

BPCI Advanced Model Application Process - Open Forum

April 27, 2023

Housekeeping & Logistics



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Participate



If you have questions for the Model Team, please use the Q&A box on the bottom of your screen.



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Please complete a short survey, available at the end of the event.

Agenda

This webinar will provide an introduction to the Bundled Payments for Care Improvement Advanced Model and the application opportunity for Model Year 7. The following is a list of agenda items for this event:

- 1** | Welcome Remarks
- 2** | Model Highlights & Participation
- 3** | Eligibility
- 4** | Application Process and Timelines
- 5** | Questions and Answers Session
- 6** | Closing & Resources

Welcome Remarks

Today's Presenters



Amy Giardina
*Director, Division of
Payment Models*



Jen Lippy
*Deputy Director, Division
of Payment Models*



Kendra Glasgow
*Social Science
Research Analyst*



Aaron Broun
*Social Science Research
Analyst*



David Bowen
*Health Insurance
Specialist*



Jessica Dawson
*Social Science
Research Analyst*



Tom Ensor
*Social Science
Research Analyst*

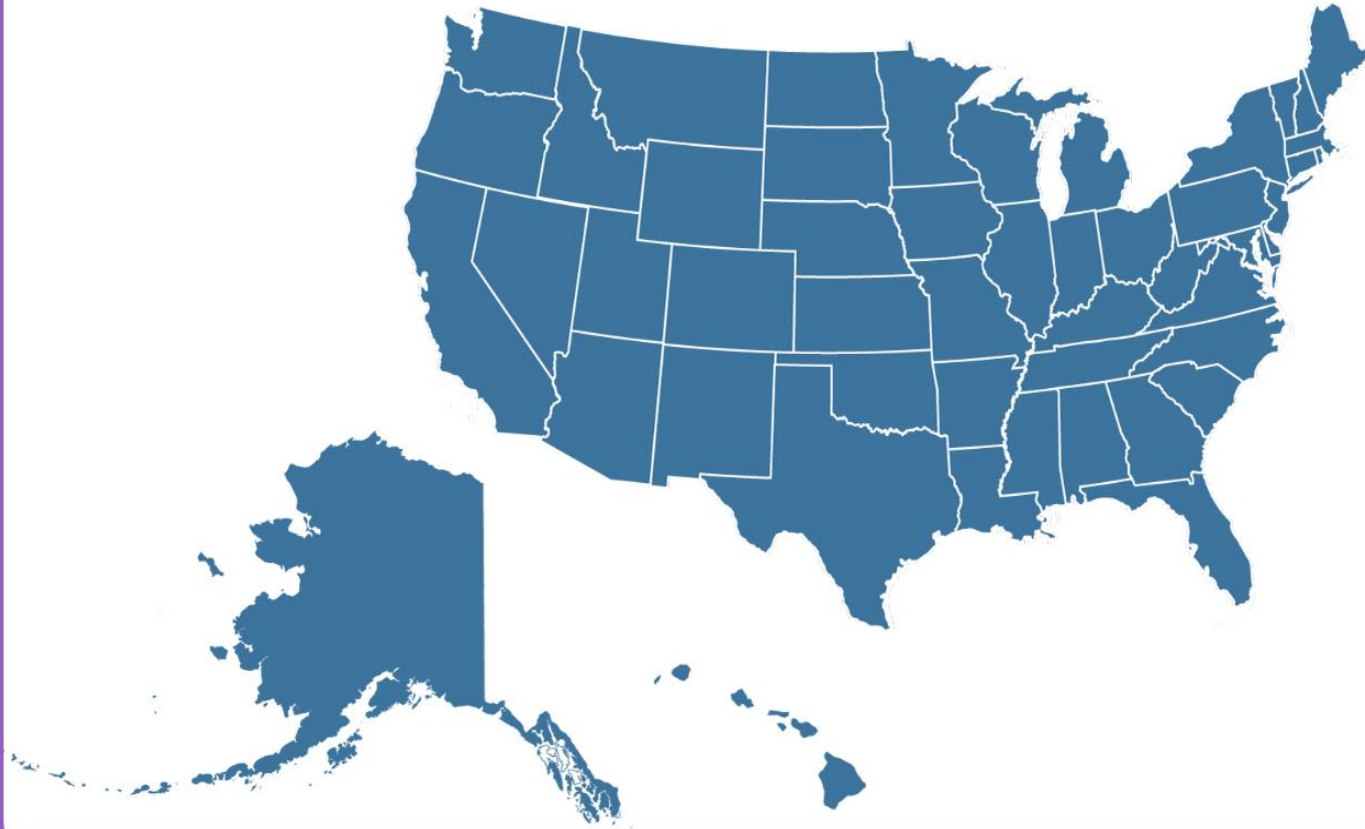


Ashley Franklin
*Public Health
Analyst*

Model Highlights & Participation

Poll #1

Where are you calling from today?



Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

Please respond to the live polls today by using your computer or mobile device.

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Poll #2

What are you most interested in discussing today?

Nobody has responded yet.

Hang tight! Responses are coming in.

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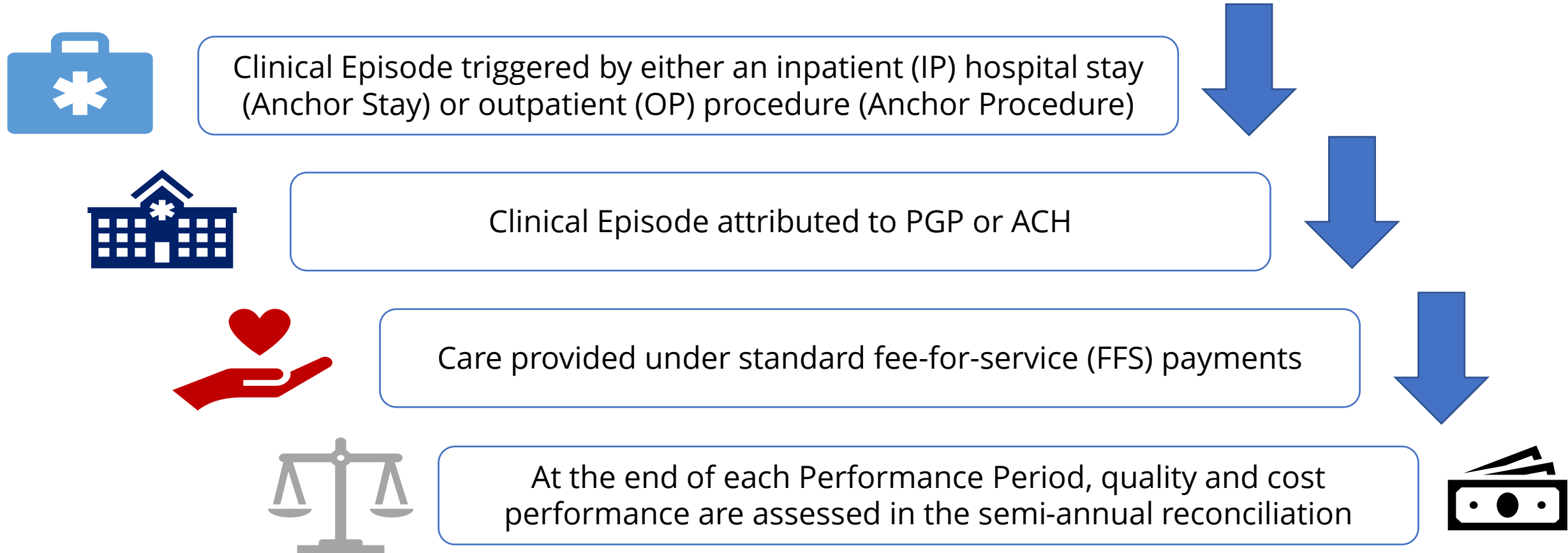
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Model Overview

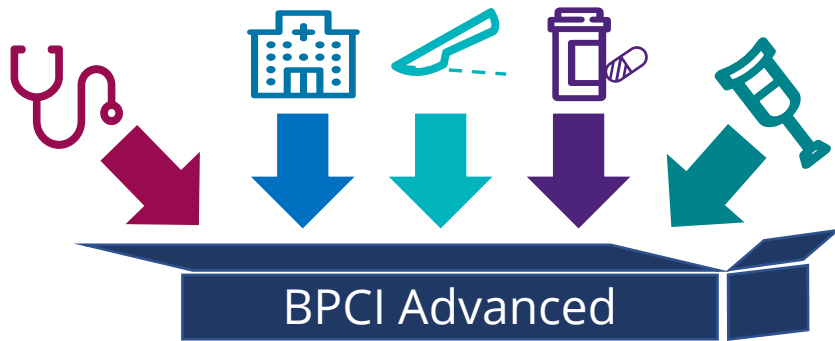
BPCI Advanced bundles the payments for physician, hospital, and other health care provider services into a single target price for an episode of care to reduce Medicare expenditures while preserving or enhancing the quality of care.



Voluntary Episode-Based Payment Model

CMS bundles Medicare fee-for-service (FFS) claims together to calculate the total expenditures for a Clinical Episode and then compares it against the Target Price during the retrospective Reconciliation process.

What is in a Bundle?



What is not in a Bundle?



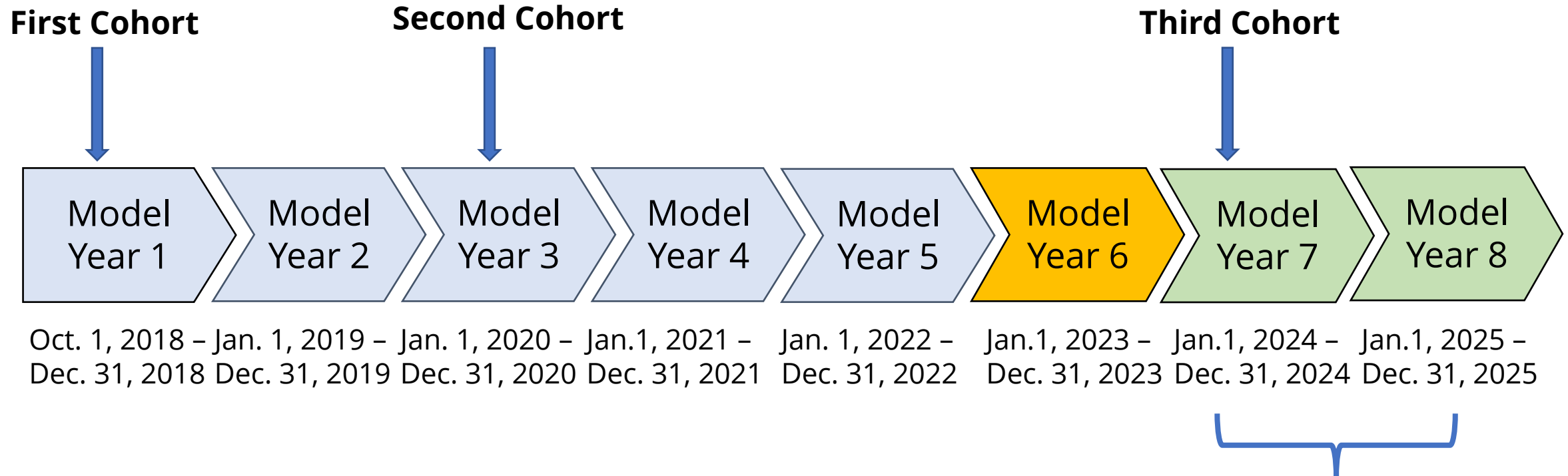
All claims are included unless they are specifically excluded

Items and Services Included in a BPCI Advanced Clinical Episode

- ✓ Inpatient or outpatient hospital services that comprise the Anchor Stay or Anchor Procedure (respectively)
- ✓ Clinical laboratory services
- ✓ Durable medical equipment
- ✓ Inpatient hospital readmission services
- ✓ Other hospital outpatient services
- ✓ Physicians' services
- ✓ Part B drugs
- ✓ Skilled nursing facility services
- ✓ Inpatient rehabilitation facility services
- ✓ Long-term care hospital services
- ✓ Home health agency services
- ✓ Hospice services

BPCI Advanced Model Years

The Model began on October 1, 2018



Model Extension

and will continue until December 31, 2025

Preliminary Data

The model baseline periods are used to create benchmark prices for each year of the BPCI Advanced Model.

Data Request and Attestation (DRA) and Baseline Data

If an Applicant wishes to receive historical claims (baseline data) prior to their decision to participate in the Model, the proper selection must be made in the DRA section of the Application.

Two individuals designated as Data POCs for the Applicant will be granted access to the BPCI Advanced Data Portal where the historical claims and Target Prices data files will be made available to Applicants.

Target Prices

All Applicants and Active Model Participants will receive MY7 preliminary Target Prices for all Clinical Episode (CE) Categories within a Clinical Episode Service Line Group (CESLG) for which they meet the minimum volume threshold.

- For hospital Episode Initiators (EIs) the minimum volume threshold is at least 41 CEs in the baseline period.
- For physician group practice EIs, the hospital(s) where they will initiate CEs must meet the 41 CE volume threshold in the baseline period.

Pricing Methodology

BPCI Advanced calculates a Target Price specific to each hospital, based on a Benchmark Price and a discount. Participants aim to treat Medicare beneficiaries at a cost below this Target Price.



- ✓ **CMS Discount** = 2% for Medical Clinical Episodes
3% for Surgical Clinical Episodes
- ✓ **Preliminary Target Prices** will be provided before the start of the Model Year
- ✓ **Final Target Price** will be set at Reconciliation by incorporating a Peer Group Trend Factor Adjustment and replacing the historic Patient Case Mix Adjustment with the realized value in the Performance Period

Spending and Utilization (MY3)

In response to projected financial losses for Medicare in early model years, CMS made significant design changes starting in 2021 to improve the model's target pricing and required participants to select CESLGs rather than clinical episodes.

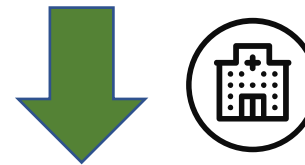
2020 (MY3)

In 2020, participants reduced average episode payments relative to the comparison group. Reductions were driven by lower post-acute care spending and use.

Average Episode Payments



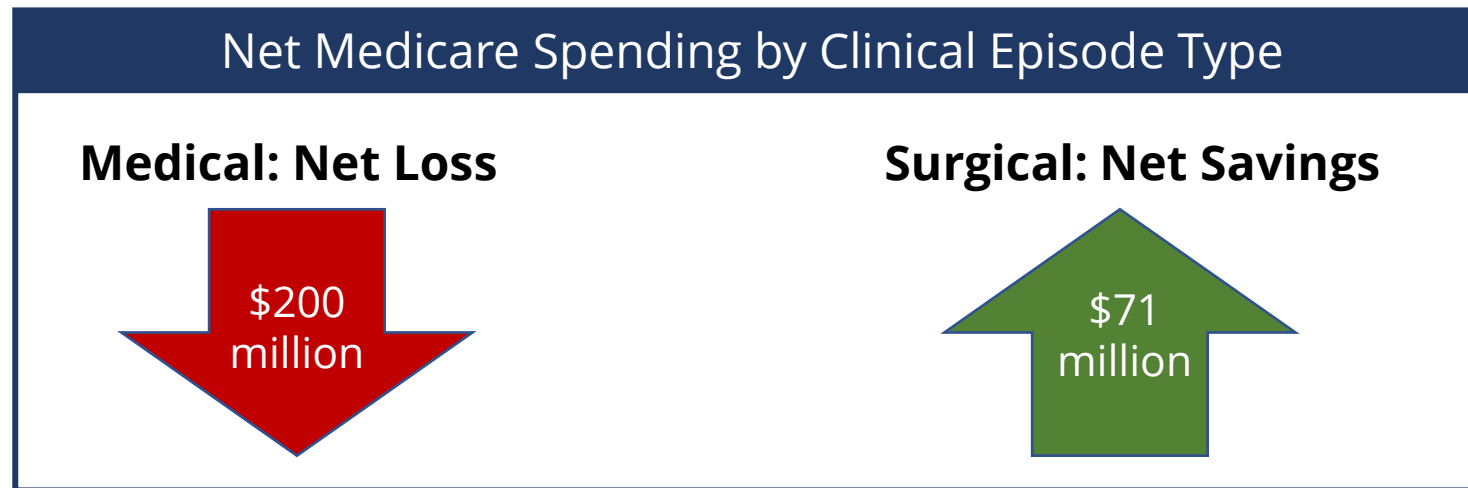
Post-Acute Care Use



In 2020, BPCI Advanced reduced average payments for medical episodes by \$796 per episode relative to the comparison group, or 3.1% of the baseline mean. The model reduced payments for surgical episodes by \$1,800 per episode, or 5.8%.

Net Medicare Spending – 2020 (MY3)

After accounting for reconciliation payments to participants, Medicare had a net loss of \$114 million in 2020, or 0.8% of what Medicare payments would have been in absence of the model.



Target Prices

In response to projected financial losses for Medicare in early model years, CMS made significant design changes starting in 2021 to improve the model's target pricing and required participants to select CESLGs rather than clinical episodes.



Conveners will receive Target Prices for all their EIs



Non-Conveners will receive only their own Target Prices



Final Target Prices will be constructed during reconciliation and will include updated patient case mix and realized trends

For the technical specifications on: Clinical Episode Lists, Exclusions Lists, Clinical Episode Construction, Target Price, and Reconciliation for each Model Year, visit the Participants Resources webpage – Technical Resources section.

<https://innovation.cms.gov/innovation-models/bpci-advanced/participant-resources>

Quality Measures

Participants will have the flexibility to be assessed on quality by selecting either the Administrative Quality Measures Set or the Alternate Quality Measures Set for each CE within a CESLG for which they have committed to be held accountable.



The **Composite Quality Score (CQS)** calculation methodology will apply to both measure sets and will adjust the Reconciliation results by up to 10% in either direction (up or down).

Quality – 2020 (MY3) & 2021 (MY4)

In 2020 (MY3), BPCI Advanced maintained quality of care, while in 2021 (MY4), patient-reported quality results were mixed.

2020 (MY3) Quality of Care Outcomes

Unplanned Readmissions



Mortality During Episode



For PGP Medical Clinical Episodes

- Favorable results
- Unfavorable results
- Mixed or neutral results

2021 (MY4) Beneficiary Survey Results

Participant and Episode Type	Functional Status	Care Experience
Hospital Medical		
PGP Medical		
Hospital Surgical		
PGP Surgical		
Underserved Populations	Functional Status	Care Experience
Hospital: Black or African American		
Hospital Hispanic		
Hospital: Dual Eligible		
Hospital: High ADI*		
Hospital: Rural Residence		
PGP: Rural Residence		

*ADI = Area Deprivation Index.

This analysis included BPCI Advanced and comparison respondents in all 8

Who is a BPCI Advanced Beneficiary?

A Medicare beneficiary enrolled in Medicare Parts A and B for the duration of the 90-day Clinical Episode qualifies as a BPCI Advanced Beneficiary.



Exceptions

In the following circumstances, a Medicare Beneficiary is not included in BPCI Advanced:

- If covered under United Mine Workers or managed care plans
- If eligible for Medicare on the basis of End Stage Renal Disease (ESRD)
- If Medicare is not the primary payer, at any time during the Clinical Episode
- If the beneficiary dies during the Anchor Stay or Anchor Procedure



Protections for Beneficiaries

The following outlines protections for Beneficiaries:

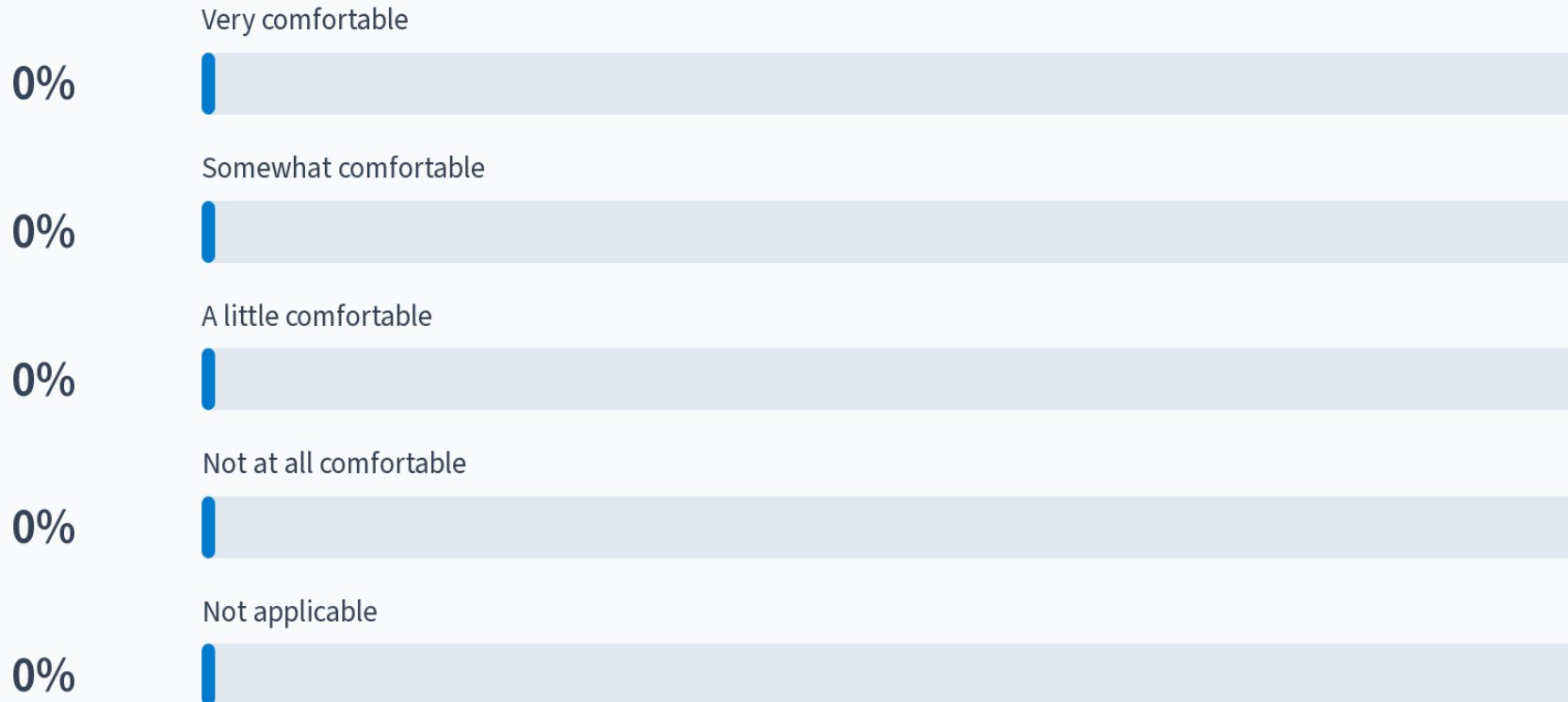
- Required Beneficiary Notification Letter (BNL)
- Participants may not:
 - Restrict Beneficiary access to medically necessary care
 - Limit the Beneficiary choice of providers or suppliers
- The Beneficiary's Medicare benefits will remain the same
- Cost sharing responsibility for services will not be different than if Beneficiary were not in the Model

Beneficiary Incentives

Participants in the Model may provide items and services that are reasonably connected to the medical care provided, or preventive care items that advance a clinical goal under a special waiver.

Poll #3

How comfortable are you with introducing your patients to a bundled payments program like BPCI Advanced?



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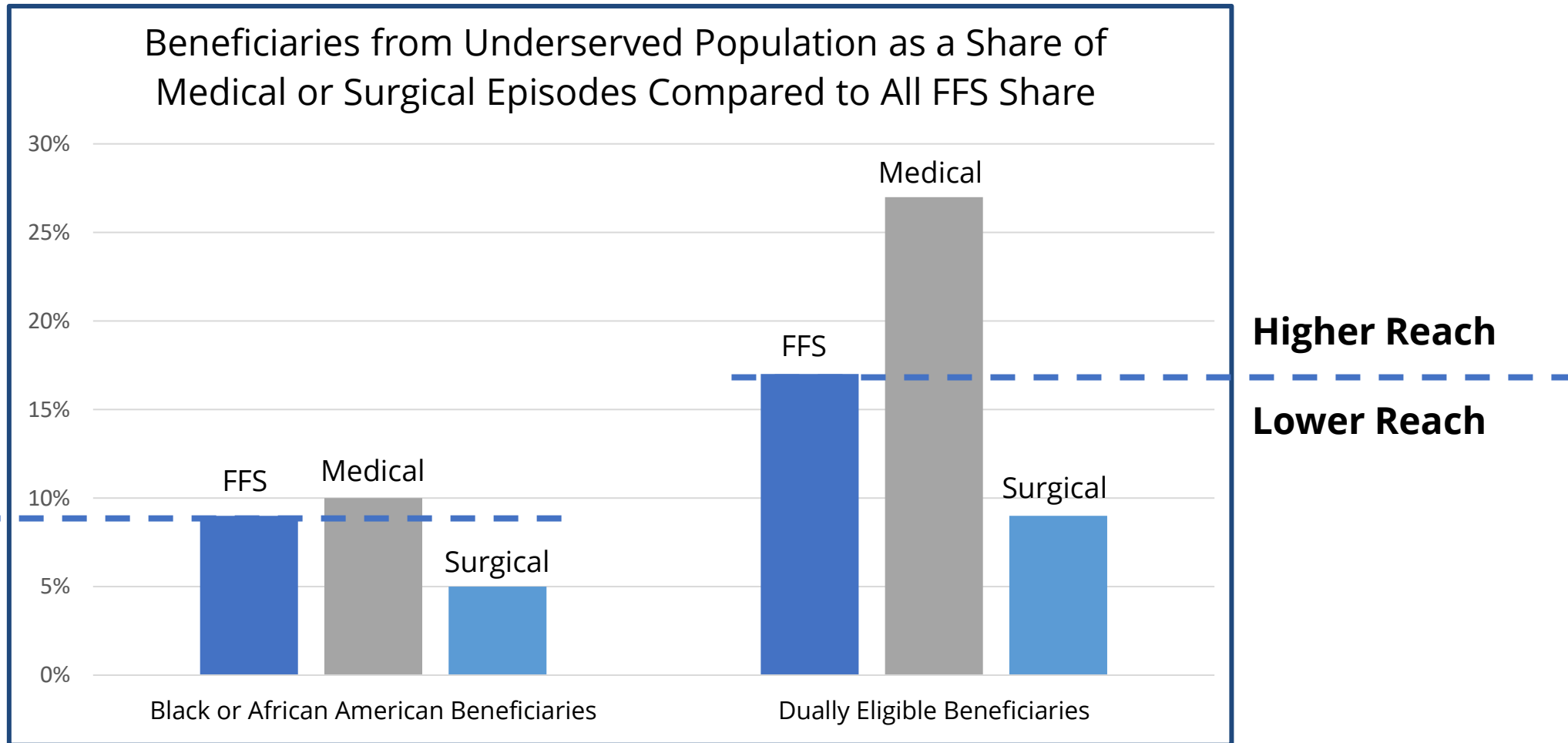
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Reach to Underserved Beneficiaries

In Model Years 3 & 4, the BPCI Advanced Model's reach to Underserved Populations was higher in Medical Episodes and lower in Surgical Episodes.



Reconciliation

During Reconciliation, the actual Medicare FFS expenditures for all Clinical Episodes attributed to the Participant and, for Convener Participants, to the Participant's Downstream Episode Initiators, are compared to the final Target Price for those Clinical Episodes.

Clinical Episodes will be reconciled based on the Performance Period in which the Clinical Episode ends:



Reconciliation occurs semi-Annually with two "True-Ups" to allow for claims run-out

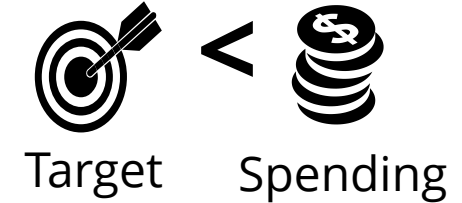
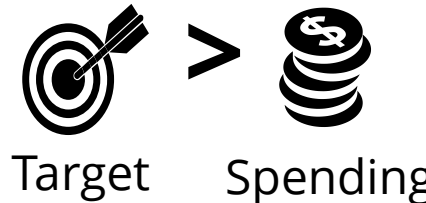
KEY POINTS:

Net Payment Reconciliation Amount (NPRA):

Payment by CMS to the Participant

Repayment Amount:





Payment by Participant to CMS



Eligibility

Who Can Apply

The following eligible entities may apply during the application period to participate in BPCI Advanced starting in 2024 (Model Year 7) as a Non-Convener Participant or as a Convener Participant.

	<p>New Convener Applicants</p>	<ul style="list-style-type: none"> • Medicare-enrolled providers or suppliers or ACOs
	<p>Non-Convener Applicants</p>	<ul style="list-style-type: none"> • Only Medicare-enrolled ACHs or PGPs
	<p>Former Participants and Episode Initiators</p>	<ul style="list-style-type: none"> • As a new Convener or Non-Convener • As an EI
	<p>Active MY6 Participants</p>	<ul style="list-style-type: none"> • Add EIs to active BPIDs - via Participant Portal • New BPIDs - via Application Portal

Please note – For Model Year 7, only Medicare-enrolled providers or suppliers, or a Medicare ACO, may apply as a new Convener Participant.

Episode Initiators and CESLGs Selection for MY7 – Participant Profiles (PP)

Potential Cohort 3 Applicants should keep the following considerations in mind:

1

CMS will allow potential Episode Initiators (EIs) to appear in multiple applications.

However, EIs may only participate either under one Convener Participant or as a Non-Convener Participant.

2

The Participant Profile Template will include all the potential EIs that were listed in the application.

When the Participant Profiles are submitted to CMS, the EI appears in only ONE Participant Profile with a status of “Active”.

3

CESLGs will be selected and submitted in the MY7 Participant Profiles.

We do not anticipate allowing Participants to change EIs or CESLGs in MY8. Therefore, EI and CESLG selections made in MY7 are in effect for the duration of the Model.

Poll #4

How comfortable are you navigating and accessing the Application portal?



Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

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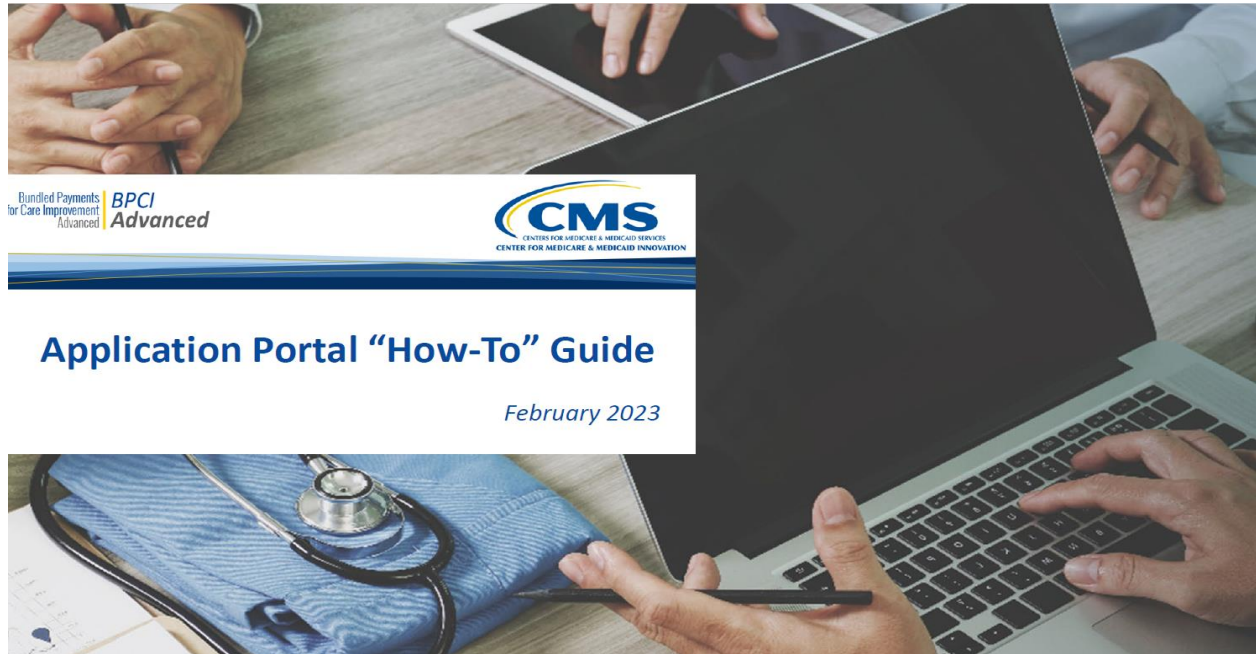


BPCI Advanced Application Portal

You may access the BPCI Advanced Application Portal “How-To” Guide on the model website.

<https://app.innovation.cms.gov/bpciadvancedapp/IDMLogin>

Deadline for submission of applications → **May 31, 2023, at 5:00 PM EST**



Section 1: Registering for the Application Portal

Section 2: Navigating the Application Portal

Strategies for Applicant Success

Below are strategies that have been identified as “Best Practices” for the BPCI Advanced Model applicants.

**Save As You
Go**



**Cloning
Applications**



**Participating
Organizations
Template**



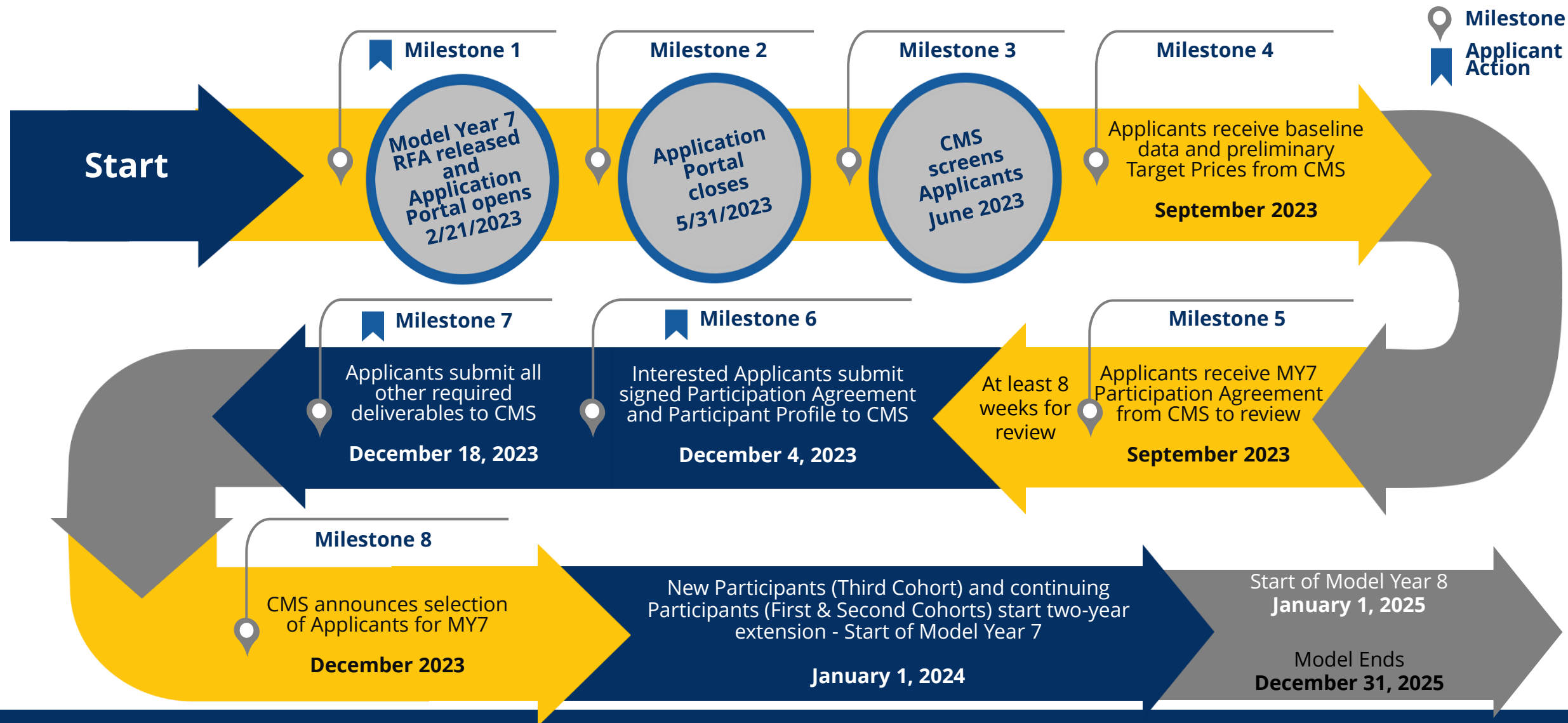
**Net Payment
Reconciliation
Amount (NPRA)
Section**



Application Process and Timelines

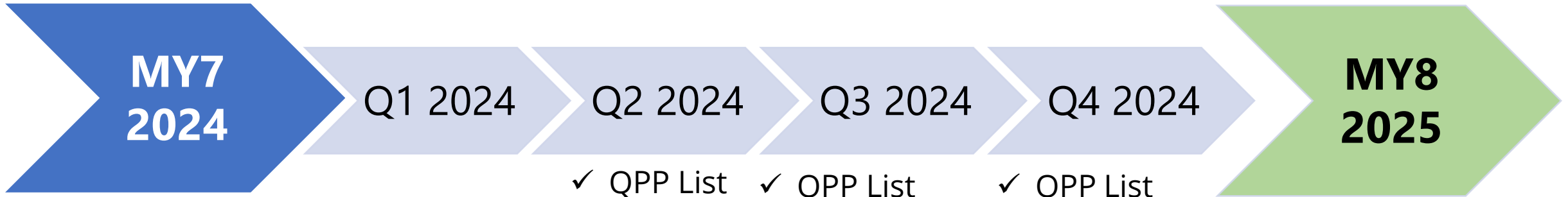
BPCI Advanced Application Process

 Milestone
 Applicant Action



Required Deliverables for Model Year 7 & 8 Participants

After submitting an application, there are a number of deliverables that must be completed and submitted before CMS accepts the submitted application and executes the MY7 Participation Agreement.



- ✓ **Participation Agreement MY7 (2024 & 2025)**
- ✓ Participant Profile (PP) MY7
- ✓ Care Redesign Plan (CRP) MY7
- ✓ Quality Payment Program (QPP List)
- ✓ Financial Arrangements List (FAL) (if applicable)

- ✓ FAL (if applicable)

- ✓ **No new Participation Agreement anticipated for MY8**
- ✓ Participant Profile (PP) MY8 Quality Measure (CM) selections
- ✓ Care Redesign Plan (CRP) MY8
- ✓ Quality Payment Program (QPP) List
- ✓ Financial Arrangements List (FAL) (if applicable)

Poll #5

What model topics would you like to learn more about before applying?

Nobody has responded yet.

Hang tight! Responses are coming in.

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Frequently Asked Questions



Please submit questions via the Q&A box to the right of your screen.

**Question
#1**

- **If we are a current participant looking to continue into the 2-year extension of BPCI Advanced, how do we elect which episode data we would like to receive?**

**Question
#2**

- **Can a Convener remove downstream Episode Initiators or CESLGs after the start of MY7?**

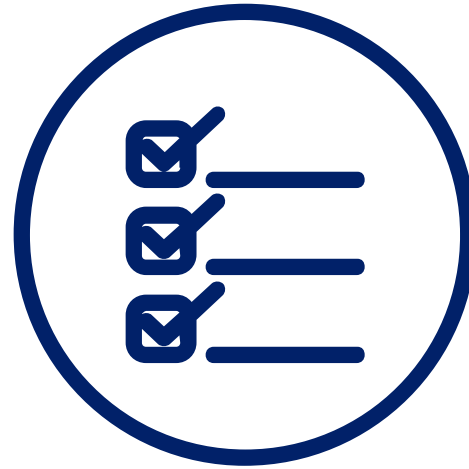
**Question
#3**

- **On the application narrative questions there is a limit of 4,000 characters. Does the character count include spaces?**

**Question
#4**

- **In selecting CESLGs, do convener participants have to choose the same CESLGs for all of its EIs?**

Please Complete Our Survey



We appreciate your input!

Please click the link posted in the chat to take our survey.

We would love to learn how to make our events better.

Questions and Answers Session



Please submit questions via the Q&A pod to the right of your screen.

Closing Remarks

Register Today!

Panel Discussion with BPCI Advanced Participants

May 11th from 2:00 pm – 3:00 pm EST



CMS is accepting applications for the BPCI Advanced Model until May 31, 2023.

Please join us for a panel discussion on **May 11th from 2:00 pm – 3:00 pm ET.**

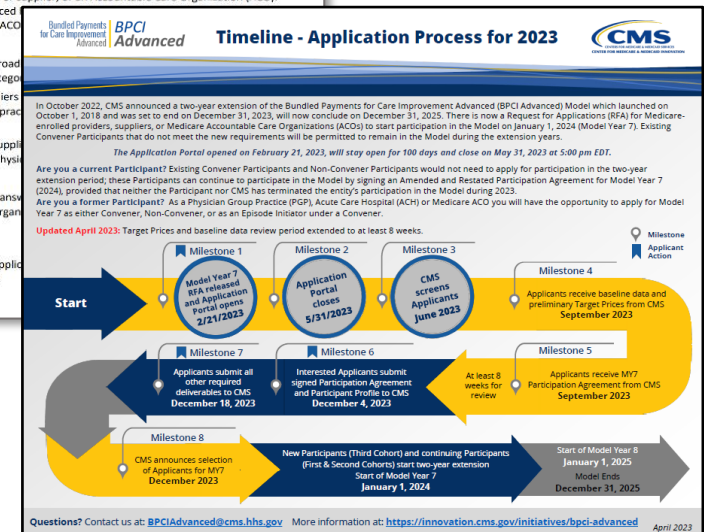
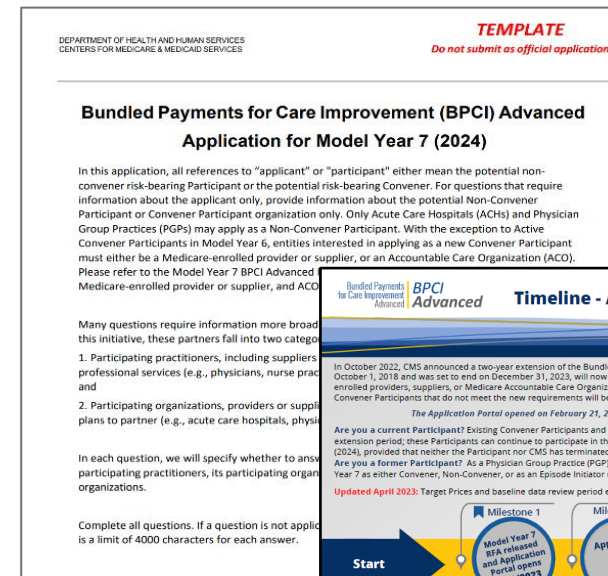
This is an opportunity to hear from current BPCI Advanced Participants about why they chose to participate and their experiences in the Model. This event is open to all interested applicants as well as current BPCI Advanced Participants.

https://deloitte.zoom.us/webinar/register/WN_3dabhcM3Sy-YoKwZrnleQw#/registration

Applicant Resources

The BPCI Advanced Model team has created many resources to support Applicants. To access them, visit the Model's Applicant Resources webpage at <https://innovation.cms.gov/innovation-models/bpci-advanced/applicant-resources>.

- [MY7 Request for Applications \(RFA\)](#)
- [Timeline for Application Process in 2023](#)
- [Model Overview Fact Sheet MY6](#)
- [Model Overview Animated Video](#)
- [Application Portal "How-To" Guide](#)
- [How to Apply - New Applicants Job Aid](#)
- [MY7 Options for Active Model Participants](#)
- [Application Process Questions & Answers](#)
- [Why Should You Participate in BPCI Advanced?](#)
- [Physician Fact Sheet](#)



Need Help?

For more information and/or technical assistance, please access the resources below.

If you have trouble with the Registration process of the Application Portal



Contact the Salesforce IT Help Desk at **CMMIForceSupport@cms.hhs.gov** or call **1-888-734-6433, option 5**

If you fail the IDM Identification process, during the initial registration for the Application Portal



Contact **Experian** (1-866-578-5409)

If you have questions about BPCI Advanced



Contact the **Model Team** at BPCIAdvanced@cms.hhs.gov

For information about the Model, Clinical Episodes, Pricing Methodology, Quality Measures, and Evaluation Reports



Visit the **BPCI Advanced Model General webpage**:
<https://innovation.cms.gov/innovation-models/bpci-advanced>

For a variety of materials to help educate the public interested in applying to the Model



Visit the **Applicant Resources webpage**:
<https://innovation.cms.gov/innovation-models/bpci-advanced/applicant-resources>

Thank You for Attending this Webinar



We appreciate your time and interest!

If you haven't already, please take the survey following this webinar so we can learn how to make our events better.

Do you have questions?

Email the Model Help Desk: BPCIAdvanced@cms.hhs.gov

Thank You!

Appendix

Participation Requirements

Certain structural and process improvement activities are cornerstones for success in episode-based payment models. See below for BPCI Advanced Participation Requirements.

- Submission of required deliverables – Participant Profile (PP), Care Redesign Plan (CRP), Quality Payment Program (QPP) List, Financial Arrangements List (FAL) prior to the start of the Model Year
- Organizational Readiness on Day 1 - January 1, 2024
- Engaged in BPCI Advanced Activities and include Clinicians and others in implementing the care redesign plan
- Financial responsibility to CMS – Secondary Repayment Source (SRS)¹
- Ensure Beneficiary Notification Letter is presented prior to discharge or completion of procedure
- Actively participate in Learning System activities
- Comply with requests for Evaluation, Monitoring, and Compliance activities
- May enter into Financial Arrangements²
- May furnish items and services to BPCI Advanced Beneficiaries³

Participants may terminate their participation from the Model at any time with 90-day advance written notice in accordance with the BPCI Advanced Participation Agreement.



1 – Required for Non-El Convener Participants



2 - Must comply with the Fraud and Abuse Waivers requirements.

3 - Must comply with the CMS Payment Policy Waivers and Fraud and Abuse Waivers requirements

Participation and Clinical Episodes

In 2021, the number of BPCI Advanced participants decreased by about 55% (from MY3 to MY4), while the average number of clinical episodes selected per participant roughly doubled.

Participation by Type		
	2020 (MY3)	2021 (MY4)
 Hospitals	1,010	682
 PGPs	1,031	523

Average Number of Clinical Episodes Selected by Type		
	2020 (MY3)	2021 (MY4)
 Hospitals	5	9
 PGPs	8	18