Quality Payment PROGRAM

Definition of Attribution-Eligible Beneficiaries for the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model under the Quality Payment Program

This document explains how the Qualifying Alternative Payment Model (APM) Participant (QP) determination process in the Quality Payment Program (QPP) will define an attribution-eligible beneficiary in the BPCI Advanced model. This definition is solely for purposes of making QP determinations under QPP and does not impact model-specific attribution or payment methodology.

Attribution-Eligible Beneficiaries in BPCI Advanced

The definition of an attribution-eligible beneficiary for each Advanced APM is intended to identify, for inclusion in the denominator of the QP threshold calculations, only the patients and associated payments that could potentially be attributed to an APM Entity in the Advanced APM, and thus could also appear in the numerator of the QP threshold calculations. For many Advanced APMs, attribution is based on beneficiaries receiving evaluation and management (E&M) services from an Advanced APM participant, such as a primary care physician in an Accountable Care Organization (ACO); therefore, E&M claims are the basis for the standard definition of an attribution-eligible beneficiary. However, some specialty-focused or disease-specific APMs have attribution methodologies that are not based on E&M claims. When attribution within an Advanced APM is not based on E&M claims, CMS can establish an alternative basis for attribution that considers the methodology that Advanced APM uses for attribution so that the attributed beneficiary population would truly be a subset of the attribution-eligible population.

The table below compares the standard definition of attribution-eligible beneficiary under the Quality Payment Program and the rules of attribution under the BPCI Advanced model.

Table 1: Comparison of Attribution Eligibility Definitions

Quality Payment Program Definition for Attribution-Eligible Beneficiary	Quality Payment Program Definition for Attribution-Eligible Beneficiary
Attribution-eligible beneficiary means a beneficiary who during the QP Performance Period:[1]	Under the BPCI Advanced model, a Clinical Episode is triggered by the submission of a claim by an Episode Initiator for either an

[1] 42 CFR 414.1305

(1) Is not enrolled in Medicare Advantage or a Medicare cost plan; (2) Does not have Medicare as a secondary payer; (3) Is enrolled in both Medicare Parts A and B; (4) Is at least 18 years of age; (5) Is a United States resident; and (6) Has a minimum of one claim for evaluation and management services furnished by an eligible clinician who is in the APM Entity for any period during the QP Performance Period or, for an Advanced APM that does not base attribution on evaluation and management services and for which attributed beneficiaries are not a subset of the attribution-eligible beneficiary population based on the requirement to have at least one claim for evaluation and management services furnished by an eligible clinicians who is in the APM Entity for any period during the QP Performance Period, the attribution basis determined by CMS based upon the methodology the Advanced APM uses for attribution, which may include a combination of evaluation and management and/or other services.	inpatient acute care hospital stay (Anchor Stay), identified by Medicare Severity-Diagnosis Related Group, or a hospital outpatient procedure (Anchor Procedure), identified by Healthcare Common Procedure Coding System. Additionally, a beneficiary's Clinical Episode is attributed to a BPCI Advanced Participant if the beneficiary meets the following criteria:[2] (1) Must be entitled to benefits under Part A and enrolled under Part B for the full duration of the Clinical Episode; (2) Must not be covered under a United Mine Workers or enrolled in any managed care plan (for example, Medicare Advantage, Health Care Prepayment Plans, cost-based health maintenance organizations); (3) Must not be eligible for Medicare on the basis of end-stage renal disease; (4) Must have Medicare as their primary payer; and (5) Must not die during the Anchor Stay or Anchor Procedure.

Beneficiary attribution under BPCI Advanced is based on the submission of a claim for an Anchor Stay or Anchor Procedure by an Episode Initiator, not on E&M claims. The standard definition of an attribution-eligible beneficiary under the Quality Payment Program would exclude certain attributed beneficiaries under BPCI Advanced: those who do not necessarily receive any E&M services from eligible clinicians who are on a Participation List or on an Affiliated Practitioner List[3] for the BPCI Advanced Model as part of the Clinical Episode. Our analysis of claims data in similar disease-specific models, such as the Comprehensive Care for Joint Replacement model, shows that many beneficiaries that would be eligible for attribution to a BPCI Advanced Participant may not receive E&M services from eligible clinicians that would be participating in BPCI Advanced (according to one of the relationships described in Table 2). Therefore, in accordance with the definition of an attribution-eligible beneficiary in our regulation at 42 CFR 414.1305, in the BPCI Advanced model, the attributed beneficiaries are not a subset

[2] https://innovation.cms.gov/Files/fact-sheet/bpci-advanced-generalfs.pdf

[3] For QPP purposes, a Financial Arrangement List in BPCI Advanced falls under the definition of an Affiliated Practitioner List and a PGP List falls under the definition of a Participation List.

of the standard definition of the attribution-eligible beneficiary population, and an alternative definition of an attribution-eligible beneficiary for purposes of the Quality Payment Program is appropriate.

The alternate definition of an attribution-eligible beneficiary we have developed for the BPCI Advanced model, described below, factors in the BPCI Advanced model attribution rules and ensures that the appropriate covered professional services furnished within BPCI Advanced Clinical Episodes are captured in the QP threshold calculation. For the BPCI Advanced model, attribution-eligible beneficiaries include all beneficiaries served by the eligible clinician who is on a Participation List or who is an Affiliated Practitioner as described above, rather than just those beneficiaries who receive E&M services from such an eligible clinician. This alternate definition of an attribution-eligible beneficiary for purposes of the BPCI Advanced model appropriately identifies those eligible clinicians who: (1) are on a Participation List or an Affiliated Practitioner List as described above with a BPCI Advanced Participant; and (2) furnish a sufficient percentage of their covered professional services through BPCI Advanced to achieve QP status.

The definition of an attribution-eligible beneficiary for the BPCI Advanced model for Quality Payment Program purposes is a beneficiary who during the QP Performance Period:

(1) Is not enrolled in Medicare Advantage or a Medicare Cost Plan;

(2) Does not have Medicare as a secondary payer;

(3) Is entitled to benefits under Medicare Part A and enrolled under Medicare Part B;

(4) Is at least 18 years of age;

(5) Is a United States resident; and

(6) Is furnished covered professional services by an eligible clinician participating under a BPCI Advanced Participant or Episode Initiator and who is on a Participation List or an Affiliated Practitioner List.

QP Determinations in BPCI Advanced

Eligible clinicians affiliated with BPCI Advanced participants through an Affiliated Practitioner List or a Participation List will be assessed for QP status as summarized in Table 2. 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.

Table 2: Summary of QP Determination by Participant Type in BPCI Advanced

1. **Non-Convener Participants that are Acute Care Hospitals.** QP determinations for eligible clinicians will be done at the individual level for affiliated practitioners from the Financial Arrangements List.
2. **Non-Convener Participants that are PGPs**. QP determinations for eligible clinicians will be assessed as one group from the PGP List.
3. **Convener Participants that have Acute Care Hospitals and PGPs as Downstream Episode Initiators**. QP determinations for eligible clinicians will **only** be made for eligible clinicians from the PGP List.
4. **Convener Participants that have only Acute Care Hospitals as Downstream Episode Initiators**. QP determinations for eligible clinicians will be done at the individual level for affiliated practitioners from the Financial Arrangements List.
5. **For Convener Participants that have only PGPs as Downstream Episode Initiators.** QP determinations for eligible clinicians will be assessed as one group from the PGP List.