

Bundled Payments  
for Care Improvement  
Advanced

**BPCI**  
**Advanced**



# Application Portal “How-To” Guide

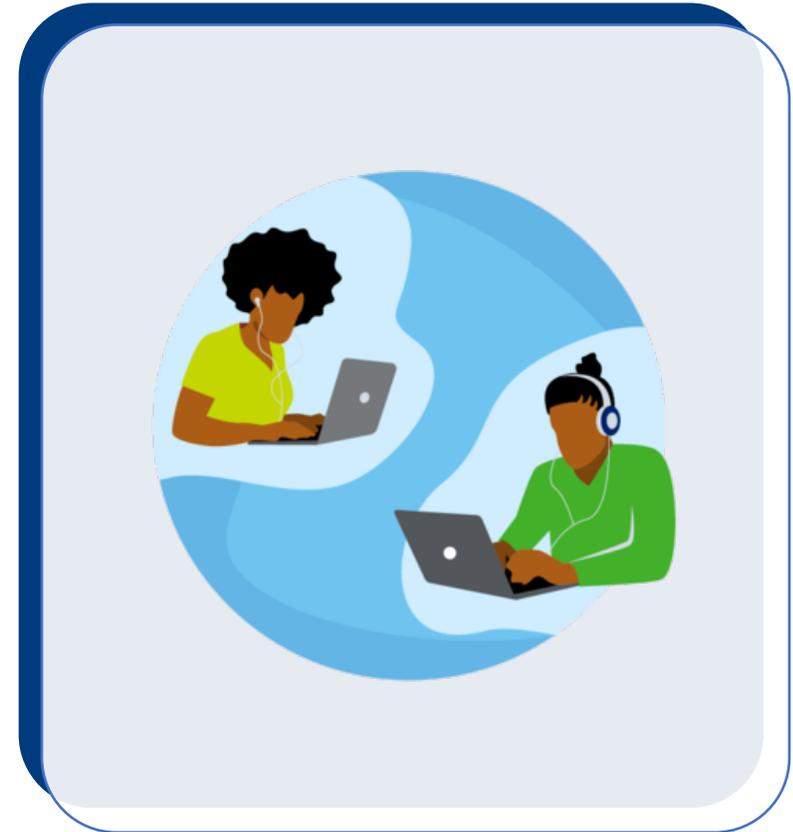
*February 2023*

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

The [BPCI Advanced Application Portal](#) is an online platform that allows users to:

- **Register to apply** to the BPCI Advanced Model for Model Year 7 (2024)
- Edit or delete **In-Progress** Applications
- Clone/duplicate **Submitted** Applications to start a new application
- **View and download Submitted Applications** and Data Request and Attestation (DRA) forms



**Portal opens (Day 1) on February 21, 2023 at Noon EDT**  
**Portal closes (Day 100) on May 31, 2023 at 5:00 PM EDT**

- Applications do not need to be completed in one sitting. **Save your work as you go** as the Application Portal times-out after **30 minutes** of inactivity. **Save changes** before navigating away from any page as all unsaved changes will be lost.
- Submitting an application **does not obligate the Applicant to participate** in BPCI Advanced. Likewise, submission of an application **does not guarantee Applicants will be offered to sign a Participation Agreement** by CMS.
- The application template (in PDF) on the [Applicant Resources](#) webpage was created as a guide for Applicants. Applications and attachments will **only be accepted when submitted via the [BPCI Advanced Application Portal](#)**. CMS will not accept applications or attachments submitted via email.
- Whichever user **starts** the application must be the one to **submit** it. Another user will not be able to access the application.
- Ensure **all unique identifiers are correct** before submitting your application. This includes Tax Identification Numbers, National Provider Identifiers, CMS Certification Numbers, and Legal/DBA Names for your organization, and if applicable, organizations listed in the Participating Organizations attachment.
- Passwords can only be changed **once every 24 hours**.



- If you have trouble with the Registration process, contact the Help Desk at: **CMMIForceSupport@cms.hhs.gov** or call **1-888-734-6433, option 5**
- If you fail the IDM Identification process, contact **Experian** (1-866-578-5409)
- If you have questions about BPCI Advanced, contact the Model Team at [\*\*BPCIAdvanced@cms.hhs.gov\*\*](mailto: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\*\*](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\*\*](https://innovation.cms.gov/innovation-models/bpci-advanced/applicant-resources)

# **Section 1 – Registering for the Application Portal**

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# Application Portal Login Page

The screenshot shows a web browser window with the URL <https://app.innovation.cms.gov/bpciadvancedapp/IDMLLogin> highlighted in the address bar. The page content includes the CMS.gov logo, the text "Centers for Medicare & Medicaid Services", and a login form with fields for "CMS IDM Username" and "CMS IDM Password", a "Remember me" checkbox, a blue "Log In" button, and a green "New User Registration" button. A red callout box on the left contains instructions and the URL.

Enter the URL into your browser to access the **Application Portal Login**:  
<https://app.innovation.cms.gov/bpciadvancedapp/IDMLLogin>

Be sure to enter this **exact link**. Other CMS login portals, such as the BPCI Advanced Participant Portal, have similar login pages but will not give you access to the Application Portal.

**BPCI Advanced Application Portal Login**

CMS IDM Username

CMS IDM Password

Remember me

Log In

OR

New User Registration

# Application Portal Login Page

Log In

OR

New User Registration

Existing User Verification

[Need help signing in?](#)

**HELP DESK**

**Technical Issues**  
Please contact [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or call 1-888-734-6433, option 5.

**ALL USERS** must register by clicking the “New User Registration” button in green.

If technical problems arise at any point while using the Application Portal, contact the HelpDesk at [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or call 1-888-734-6433, option 5.

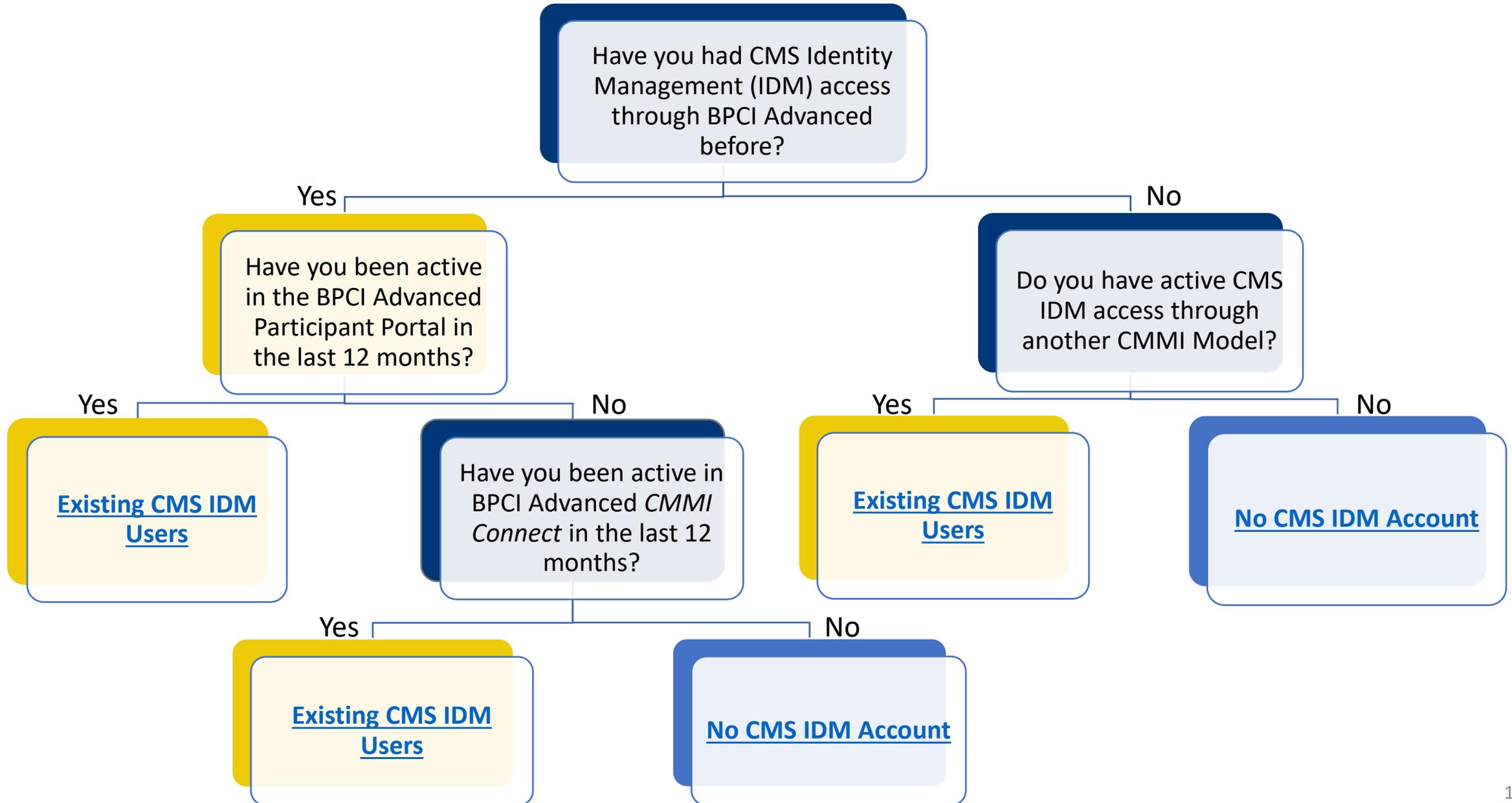
# Step #1 – CMS Identity Management (IDM) Account Verification

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*Use the flowchart on the following slide to determine the scenario that applies to you and click on the hyperlink to navigate to the specific instructions*

# Step #1 – CMS Identity Management (IDM) Account Verification



## Step #2.1– If you have no CMS IDM Account → Create a CMS IDM Account

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*If you have a CMS IDM account, [click here](#) to go to Step #2.2*

## Step #2.1.1 – Create a CMS IDM Account

Please DO NOT refresh the browser / tab during registration process.

### Application Portal for Bundled Payments for Care Improvement Advanced

CMS.gov

#### Existing CMS Identity Management (IDM) Account Verification

\* Do you have an existing CMS Identity Management (IDM) account? [Not sure? Click to verify](#)

- Yes  
 No  
 I don't know

Cancel

Next >>

Click the “Not sure? Click to verify” hyperlink if you do not know if you have CMS IDM access.

Select the “No” radio button if you do not have CMS IDM access.

If you have CMS IDM access, select “Yes” and proceed to [Step #2.2 – Existing CMS IDM Users](#) (slide 29) of this “How-To” Guide.

Click “Next.”

If you already have access to: <https://portal.cms.gov/> (ex. OCM data registry) or <https://harp.qualitynet.org/login/login> (ex. QPP), please use these credentials to access your account.

# Step #2.1.1 – Create a CMS IDM Account

CMS.gov

## IDM Registration

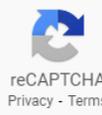
**1** All fields are required.

\* Create New Username for CMS-IDM

\* Legal First Name

\* Legal Last Name

\* Email Address

I'm not a robot 

**2** Click the checkbox next to "I'm not a robot." You may be prompted with a reCAPTCHA image challenge (i.e., "Select all images with palm trees.").

**3** Click "Next."

**4** The username does NOT have to be your email address.

**5** Keep these requirements in mind when creating a username.

### Username Requirements

- Username must be between 6 and 70 characters
- Username must start and end with an alphanumeric character (e.g. 0-9, A-Z, a-z)
- Username must contain at least one letter (e.g. A-Z, a-z)
- Username must not contain 9 consecutive numbers (e.g. "Password123456789" is NOT allowed)
- Username must not contain consecutive special characters (e.g. "P@--word" is NOT allowed)
- Username only supports the following special characters: @,.,-,\_
- Username must be in email format if special character @ is used

<< Back   Return to Login   Next >>

**!** CMS restricts the use of YOPmail e-mail addresses for registration. CMS recommends using professional email addresses.

**CMS.gov**

Thank you for registering with CMS Identity Management (IDM), your account has been created successfully.

Before accessing the requested Portal, you will need to verify your identity through Remote Identify Proofing (RIDP). This one-time process takes 5 to 10 minutes and requires your address, Date of Birth and Social Security Number. [Learn more about RIDP](#)

[Return to Login](#) [Continue to Verify Identity](#)

Please DO NOT refresh the page. **Click "Continue to Verify Identity."**

**You have completed Step #2.1.1.**

## Step #2.1.2 – Validate Your Identity

Remote Identity Proofing (RIDP) is the process of validating sufficient information that uniquely identifies you (e.g., credit history, personal demographic information, and other indicators). This is a CMS IT Security Protocol requirement for accessing CMS portals.

**CMS.gov**

### Remote Identify Proofing (RIDP) [Tips for Success](#)

Step 1 out of 2

\* Legal First Name  Middle Name  \* Legal Last Name

Email  \* Date of Birth

\* Street Address Line 1  Street Address Line 2

\* City  \* State  \* Zip Code  Zip Code Extn

\* Phone (XXXXXXXXXX)  \* Social Security Number (XXXXXXXXXX)

<< Back  Next >>

Fields marked with an asterisk (\*) are required.

! If you do not complete the RIDP steps, you will need to start the registration process anew the next time.

Click "Next."

## Step #2.1.2 – Validate Your Identity

CMS.gov

### Remote Identify Proofing (RIDP)

Step 2 out of 2

00:05:31

\* You may have opened a mortgage loan in or around February 2016. Please select the lender to whom you currently make your mortgage payments. If you do not have such a mortgage loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- LOAN AMERICA
- CBC/FIRST COMMONWEALTH
- CROSSLAND MORTGAGE
- ROCK FINANCIAL CORP
- NONE OF THE ABOVE/DOES NOT APPLY

\* You may have opened an auto loan in or around September 2017. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- WESTAR FINANCIAL
- SEAFIRST BANK
- FIRST COMMONWEALTH BANK
- US BANK
- NONE OF THE ABOVE/DOES NOT APPLY

\* Please select the term of your auto loan (in months) from the following choices. If your auto loan or auto lease term is not one of the choices please select 'NONE OF THE ABOVE'.

- 24
- 36
- 48
- 60
- NONE OF THE ABOVE/DOES NOT APPLY

\* You may have opened a (BANK OF AMERICA) credit card. Please select the year in which your account was opened.

- 2011
- 2013
- 2015
- 2017
- NONE OF THE ABOVE/DOES NOT APPLY

\* Which of the following institutions do you have a bank account with? If there is not a matched bank name, please select 'NONE OF THE ABOVE'.

- FIRST NATIONAL TRUST SAVINGS
- CHARTER OAKS FCU
- NEWPORT FCU
- TEXAS BANK
- NONE OF THE ABOVE/DOES NOT APPLY

<< Back to Step 1

Submit Answers

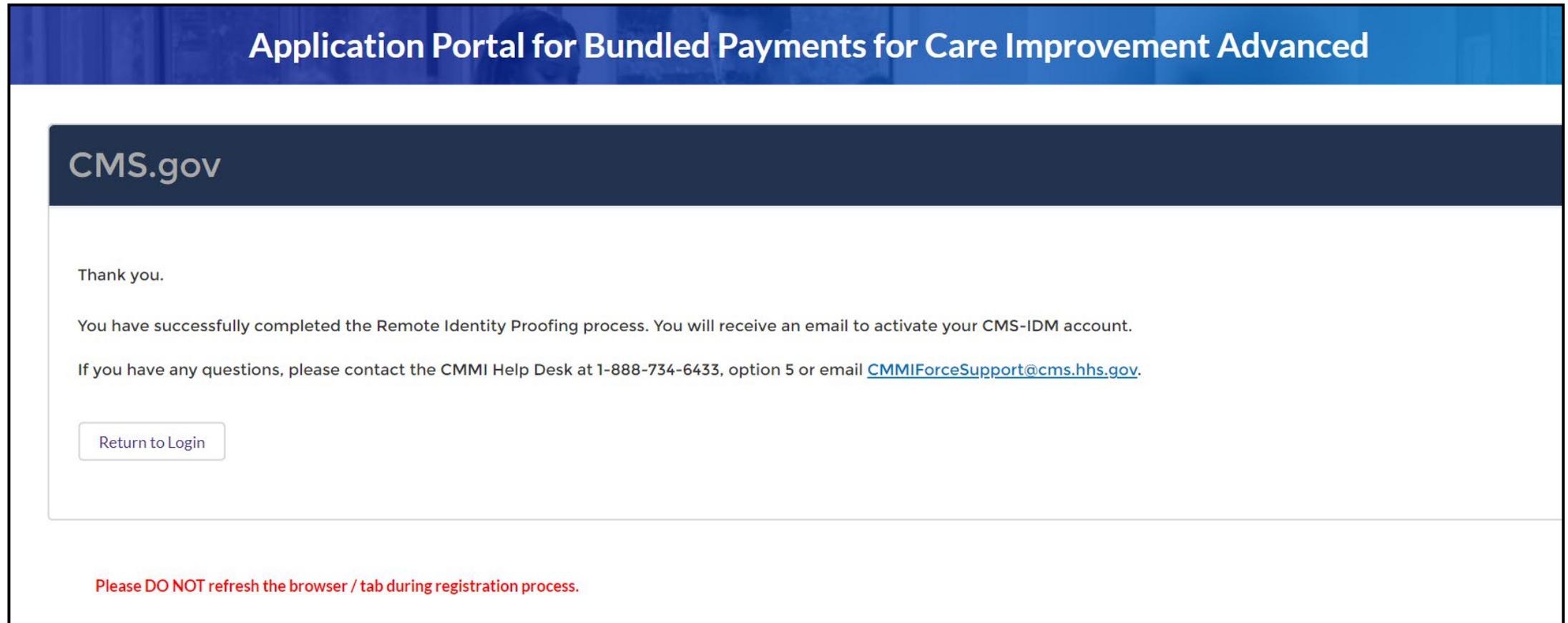
Click "Submit Answers."

Use radio buttons to answer each question. All fields are required.

A timer shows how long you have to complete the questions. The page will time out after 10 minutes.

## Step #2.1.2 – Validate Your Identity

After successful authentication of RIDP, you will receive two emails: “**Welcome to CMS Identity Management System! (CMS IDM IMPL)**” and “**Welcome to the Application Portal for Bundled Payments for Care Improvement Advanced Community!**”



**Application Portal for Bundled Payments for Care Improvement Advanced**

**CMS.gov**

Thank you.

You have successfully completed the Remote Identity Proofing process. You will receive an email to activate your CMS-IDM account.

If you have any questions, please contact the CMMI Help Desk at 1-888-734-6433, option 5 or email [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov).

[Return to Login](#)

Please DO NOT refresh the browser / tab during registration process.

**Should the RIDP verification process fail**, you will be prompted to contact Experian (1-866-578-5409) for identity proofing via phone.

**You have completed Step #2.1.2.**

## Step #2.1.3 – Activate Your CMS IDM Account

Welcome to CMS Identity Management (IDM) System!

**CMS.gov**

Centers for Medicare & Medicaid Services

CMS Identity Management System (IDM)

Dear test BPCIAdv,

Your CMS application help desk or system administrator has created a user account for you. **Click the following link to activate your account:**

Activate CMS IDM Account

This link expires in 7 days.

Your username is **testBPCIAdv7887**

Your organization's sign-in page is <https://impl.idp.idm.cms.gov>

If you experience difficulties accessing your account, please contact your CMS application help desk. To find your application help desk go to your [CMS IDM Partner Page](#), and click the **Help Desk Support** link.

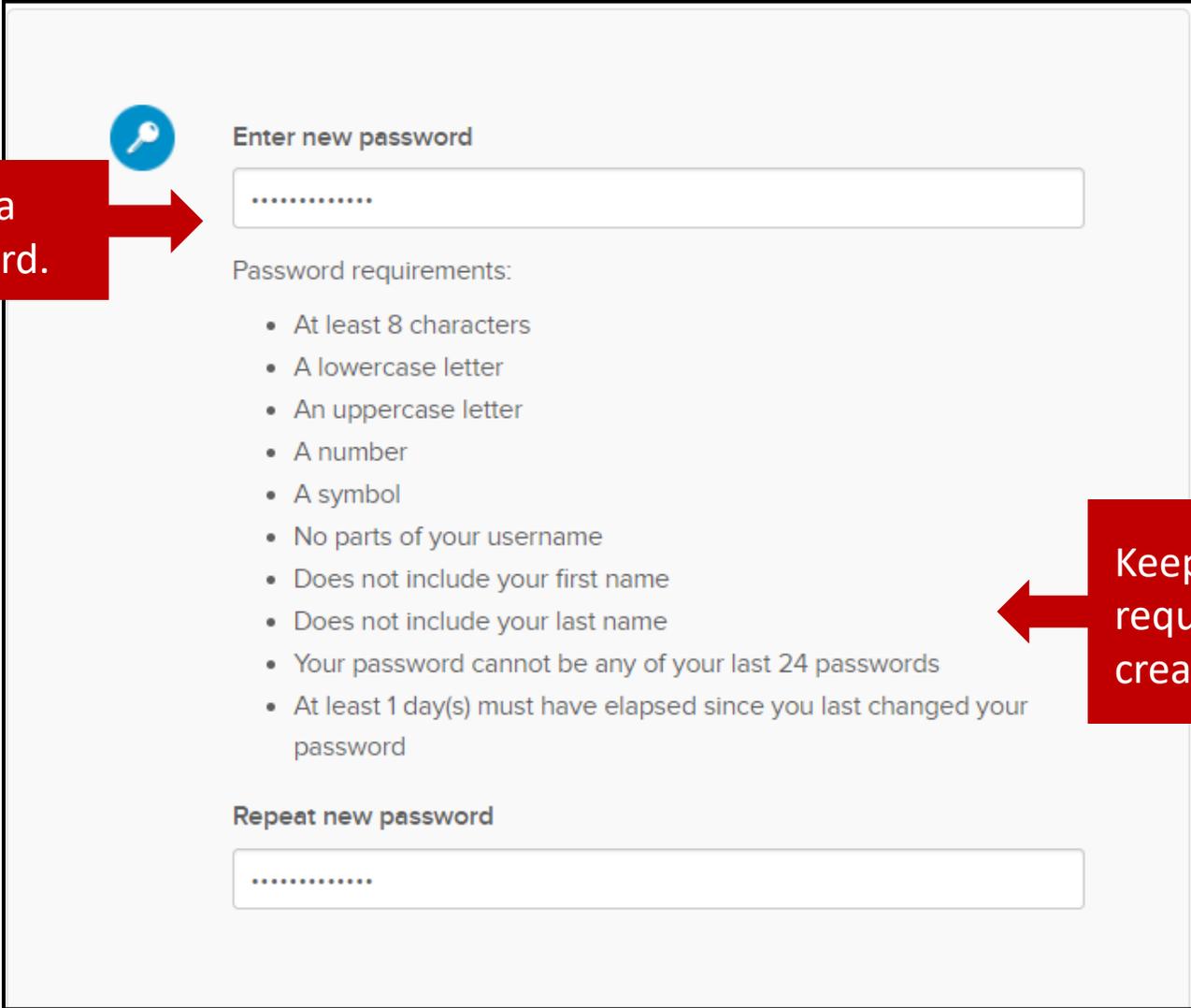


The activation link expires 7 days after it is sent. **If the link expires, you will need to start the registration process over again.**

The second email you receive, **“Welcome to CMS Identity Management (IDM) System!”**, will have a green **“Activate CMS IDM Account”** box. Click this button.

## Step #2.1.3 – Activate Your CMS IDM Account

You will be directed to a page to create a password for your Application Portal account and complete registration.



The screenshot shows a web form for creating a new password. At the top left is a blue key icon. The form has two input fields, both containing dots to represent masked text. Below the first field is a list of password requirements. A red callout box on the left points to the first input field, and another red callout box on the right points to the list of requirements.

**Create a password.**

**Enter new password**

.....

Password requirements:

- At least 8 characters
- A lowercase letter
- An uppercase letter
- A number
- A symbol
- No parts of your username
- Does not include your first name
- Does not include your last name
- Your password cannot be any of your last 24 passwords
- At least 1 day(s) must have elapsed since you last changed your password

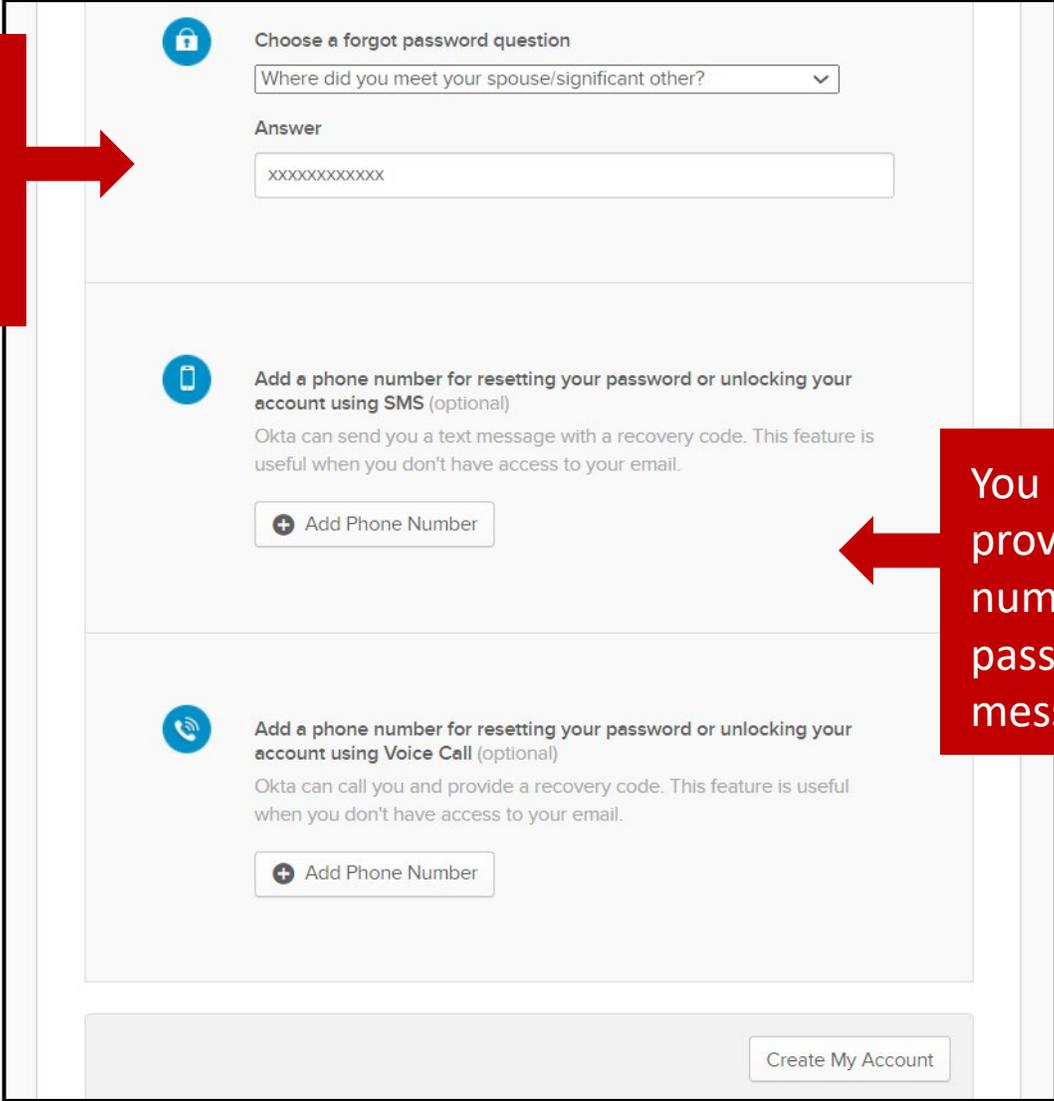
**Repeat new password**

.....

**Keep in mind these requirements when creating a password.**

## Step #2.1.3 – Activate Your CMS IDM Account

Set up a security question and answer to be used in case you forget your password.



The screenshot shows a web form for account activation. It is divided into three main sections. The first section, titled 'Choose a forgot password question', features a dropdown menu with the selected option 'Where did you meet your spouse/significant other?' and an 'Answer' field containing 'xxxxxxxxxxxx'. The second section, titled 'Add a phone number for resetting your password or unlocking your account using SMS (optional)', includes a sub-header 'Okta can send you a text message with a recovery code. This feature is useful when you don't have access to your email.' and an 'Add Phone Number' button. The third section, titled 'Add a phone number for resetting your password or unlocking your account using Voice Call (optional)', includes a sub-header 'Okta can call you and provide a recovery code. This feature is useful when you don't have access to your email.' and another 'Add Phone Number' button. At the bottom right of the form is a 'Create My Account' button.

You have the option to provide a cell phone number for resetting your password via a SMS (text) message.

## Step #2.1.3 – Activate Your CMS IDM Account

**Forgot Password Text Message** [X]

Enter the phone number you'll use to receive codes via text message, then click Send Code to verify that it works.

Country/Region:  [v]  
Select the country/region where your phone is registered.

Phone number:   
Enter your number the way you normally dial it. Do not add your [country code prefix](#).

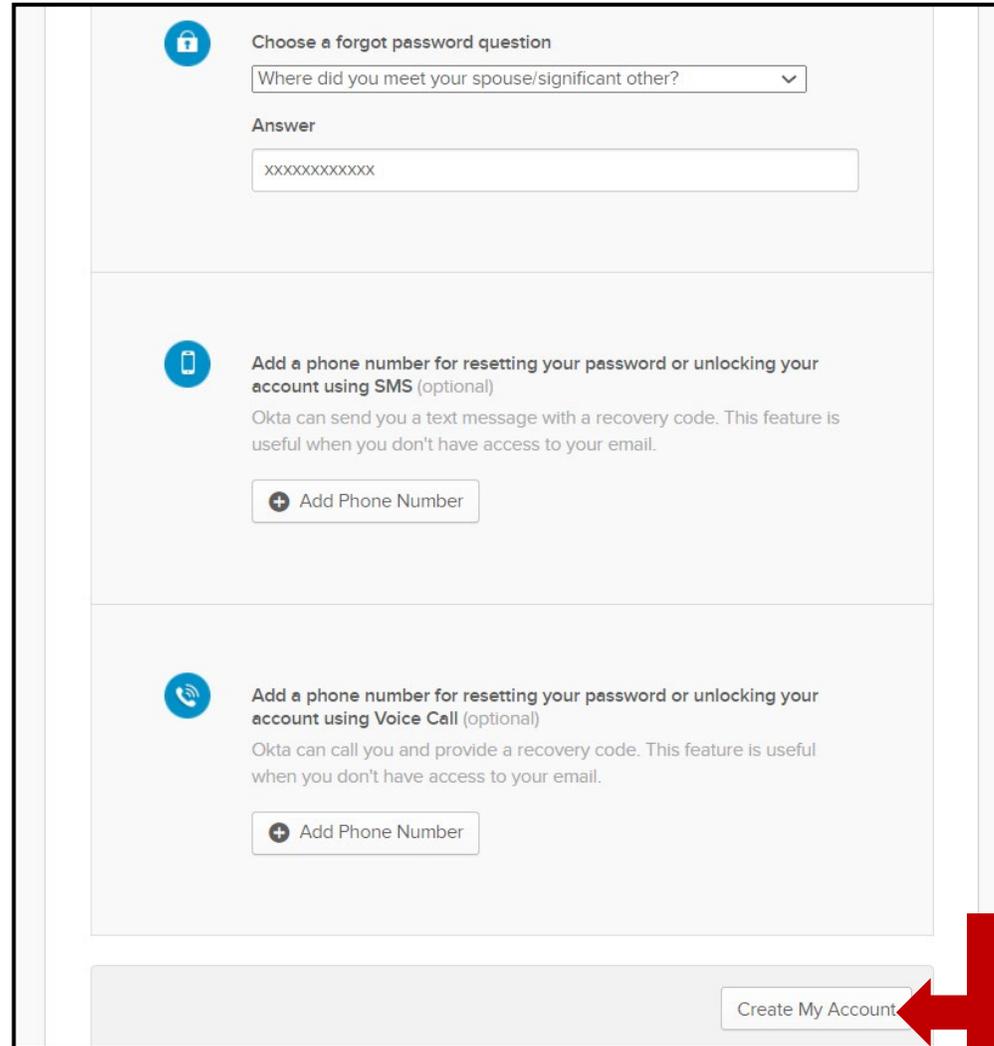
**Enter your cell phone number to receive a security code.**

**Enter the security code in the pop-up screen when prompted.**

- A symbol
- No parts of your username
- Does not include your first name
- Does not include your last name
- Your password cannot be any of your last 24 passwords
- At least 1 day(s) must have elapsed since you last changed your password

Repeat new password:

## Step #2.1.3 – Activate Your CMS IDM Account



The screenshot displays a web form for account activation. It is divided into three main sections. The first section, titled 'Choose a forgot password question', features a dropdown menu with the text 'Where did you meet your spouse/significant other?' and an 'Answer' field containing 'xxxxxxxxxxxx'. The second section, titled 'Add a phone number for resetting your password or unlocking your account using SMS (optional)', includes a sub-header 'Okta can send you a text message with a recovery code. This feature is useful when you don't have access to your email.' and an 'Add Phone Number' button. The third section, titled 'Add a phone number for resetting your password or unlocking your account using Voice Call (optional)', includes a sub-header 'Okta can call you and provide a recovery code. This feature is useful when you don't have access to your email.' and another 'Add Phone Number' button. At the bottom right of the form is a 'Create My Account' button.

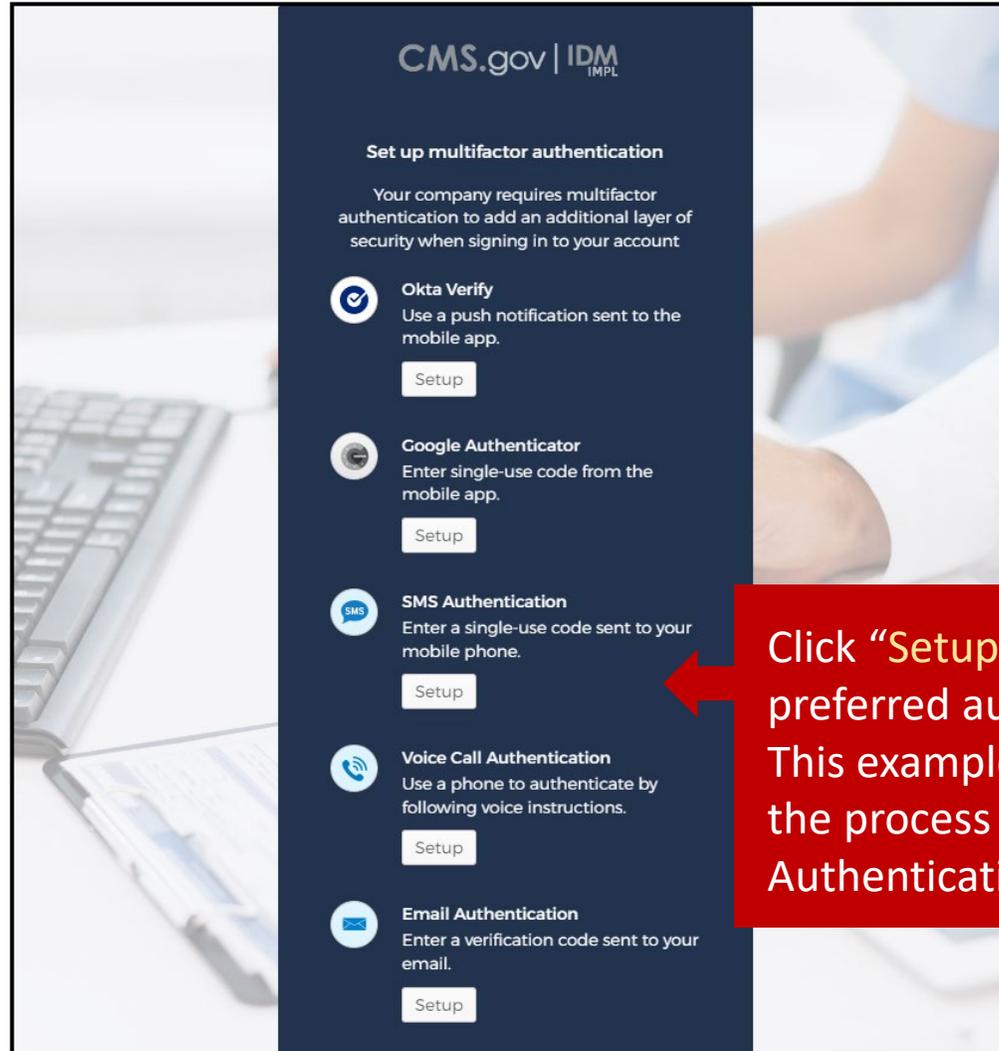
Click "Create my Account."

## Step #2.1.3 – Activate Your CMS IDM Account

Setting up multifactor authentication (MFA): MFA is a process that requires the user to provide two or more verification factors, such as text message or e-mail, to be able to log in to the Application Portal. This is a CMS IT Security Protocol.



Only **one authentication factor is required**, and it does not have to be SMS authentication.



Click "Setup" under your preferred authentication method. This example will demonstrate the process of setting up SMS Authentication.

## Step #2.1.3 – Activate Your CMS IDM Account

CMS.gov | IDM  
IMPL

SMS

Receive a code via SMS to authenticate

United States

Phone number

Request Code +1 0000000000

Back to factor list

Enter your cell phone number, then click "Request Code."

## Step #2.1.3 – Activate Your CMS IDM Account

CMS.gov | IDM  
IMPL

SMS

Receive a code via SMS to authenticate

United States

Phone number

+1 0000000000 Sent

Enter Code

000000

Verify

Back to factor list

The “Sent” button appearing confirms that a code has been sent to your cell phone number.

Enter the code that you received via text message and click “Verify.”

## Step #2.1.3 – Activate Your CMS IDM Account

Set up multifactor authentication

You can configure any additional optional factor or click finish

Enrolled factors

-  SMS Authentication 

Additional optional factors

-  Okta Verify  
Use a push notification sent to the mobile app.
-  Google Authenticator  
Enter single-use code from the mobile app.
-  Voice Call Authentication  
Use a phone to authenticate by following voice instructions.
-  Email Authentication  
Enter a verification code sent to your email.

After successfully setting up an authentication factor, it will appear under “Enrolled factors” with a green checkmark.

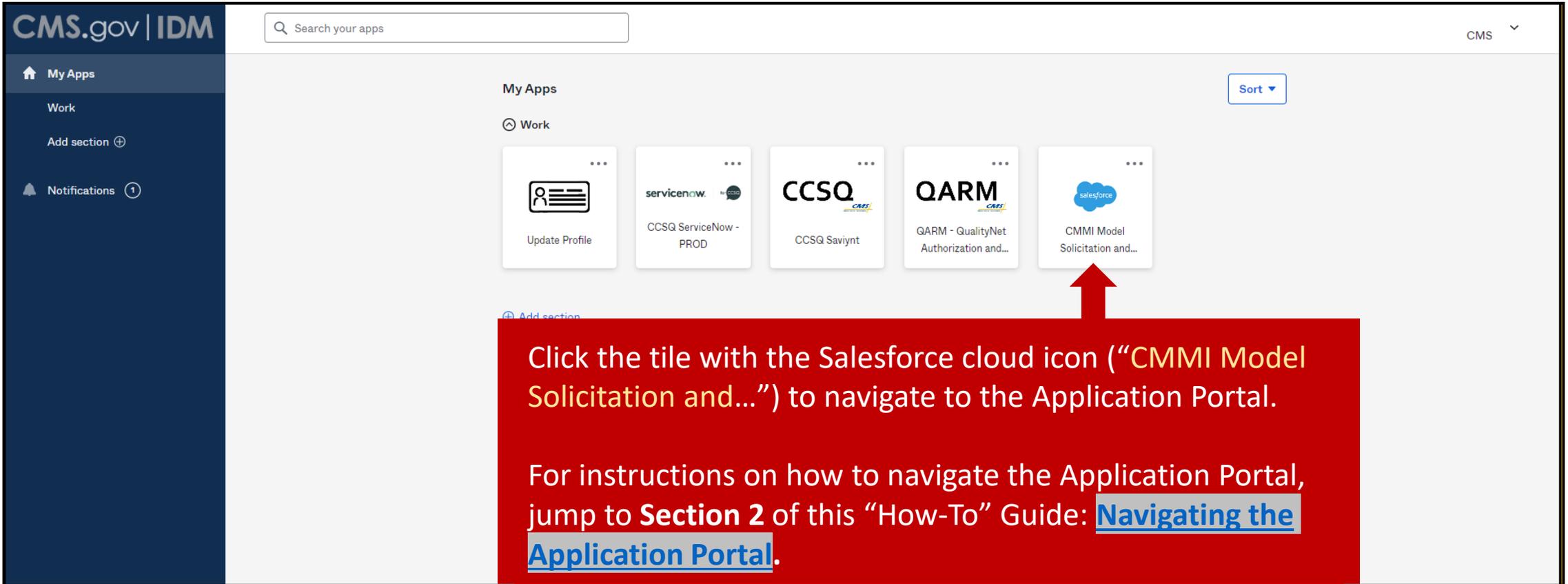
Only one authentication factor is required; **adding more is optional.**

Click “Finish.”

You have completed Step #2.1.3.

## Step #2.1.4 – Create Account in the BPCI Advanced Application Portal

You will then be directed to the **CMS.gov IDM homepage**.



The screenshot displays the CMS.gov IDM homepage. On the left is a dark blue sidebar with navigation options: 'My Apps', 'Work', 'Add section +', and 'Notifications 1'. The main content area has a search bar at the top and a 'My Apps' section. Under 'My Apps', there are five application tiles: 'Update Profile', 'CCSQ ServiceNow - PROD', 'CCSQ Saviynt', 'QARM - QualityNet Authorization and...', and 'CMMI Model Solicitation and...'. The 'CMMI Model Solicitation and...' tile features a blue Salesforce cloud icon. A red arrow points from a red text box below to this tile.

Click the tile with the Salesforce cloud icon (“CMMI Model Solicitation and...”) to navigate to the Application Portal.

For instructions on how to navigate the Application Portal, jump to **Section 2** of this “How-To” Guide: [Navigating the Application Portal](#).

After clicking on the Salesforce cloud icon, you will see a webpage flash on your screen momentarily. **During this step, the system is creating your profile in the BPCI Advanced Application Portal.**

## Step #2.1.4 – Create Account in the BPCI Advanced Application Portal

After clicking on the Salesforce cloud icon, you will be directed to the [BPCI Advanced Application Portal Homepage](#).

### Welcome to the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model

In this application, all references to "applicant" or "participant" either mean the potential non-convenor risk-bearing Participant or the potential risk-bearing Convenor. For questions that require information about the applicant only, provide information about the potential Non-Convenor Participant or Convenor Participant organization only. Only Acute Care Hospitals (ACHs) and Physician Group Practices (PGPs) may apply as a Non-Convenor Participant. Entities interested in applying as a Convenor Participant must either be a Medicare-enrolled provider or supplier, an Accountable Care Organization (ACO) or an Active Convenor Participant in Model Year 6. Please refer to the Model Year 7 BPCI Advanced Request for Applications (RFA) for how an ACH, PGP, Medicare-enrolled provider or supplier, ACO, and Active Convenor Participant in Model Year 6 are defined.

Many questions require information more broadly about the applicant's partners. For the purposes of this model, these partners fall into two categories:

1. Participating practitioners, including suppliers who may be separately paid by Medicare for their professional services (e.g., physicians, nurse practitioners, physician assistants, physical therapists); and
2. Participating organizations, providers or suppliers that initiate episodes with whom the Participant plans to partner (e.g., acute care hospitals, physician group practices).

In each question, we will specify whether to answer the question about the applicant alone, its participating practitioners, its participating organizations, and/or its episode-initiating participating organizations.

This online application portal will be Open/Close on specific Time and Date.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

**Complete all questions. If a question is not applicable, enter "N/A".**

Questions about the application should be directed to [bpciadvanced@cms.hhs.gov](mailto:bpciadvanced@cms.hhs.gov).

[Access BPCI Advanced RFA Application Portal User Manual](#)

[Start New BPCI Advanced Application](#)

Application ID	Organization Name	PoP Start Date	Application Status	Action		
C12702	Test Org	01/01/2024	In Progress	<a href="#">View PDF</a>	<a href="#">Edit</a>	<a href="#">Delete</a>
C12699		01/01/2024	In Progress	<a href="#">View PDF</a>	<a href="#">Edit</a>	<a href="#">Delete</a>
C12698	Test Org	01/01/2024	Submitted	<a href="#">View PDF</a>	<a href="#">View DRA</a>	<a href="#">Clone</a>

You have completed the registration process and can start an application. Proceed to the [Application Portal Homepage](#) page (slide 39) of this "How-To" Guide.

**You have completed  
Step #2.1.4.**

## **Step #2.2 – Existing CMS IDM Users**

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## Step #2.2 – Verifying Your CMS IDM Account

Please DO NOT refresh the browser / tab during registration process.

### Application Portal for Bundled Payments for Care Improvement Advanced

CMS.gov

#### Existing CMS Identity Management (IDM) Account Verification

\* Do you have an existing CMS Identity Management (IDM) account? [Not sure? Click to verify](#)

- Yes  
 No  
 I don't know

Cancel

Next >>

If you do not know if you have CMS IDM access, click the “Not sure? Click to verify” hyperlink

#### Help Links

If you already have access to: <https://portal.cms.gov/> (ex. OCM data registry) or <https://harp.qualitynet.org/login/login> (ex. QPP), please use these credentials to access your account.

Select the “Yes” radio button if you have CMS IDM access.

If you do not have CMS IDM access, select “No” and proceed to [Step #2.1 – No CMS IDM Account](#) (slide 11) of this “How-To” Guide.

Click “Next.”

## Application Portal for Bundled Payments for Care Improvement Advanced

CMS.gov

### Existing CMS IDM Account Verification

The one-time verification code will be sent to your email address linked to CMS-IDM account to verify identity.

\*Enter your CMS IDM Username ⓘ

testBPCIAdv

Enter your CMS  
IDM Username.

<< Back

Return to Login

Next >>

Please DO NOT refresh the browser.

Click "Next."



If this error appears – *“There is an existing user associated with this email with an active CMS IDM account. Please login with CMS IDM credentials”* – proceed to the [Navigating the Application Portal](#) section (slide 35) of this “How-To” Guide and log in as a **“historical user.”** Use the same **Username and Password credentials as in the BPCI Advanced Participant Portal** when logging into the Application Portal.

CMS.gov

There is an existing user associated with this email with an active CMS IDM account. Please login with CMS IDM credentials.

### Existing CMS IDM Account Verification

One-time verification code has been sent to CMS IDM email address. It is valid for current session.

\* Enter your CMS IDM Username ⓘ

dgros1270

## Application Portal for Bundled Payments for Care Improvement Advanced

CMS.gov

### Existing CMS IDM Account Verification

One-time verification code has been sent to CMS IDM email address. It is valid for current session.

\* Enter your CMS IDM Username ⓘ

testBPCIAdv

\* Enter Verification Code ⓘ

000000

00:09:50

<< Back

Return to Login

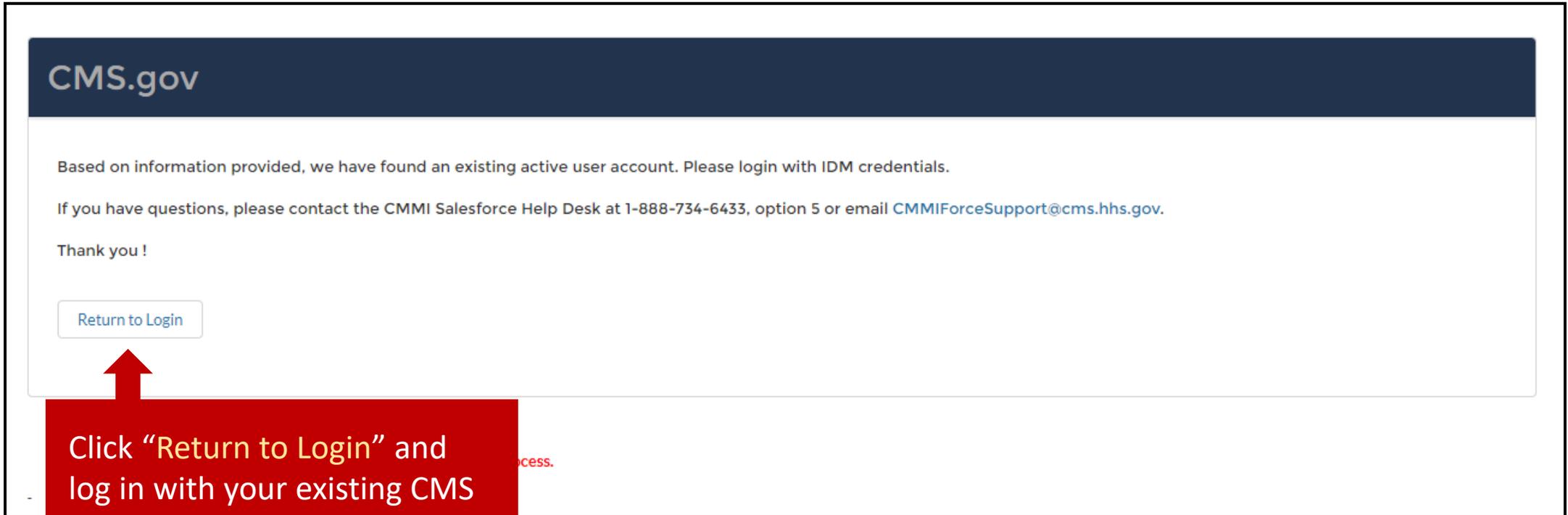
Validate OTP & Proceed

Enter the verification code sent to the email associated with your CMS IDM account. The code is valid for 10 minutes.

Click "Validate OTP & Proceed."

## Step #2.2 – Verifying Your CMS IDM Account

You have completed the registration process and can start an application.



The screenshot shows the CMS.gov website interface. At the top left, the logo 'CMS.gov' is displayed in white on a dark blue background. Below the logo, the main content area is white and contains the following text: 'Based on information provided, we have found an existing active user account. Please login with IDM credentials.' followed by 'If you have questions, please contact the CMMI Salesforce Help Desk at 1-888-734-6433, option 5 or email [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov).' and 'Thank you!'. A button labeled 'Return to Login' is positioned below the text. A red arrow points from a red callout box below the button to the button itself.

Click “Return to Login” and log in with your existing CMS IDM credentials.

**You have completed Step #2.2.**

## **Section 2 – Navigating the Application Portal**

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# Log in to the Application Portal

The screenshot shows a web browser window with the URL <https://app.innovation.cms.gov/bpciadvancedapp/IDMLogin> in the address bar. The page content includes the CMS.gov logo, the text "Centers for Medicare & Medicaid Services", and the heading "BPCI Advanced Application Portal Login". Below the heading are two input fields: "CMS IDM Username" with the value "testBPCIAdv" and "CMS IDM Password" with masked characters. There is an unchecked "Remember me" checkbox and a blue "Log In" button. Below the "Log In" button is a horizontal line with "OR" in the center, and a green "New User Registration" button. A red callout box on the left points to the URL in the address bar, and another red callout box on the right points to the "Log In" button.

Enter the URL into your browser to access the Application Portal Login:  
[https://app.innovation.cms.gov/bpciadvancedapp/IDMLogin.](https://app.innovation.cms.gov/bpciadvancedapp/IDMLogin)

Enter your Username and Password, then click "Log In."

**CMS.gov**  
Centers for Medicare & Medicaid Services

SMS

SMS Authentication

Enter Code

Send code

Do not challenge me on this device for the next 30 minutes

Verify

[Sign Out](#)

Click “Send code” and check your authentication method (text message, voice call, e-mail, etc.) to see your security code.

**CMS.gov**  
Centers for Medicare & Medicaid Services

SMS

SMS Authentication

Enter Code

000000 Sent

Do not challenge me on this device for the next 30 minutes

Verify

[Sign Out](#)

Enter the security code you received.

Click "Verify."

# Application Portal Homepage

## Welcome to the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model

In this application, all references to "applicant" or "participant" either mean the potential non-convener risk-bearing Participant or the potential risk-bearing Convener. For questions that require information about the applicant only, provide information about the potential Non-Convener Participant or Convener Participant organization only. Only Acute Care Hospitals (ACHs) and Physician Group Practices (PGPs) may apply as a Non-Convener Participant. Entities interested in applying as a Convener Participant must either be a Medicare-enrolled provider or supplier, an Accountable Care Organization (ACO) or an Active Convener Participant in Model Year 6. Please refer to the Model Year 7 BPCI Advanced Request for Applications (RFA) for how an ACH, PGP, Medicare-enrolled provider or supplier, ACO, and Active Convener Participant in Model Year 6 are defined.

Many questions require information more broadly about the applicant's partners. For the purposes of this model, these partners fall into two categories:

1. Participating practitioners, including suppliers who may be separately paid by Medicare for their professional services (e.g., physicians, nurse practitioners, physician assistants, physical therapists); and
2. Participating organizations, providers or suppliers that initiate episodes with whom the Participant plans to partner (e.g., acute care hospitals, physician group practices).

In each question, we will specify whether to answer the question about the applicant alone, its participating practitioners, its participating organizations, and/or its episode-initiating participating organizations.

This online application portal will be Open/Close on specific Time and Date.

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

**Complete all questions. If a question is not completed, you will not be able to submit your application.**

Questions about the application should be directed to the support team.

[Access BPCI Advanced RFA](#)  
[Application Portal User Manual](#)

To start, click "Start New BPCI Advanced Application."

Start New BPCI Advanced Application

Application ID	Organization Name	PoP Start Date	Application Status	Action		
C12702	Test Org	01/01/2024	In Progress	<a href="#">View PDF</a>	<a href="#">Edit</a>	<a href="#">Delete</a>
C12699		01/01/2024	In Progress	<a href="#">View PDF</a>	<a href="#">Edit</a>	<a href="#">Delete</a>
C12698	Test Org	01/01/2024	Submitted	<a href="#">View PDF</a>	<a href="#">View DRA</a>	<a href="#">Clone</a>

The homepage includes links to the MY7 RFA and the Application Portal User Manual.

The "Clone" function allows you to create a new application so that you don't need to re-enter the information. The "Clone" function is only available for **SUBMITTED** applications.

# Start a New Application

**1** Select your Applicant Type (Convener or Non-Convener).

**2** Click "Continue."

This date is pre-set to Model Year 7 (2024).

**CMS.gov**  
Centers for Medicare & Medicaid Services

Welcome test BPCIAdv

**Select Applicant Type and Period of Performance Start Date**

Applicant Type: Convener Applicant

Period of Performance Start Date: 01/01/2024

Continue Cancel

Many questions require information more broadly about the applicant, including:

1. Participating practitioners, including suppliers who may be separately participating (e.g., physicians, nurse practitioners, physician assistants, physical therapists); and
2. Participating organizations, providers or suppliers that initiate episodes with whom the Participant plans to partner (e.g., acute care hospitals, physician group practices).

In each question, we will specify whether to answer the question about the applicant alone, its participating practitioners, its participating organizations, and/or its episode-initiating participating organizations.

# Application – Organization Information

To navigate between application sections, click on the left side navigation tabs.

**Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model**

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Participating Organizations  
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Beneficiary Protections  
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Partnerships  
Data Request and Attestation  
Certification

Organization Information \* Indicates a required field.

\* Participants must use Certified Electronic Health Record Technology (CEHRT) to document and communicate care with patients and other healthcare professionals. For non-hospital participants, at least 75% of eligible clinicians in an entity must use the CEHRT definition of certified health IT functions to participate in this model. Will you be able to attest to the use of CEHRT as described at the time that you would begin participating in this model?

Yes

1. Organization Details

\* Applicant Organization Legal Name  
Test Org

"Doing Business As" if different from Applicant Organization Legal Name

\* Street Address  
123 4th Ave

Street Address 2

\* City \* State \* Zip Code (+4)  
Test City AK 00000

Please check this box if Billing Address is the same as Street Address

\* Billing Address  
456 7th Ave

Billing Address 2

\* City \* State \* Zip Code (+4)  
Test City AK 00000

\* Organization Type  
Acute Care Hospital

Complete all required fields indicated by an asterisk (\*). Any fields left blank will trigger an error when you attempt to submit and certify the application.

Remember to **save your work as you go**, as the Application Portal times-out after **30 minutes** of inactivity. Additionally, remember to **save changes** before navigating away from any page as all unsaved changes will be lost.

# Application – Organization Information

Hover over the help bubbles (🔍) for guidance on how to respond to a field.

\* Has the applicant previously participated in BPCI Advanced?  
No

\* Does the applicant currently participate in a Medicare ACO model?  
No

\* TIN   
000000000

\* NPI   
0000000000

\* CCN   
000000

\* Entity Type  
Non-profit

\* Per the Model Year 7 RFA, Applicants applying as Convener Participants must either be an approved Medicare-enrolled provider or supplier, or ACO, by the application deadline or an Active Convener Participant in Model Year 6. If applicable, are you able to certify that your organization meets this requirement by the application deadline?  
Yes

**2. Applicant Contact Person at Applicant Organization**

\* Email Address  
testbpciadv@mailinator.com [Clear Application Contact](#)

\* First Name  
test

\* Last Name  
BPCIAdv

Title/Position

\* Business Phone Number  
000-000-0000

Business Phone Ext.

Alternate Phone Number

\* 3. Provide an executive summary of the application. Include a summary of the overall approach to redesigning care to maximize coordination, patient-centeredness, efficiency, and high-quality health care through accountability for an episode of care. Also, include a summary of the applicant's governing bodies, including the positions of each governing body; whether or not there is meaningful representation from consumer advocates, Medicare beneficiaries, and all participants in the model; how key personnel will be integrated organizationally; and how the model and improve care processes will be implemented.

Test Response

Remaining characters: 3987 (total allowed characters: 4000)

Save Save & Continue Cancel

 When providing the Applicant contact person information, **type in the email field first.** If the email is recognized, First Name and Last Name will auto-populate.

Click on the “Clear Application Contact” link if you need to change a contact that the system recognizes.

Click “Save & Continue” to save your responses and proceed to the next section.

# Application – Participating Organizations Template



All Convener Applicants and Non-Convener Applicants who are Physician Group Practices are required to complete a Participating Organizations form. Non-Convener Applicants who are Acute Care Hospitals (ACHs) will not see the Participating Organizations section in their online application.

**1** Click the “Download Instructions” button to review the formatting rules for each field in the template.

**2** Click the “Download Template” button to launch the template in Excel.

**Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model**

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Data Request and Attestation

\* Convener A...  
would partic...  
Downstream...  
to populate...  
Select Downl...  
Organizations table.

\* Indicates a required field.

information on all participating organizations, which...  
completed document in the Application Portal. For any...  
you expect to trigger Clinical Episodes. Please be sure...  
fields in the Participating Organizations worksheet...  
attachment to upload the completed Participating

Download Instructions    Download Template    Upload Attachment

Line #	Organization Legal Name	Organization Doing Business As (DBA) Name	Street Address	Address Line 2	City	State	ZIP	(+4)	Organization Type	Organization Tax Identification Number/Employer Identification Number (TIN/EIN)	Organization National Provider Identifier (NPI)
Please upload a valid .CSV file.											

Continue    Cancel

The template and instructions can also be downloaded from the Applicant Resources webpage:  
<https://innovation.cms.gov/innovation-models/bpci-advanced/applicant-resources>

# Application – Participating Organizations Template

	A	B	C	D	E	F	G	H	I	J	K
1	Organization Legal Name	Organization Doing Business As (DBA) Name	Street Address	Address Line 2	City	State	ZIP	(+4)	Organization Type	Organization Tax Identification Number/Employer Identification Number (TIN/EIN)	
2	Hospital ABC	Hospital ABC South	1 Main St	N/A	New York	NY	11111		Acute Care Hospital	123456780	
3	ABC Physician Group	ABC Physician Group North	1 West St	N/A	Seattle	WA	22222	1111	Physician Group Practice	12345678	
4											
5											
6											
7											
8											

Complete all required fields. Note that spelling and formatting conventions must be adhered to **exactly** as outlined in the instructions document. **DO NOT** change any of the column names, move or add any columns, or enter any commas in the .csv file.



The template must be saved as a .csv file. The Application Portal will not accept any other file format.

## Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model

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and Readiness

Partnerships

Data Request and Attestation

### Participating Organizations

\* **Convener Applicants:** Please populate the Participating Organizations table with the information for all participating organizations, which would participate as Downstream Episode Initiators (EIs) or Downstream EIs. If you are a Convener Applicant, you must be a Downstream EI that is a Physician Group Practice (PGP) or a Convener Applicant. Please be sure to populate all required fields. Select Download Instructions to download the Participating Organizations worksheet. Select Download Template to populate the Participating Organizations table.

\* Indicates a required field.

Click the "Upload Attachment" button to upload the completed form.

Download Instructions

Download Template

Upload Attachment

Line #	Organization Legal Name	Organization Doing Business As (DBA) Name	Street Address	Address Line 2	City	State	ZIP	(+4)	Organization Type	Organization Tax Identification Number/Employer Identification Number (TIN/EIN)	Organization National Provider Identifier (NPI)
--------	-------------------------	---	----------------	----------------	------	-------	-----	------	-------------------	---	---

Please upload a valid .CSV file.

Continue

Cancel

The screenshot shows the CMS.gov application portal. A 'File Attachment' dialog box is open, showing a 'Choose File' button and a note: 'Note: There is a 10000 rows limit on your csv file upload.' Below the dialog, there are 'Upload' and 'Close' buttons. A red callout box with the number '1' points to the 'Choose File' button, containing the text: 'Click the “Choose File” button to find and select your completed form.' Another red callout box with the number '2' points to the 'Upload' button, containing the text: 'Click the “Upload” button.' At the bottom, a white callout box with a blue exclamation mark icon contains the text: 'Prior to final submission of the application, **double-check** that you have uploaded a **Participating Organizations form**. If you are a Non-Convener PGP, the Application Portal might **not** flag if you are missing the required Participating Organizations form.'

**1** Click the “Choose File” button to find and select your completed form.

**2** Click the “Upload” button.

Prior to final submission of the application, **double-check** that you have uploaded a **Participating Organizations form**. If you are a Non-Convener PGP, the Application Portal might **not** flag if you are missing the required Participating Organizations form.

## Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model

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### Participating Organizations

\* **Convener Applicants:** Please populate the Participating Organizations template by providing information for organizations that would participate as Downstream Episode Initiators (EIs) under the Model, and then upload the completed template. If you are a Downstream EI that is a Physician Group Practice (PGP) please list all the hospitals in which you practice to populate all required fields. Select Download Instructions below to print a description of the template. Select Download Template to populate the Participating Organizations table. Select Upload Attachment to upload your completed Participating Organizations table.

\* Indicates a required field.

Click the "Validate & Save" button to confirm that your form adheres to the formatting requirements.

Download Instructions

Download Template

Upload Attachment

Validate & Save

Line #	Organization Legal Name	Organization Doing Business As (DBA) Name	Street Address	Address Line 2	City
2	Hospital ABC	Hospital ABC South	1 Main St	N/A	New York
3	ABC Physician Group	ABC Physician Group North	1 West St	N/A	Seattle

Validate & Save

Continue

Cancel

# Application – Participating Organizations

## Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model

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### Participating Organizations

\* Indicates a required field.

\* **Convener Applicants:** Please populate the Participating Organizations template by providing information on all participating organizations, which would participate as Downstream EI that is a Physician or a Hospital. Please be sure to populate all required fields. Select Download Template to download the Participating Organizations table.

Download Instructions | Download Template | Upload Attachment | Validate & Save

**Download Errors**

**Error:** Required fields have not been successfully completed. Please select "Download Errors" button to view specific errors and locations.

Line #	Organization Legal Name	Organization Doing Business As (DBA) Name	Street Address	Address Line 2	City
2	Hospital ABC	Hospital ABC South	1 Main St	N/A	New York
3	ABC Physician Group	ABC Physician Group North	1 West St	N/A	Seattle

Validate & Save | Continue | Cancel

If there are errors in your form, click the "Download Errors" button to see what corrections need to be made.



If there are no errors, your screen will display what is shown on [slide 51](#).

## BPCI Advanced Application Errors PDF

11:23:04 AM

Name of Column	Error Row Numbers
Organization Legal Name	
Organization Doing Business As (DBA) Name	
Street Address	
Address Line 2	
City	
State	
ZIP	
(+4)	
Organization Type	
Organization Tax Identification Number/Employer Identification Number (TIN/EIN)	Row 3 - TIN must be 9 numeric characters.
Organization National Provider Identifier (NPI)	Row 2 - Field is required. Row 3 - Field is required.
CMS Certification Number (CCN)	Row 2 - Field is required.
Entity Type	Row 2 - Field is required. Row 3 - Field is required.

The Validation Error Report identifies the row and column where the error is occurring, along with an error description.



# Application – Participating Organizations

## Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model

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Quality Improvement

Quality Assurance

Beneficiary

Financial

Organization and Relationship

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Data Reporting

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\* Indicates a required field.

**Participating Organizations**

\* **Convener Applicants:** Please populate the Participating Organizations template by providing information on all participating organizations, which would participate as Downstream Episode Initiators (EIs) under the Model, and then upload the completed document in the Application Portal. For any convener applicants, you must list all the hospitals in which you expect to trigger Clinical Episodes. Please be sure to include a description of all the fields in the Participating Organizations worksheet. Select Upload Attachment to upload the completed Participating Organizations table. Select Upload Attachment to upload the completed Participating Organizations table. Select Upload Attachment to upload the completed Participating Organizations table.

Upload Attachment

Validate & Save

Download Errors

Please select "Download Errors" button to view specific errors and

Organization Name	Organization Type	Organization Tax Identification Number/Employer Identification Number (TIN/EIN)
	Acute Care Hospital	123456780
	Physician Group Practice	12345678

Validate & Save

Continue

Cancel

**1**

To correct the errors:

Correct the errors in the .csv file and re-upload the form

**OR**

You can manually fix them online by editing the information in the red boxes.

**2**

Click "Validate & Save" to confirm the form meets the formatting requirements.

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Certification

\* Indicates a required field.

### Participating Organizations

\* **Convener Applicants:** Please populate the Participating Organizations template by providing information on all participating organizations, which would participate as Downstream Episode Initiators (EIs) under the Model, and then upload the completed document in the Application Portal. 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 required fields. Select Download Instructions below to print a description of all the fields in the Participating Organizations worksheet. Select Download Template to populate the Participating Organizations table. Select Upload Attachment to upload the completed Participating Organizations table.

[Download Instructions](#) [Download Template](#) [Upload Attachment](#)

Show  entries Search:

Organization Legal Name	Organization Type	TIN	CCN
ABC Physician Group	Physician Group Practice	012345678	
Hospital ABC	Acute Care Hospital	123456780	123456

Showing 1 to 2 of 2 entries First Previous **1** Next Last

[Continue](#) [Cancel](#)

Once all fields are complete and validated, click "Continue."



All open-ended text responses must be 4,000 characters or less (including spaces). Your remaining character count is highlighted under the text response box in blue.

The tabs from Practitioner Engagement through Partnerships consist primarily of open-ended text questions.

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**Practitioner Engagement** \* Indicates a required field.

\* 1. Describe the applicant's plan to disclose participation in this model to practitioners practicing at the applicant organization or its participating organizations, as well as applicant's plan to obtain consent from physicians/practitioners prior to committing them to participate in this model.

Test Response

*Remaining characters: 3987 (total allowed characters: 4000)*

\* 2. Describe the applicant's plan to obtain widespread endorsement and engagement by practitioners at the applicant organization and its participating organizations for this model. Describe the applicant's plan to retain participating practitioners and participating organizations in care redesign activities related to this model.

Test Response

*Remaining characters: 3987 (total allowed characters: 4000)*

Save Save & Continue Cancel

All fields are required. Complete all fields, then click the "Save & Continue" button.

# Application – Net Payment Reconciliation Amount (NPRA)



In this section, CMS is not asking for the list of organizations or individuals you will enter into Financial Arrangements with if selected to participate in the Model.

That information will be reported in the Financial Arrangements List (FAL), which is a required deliverable due prior to the start of the Model Year.

### Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model

#### Net Payment Reconciliation Amount (NPRA) Sharing

\* Indicates a required field.

1. Does the applicant plan to share Net Payment Reconciliation Amount (NPRA) savings with participating organizations and/or practitioners?

▼

2. Describe the applicant's and its participating organization's methodology for NPRA sharing, including Medicare, Medicaid, or commercial purchasers.

Test Response

Remaining characters: 3987 (total allowed characters: 4000)

3. Describe the applicant's proposed methodology for NPRA sharing, including Medicare, Medicaid, or commercial purchasers, whom gains will be shared, the proportion of gains to be shared, and any quality metrics associated with calculating gains. Include any quality metrics associated with patient safety, patient experience, and efficiency measures. Describe a single universal approach for the applicant and its participating organizations.

N/A

Remaining characters: 3987 (total allowed characters: 4000)

4. Describe how the applicant's NPRA Sharing methodology will support care improvement, and specify the proposed safeguards and quality-control mechanisms to ensure that medically necessary care is not reduced to achieve savings. Describe a single universal approach for the applicant and its participating organizations.

N/A

Remaining characters: 3987 (total allowed characters: 4000)

5. Describe the eligibility requirements, such as quality thresholds and quality improvement requirements, for participating practitioners and participating organizations to participate in NPRA Sharing. Include a discussion of how a participating practitioner or participating organization may

Remaining characters: 3987 (total allowed characters: 4000)

Select "Yes" if you plan to share NPRA savings with Episode Initiators. Selecting "No" to the question will disable responses to questions 3, 4, and 5. Your response to the NPRA Sharing question is not binding if you are selected as a Participant in the Model.

After completing all required fields, click the "Save & Continue" button.

# Application – Quality Assurance

In the **Quality Assurance** section, you are required to report any Sanctions, Investigations, Probations, Corrective Action Plans, or outstanding Medicare debts by the Applicant, its Practitioners, and/or its potential Episode Initiators from the last 5 years.

\* 4. Describe a detailed plan for implementing the applicant's and its participating organizations' quality assurance procedures and how these procedures will ensure that the mandatory quality measure thresholds for this model are met or exceeded, with a description of what aspects are already in use and what steps would be needed to implement new measures. Describe the feasibility of this plan based on ongoing operations and past experiences.

Test Response

Remaining characters: 3987 (total allowed characters: 4000)

\* 5. Describe the role of the beneficiaries, physicians, hospital staff, and post-acute care staff on the applicant's and its participating organizations' quality assurance and quality improvement committees.

Test Response

Remaining characters: 3987

\* 6. Complete the following Sanctions, Investigations, Probations, Corrective Action Plans, or outstanding Medicare debts by the Applicant, its Practitioners, and/or its potential Episode Initiators from the last 5 years. Also use this table to document outstanding Medicare debts by the Applicant, its Practitioners, and/or its potential Episode Initiators from the last 5 years. Enter the Medicare model/program name this debt is attributed to in the Description column of the table.

Not Applicable

**Add New**

Organization or Physician/Practitioner Name	Name of Federal or State Agency or Accrediting Organization	Status
No sanctions to display		

**Save** **Save & Continue** **Cancel**

If you do not have any items to report, click on the “Not Applicable” checkbox, then click the “Save & Continue” button to proceed.

To add a Sanction, Investigation, Probation, Corrective Action Plan, or outstanding Medicare debt, click the “Add New” button.

## Sanction and Investigation Reporting

\* Organization or Physician/Practitioner Name

Test Org

\* Nature of Sanction, Investigation, Corrective Action Plan, and/or Outstanding Debt ?

Test Response

Remaining characters: 987 (total allowed characters: 1000)

\* Name of Federal or State Agency or Accrediting Organization ?

Test Org1

\* Description ?

Test Response

Remaining characters: 987 (total allowed characters: 1000)

\* Status

In Progress

If reporting, click  
“Add New” and  
complete all fields in  
the pop-up window.

Click the “Save & New” button to  
report additional items in the  
Sanction and Investigation  
Reporting section.

Click the “Save” button when you are  
done entering all Sanction and  
Investigation Reporting items.

Save

Save & New

Close

\* 5. Describe the role of the beneficiaries, physicians, hospital staff, and post-acute care staff on the applicant's and its participating organizations' quality assurance and quality improvement committees.

Test Response

*Remaining characters: 3987 (total allowed characters: 4000)*

\* 6. Complete the following Sanctions, Investigations, Probations, or Corrective Action Plans table to report the applicant, its practitioners, and/or its participating organizations who are undergoing or have undergone any of these actions in the last five years.

Also use this table to document any current outstanding debt your organization has with Medicare. Be sure to provide the debt amount along with the Medicare model/program name this debt is attributed to in the Description field of the table.

Add New

Organization or Physician/Practitioner Name	Name of Federal or State Agency or Accrediting Organization	Status	Action
Test Org	Test Org1	In Progress	<a href="#">Edit</a> <a href="#">Delete</a>

Save

Save & Continue

Cancel

Your documented Sanction and Investigation Reporting responses will display in a table that can be edited, if needed.

Click the "Save & Continue" button to continue.

*You are almost at the end...*



Review and confirm that you have answered all the narrative questions before completing the DRA form.

# Application – Data Request and Attestation (DRA) Form



By completing the DRA Form and signing the certification your organization is bound by the HIPAA Privacy Rule.

All requests for CMS data will be granted or denied at CMS's sole discretion based on CMS's available resources, the limitations in this form, and applicable law.

Welcome test BPCIAdv

## Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model Applicant Data Request and Attestation Form

Status: In Progress] Start Date: 01/01/2024]

Under the BPCI Advanced initiative, CMS will offer BPCI Advanced Applicants an opportunity to request certain data in accordance with this form and applicable law, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule (45 CFR Part 160 and Subparts A and E of Part 164).

CMS believes the care coordination and quality improvement work of BPCI Advanced Applicants would benefit from receipt of certain beneficiary-identifiable claims data for Medicare fee-for-service beneficiaries who would have been included in a Clinical Episode attributed to the BPCI Advanced Applicant or its potential Episode Initiators, in line-level claim formats, for a 3-year historical baseline period. These data would enable BPCI Advanced Applicants to understand spending patterns during a Clinical Episode, appropriately coordinate care, identify patients for whom they could implement quality improvement activities for population-based quality improvement efforts, and target care strategies for particular beneficiaries.

To that end, CMS believes that subsets of the following beneficiary line-level claims are generally those that BPCI Advanced Applicants would need to successfully perform the activities described above, and therefore should be offered to Applicants in connection with their potential participation in BPCI Advanced and in accordance with applicable law: Inpatient, Outpatient, Carrier (Part B), Durable Medical Equipment (DME), Skilled Nursing Facility (SNF), Home Health Agency (HHA), Inpatient Rehabilitation Facility (IRF), Hospice, and Diagnosis/Procedure Code Research Identifiable Files (RIF). These data elements are a subset of CMS claims data that were carefully tailored in an attempt to establish a dataset that would best serve the needs of the majority of Applicants and are described in detail at [https://resdac.org/cms-data?tid\\_1%5B1%5D=1&tid%5B4931%5D=4931](https://resdac.org/cms-data?tid_1%5B1%5D=1&tid%5B4931%5D=4931). In addition, summary data will be available upon request and will contain higher-level summary statistics of all Clinical Episodes for the same RIF categories with total and average expenditure data.

**Instructions:** In order to receive CMS claims data for the Medicare beneficiaries who would have been included in a Clinical Episode attributed to the BPCI Advanced Applicant and/or its potential Episode Initiators under the BPCI Advanced initiative during the historical baseline period, you must request the data you wish to receive (data elements and time periods) and the legal basis justifying your receipt of the data under the HIPAA Privacy Rule.

In doing so, you may use this form, provided that it captures your situation and that the assertions contained herein are true and accurate with respect to your specific request. The assertions contained herein are premised on a request for "protected health information" by a HIPAA "covered entity" or "business associate," as those terms are understood under the HIPAA Privacy Rule, to carry out one or more health care operations activities listed in paragraph (1) or (2) of the definition of "health care operations" in 45 C.F.R. § 164.501.

Data access for purposes of such health care operations using this form is currently limited to instances in which the Requestor is a BPCI Advanced Applicant. As such, data access using this form is further premised on the covered entity or business associate being...

with your own legal counsel prior to requesting the data from CMS. All requests for CMS data will be granted or denied at CMS's sole discretion based on CMS's available resources, the limitations in this form, and applicable law.

Close

**From the DRA Form:**  
*The assertions contained herein are premised on a request for "protected health information" by a HIPAA "covered entity" or "business associate," as those terms are understood under the HIPAA Privacy Rule, to carry out one or more health care operations activities listed in paragraph (1) or (2) of the definition of "health care operations" in 45 C.F.R. § 164.501.*

## Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model

If you do not wish to receive historical claims data prior to your decision to participate in the Model, select this checkbox. This will cause all DRA fields to disappear.

As an Applicant, you will still receive Target Prices for all Clinical Episodes Categories.

### Data Request and Attestation (DRA)

\* Indicates a required field.

I am not interested in receiving historical claims data prior to making a decision to commit to participate in the Model.

#### Data Requestor

Please refer to the [Organization Detail](#) section on the [Organization Information](#) page to make changes.

\* Organization Name

Test Org

Organization CCN (if applicable)

000000

\* Organization EIN/TIN

000000000

\* Organization NPI

0000000000

\* Organization Address

123 4th Ave

\* City

Test City

\* State

AK

\* ZIP

00000

(+4)

These fields are auto-populated from the Organization Information section. Any corrections needed for these fields will have to be made in the Organization Information section.

Partnerships

Data Request and Attestation

Certification

The following questions in the DRA are **required** but have multiple options to select.

- \* **The Data Requestor is (select one):**
- \* **The Data Requestor is seeking protected health information (PHI), as defined in 45 C.F.R. § 160.103, for (select one):**
- \* **The Data Requestor requests (select all that apply):**
- \* **The Data Requestor intends to use the data requested herein for the following purpose (select one):**
- \* **The data requested herein is (select one):**



DRA data selections cannot be changed after the application is submitted.

Type in the email for your Data Point of Contact (POC). If the email is recognized, the First Name, Last Name, and Title fields will auto-populate.

A second Data POC is required.

**BPCI Advanced Data Point of Contact #1**

\* Work Email Address  
testBPCIAdv@mailinator.com

\* First Name  
test

\* Last Name  
BPCIAdv

Title

\* Organization Name  
Test Org

\* Phone Number  
000-000-0000

Ext.

**BPCI Advanced Data Point of Contact #2**

\* Work Email Address  
testBPCIAdv1@test.com

\* First Name  
Test

\* Last Name  
BPCIAdv1

Title

\* Organization Name  
Test Org

\* Phone Number  
000-000-0001

Ext.

[Clear Data Point of Contact](#)

Click “Clear Data Point of Contact” if you need to change the contact information that the system auto-generates.

! CMS restricts the use of YOPmail e-mail addresses for registration. CMS recommends using professional email addresses.

! The 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.



The **Authorized Representative of the Data Requestor** can, but does not need to be, a different individual than the Data POC or the Applicant POC.

Type in the email FIRST. If the email is recognized, the First Name, Last Name, and Title fields will auto-populate.

Note: Once all required fields have been completed, please sign and certify the DRA using the fields below.

**Signature of the Authorized Representative of the Data Requestor**

\* Work Email Address  
testBPCIAdv@mailinator.com [Clear Signature of the Authorized Representative](#)

\* First Name: test      \* Last Name: BPCIAdv

Title: \_\_\_\_\_

\* Phone Number: 000-000-0000      Ext.: \_\_\_\_\_

\* Date: 12/22/2022  
[ 12/22/2022 ]

**Certification**

\* The Authorized Representative of the Data Requestor attests that it is qualified to make the assertions contained herein and that the assertions contained herein are true and accurate with respect to this request.

\* First and Last Name: test BPCIAdv

Click “Clear Signature of the Authorized Representative” if you need to change the contact information that the system auto-populates.

After completing all required fields, click the “Save & Continue” button.

## Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model

Home

Organization Information

Participating Organizations

Practitioner Engagement

Care Improvement

NPRA Sharing

Quality Improvement

Quality Assurance

Beneficiary Protections

Financial Arrangements

Organizational Capabilities and Readiness

Partnerships

Data Request and Attestation

**Certification**

### Certification

\* I certify that all information and statements provided in this application are true, correct, and are made in good faith. The authorized signatory attests that he or she is qualified agent of the applicant.

test BPCIAdv

\* First and Last Name

Test Title

\* Title

Submit Cancel

! \* Indicates a required field

**If you are a Non-Convener PGP, the Application Portal might **not** flag that you are missing the required Participating Organizations Form. Prior to final submission of the application, **please double-check** that you have uploaded a Participating Organizations form.**

Submit

↑

Click the "Submit" button.

! The name entered in the Certification section does NOT have to be the person completing the application. The **authorized signatory attests** that he or she is qualified to make the assertions contained herein **as an agent of the Applicant.**

The screenshot shows the CMS.gov application submission confirmation dialog box. The dialog box has a green header with the text "Submission Confirmation". The main text inside the dialog box asks, "Are you sure you would like to submit this application? No changes can be made after the application is submitted." Below the text are two buttons: "Submit" and "Cancel". A red arrow points from a red box containing the text "Click the 'Submit' button." to the "Submit" button. The background of the screenshot shows the CMS.gov website interface, including the logo, navigation menu, and application details.

**Submission Confirmation**

Are you sure you would like to submit this application? No changes can be made after the application is submitted.

**Submit** **Cancel**

Click the "Submit" button.



An Applicant can withdraw a **SUBMITTED** application by sending the request to the Model team:

[BPCIAdvanced@cms.hhs.gov](mailto:BPCIAdvanced@cms.hhs.gov)

The screenshot shows the CMS.gov application submission interface. At the top left is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". At the top right is a user dropdown menu showing "Welcome test BPCIAdv". A yellow box highlights a "Submission Errors" section with the text: "Please use the links below to fix any errors and then try to re-submit." and a bullet point: "Tab: [Quality Improvement](#) - Question 2 is required." A red arrow points from a red callout box to this error message. The callout box contains the text: "If there are errors in your submission, click on the link to view the error(s) (a blank field, an incorrectly formatted field, etc.). Be sure to click the 'Save & Continue' button after each correction." Below the error message is a blue banner for "Bundled Payments for Care Improvement". At the bottom left are navigation links for "Home" and "Certification". At the bottom right is a note: "\* Indicates a required field."

**CMS.gov**  
Centers for Medicare & Medicaid Services

Welcome test BPCIAdv

**Submission Errors:**  
*Please use the links below to fix any errors and then try to re-submit.*

- [Tab: Quality Improvement](#) - Question 2 is required.

**Bundled Payments for Care Improvement**

Home Certification

\* Indicates a required field.

If there are errors in your submission, click on the link to view the error(s) (a blank field, an incorrectly formatted field, etc.). Be sure to click the "Save & Continue" button after each correction.

Once the corrections have been made, return to the Certification page to submit the application.

## Post-Submission Actions

Once an application is submitted, we encourage you to download a copy for your records by clicking the “**View PDF**” and “**View DRA**” buttons next to your application on the **home page**.

The application is not a legally binding document that commits Applicants to participate in BPCI Advanced, nor does it guarantee Applicants will be selected by CMS for participation.

Application ID	Organization Name	PoP Start Date	Application Status	Action		
C12728	Test Organization B	01/01/2024	Submitted	<a href="#">View PDF</a>	<a href="#">View DRA</a>	<a href="#">Clone</a>

Only applications with a status of “Submitted” might be “Cloned”. When you clone an application, you are still required to upload a new Participating Organizations attachment (if applicable), and sign/certify the DRA and the certification page.

Application ID	Organization Name	PoP Start Date	Application Status	Action		
C12727	Test Organization A	01/01/2024	In Progress	<a href="#">View PDF</a>	<a href="#">Edit</a>	<a href="#">Delete</a>

Only applications with a status of “In Progress” might be edited or deleted

# Problems with Logging In

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# Unlock Account

If you **enter the wrong password three times**, your account will be locked.

The image shows a screenshot of the CMS.gov website's 'Unlock account' page. At the top, the CMS.gov logo is displayed with the text 'Centers for Medicare & Medicaid Services' below it. The main heading of the form is 'Unlock account'. Below this heading is a text input field labeled 'Email or username'. Underneath the input field is a blue button labeled 'Send Email'. At the bottom of the form, there is a blue link labeled 'Back to Sign In'. Two red callout boxes with arrows provide instructions: one on the left points to the input field with the text 'Enter your email or username.', and one on the right points to the 'Send Email' button with the text 'Click "Send Email."'

## Account Unlock Requested

**CMS.gov**

Centers for Medicare & Medicaid Services

CMS Identity Management System (IDM)

Dear test BPCIAdv,

An account unlock request was made for your CMS IDM account. If you did not make this request, please contact your system administrator immediately.

**Click the link below to unlock your account for username testBPCIAdv:**

Unlock Account

This link expires in 4 hours.

If you experience difficulties accessing your account, please contact your CMS application help desk. To find your application help desk go to your [CMS IDM Partner Page](#), and click the **Help Desk Support** link.

You will receive an email titled **“Account Unlock Requested.”** Click the green **“Unlock Account”** button in the email.

# Unlock Account

CMS.gov | IDM  
IMPL

Answer Unlock Account Challenge

What is the food you least liked as a child?

Show

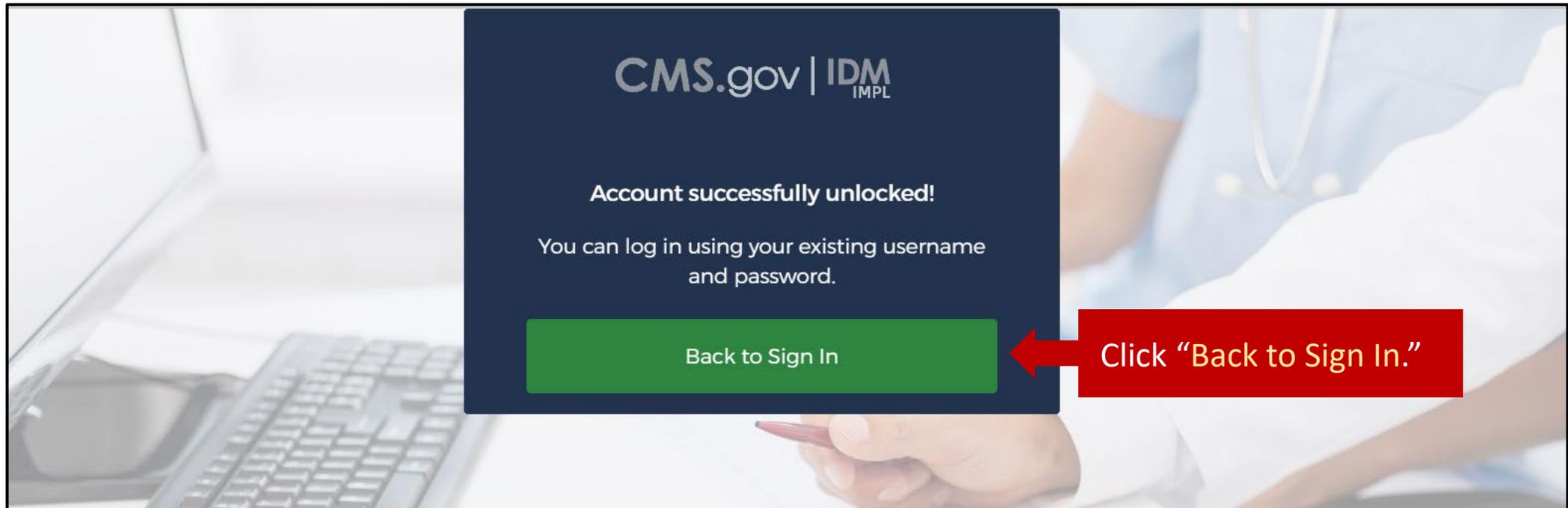
Unlock Account

Answer the security question with the answer you provided during registration.

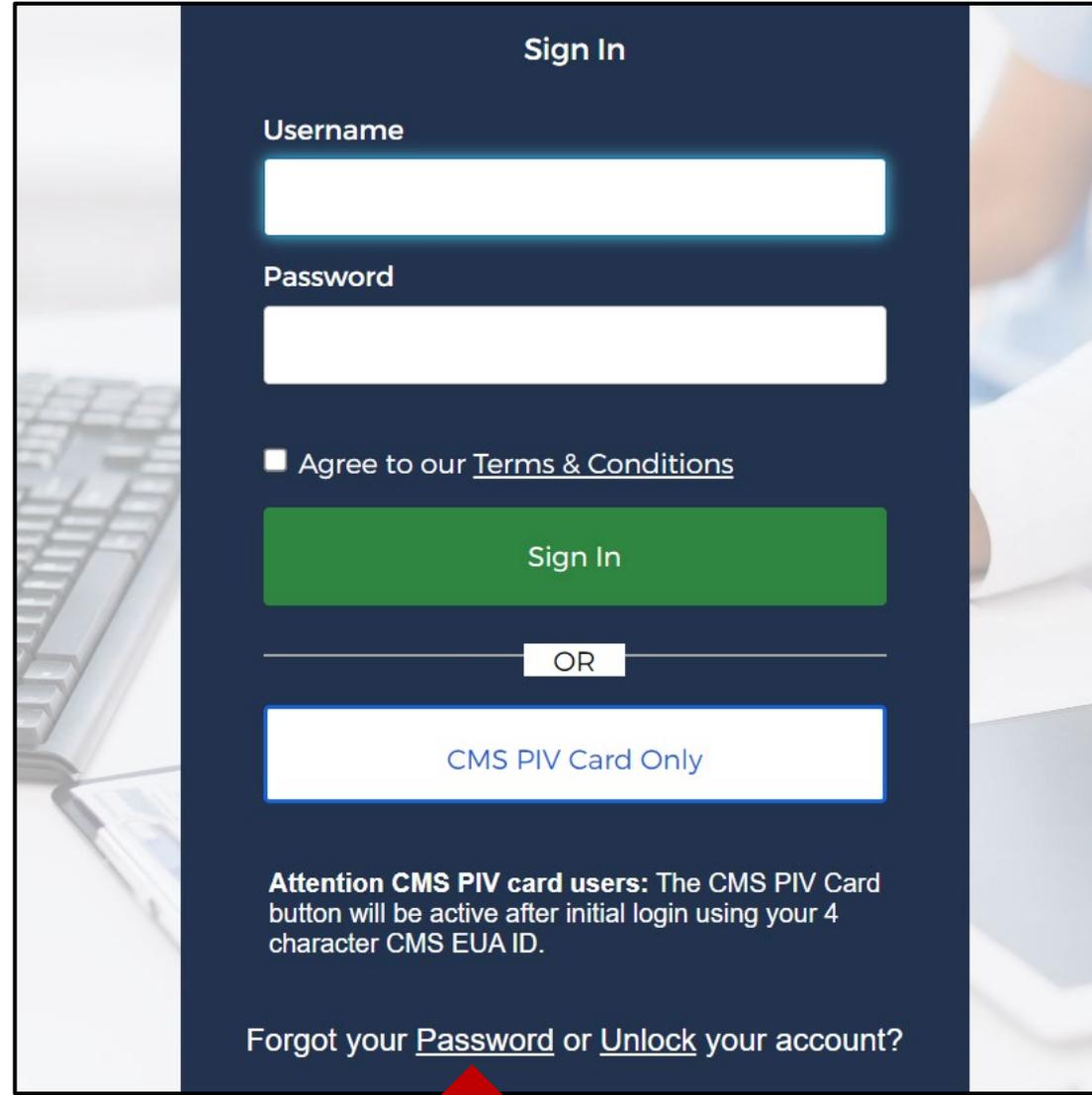
Click "Unlock Account."

# Unlock Account

You will receive confirmation that your account has been successfully unlocked.



# Reset Password



The image shows a 'Sign In' form on a dark blue background. At the top, it says 'Sign In'. Below that are two input fields: 'Username' and 'Password'. Under the 'Password' field is a checkbox labeled 'Agree to our [Terms & Conditions](#)'. Below the checkbox is a green 'Sign In' button. A horizontal line with 'OR' in the center separates this from a white button with a blue border labeled 'CMS PIV Card Only'. At the bottom of the form, there is a link: 'Forgot your [Password](#) or [Unlock](#) your account?'. A red arrow points from a red box at the bottom of the slide to the 'Forgot your Password' link.

Click "Password" to reset your password.

# Reset Password

The screenshot shows a dark blue mobile interface for resetting a password. At the top, the logo 'CMS.gov | IDM IMPL' is displayed. Below it is the title 'Reset Password'. A white text input field labeled 'Email or Username' is highlighted with a red arrow pointing from a red callout box on the left that says 'Enter your email or username.'. Below the input field is a note: 'SMS or Voice Call can only be used if a mobile phone number has been configured.'. There are three green buttons stacked vertically: 'Reset via SMS', 'Reset via Voice Call', and 'Reset via Email'. A red arrow points from a red callout box on the right to the 'Reset via Email' button. The callout box contains the text: 'Click an option to reset your password. This example will demonstrate resetting the password via email.'. At the bottom of the screen is a link that says 'Back to Sign In'.

# Reset Password

Forgot Password



CMS Identity Management System (IDM)

Dear test BPCIAdv,

A password reset request was made for your CMS IDM account. If you did not make this request, please contact your CMS application help desk immediately.

Click the link below to reset the password for your username, testBPCIAdv:

[Reset Password](#)

This link expires in 4 hours.

If you experience difficulties accessing your account, please contact your CMS application help desk. To find your application help desk go to your [CMS IDM Partner Page](#), and click the **Help Desk Support** link.



The reset password link expires 4 hours after it is sent. **If the link expires, you will not be able to reset your password for another 24 hours** (not a calendar day).

You will receive an email titled **"Forgot Password."** Click the green **"Reset Password"** button in the email.

**CMS.gov | IDM**

**Answer Forgotten Password Challenge**

Where did you go for your favorite vacation?

Show

**Reset Password**

sign in

Answer the security question with the answer you provided during registration.

Click "Reset Password."

# Reset Password

**CMS.gov | IDM**

**Reset your password**

Password requirements:

- At least 8 characters
- A lowercase letter
- An uppercase letter
- A number
- A symbol
- No parts of your username
- Does not include your first name
- Does not include your last name
- Your password cannot be any of your last 24 passwords
- At least 1 day(s) must have elapsed since you last changed your password

**New password**

**Repeat password**

**Reset Password**

Click "Reset Password."

Enter a new password. Keep in mind the above password requirements.

# Reset Password

CMS.gov | IDM

SMS

SMS Authentication

(+1 XXX-XXX-XXXX)

Enter Code

Request Code

Do not challenge me on this device for the next 30 minutes

Verify

1

Click "Request Code."

2

Enter the code you received.

3

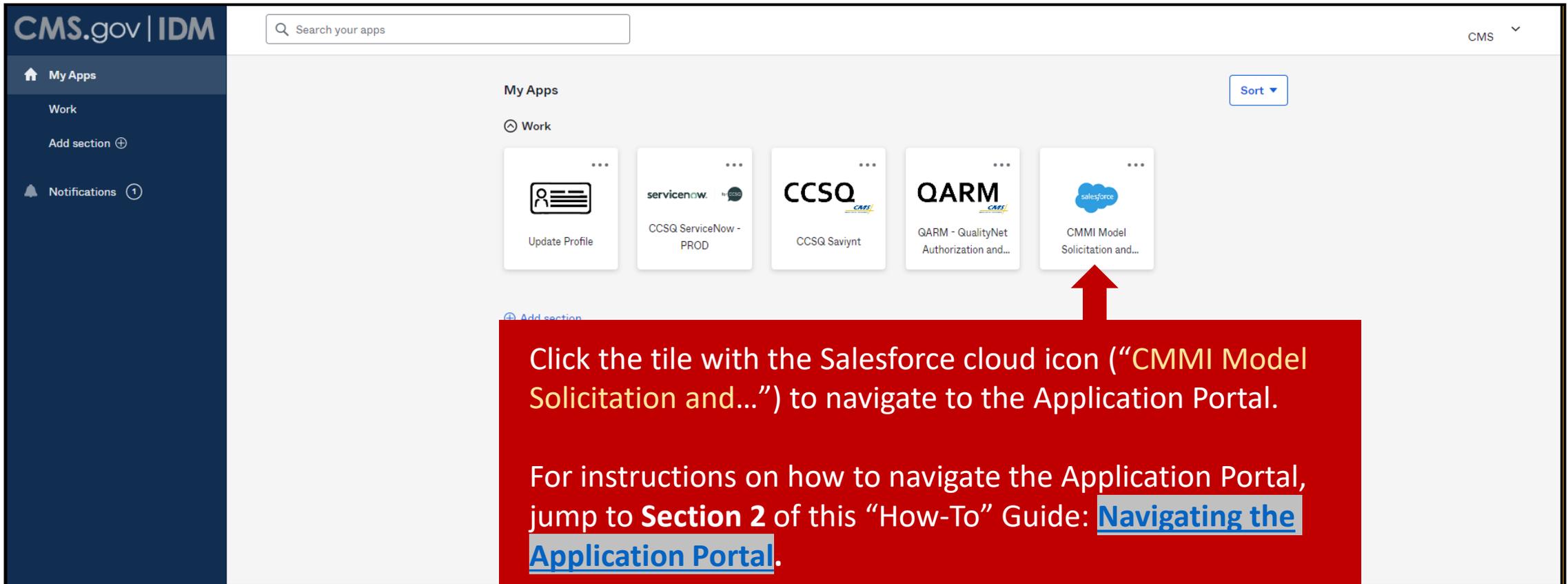
Click "Verify."



Enter the code promptly after receiving it. **The IDM session will time-out after five minutes of inactivity.**

# Reset Password

You will then be directed to the CMS.gov IDM homepage.



The screenshot displays the CMS.gov IDM homepage. On the left is a dark blue sidebar with navigation options: 'My Apps', 'Work', 'Add section', and 'Notifications'. The main content area has a search bar at the top and a 'My Apps' section containing a grid of application tiles. The tiles are: 'Update Profile', 'CCSQ ServiceNow - PROD', 'CCSQ Saviynt', 'QARM - QualityNet Authorization and...', and 'CMMI Model Solicitation and...'. A red arrow points to the 'CMMI Model Solicitation and...' tile, which has a Salesforce cloud icon. A red text box is overlaid on the bottom right of the screenshot.

Click the tile with the Salesforce cloud icon (“CMMI Model Solicitation and...”) to navigate to the Application Portal.

For instructions on how to navigate the Application Portal, jump to **Section 2** of this “How-To” Guide: [Navigating the Application Portal](#).

## Application and Model Resources

If you have trouble with the Registration process



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



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

If you have questions about BPCI Advanced



Contact the **Model Team** at [BPCIAdvanced@cms.hhs.gov](mailto: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>

The Application Portal opened on **February 21, 2023 at 12:00 PM EDT.**  
and will close on **May 31, 2023 at 5:00 PM EDT.**



**You have 100 days to submit your application.**  
**Applications will not be accepted after the deadline.**