

# Bundled Payments for Care Improvement Advanced (BPCI Advanced)



## *Adding or Restructuring Episode Initiators Walkthrough*

*Center for Medicare &  
Medicaid Innovation (CMS  
Innovation Center)*

# Outline

- **Accessing Templates**
- **Downloading Templates**
- **EI Addition Template**
  - **Overview**
  - **Populating EI Addition Template**
- **EI Restructure Template**
  - **Overview**
  - **Populating EI Restructure Template**
- **Uploading Completed Templates**
- **Helpdesk**

# Accessing the EI Addition/Restructure Templates



# Accessing the Portal

The screenshot shows a web browser window with the address bar containing the URL <https://app1.innovation.cms.gov/bpciadv>. The page title is "BPCI Advanced Portal Login" and features the CMS.gov logo. The login form includes fields for "Username" and "Password", a blue "Login" button, and links for "Register Here!" and "Forgot Password?". A security notice states: "Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe." Support information is provided at the bottom: "If you need Help Desk support, please contact: [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or call 1-888-734-6433, option 5."

**1** Enter the URL into your browser to access the portal:  
<https://app1.innovation.cms.gov/bpciadv>

**2** Participant Portal Users can enter your Username and Password, then click the *Login* button.

**Important Note:** Only individuals listed as a Primary or Secondary point of contact (POC) can access the Participant Portal. Individuals who wish to gain access to the Participant Portal will need to be added as a contact in the portal by the Primary POC, before they can register and login.

# Accessing the Portal: Landing Page

CMS.gov

Centers for Medicare & Medicaid Services

[CHANGE PASSWORD](#) [LOGOUT](#)

## Bundled Payments for Care Improvement Advan

### Welcome

Please select a BPID to continue...

Show 10 entries

Search:

BPID	Name	Action
0000-0000	Test Participant Name	<a href="#">Select</a>
0000-0001	TEST Convener Participant Name	<a href="#">Select</a>
0000-0004	TEST LEGAL NAME	<a href="#">Select</a>
0000-0005	Test	<a href="#">Select</a>

Previous 1 2 3 4 5 ... 504 Next

1

Use the Search field to find the active BPID for which you wish to add EIs or Restructure



2

Click on the Select link to navigate to the participant page



### Deadlines

Please complete the following document submissions by the deadline provided:

Participant Profile (PP)

Financial Arrangement List (FAL)

<https://innovation.cms.gov/initiatives/bpci-advanced>

**Important Note:** If you are only associated with a single BPCI Advanced BPID, you will not have access to the landing page, you will automatically be logged into the Home Page.

# Accessing the Portal: Home Page



Centers for Medicare & Medicaid Services

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

## Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

Home

Profile

Deliverables

Announcements

Legal Documents

### Welcome



**Click on the Legal Documents Tab**

for this model will begin on October 1, 2018 and end on December 31, 2023.

#### BPCI Advanced has the following objectives:

1. *Care Redesign*: Support and encourage Participants, Participating Practitioners, and Episode Initiators who are interested in continuously re-engineering care.
2. *Data Analysis and Feedback*: Decreasing the cost of a Clinical Episode by eliminating unnecessary or low-value care, increasing care coordination, and fostering quality improvement.
3. *Financial Accountability*: Testing a payment model that creates extended financial accountability for the outcomes of improved quality and reduced spending, in the context of acute and chronic Clinical Episodes.
4. *Health Care Provider Engagement*: Creating environments that stimulate rapid development of new evidence-based knowledge, i.e. the Learning System.
5. *Patient Engagement*: Increase the likelihood of better health at lower costs through patient education and ongoing communication throughout the Clinical Episode.

### Help Desk Information

If you need technical assistance with the Participant Portal please contact [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or call or call 1-888-734-6433, option 5.

If you have questions about the BPCI Advanced model, please contact the BPCI Advanced Team at [BPCIAdvanced@cms.hhs.gov](mailto:BPCIAdvanced@cms.hhs.gov)

### Upcoming Deadlines

Please complete the following document submissions by the deadline provided:

Participant Profile (PP)

Financial Arrangement List (FAL)

Quality Payment Program (QPP)

### Helpful Links

<https://innovation.cms.gov/initiatives/bpci-advanced>

<https://www.medicare.gov/>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>

[BPCI Advanced Participant Portal User Manual](#)

# Accessing the Portal: Legal Documents

**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**

## Legal Documents

### Application

View Application

### Agreement

Manage Agreement

### Amendments

Manage Amendments

### Data Request & Attestation (DRA)

Manage DRA

Click on the **Manage Amendments** button

# Accessing the Portal: Template Download



Centers for Medicare & Medicaid Services

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

Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

Click on the **Download** link in the Action column

Home

Profile

Deliverables

Announcements

Legal Documents

## Amendments

Template Name	Due Date	Action
EI_Restructure_Template	06/17/2019	<a href="#">Download</a>
EI_Addition_Template	06/17/2019	<a href="#">Download</a>

+ EI\_Restructure\_Template

+ EI\_Addition\_Template

**Important Note:** If there is more than one template available, please be sure to download the correct template. Only current Convener Participants with multiple active Downstream Episode Initiators under a single BPID will be able to view/download/upload an EI Restructure Template in the Participant Portal.



# El Addition Template



# Episode Initiator Addition Overview

Active BPCI Advanced Participants, who submitted an application during the first application period in 2018, have the opportunity to add Episode Initiators (EIs) to their existing application for Model Year 3. While certain limitations apply, this means Convener Participants can add Downstream EIs to an active BPID without having to submit a new BPCI Advanced application during the spring 2019 application period. Additionally, a Non-Convener Participant that would like to be considered for participation as a Convener Participant beginning in Model Year 3 may add EIs to its active BPID without having to submit a new BPCI Advanced application during the spring 2019 application period. Participants interested in this option will be required to submit an EI Addition Template via the Participant Portal.

Please note submission of an EI Addition template may have implications for Qualifying APM Participant (QP) determinations. Therefore depending on how a Participant wishes to structure, they may opt to submit an application via the Application Portal rather than submitting an EI Addition template.

# EI Addition Template: Instructions Tab

## Important Note:

There are column specific rules for each column (A-W) in the EI Addition Template tab. Please be sure to review the rules fully before populating data in the EI Addition Template tab.

Below are key notes to remember when entering data in this worksheet:

**Convener and Non-Convener Participants:** Please provide information on all potential Downstream Episode Initiators (EI) that you would like added to your existing BPID for consideration into Model Year 3 participation. For any Downstream EI that is a Physician Group Practice (PGP) please list all the hospitals in which you expect to trigger Clinical Episodes. Please be sure to populate all fields, indicating "N/A" for fields that are not applicable. Upload the completed document in the Legal Documents-Amendments section of the Participant Portal. Email submissions will not be accepted.

**General Rules**

- Do not change the format of any column. Certain columns, including TINs, NPIs, CCNs, and Zip Codes are formatted as text to allow for leading zeroes.
- Do not enter any commas in the spreadsheet.
- Do not change any of the column names.
- Do not move or add any columns.

Column	Column Heading	Rule
A	Organization Legal Name	This field is required.
B	Organization Doing Business As (DBA) Name	This field is optional.
C	Street Address	This field is required.
D	Address Line 2	This field is optional.
E	City	This field is required.
F	State	This field is required.

**EI Addition Instructions**

The EI Addition Instructions tab, will provide guidance on how to populate and format the data required on the EI Addition Template tab.

# EI Addition Template: Columns A-L

	A	B	C	D	E	F	G	H	I	J	K	L
	Organization Legal Name	Organization Doing Business As (DBA) Name	Street Address	Address Line 2	City	State	ZIP	Zip (+4)	Organization Type	Organization Tax Identification Number/Employer Identification Number (TIN/EIN)	Organization National Provider Identifier (NPI)	CMS Certification Number (CCN)
1												
2	ABC Hospital	ABC Hospital North	1 Main Street		Boston	MA	11111		Acute Care Hospital	123456789	0123456789	000000
3	XYZ Group Practice	XYZ Group Practice West	100 First Street		Seattle	WA	00000		Physician Group Practice	2345678	1234567890	
4									Acute Care Hospital			
5									Physician Group Practice			
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												

Following the rules from the EI Addition Instructions tab, populate each column, as applicable.

**Important Note:** Column I (Organization Type) has a drop-down menu to limit response selection. Columns G (Zip), H (Zip+4), J (TIN), K (NPI), and L (CCN) are numeric fields all formatted as text to allow for leading zeroes.

# EI Addition Template: Columns M-W

If applicable, put CCNs all in one field separated only by a semicolon for Column W.

	M	N	O	P	Q	R	S	T	U	V	W
	Entity Type	Entity Type if "Other"	Contact First Name	Contact Last Name	Contact Email	Contact Business Phone	Contact Business Phone Extension	Practicing Physician First Name	Practicing Physician Last Name	Practicing Physician NPI	CCNs where PGP is Expected to Trigger Clinical Episodes
1											
2	Non-profit		John	Doe	test@email.com	555-123-4567					
3	Non-profit		Jane	Doe	test1@email.com	555-555-5555		Jill	Doe	0012345678	000000;111111;222222
4	Non-profit										
5	For-profit										
6	Publicly Traded										
7	For-profit Privately Held										
8	Other										
9											
10											
11											
12											
13											

Following the rules from the EI Addition Instructions tab, populate each column, as applicable.

**Important Note:** Column M (Entity Type) has a drop-down menu to limit response selection. Column N (Practicing Physician NPI) is a numeric field formatted as text to allow for leading zeroes. Columns T-W do not need to be filled out if the Organization Type (Column I) for a record is Acute Care Hospital. If the Organization Type for a record is Physician Group Practice, then Columns T-W are required however only one current Practicing Physician must be listed in Columns T-V.

# EI Addition Template: Errors

The screenshot displays the Microsoft Excel interface with a data table. The table has columns for City, State, ZIP, Zip (+4), Organization Type, Organization Tax Identification Number/Employer Identification Number (TIN/EIN), Organization National Provider Identifier (NPI), CMS Certification Number (CCN), Entity Type, Entity Type if "Other", Contact First Name, Contact Last Name, Contact Email, Contact Business Phone, and Contact Business Phone Extension. The data rows show entries for Boston and Seattle. The Seattle ZIP code '123456' is highlighted in red, and an error dialog box is shown over it. The dialog box contains the text: 'The value you entered is not valid. A user has restricted values that can be entered into this cell.' and buttons for 'Retry', 'Cancel', and 'Help'. A red arrow points to the 'Retry' button. Below the dialog box, a red text box contains the following text: 'If you receive an error message for entering an invalid value, click the **Retry** button to enter a valid response. In this example, an invalid six digit zip code was entered when a zip code should be five digits.'

City	State	ZIP	Zip (+4)	Organization Type	Organization Tax Identification Number/Employer Identification Number (TIN/EIN)	Organization National Provider Identifier (NPI)	CMS Certification Number (CCN)	Entity Type	Entity Type if "Other"	Contact First Name	Contact Last Name	Contact Email	Contact Business Phone	Contact Business Phone Extension
Boston	MA	11111		Acute Care Hospital	123456789	0123456789	000000	Non-profit		John	Doe	<a href="mailto:test@email.com">test@email.com</a>	555-123-4567	
Seattle	WA	123456		Physician Group Practice	012345678	1234567890		Non-profit		Jane	Doe	<a href="mailto:test1@email.com">test1@email.com</a>	555-555-5555	

**Important Note:** Columns G (Zip), H (Zip+4), I (Organization Type), J (TIN), K (NPI), L (CCN), M (Entity Type), and V (Practicing Physician NPI) all have validation rules to conform to character length or response selection.

# EI Restructure Template



# Episode Initiator Restructure Overview

CMS will allow active Convener Participants with multiple active Downstream Episode Initiators the option of separating their Downstream Episode Initiators into multiple agreements via submission of an EI Restructure Template.

The EI Restructure Template takes active Downstream Episode Initiators and restructures them to be under newly created Convener Participant BPIDs, where only a single Downstream Episode Initiator is underneath the new Convener Participant BPID. Only active Downstream Episode Initiators as of March 1, 2019, are eligible to be restructured.

Submission of an EI Restructure Template is optional, as there is no prohibition for active Convener Participants with multiple Downstream Episode Initiators retaining their current structure of multiple Downstream Episode Initiators under a single Convener Participant BPID on its Participant Profile for Model Year 3.



# EI Restructure Template: Instructions Tab

**Important Note:**  
 There are column specific rules for each column (A-D) in the EI Restructure Template tab. Please be sure to review the rules fully before populating data in the EI Restructure Template tab.

**PCI Advanced EI Restructure - Instructions for the EI Restructure Template**

Below are key notes to remember when entering data in this worksheet:

**Convener Participants:** Please provide information on all active Downstream Episode Initiators (EIs) for which you would like to restructure them to be under newly created Convener Participant BPIDs, where only a single Downstream Episode Initiator is underneath the new Convener Participant BPID. Only active Downstream Episode Initiators as of March 1, 2019, are eligible to be restructured. The request should include all Downstream Episode Initiators that were listed as Active on your most recent Participant Profile submission. Upload the completed document in the Legal Documents-Amendments section of the Participant Portal. Email submissions will not be accepted.

**General Rules**

- Do not change the format of any column. Certain columns, including TINs and CCNs are formatted as text to allow for leading zeroes.
- Do not enter any commas in the spreadsheet.
- Do not change any of the column names.
- Do not move or add any columns.

**Restructure Template - Description of Columns and Rules**

Column	Column Heading	Rule
	Episode Initiator (EI) BPID	This field is required.
	EI - Legal Name	This field is required.
	EI - Tax Identification Number (TIN)	This field is required. Must be 9 numeric characters.
D	EI - CMS Certification Number (CCN): Acute Care Hospital (ACH) EIs only	This field is required if the CCN is provided. Do not provide a CCN if the CCN is not provided. CCNs must be 6 numeric characters.

**EI Restructure Instructions**

The EI Restructure Instructions tab, will provide guidance on how to populate and format the data required on the EI Restructure Template tab.

# EI Restructure Template: Columns A-D

	A	B	C	D
1	Episode Initiator (EI) BPID	EI - Legal Name	EI - Tax Identification Number (TIN)	EI - CMS Certification Number (CCN): Acute Care Hospital (ACH) EIs only
2	0000-0002	ABC Hospital	123456789	111111
3	0000-0003	DEF Hospital	123456789	222222
4	0000-0004	XYZ Group Practice	012345678	
5				
6				
7				
8				
9				
10				
11				
12				
13				

Following the rules from the EI Restructure Instructions tab, populate each column, as applicable.

**Important Note:** Columns C (TIN) and D (CCN) are numeric fields and are formatted as text to allow for leading zeroes. Only populate Column D if the Episode Initiator is an Acute Care Hospital (ACH).

# EI Restructure Template: Errors

The screenshot displays the Microsoft Excel interface with the 'EI Restructure Template' open. The ribbon includes 'Get External Data', 'Connections', 'Sort & Filter', and 'Data Tools'. The spreadsheet has four columns: A (Episode Initiator (EI) BPID), B (EI - Legal Name), C (EI - Tax Identification Number (TIN)), and D (EI - CMS Certification Number (CCN): Acute Care Hospital (ACH) EIs only). Row 3 shows an invalid CCN value of '22222' in column D, which is highlighted with a red box. An error dialog box is open over this cell, stating 'The value you entered is not valid. A user has restricted values that can be entered into this cell.' with 'Retry', 'Cancel', and 'Help' buttons. A red callout box points to the 'Retry' button.

Episode Initiator (EI) BPID	EI - Legal Name	EI - Tax Identification Number (TIN)	EI - CMS Certification Number (CCN): Acute Care Hospital (ACH) EIs only
0000-0002	ABC Hospital	123456789	111111
0000-0003	DEF Hospital	123456789	22222
0000-0004	XYZ Group Practice	012345678	

If you receive an error message for entering an invalid value, click the **Retry** button to enter a valid response. In this example, an invalid five digit CCN was entered when a CCN should be six digits.

**Important Note:** Columns C (TIN) and D (CCN) have validation rules to conform to character length.

# Uploading Completed Templates



# Uploading Templates: Participant Portal Amendments Section

**Bundled Payments for Care Improvement Advanced**

**BPID: 0000-0001**

Home

## Amendments

Template Name	Due Date	Action
EI_Restructure_Template	06/17/2019	<a href="#">Download</a>
EI_Addition_Template	06/17/2019	<a href="#">Download</a>

+ EI\_Restructure\_Template

+ EI\_Addition\_Template

Click on the + sign to expand the folder for the template you wish to upload

**Important Note:** If there is more than one template available, please be sure to upload the correct template in the correct folder.

**A Participant cannot submit both an EI Addition Template and an EI Restructure Template under the same BPID. If a Participant wants to add a new EI as a single Downstream EI under one agreement, then the Participant must submit an application in the BPCI Advanced Application Portal.**

# Uploading Templates: Participant Portal Amendments Section

**Bundled Payments for Care Improvement Advanced**

**BPID: 0000-0001**

- Home
- Profile
- Deliverables
- Announcements
- Legal Documents**

## Amendments

Template Name	Due Date	Action
EI_Restructure_Template	06/17/2019	<a href="#">Download</a>
EI_Addition_Template	06/17/2019	<a href="#">Download</a>

**+ EI\_Restructure\_Template**

**- EI\_Addition\_Template**

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

Click the **Upload Amendment** button

**Upload Amendment**

# Uploading Templates: Participant Portal Amendments Section

The screenshot shows the CMS.gov interface with a modal window titled "Upload Document". The modal contains a success message, a file selection field, a note about the 25 MB limit, and "Upload File" and "Close" buttons. Three red callout boxes with numbered instructions are overlaid on the modal:

- 1** Click on the **Choose File** button to find your completed template
- 2** Click the **Upload File** button
- 3** After receiving the successful upload message, click the **Close** button

The background interface includes the CMS.gov logo, "Centers for Medicare & Medicaid Services", "Bundled Payments", "SWITCH BPID", "LOGOUT", and "BPID: 0000-0001". A table with "Action" headers and "Download" links is partially visible.

# Uploading Templates: Participant Portal Amendments Section

## Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

- Home
- Profile
- Deliverables
- Announcements
- Legal Documents**

### Amendments

Template Name	Due Date	Action
EI_Restructure_Template	06/17/2019	<a href="#">Download</a>
EI_Addition_Template	06/17/2019	<a href="#">Download</a>

#### + EI\_Restructure\_Template

#### - EI\_Addition\_Template

Status: Submitted

Version	File Name	Uploaded On	Uploaded By	Action
1	0000-0001_Amendment_EI_Addition_Template	03/27/2019 06:35 PM ET	Sacha Wolf	<a href="#">Download</a>

Upload Amendment

Your submission will display underneath the folder with a Status of "Submitted"



# HelpDesk

- If you have technical difficulties accessing the BPCI Advanced Participant Portal please contact the HelpDesk at:  
[CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or call 1-888-734-6433, option 5.
- If you have questions about the BPCI Advanced Model, please contact the BPCI Advanced Team at  
[BPCIAdvanced@cms.hhs.gov](mailto:BPCIAdvanced@cms.hhs.gov)

