
- PL8 – Participant legal name missing
- AL9 – EI BPID incorrect
- PL9 – EI BPID incorrect
- AL10 – EI BPID missing
- PL10 – EI BPID missing
- AL11 – EI legal name incorrect
- PL11 – EI legal name incorrect
- AL12 – EI legal name missing
- PL12 – EI legal name missing
- AL13 – EI TIN missing
- PL13 – EI TIN missing
- AL14 – EI NPI missing
- PL14 – EI NPI missing
- AL15 – CCN blank
- AL16 – CCN 999999
- AL17 – Clinician information missing
- PL17 – Clinician information missing



Click each of the links on the right to jump directly to a visual representation of each error message.



Quality Assurance (QA) Error Messages

1 – Template format modified

Participation List (PL) and Affiliated Practitioner List (AL)



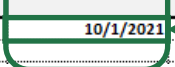
Error: Modifications were made to the formatting of the template. This includes removal of locked settings such as date formats, data alignment, or generally removing the worksheet password protection.

A	B	C	D	E	F	G	H	I	J	K
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Eligible Clinician Last Name	Eligible Clinician First Name	Clinician's Individual NPI	Clinician Start Date	Clinician End Date
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Participating Practitioner Last Name	Participating Practitioner First Name	Participating Practitioner Individual NPI	Participating Practitioner Start Date	Participating Practitioner End Date
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	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.	10 digit number without dashes.	mm/dd/yyyy	mm/dd/yyyy
1234-0000	ABC Hospital, Inc.	1234-0000	ABC Hospital, Inc.	123456789	1234567890	Smith	John	2345678901	Pre-2020	12/31/9999



Fix: Use the current quarter QPP List template without any modifications. Complete all data fields on either the PL or the AL tab, or both, depending on your Participant and Episode Initiator type.

A	B	C	D	E	F	G	H	I	J	K
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Eligible Clinician Last Name	Eligible Clinician First Name	Clinician's Individual NPI	Clinician Start Date	Clinician End Date
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Participating Practitioner Last Name	Participating Practitioner First Name	Participating Practitioner Individual NPI	Participating Practitioner Start Date	Participating Practitioner End Date
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	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.	10 digit number without dashes.	mm/dd/yyyy	mm/dd/yyyy
1234-0000	ABC Hospital, Inc.	1234-0000	ABC Hospital, Inc.	123456789	1234567890	Smith	John	2345678901	10/1/2021	12/31/9999





Error: The template for the current quarter was not utilized.

APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]

The template may be found on the Participant Portal, under Deliverables, and selecting Manage QPP.



Centers for Medicare & Medicaid Services

[SWITCH BPID](#) [LOGOUT](#)

Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

Quality Payment Program List (QPP)

Template Name: BPCI_Advanced_QPP_List_Template_MY7 Action: Download

2021 Q1 Status: Submitted

Version	File Name	Uploaded On	Uploaded By	Action
1	0000-0001_QPP_2021_Q1	12/07/2020 09:21 AM ET	Thomas Ensor	Download



Fix: Download the current quarter QPP List template from the Participant Portal. Complete all data fields on either the PL or the AL tab, or both, depending on your Participant and Episode Initiator type.

Model Year 7 BPCI Advanced QPP List: Participation List (PL) Template

[To be used by: Non-Convener Participants that are PGPs, or Convener Participants that have PGPs as Initiators.]

Convener Participants that have PGP(s) and ACH(s) as Episode Initiators (with the same Parent BPID), must complete both templates (PL & AL) to identify their Participating Practitioners, but only the Eligible Clinicians in the PL will be assessed for QP determinations.

Please refer to the "Instructions" tab, or the QPP List Job Aid for directions about how to complete this template. All fields are required unless otherwise noted.

APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Eligible Clinician Last Name	Eligible Clinician First Name	Clinician's Individual NPI	Clinician Start Date	Clinician End Date
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Participating Practitioner Last Name	Participating Practitioner First Name	Participating Practitioner Individual NPI	Participating Practitioner Start Date	Participating Practitioner End Date
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	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.	10 digit number without dashes.	mm/dd/yyyy	mm/dd/yyyy



Error: No QPP List was submitted by the deadline.



Fix: *After receipt of the Notice of Non-compliance, follow the directions outlined in the document for submission of the QPP List and the QPP List certification form. Please use the current QPP List template without any modifications. Complete all data fields on either the PL , AL tab, or both, depending on your Participant and Episode Initiator type.*





Error: A QPP List was submitted by the deadline, however it did not contain any data on either the AL or PL tabs.

APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Eligible Clinician Last Name	Eligible Clinician First Name	Clinician's Individual NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Participating Practitioner Last Name	Participating Practitioner First Name	Participating Practitioner Individual NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	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.	10 digit number without dashes.



Fix: After receipt of the Notice of Non-compliance, follow the directions outlined in the document for submission of the QPP List and the QPP List certification form. Please use the current QPP List template without any modifications. Complete all data fields on either the PL , AL tab, or both, depending on your Participant and Episode Initiator type.



Error: A document was uploaded to the Participant Portal by the deadline; however, the document was not a QPP List document (i.e., PFAL, TFAL).

BPCI Advanced Financial Arrangement List:

NOTE: Please refer to the "FAL Instructions" tab for **No Participants should be listed in the FAL.**

Participant BPID	Individual NPI	LAST NAME
8 digit number (XXXX-XXXX)	10 digit number without dashes	Must match name as listed in PECOS. Do not include professional titles or certifications.



Fix: After receipt of the Notice of Non-compliance, follow the directions outlined in the document for submission of the QPP List and the QPP List certification form. Please use the current QPP List template without any modifications. Complete all data fields on either the PL , AL tab, or both, depending on your Participant and Episode Initiator type.



Error: A QPP List was submitted by the deadline. While the QPP List contained information regarding the Participant and the Episode Initiators, the QPP List did not contain any clinician information on either the AL or PL tabs.

APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Eligible Clinician Last Name	Eligible Clinician First Name	Clinician's Individual NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Participating Practitioner Last Name	Participating Practitioner First Name	Participating Practitioner Individual NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	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.	10 digit number without dashes.
1234-0001	ABC Hospital, Inc.	1234-0001	ABC Hospital, Inc.	123456789	1234567890			
1234-0001	ABC Hospital, Inc.	1234-0002	DEF Medical Center, Inc.	234567891	2345678901			



Fix: After receipt of the Notice of Non-compliance, follow the directions outlined in the document for submission of the QPP List and the QPP List certification form. Please use the current QPP List template without any modifications. Complete all data fields on either the PL, AL tab, or both, depending on your Participant and Episode Initiator type.



Error: No QPP List certification form was submitted by the deadline.



Fix: After receipt of the Notice of Non-compliance, follow the directions outlined in the document for submission of the QPP List and the QPP List certification form.





Error: The Affiliated Practitioner List (AL) tab was completed by a Non-Convener Participant that is a PGP, or a Convener Participant with only PGP Episode Initiators.



Model Year 7 BPCI Advanced QPP List: Affiliated Practitioners List (AL) Template

[To be used by: Non-Convener Participants that are ACHs, or Convener Participants that have ACHs as Episode Initiators.]

Convener Participants that have PGP(s) and ACH(s) as Episode Initiators (with the same Parent BPID), must complete both templates to identify their Participating Practitioners, but only the Eligible Clinicians in the PL will be assessed for QP determinations.

Please refer to the "Instructions" tab, or the QPP List Job Aid for directions about how to complete this template.

All fields are required unless otherwise noted.

APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.



Fix: Complete the Participation List (PL) tab on the current quarter QPP List template.

Note: A Convener Participant that has both PGP and ACH Episode Initiator(s) under the same Parent BPID, may populate both tabs but CMS will only submit eligible clinicians listed in the PL tab for QP determinations.



Model Year 7 BPCI Advanced QPP List: Participation List (PL) Template

[To be used by: Non-Convener Participants that are PGPs, or Convener Participants that have PGPs as Initiators.]

Convener Participants that have PGP(s) and ACH(s) as Episode Initiators (with the same Parent BPID), must complete both templates (PL & AL) to identify their Participating Practitioners, but only the Eligible Clinicians in the PL will be assessed for QP determinations.

Please refer to the "Instructions" tab, or the QPP List Job Aid for directions about how to complete this template.

All fields are required unless otherwise noted.

APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.



Error: The Participation List (PL) tab was completed by a Non-Convener Participant that is an ACH, or a Convener Participant with only ACH Episode Initiators.



Model Year 7 BPCI Advanced QPP List: Participation List (PL) Template

[To be used by: Non-Convener Participants that are PGPs, or Convener Participants that have PGPs as Initiators.]

Convener Participants that have PGP(s) and ACH(s) as Episode Initiators (with the same Parent BPID), must complete both templates (PL & AL) to identify their Participating Practitioners, but only the Eligible Clinicians in the PL will be assessed for QP determinations.

Please refer to the "Instructions" tab, or the QPP List Job Aid for directions about how to complete this template.

All fields are required unless otherwise noted.

APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.



Fix: Complete the Affiliated Practitioners List (AL) tab on the current quarter QPP List template.

Note: A Convener Participant that has both PGP and ACH Episode Initiator(s) under the same Parent BPID, may populate both tabs but CMS will only submit eligible clinicians listed in the PL tab for QP determinations.



Model Year 7 BPCI Advanced QPP List: Affiliated Practitioners List (AL) Template

[To be used by: Non-Convener Participants that are ACHs, or Convener Participants that have ACHs as Episode Initiators.]

Convener Participants that have PGP(s) and ACH(s) as Episode Initiators (with the same Parent BPID), must complete both templates (PL & AL) to identify their Participating Practitioners, but only the Eligible Clinicians in the PL will be assessed for QP determinations.

Please refer to the "Instructions" tab, or the QPP List Job Aid for directions about how to complete this template.

All fields are required unless otherwise noted.

APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.



AL4 – Multiple data fields blank



Error: The Affiliated Practitioner List (AL) tab has multiple data fields that were not populated.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.		Seaside General Hospital, Inc.	123456789	1234567890	123456
	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	23456		234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, inc.	345678912	3456789012	345612



Fix: Carefully review the information submitted and populate any data fields that are blank. ALL fields listed in the AL tab are required for clinicians under ACH Episode Initiators.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	123456
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567	2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, inc.	345678912	3456789012	345612





Error: The Participation List (PL) tab has multiple data fields that were not populated.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.		North City Medical Group, LLC	567891234	5566778899
	ABC Health System, Inc.	1234-0003	East City Medical Group, LL		6677889955
1234-0001	ABC Health System, Inc.	1234-0004	South City Medical Group, LLC	789123456	7788995566



Fix: Carefully review the information submitted and populate any data fields that are blank. ALL fields listed in the PL tab are required for clinicians under PGP Episode Initiators.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0002	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0003	East City Medical Group, LLC	678912345	6677889955
1234-0001	ABC Health System, Inc.	1234-0004	South City Medical Group, LLC	789123456	7788995566



Error: The BPID in column A is incorrect. Possible causes: 1) It does not match the legal name in column B; 2) it is a result of a copying error; or 3) it is a BPID associated with an Episode Initiator.

A	B
APM Entity ID	APM Entity Legal Name
Participant BPID	Participant Legal Name
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)
1234-0002	XYZ Health System, Inc.
1234-0003	XYZ Health System, Inc.
1234-0004	XYZ Health System, Inc.





Fix: The BPID listed in column A must be a Convener Participant (####-0001) or a Non-Convener Participant (####-0000) BPID. It cannot be a Downstream Episode Initiator BPID (last digit ending in any number equal or greater than 2).

A	B
APM Entity ID	APM Entity Legal Name
Participant BPID	Participant Legal Name
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)
1234-0001	XYZ Health System, Inc.
1234-0001	XYZ Health System, Inc.
1234-0001	XYZ Health System, Inc.





Error: No BPID is listed in column A; this is a required field.



A	B
APM Entity ID	APM Entity Legal Name
Participant BPID	Participant Legal Name
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)
1234-0001	XYZ Health System, Inc.
	XYZ Health System, Inc.
	XYZ Health System, Inc.




Fix: The BPID listed in column A must be a Convener Participant (####-0001) or a Non-Convener Participant (####-0000). It cannot be a Downstream Episode Initiator BPID (last digit ending in any number equal or greater than 2).




A	B
APM Entity ID	APM Entity Legal Name
Participant BPID	Participant Legal Name
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)
1234-0001	XYZ Health System, Inc.
1234-0001	XYZ Health System, Inc.
1234-0001	XYZ Health System, Inc.




Error: The legal name in column B does not match the legal name associated with the BPID in column A, with the name listed in the BPCI Advanced Participant Portal.




A	B
APM Entity ID	APM Entity Legal Name
Participant BPID	Participant Legal Name
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)
1234-0001	XYZ Health System, Inc.
1234-0001	XYZ Health System
1234-0001	XYZ Health, Inc.




Fix: The legal name in column B must reflect the legal name of the Convener Participant or Non-Convener Participant associated with the BPID in column A, as listed the BPCI Advanced Participant Portal.



A	B
APM Entity ID	APM Entity Legal Name
Participant BPID	Participant Legal Name
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)
1234-0001	XYZ Health System, Inc.
1234-0001	XYZ Health System, Inc.
1234-0001	XYZ Health System, Inc.



The information is available in the BPCI Advanced Participant Portal > Profile Section.



1. Log on to the Participant Portal
2. Select the desired Convener/Non-Convener BPID
3. The following screen will be displayed

The screenshot shows the CMS.gov Participant Portal. The header includes the CMS.gov logo and navigation links: SWITCH BPID, CHANGE PASSWORD, LOGOUT. The main header displays "Bundled Payments for Care Improvement Advanced" and "BPID: 0000-0001". A left sidebar contains navigation options: Home, Profile, Deliverables, Announcements, Legal Documents, Monitoring & Compliance, and Document Library. The main content area features a "Welcome, Bryant!" message, the BPCI Advanced logo, and a description of the program. It also includes an "Upcoming Deadlines" section with a warning to complete document submissions and a "Helpful Links" section with several URLs.


4. Select Profile

The screenshot shows the CMS.gov Participant Portal Profile page. The header includes the CMS.gov logo and navigation links: SWITCH BPID, LOGOUT. The main header displays "Bundled Payments for Care Improvement Advanced" and "BPID: 0000-0001". A left sidebar contains navigation options: Home, Profile, Deliverables, Announcements, Legal Documents, Monitoring & Compliance, and Document Library. The main content area features a "Profile Details" button, "Contacts" and "Episodes" buttons, and an "Organization Information" section with input fields for "Participant Name" and "Legal Name".


5. Review the Legal Name field. The Participant Legal Name in column B should match the Legal Name listed in the Portal, exactly.




Error: The legal name field in column B is blank; this is a required field.




A	B
APM Entity ID	APM Entity Legal Name
Participant BPID	Participant Legal Name
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)
1234-0001	XYZ Health System, Inc.
1234-0001	
1234-0001	




Fix: The legal name in column B must reflect the legal name of the Convener Participant or Non-Convener Participant associated with the BPID in column A, as listed the BPCI Advanced Participant Portal.



A	B
APM Entity ID	APM Entity Legal Name
Participant BPID	Participant Legal Name
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)
1234-0001	XYZ Health System, Inc.
1234-0001	XYZ Health System, Inc.
1234-0001	XYZ Health System, Inc.



The information is available in the BPCI Advanced Participant Portal > Profile Section.



Quality Assurance (QA) Error Messages

AL9 – EI BPID incorrect (column C)

Affiliated Practitioner List (AL)



Error: The Episode Initiator’s BPID listed in column C is not associated with the Participant BPID listed in column A.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	XYZ Health System, Inc.	1234-0001	Seaside General Hospital, Inc.	123456789	1234567890
1234-0001	XYZ Health System, Inc.	1234-0001	Inland General Hospital, Inc.	234567891	2345678901
1234-0001	XYZ Health System, Inc.	1234-0001	Mountainside General Hospital, inc.	345678912	3456789012




Fix: Enter the correct BPID in column C for the ACH Episode Initiator associated with the Participant BPID listed in column A. The BPID is more likely to be a Downstream Episode Initiator, but in some cases the BPID to be listed in column C can be the same as the episode initiating Convener (####-0001), or Non-Convener (####-0000) listed in column A when the clinicians included in the AL tab have reassigned their billing rights to that ACH. Do not enter a Non-Episode Initiating Convener.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567891	2345678901
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, inc.	345678912	3456789012






Error: The Episode Initiator’s BPID listed in column C is not associated with the Participant BPID listed in column A.



A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0001	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0001	East City Medical Group, LLC	678912345	6677889955
1234-0001	ABC Health System, Inc.	1234-0001	South City Medical Group, LLC	789123456	7788995566



Fix: Enter the correct BPID in column C for the PGP Episode Initiator associated with the Participant BPID listed in column A. The BPID is more likely to be a Downstream Episode Initiator, but in some cases the BPID listed in column C can be the same as the episode initiating Convener (####-0001), or Non-Convener (####-0000) listed in column A when the clinicians included in the PL tab have reassigned their billing rights to that PGP. Do not enter a Non-Episode Initiating Convener.



A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0002	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0003	East City Medical Group, LLC	678912345	6677889955
1234-0001	ABC Health System, Inc.	1234-0004	South City Medical Group, LLC	789123456	7788995566




Quality Assurance (QA) Error Messages

AL10 – EI BPID missing (column C)

Affiliated Practitioner List (AL)




Error: No BPID is listed for the Episode Initiator in column C. A valid BPID needs to be entered here.



A	B	C	D	E
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.
1234-0001	XYZ Health System, Inc.		Seaside General Hospital, Inc.	123456789
1234-0001	XYZ Health System, Inc.		Inland General Hospital, Inc.	234567891
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, Inc.	345678912




Fix: In column C, enter the BPID for the ACH Episode Initiator associated with the Participant BPID listed in column A. The BPID is more likely to be a Downstream Episode Initiator, but in some cases the BPID to be listed in column C can be the same as the episode initiating Convener (####-0001), or Non-Convener (####-0000) listed in column A when the clinicians included in the AL have reassigned their billing rights to that ACH. Do not enter a Non-Episode Initiating Convener Participant.



A	B	C	D	E
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567891
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, Inc.	345678912




Error: No BPID is listed for the Episode Initiator in column C. A valid BPID needs to be entered here.



A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.		North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.		East City Medical Group, LLC	678912345	6677889955
1234-0001	ABC Health System, Inc.	1234-0004	South City Medical Group, LLC	789123456	7788995566



Fix: In column C, enter the BPID for the PGP Episode Initiator associated with the Participant BPID listed in column A. The BPID is more likely to be a Downstream Episode Initiator, but in some cases the BPID to be listed in column C can be the same as the episode initiating Convener (####-0001), or Non-Convener (####-0000) listed in column A when the clinicians included in the PL have reassigned their billing rights to that PGP. Do not enter a Non-Episode Initiating Convener Participant.



A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0001	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0001	East City Medical Group, LLC	678912345	6677889955
1234-0001	ABC Health System, Inc.	1234-0001	South City Medical Group, LLC	789123456	7788995566



Quality Assurance (QA) Error Messages

AL11 – EI legal name incorrect (column D)

Affiliated Practitioner List (AL)



Error: The Episode Initiator’s legal name in column D does not match the legal name associated with the BPID in column C, in the BPCI Advanced Participant Portal.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	123456
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital	234567891	2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, inc.	345678912	3456789012	345612

The legal name may be found on the Participant Portal under the Episode Initiator Information.

Organization Information

Participant Name

Legal Name



Fix: The legal name in column D must reflect the legal name associated with the ACH Episode Initiator BPID in column C, as listed the BPCI Advanced Participant Portal.

The information is available in the BPCI Advanced Participant Portal > Profile Section > Episode Initiators.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	123456
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567891	2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, inc.	345678912	3456789012	345612



Quality Assurance (QA) Error Messages

PL11 – EI legal name incorrect (column D)

Participation List (PL)



Error: The Episode Initiator’s legal name in column D does not match the legal name associated with the BPID in column C, in the BPCI Advanced Participant Portal.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0002	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0003	East City Medical, LLC	678912345	6677889955
1234-0001	ABC Health System, Inc.	1234-0004	South City Medical Group, LLC	789123456	7788995566

The legal name may be found on the Participant Portal under the Episode Initiator Information.

Organization Information

Participant Name

East City Medical Group

Legal Name

East City Medical Group, LLC



Fix: The legal name in column D must reflect the legal name associated with the PGP Episode Initiator BPID in column C, as listed the BPCI Advanced Participant Portal.

The information is available in the BPCI Advanced Participant Portal > Profile Section > Episode Initiators.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0001	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0001	East City Medical Group, LLC	678912345	6677889955
1234-0001	ABC Health System, Inc.	1234-0001	South City Medical Group, LLC	789123456	7788995566



Episode Initiator legal name verification process

1. Log on to the Participant Portal
2. Select the desired Convener/Non-Convener BPID
3. The following screen will be displayed


4. The following screen will be displayed. Select the Episode Initiators tile.

5. A table listing the Episode Initiators associated with the Convener BPID will populate. Select the View Details link for the Episode Initiator for which you wish to view the profile information.

6. Review the Legal Name field. The Episode Initiating Legal Name in column D should match the Episode Initiating Legal Name listed in the Portal.



Error: The Episode Initiator’s legal name field in column D is blank.




A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	123456
1234-0001	XYZ Health System, Inc.	1234-0003		234567891	2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004		345678912	3456789012	345612



Fix: The legal name in column D must reflect the legal name associated with the ACH Episode Initiator BPID in column C, as listed the BPCI Advanced Participant Portal.

The information is available in the BPCI Advanced Participant Portal > Profile Section > Episode Initiators.



A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	123456
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567891	2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, inc.	345678912	3456789012	345612



Error: The Episode Initiator’s legal name field in column D is blank.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0002	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0003		678912345	6677889955
1234-0001	ABC Health System, Inc.	1234-0004	South City Medical Group, LLC	789123456	7788995566



Fix: The legal name in column D must reflect the legal name associated with the PGP Episode Initiator BPID in column C, as listed the BPCI Advanced Participant Portal.

The information is available in the BPCI Advanced Participant Portal > Profile Section > Episode Initiators.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0001	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0001	East City Medical Group, LLC	678912345	6677889955
1234-0001	ABC Health System, Inc.	1234-0001	South City Medical Group, LLC	789123456	7788995566



Quality Assurance (QA) Error Messages

AL13 – EI TIN missing (column E)

Affiliated Practitioner List (AL)



Error: No TIN is listed for the Episode Initiator in column E. A valid TIN needs to be entered here.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	123456
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.		2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, Inc.	345678912	3456789012	345612



Fix: The TIN in column E must reflect the TIN associated with the ACH Episode Initiator BPID in column C. The TIN must contain nine numeric digits with no dashes.

The information is available in the BPCI Advanced Participant Portal > Profile Section > Episode Initiators.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	123456
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567891	2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, Inc.	345678912	3456789012	345612



Quality Assurance (QA) Error Messages

PL13 – EI TIN missing (column E)

Participation List (PL)



Error: No TIN is listed for the Episode Initiator in column E. A valid TIN needs to be entered here.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0002	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0003	East City Medical Group, LLC		6677889955
1234-0001	ABC Health System, Inc.	1234-0004	South City Medical Group, LLC		7788995566



Fix: The TIN in column E must reflect the TIN associated with the PGP Episode Initiator BPID in column C. The TIN must contain nine numeric digits with no dashes.

The information is available in the BPCI Advanced Participant Portal > Profile Section > Episode Initiators.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0001	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0001	East City Medical Group, LLC	678912345	6677889955
1234-0001	ABC Health System, Inc.	1234-0001	South City Medical Group, LLC	789123456	7788995566





Quality Assurance (QA) Error Messages

AL14 – EI NPI missing (column F)

Affiliated Practitioner List (AL)



Error: No NPI is listed for the Episode Initiator in column F. A valid organizational NPI needs to be entered here.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	123456
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567891	234567891	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, inc.	345678912	3456789012	345612



Fix: The NPI in column E must reflect the NPI associated with the ACH Episode Initiator BPID in column C. The NPI must contain ten numeric digits with no dashes.

The information is available in the BPCI Advanced Participant Portal > Profile Section > Episode Initiators.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	123456
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567891	2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, inc.	345678912	3456789012	345612



Quality Assurance (QA) Error Messages

PL14 – EI NPI missing (column F)

Participation List (PL)



Error: No NPI is listed for the Episode Initiator in column F. A valid organizational NPI needs to be entered here.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0002	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0003	East City Medical Group, LLC	678912345	
1234-0001	ABC Health System, Inc.	1234-0004	South City Medical Group, LLC	789123456	



Fix: The NPI in column E must reflect the NPI associated with the PGP Episode Initiator BPID in column C. The NPI must contain ten numeric digits with no dashes.

The information is available in the BPCI Advanced Participant Portal > Profile Section > Episode Initiators.

A	B	C	D	E	F
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.
1234-0001	ABC Health System, Inc.	1234-0001	North City Medical Group, LLC	567891234	5566778899
1234-0001	ABC Health System, Inc.	1234-0001	East City Medical Group, LLC	678912345	6677889955
1234-0001	ABC Health System, Inc.	1234-0001	South City Medical Group, LLC	789123456	7788995566





Quality Assurance (QA) Error Messages

AL15 – CCN blank (column G)

Affiliated Practitioner List (AL)



Error: The CCN field for an Episode Initiator that is an ACH was left blank. Causes of this error include 1) when eligible clinicians under a PGP are listed in the Affiliated Practitioner List (AL) in error; or 2) when the CCN number for an ACH Episode Initiator is unknown.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567891	2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, Inc.	345678912	3456789012	345612

The CCN may be found on the Participant Portal under the Episode Initiator Information.

BPID: Parent BPID:

Previous BPID:

Application ID:

CCN: EIN/TIN:

NPI: MAC Name:



Fix: 1) For eligible clinicians under a PGP, the PL tab should be populated; the PL tab has no column requesting a CCN; 2) For clinicians under an ACH, populate column G in the AL tab, with a six-digit CCN associated with the EI listed in column C.

The information is available in the BPCI Advanced Participant Portal > Profile Section > Episode Initiators.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	123456
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567891	2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, Inc.	345678912	3456789012	345612



Quality Assurance (QA) Error Messages

AL16 – CCN 999999 (column G)

Affiliated Practitioner List (AL)



Error: The CCN field for Episode Initiator was populated with an invalid CCN. Causes of this error include 1) when eligible clinicians under a PGP are listed in the Affiliated Practitioner List in error and the user inserts 999999 as the CCN, to avoid leaving the field blank; or 2) when the CCN number for an ACH Episode Initiator is unknown, user inserts 999999 as the CCN., to avoid leaving the field blank.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	999999
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567891	2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, Inc.	345678912	3456789012	345612

The CCN may be found on the Participant Portal under the Episode Initiator Information.

Participant Portal interface showing fields for BPID, Previous BPID, CCN, NPI, Parent BPID, Application ID, EIN/TIN, and MAC Name. A green arrow points to the CCN field, which contains the value 123456.



Fix: 1) For eligible clinicians under a PGP, the PL tab should be populated, not the AL tab; the PL tab has no column requesting a CCN. Or 2) for clinicians under an ACH, populate column G in the AL tab, with a six-digit CCN associated with the EI listed in column C.

The information is available in the BPCI Advanced Participant Portal > Profile Section > Episode Initiators.

A	B	C	D	E	F	G
APM Entity ID	APM Entity Legal Name	Participating Organization ID	Participating Organization Legal Name	Participating Organization TIN	Participating Organization NPI	Participating Organization CCN
Participant BPID	Participant Legal Name	Episode Initiator BPID	Episode Initiator Legal Name	Episode Initiator TIN	Episode Initiator NPI	Episode Initiator CCN
8 digit number (XXXX-XXXX)	Entity that participates in an APM or other payer arrangement through a direct agreement with CMS. (Must match name used in the Participation Agreement.)	8 digit number (XXXX-XXXX)	Must match name as listed in PECOS and in the Participant Portal.	9 digit number without dashes.	10 digit number without dashes.	6 digit number without dashes [CCN = 999999 NOT allowed]
1234-0001	XYZ Health System, Inc.	1234-0002	Seaside General Hospital, Inc.	123456789	1234567890	123456
1234-0001	XYZ Health System, Inc.	1234-0003	Inland General Hospital, Inc.	234567891	2345678901	234561
1234-0001	XYZ Health System, Inc.	1234-0004	Mountainside General Hospital, Inc.	345678912	3456789012	345612



AL17 – Clinician information missing (columns H – L)



Error: Missing clinician information in required fields in columns H thru L (last name, first name, NPI, start date, end date).

H	I	J	K	L
Eligible Clinician Last Name	Eligible Clinician First Name	Clinician's Individual NPI	Clinician Start Date	Clinician End Date
Participating Practitioner Last Name	Participating Practitioner First Name	Participating Practitioner Individual NPI	Participating Practitioner Start Date	Participating Practitioner End Date
<i>Must match name as listed in PECOS. Do not include professional titles or certifications.</i>	<i>Must match name as listed in PECOS. Do not include professional titles or certifications.</i>	<i>10 digit number without dashes.</i>	<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>
Smith	John →		10/1/2018	12/31/9999
Jones	Brian	2223334111 →		12/31/9999
Johnson →		3334111222	11/1/2019	12/31/9999



Fix: Complete ALL fields in columns H thru L for each clinician listed on the AL tab.

If the start date is unknown, populate the field with 01/01/0000;

If the clinician is currently active, populate the field with 12/31/9999.

H	I	J	K	L
Eligible Clinician Last Name	Eligible Clinician First Name	Clinician's Individual NPI	Clinician Start Date	Clinician End Date
Participating Practitioner Last Name	Participating Practitioner First Name	Participating Practitioner Individual NPI	Participating Practitioner Start Date	Participating Practitioner End Date
<i>Must match name as listed in PECOS. Do not include professional titles or certifications.</i>	<i>Must match name as listed in PECOS. Do not include professional titles or certifications.</i>	<i>10 digit number without dashes.</i>	<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>
Smith	John →	1112223334	10/1/2018	12/31/9999
Jones	Brian	2223334111 →	10/1/2018	12/31/9999
Johnson →	Clarice	3334111222	11/1/2019	12/31/9999



Error: Missing clinician information in required fields in columns G thru K (last name, first name, NPI, start date, end date).

G	H	I	J	K
Eligible Clinician Last Name	Eligible Clinician First Name	Clinician's Individual NPI	Clinician Start Date	Clinician End Date
Participating Practitioner Last Name	Participating Practitioner First Name	Participating Practitioner Individual NPI	Participating Practitioner Start Date	Participating Practitioner End Date
<i>Must match name as listed in PECOS. Do not include professional titles or certifications.</i>	<i>Must match name as listed in PECOS. Do not include professional titles or certifications.</i>	<i>10 digit number without dashes.</i>	<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>
Smith	John →		10/01/2018	12/31/9999
Jones	Brian	2223334111 →		12/31/9999
Johnson →		3334111222	11/01/2019	12/31/9999



Fix: Complete ALL fields in columns G thru K) for each clinician listed on the PL tab.

If the start date is unknown, populate the field with 01/01/0000;

If the clinician is currently active, populate the field with 12/31/9999.

G	H	I	J	K
Eligible Clinician Last Name	Eligible Clinician First Name	Clinician's Individual NPI	Clinician Start Date	Clinician End Date
Participating Practitioner Last Name	Participating Practitioner First Name	Participating Practitioner Individual NPI	Participating Practitioner Start Date	Participating Practitioner End Date
<i>Must match name as listed in PECOS. Do not include professional titles or certifications.</i>	<i>Must match name as listed in PECOS. Do not include professional titles or certifications.</i>	<i>10 digit number without dashes.</i>	<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>
Smith	John →	1112223334	10/01/2018	12/31/9999
Jones	Brian	2223334111 →	10/01/2018	12/31/9999
Johnson →	Clarice	3334111222	11/01/2019	12/31/9999



Compliance Issues

- 3 – No QPP List submitted
- 4 – Blank QPP List submitted
- 5 – Non-QPP List document submitted
- 6 – QPP List submitted with no clinician information

Consequences

- No submission credit given
- Notice of non-compliance issued
- Potential remedial actions (i.e., data hold, payment hold)
- Non-reporting of clinicians to the Quality Payment Program
- Revisions required until the QPP List passes both the compliance level and Quality Assurance reviews





Quality Assurance (QA) Failures

- 1 – Template format modified
- 2 – Failure to use the current QPP List template
- 7 – No certification form submitted
- AL3 – Information submitted in the incorrect list tab
- PL3 – Information submitted in the incorrect list tab
- AL4 – Multiple data fields blank
- PL4 – Multiple data fields blank
- AL5 – Participant BPID incorrect
- PL5 – Participant BPID incorrect
- AL6 – Participant BPID missing
- PL6 – Participant BPID missing
- AL7 – Participant legal name incorrect
- PL7 – Participant legal name incorrect
- AL8 – Participant legal name missing
- PL8 – Participant legal name missing
- AL9 – EI BPID incorrect
- PL9 – EI BPID incorrect
- AL10 – EI BPID missing

- PL10 – EI BPID missing
- AL11 – EI legal name incorrect
- PL11 – EI legal name incorrect
- AL12 – EI legal name missing
- PL12 – EI legal name missing
- AL13 – EI TIN missing
- PL13 – EI TIN missing
- AL14 – EI NPI missing
- PL14 – EI NPI missing
- AL15 – CCN blank
- AL16 – CCN 999999
- AL17 – Clinician information missing
- PL17 – Clinician information missing

Consequences

Submission credit given

Error Identification Email provided

Non-reporting of clinicians to the Quality Payment Program

No revisions allowed

Additional Resources for Participants



More resources available in the BPCI Advanced webpages

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



Overview of portals that BPCI Advanced Participants must navigate.

Portals	Portal Use
<p><u>BPCI Advanced Participant Portal</u> https://app.innovation.cms.gov/bpciadv</p> <ul style="list-style-type: none">❖ Participant Portal User Guide - 2023❖ BPCI Advanced Participant Portal User Manual (Salesforce)	<ul style="list-style-type: none">• Online platform used by BPCI Advanced Participants to:<ul style="list-style-type: none">○ 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
<p><u>CMS Enterprise/Data Portal</u> https://portal.cms.gov/</p> <ul style="list-style-type: none">❖ Data Portal User Guide	<ul style="list-style-type: none">• Online platform used by CMS to deliver:<ul style="list-style-type: none">○ Preliminary and updated Target Prices○ Baseline claims data○ Monthly claims data○ Reconciliation Reports○ Quality Measure data• <i>The Data Portal is hosted within the CMS Enterprise Portal and IC-Innovation Center Application.</i>