

BPCI Advanced Model Year 7 Application Process Office Hours 2
May 25, 2023

>> **TJ Smith, Deloitte:** Good afternoon everyone, and thank you for joining today's BPCI Advanced Model Year 7 Application Office Hours.

There are a few housekeeping items to discuss before we get started. During today's presentation, all participants will be in listen-only mode. We would also like you to know that today's presentation is being recorded. If you have any objections, please hang up at this time. This slide deck, a recording of today's presentation, and a transcript will be made available on the BPCI Advanced website in about a week.

Today's event format will be a longer form Q&A session where the model team will answer questions submitted by audience members. Please feel free to submit any questions you have throughout today's present in the Q&A box displayed on the right side of the meeting room window. Given time constraints, we may not get to every question, but we will collect questions for future events and frequently asked questions documents.

Again, thank you for joining us today, and it is now my pleasure to turn the Office Hour over to Agnelli Sybel, the BPCI Advanced Application Process Lead.

>> **Agnelli Sybel, CMS:** Good afternoon everyone. Thank you for joining us for this Office Hour. I want to mention some of the aspects of the Model, and then we'll turn into those questions that were submitted during registration, and then we'll address those that are being posted during the event.

So, BPCI Advanced is a voluntary, bundled-payment model. Organizations that sign a participation agreement for Model Year 7 will be committing themselves to a two-year participation in the Model. From January 1st, 2024 through December 31st, 2025. However, termination is possible at any time, with 90 days' notice to CMS. Participants will still be held accountable for Clinical Episodes triggered during the 90-day window.

The Model aims to establish an accountable party with ownership of the Clinical Episode, and that organization is the one that signs the Participation Agreement with CMS and assumes financial risk. The Model offers participation opportunities in 34 different Clinical Episode categories. The Model is designed to increase the opportunity for clinicians to influence and improve costs and quality processes. Another goal is to improve on the patient experience and health outcomes. We have incorporated pertinent and actionable quality measures into the structure of the Model.

Preliminary Target Prices are provided in advance of the start of the Model Year, and final Target Prices are constructed during Reconciliation. When, twice a year, Reconciliation happens, CMS compares the aggregate fee-for-service expenditures to the final Target Prices across all attributed Clinical Episodes to a particular Episode Initiator. If things go well, Participants may receive additional payments from CMS, and if not Participants will owe money to CMS.

This is the final opportunity for organizations to join the BPCI Advanced Model. We have six days until the Application Portal closes at 5 pm Eastern Time, May 31st. If you still have questions after today's event, please email the Model Help Desk at BPCIAdvanced@cms.hhs.gov.

So now we'll start responding to the questions that were submitted during registration. And please start typing new questions. So we have one that says: We have a surgeon that is leaving his current PGP to create his own practice in the near future, but his team and NPI are not in place yet. He wants to participate in BPCI Advanced. How can we list him in the Participation Organization Template?

For this application opportunity, CMS modified their requirements for Applicants. And one of them is that the provider or supplier that submits an application or is listed in the Participating Organization Template as a potential Episode Initiator must be Medicare-enrolled with the status of "active" by the application deadline. That means that when we do quality assurance checks on applications, we're going to be looking in the PECOS database, and we will be checking that those providers or suppliers have a status of approved. So, in this case, unfortunately this future PGP cannot apply at this time.

We have more questions that were submitted. Kendra, can you please take the next two?

>>Kendra Glasgow, CMS: Sure, thanks Agnelli. So, I have two great questions related to our current Participants.

So the first question is: Please confirm there is no action needed for current Participants to continue for the two-year, sorry - two-year extension. So, the answer to that is, active Model Participants do not have to take any action by the May 31st deadline. However, they must submit a signed Model Year 7 Amended and Restated Participation Agreement and all required deliverables by the established deadlines.

The next question, which I think we're also receiving in our Q&A is: Will active Model Participants automatically receive the Model Year 7 baseline data, or do they need to request that? The answer to that is: If they have a Data Request Attestation, or DRA, on file, identifying this data, active Model Participants will automatically receive this data in early September.

>>Agnelli Sybel, CMS: Thank you, Kendra. We have another question, Tom.

>>Thomas Ensor, CMS: Hi Agnelli. Yeah, we have a question here regarding the Sanctions, Investigations, Probations, or Corrective Action Plans table, that's included in the application. And the question states: What level of Joint Commission Citations or Action Plans must be submitted, and if they are resolved, must they still be reported? So, in the application, as I stated earlier, it requires Applicants to complete the Sanctions, Investigations, Probations, or Corrective Action Plans table in the application for the Applicant, for it's practitioners, and/or it's participating organizations. Applicants must include in this table all of these entities who are undergoing, or have undergone, any of these actions in the last five years.

>>Agnelli Sybel, CMS: Thank you, Tom. Sacha, can you describe the level of risk for Participants in the Model, please?

>>**Sacha Wolf, CMS:** Hey Agnelli, definitely. So as Agnelli mentioned earlier, BPCI Advanced is a two-sided risk model. So, Participants may be exposed to both upside risk and downside risk. And what we've done in the Model is we've built in two mechanisms to help mitigate extreme risk or financial outliers.

The first one is called Winsorization. And what we do with Winsorization, it is applied at the Clinical Episode level, and this is where we cap Clinical Episodes spending at the 1st and the 99th percentiles. And so, when we essentially winsorize, or cap the Clinical Episode spending, that helps to limit the effects of extreme values or outliers.

The second thing we do is called stop-gain, or stop-loss, and we apply, stop-gain or stop-loss at the Episode Initiator level. And this is applied to a Participants' NPRA, or Net Payment Reconciliation Amount. So you might hear that term said a lot, and that's where CMS pays Participants. Or it's applied to Repayment Amounts, which is sort of the opposite, that's where the Participant must pay CMS. And a stop-gain provision prevents a Positive Reconciliation Amount from being in excess of 20% of the final Target Price for a given Episode Initiator. While, on the other hand, the stop-loss provision prevents a Negative Reconciliation Amount from being in excess of 20% of the final Target Price for a given Episode Initiator. So, the stop-gain and the stop-loss provisions limit extreme outlier payments from CMS or from the Participant.

I also want to mention one other thing. It's important to note is that your level of risk will be affected by how many Clinical Episode Service Line Groups you select, as well as how many Episode Initiators you select to participate in the Model. For example, greater participation can increase the opportunities for both upside and downside risk, and it can also help spread the risk as well.

>>**Agnelli Sybel, CMS:** Thank you for that explanation, Sacha. So that's about financial risk. Jessica, can you talk about what are the potential benefits for an organization participating in the Model?

>>**Jessica Dawson, CMS:** Sure Agnelli. So, we received one question about how can practices benefit from participation in the Model. And if they are successful, the Model will result in reduced expenditures, improve quality and streamline coordinated care episodes that enhance the beneficiary experience and improve outcomes. The Model affords some of the flexibilities in care delivery in an effort to improve provider satisfaction.

BPCI Advanced is also an Alternative Advanced Payment Model under the Quality Payment Program and eligible clinicians that participate sufficiently in the Model may be eligible for an incentive payment. As both commercial and public payers transition away from paying for volume toward paying for value, experience with care-driven will become ever more essential.

For more information about how physicians can benefit from participation in our Model, please check out the Physician Fact Sheet, and that will be linked in the chat.

>>**Agnelli Sybel, CMS:** Thank you. Sacha, can we talk more about Reconciliation? For a new organization starting in 2024, when would they see their first Reconciliation results?

>>**Sacha Wolf, CMS:** Yeah, so that's a, it's a good question. BPCI Advanced is a retrospective payment model. And so Participants have to first perform before we can actually do our Reconciliation. So Participants joining the Model starting in Model Year 7 will receive their first Reconciliation results in the

fall of 2024. And specifically, you'll receive Reconciliation results for Performance Period 11, and that's for Clinical Episodes that end on or between January 1st 2024 and June 30th, 2024.

>>**Agnelli Sybel, CMS:** Thank you. So I'm going to let Tom talk about some of the quirks and glitches in our Application Portal. Tom?

>>**Thomas Ensor, CMS:** Yeah, thanks Agnelli. So I have two here. The first one is: When I view the application as a PDF, the organizations on the participating organizations are missing. Did we do something wrong?

So I understand that this can be a little bit shocking to see, and I can also say that we are aware of this issue that occurs in certain cases when Applicants attempt to view the application as a PDF. Although the submitted providers on the Participating Organizations Attachment aren't displaying on the PDF for this individual, we can assure you that as long as the attachment is uploaded, and it's validated, and you don't receive any errors when trying to upload the attachment, then on our end, CMS is able to view the submitted providers.

And the other one that I have here is: I unsuccessfully attempted to upload the participating organizations file with all of the required information and received an error. It seems that the upload is off by one or two columns and shifted information into the wrong columns. Please advise.

So again, for this one, it can be a little bit tricky. But there are a couple of general rules that Applicants should follow when submitting the Participating Organizations Template in order to avoid errors with the upload. And the first one is that the completed template should be uploaded back as a CSV file, with no changes to the column names or the order of the columns. And then, secondly, ensure that there's no commas entered in the spreadsheet. I've seen that this most commonly occurs in the organization legal name column and it can result in shifting or blank data when the CSV is uploaded back to the application. And then, finally, if there are leading zeros in any TINs, NPIs CCNs, or zip code fields, you'll need to format these fields in order to retain those leading zeros.

And for more information on it, I would also recommend reviewing the Participating Organizations Template Instructions that we posted on the Applicant Resources webpage before submitting the attachment or while working on it. And I can drop that into the chat as well.

>>**Agnelli Sybel, CMS:** Thank you, Tom. If you are in the Application Portal and find yourself stuck somewhere, or need some technical assistance, send an email to the Model Help Desk. We're going to be looking at those very intently the next few days.

So, we're going to start with the questions posted in the Q&A box. And we have one that says: Can a middle level manager submit the application? The drafted PDF seems to indicate a CEO executive level manager is desired, but the portal site does not indicate it.

So, any person from an organization, at whatever level, can submit an application. That individual needs to register for the portal. It's at the last step where the Applicant is certifying, before submitting the application, that CMS asks that the person listed as certifying it, be an authorized signatory of the organization applying. And all we're asking at that point is to enter the name of that authorized signatory. So in this case, the middle level manager registers for the portal, completes all the sections in

the application, and when it gets to the certification step, will enter the name of the CEO or the executive from her organization and hit submit.

Okay, Sacha, there's questions about the DRA. Can you address it, please?

>>**Sacha Wolf, CMS:** Yeah, so one question we received is: Can you please confirm that the DRA, which is the Data Request and Attestation Form, which pulls in the Applicant organization information will provide the data for the CCNs, which are the CMS certification numbers that we provide Medicare providers like hospitals, provided on the Participating Organization Template?

So, the Participating Organization Template for Convener Applicants is where you're going to list all your downstream Episode Initiators. So as long as you list your downstream Episode Initiators on that Participating Organization Template, that's the data you will get. However, it's important to note that if a hospital doesn't meet the minimum baseline threshold, you may not receive data for a certain Clinical Episode Group or Clinical Episode category, because we do require, in the baseline, that at least 41 Clinical Episodes be triggered. So very important to list those potential downstream Episode Initiators on the Participating Organization Template. If you list them on there, that's the data that you will receive. But again, caveat that there's a minimum baseline threshold to be mindful of.

>>**Agnelli Sybel, CMS:** Thank you, Sacha. Aaron, can you please expand information on Target Prices and the historic claims data that we CMS will be providing to Applicants and active Model Participants?

>>**Aaron Broun, CMS:** Absolutely. So we've had a lot of interest in how Applicants and active Participants will access this data. The question was: Where will we access our Target Prices and historical claims data, and when will we get access?

And the answer to that is the Applicants and active Participants alike who have submitted a signed Data Request and Attestation Form, that's the DRA Form that Sacha mentioned, will receive their Target Prices and their historical Medicare claims data through the BPCI Advanced Data Portal. We anticipate granting Data Portal access to Data Primary Points of Contact around the beginning of August. And we'll be releasing a Data Portal User Guide at the same time. And the purpose of this is to allow new users to gain access to, and familiarity with, the portal before the anticipated release of Target Prices and baseline data in September.

>>**Agnelli Sybel, CMS:** Thank you, Aaron. Dara, what else are we doing to help Applicants understand all those Target Prices that they'll receive?

>>**Dara Clay, CMS:** Yeah, definitely. So regarding how our pricing methodology works, we're really excited to release two webcasts this summer that will walk through exactly how our pricing methodology works. So make sure to get your application submitted and be on lookout for these and other additional resources that we will be releasing to Applicants so that you can make a really good and informed decision in December.

>>**Agnelli Sybel, CMS:** Thank you. So, what would an Applicant have to do if a mistake is made in the application? Jessica, what are the steps?

>>**Jessica Dawson, CMS:** Certainly. If a mistake is in an application, just note that all applications are considered final upon submission. CMS will begin reviewing all applications in June to conduct a Q&A check. CMS will also submit Provider Identifiers to the Centers for Program Integrity, for PECOS screening. At this point, Applicants may be contacted and given the opportunity to provide revisions to an application. If CMS screening - after CMS screening of Applicant BPIDs will be sent to all Applicants that pass the screening. So, if they do make a mistake, CMS will give an opportunity for them to correct the application later, if we identify that there are mistakes that need to be corrected.

>>**Agnelli Sybel, CMS:** Okay, thank you. So what if I realized I made a mistake now, after I hit submit? What is the process, Sacha?

>>**Sacha Wolf, CMS:** I'm sorry, Agnelli. Can you repeat the question? Look at me being caught off guard.

>>**Agnelli Sybel, CMS:** Well, Jessica talked about after an application is submitted it's considered final, and we, in doing QA checks, we will reach out after the portal closes and allows some revisions. But what if today, at 8 pm, I realized I made a mistake on a submitted application, and the portal is still open? What should I do?

>>**Sacha Wolf, CMS:** If the portal is still open, you would want to reach out to the BPCI Advanced team, and email the BPCI Advanced team. And we have the ability to change your application to an "in-progress." That way, you can edit any errors that you may have. But again, you would have to first reach out to the BPCI Advanced team and email us. And I, I can put that email in the chat.

>>**Agnelli Sybel, CMS:** Thank you. Tom, there's a question you want to address about our online application?

>>**Thomas Ensor, CMS:** Yes, I have one here that's asking: When trying to open the online application, it states that this inquirer here has not been registered for the selected model. And they're asking, how do I register?

So it sounds to me like this individual has an existing IDM Account, but is not yet registered for the Applicant Portal itself. In order to gain access to the portal, you will need to select "new user registration" on the Applicant Portal login page, and then follow the following steps to register for the Application Portal.

I also would suggest using the Application Portal How-To Guide that we have on the Applicant Resources webpage. It gives a more detailed walkthrough of the registration process with screenshots. And I will add a link to that resource in in the Zoom chat as well.

>>**Agnelli Sybel, CMS:** Thank you, Tom. Let's see, what else are we having here on the queue. Must the Non-Convener selected also submit an application?

Well, if you are an active Model Participant that is a Convener, and you are not making any changes, then you don't have to do anything before May 31st. If you are a potential organization, considering applying as a Non-Convener, then you've got until May 31st to submit an application. I want to, we have two resources: a How-To Guide for New Applicants, and another one called Model Year 7 Options for Active Model Participants that have a decision tree with their options that are available.

Okay, let's see. Will you do a webinar to share with the new Applicants how they'll use the data once their, the files are provided? We do plan to publish two webcasts regarding our pricing methodology and other written materials to guide the Applicants in understanding our pricing methodology.

Okay, so let's address some questions about quality. David, what do I need, do I need to be a registry member to submit quality data for certain Clinical Episode categories? Is this different if I'm a hospital, or am I a PGP? Can you speak to that?

>>**David Bowen, CMS:** Sure Agnelli, thank you, and that's a great question. Yes, our Participant will need to be, or become, members of the relevant registry or multiple registries if you are planning to select the Alternate Quality Measures that are being reported by the CMS registry partners. However, Participants do not need to be a registry member to submit quality measures through the Administrative Quality Measure Set. And all of our measures that are within the Administrative Quality Measure Set, and some of the measures that are used in the Alternate Quality Measures Set, are calculated through using claims data or quality data codes, or QDC's which is submitted through claims.

We also have the BPCI Advanced Clinical Episodes and Quality Measures Correlation table and the Alternate Quality Measures Fact Sheet package that is available on the BPCI Advanced Quality Measures webpage. And I can also go ahead and pop those resources into the chat as well for quick access. And those resources can sort of help you determine which registry or registries are reporting data for those specific, said quality measures that are within the Alternate Measure Set.

>>**Agnelli Sybel, CMS:** Thank you, David. Jessica, I have a question for you, and this one we have seen several times: Client billing is complicated and I'm concerned that if I participate in BPCI Advanced, patient billing will be impacted, and the beneficiary may or may not be billed correctly for their balance. Is the process for billing services different when participating in the Model?

>>**Jessica Dawson, CMS:** Hi Agnelli. And we have seen this question numerous times. So the process for billing services that are provided to the Medicare beneficiary will not change due to participation in BPCI Advanced. Neither the calculation of the beneficiary co-payments nor the billing of the beneficiary's insurance will change. The BPCI Advanced Model is a retrospective payment model. This means that through the Reconciliation process Participants will either receive a payment or be directed to reimburse CMS. To be clear, providers and suppliers will continue to bill Medicare fee-for-service as usual.

>>**Agnelli Sybel, CMS:** Thank you. We have a question here about: How do we need to document provider engagement in the program?

So during the application, we are not asking for the potential Participant to tell us which doctors are going to participate implementing the Model. But if your organization does decide to join the Model and signs the Participation Agreement, one of the required deliverables that will be due December 18th is what we call the QPP List. It's in that document that the Participant will identify for CMS all the physicians and clinicians that would be implementing the Model, engage in BPCI Advanced activities. Okay.

>>**Sacha Wolf, CMS:** Agnelli, can I add on to that?

>>**Agnelli Sybel, CMS:** Sure.

>>**Sacha Wolf, CMS:** It's funny how you interpreted that question that way, because I interpreted it a little bit differently. Your answer is obviously totally correct, but I'd also like to say we have a Care Redesign Plan. Which that is the deliverable you're going to sort of write out all of the, your care redesign interventions. And there's actually a section in there for provider engagement. So then you can document in that deliverable how you plan to engage your providers, how you'll implement BPCI Advanced and everything. So that's also like another area where you could document engagement with providers.

>>**Agnelli Sybel, CMS:** That's definitely a different take on the question, but I'm glad we addressed both sides of the question. Okay, let's talk a little bit about PGT Factor Adjustments. Aaron, that's in your workstream. What can we tell potential Applicants?

>>**Aaron Broun, CMS:** Yeah, so we have definitely heard the feedback that Applicants and Participants want more information on the PGT Factor Adjustment, or the retrospective trend adjustment in BPCI Advanced. So in response to that, CMS shares PGT Factor Adjustment Calculation Reports with Participants each quarter, as well as twice yearly with each Reconciliation. And so the quarterly reports are designed to help Participants estimate their Target Prices and track their spending during the Performance Period. And then the Reconciliation reports help Participants review how the retrospective trends were calculated for each of those Reconciliations.

>>**Agnelli Sybel, CMS:** Thank you. I'm going to go back to you, David. There is interest in, more interesting questions about quality measures: Can we choose some quality measures from the Administrative and some from the Alternative Quality Measure Sets? What are the options?

>>**David Bowen, CMS:** Sure I can expand upon that Agnelli. So BPCI Advanced Participants must select either the Administrative Set or the Alternate Quality Measure Set for each of their Clinical Episode categories. However, Participants do not need to select the same quality measure set across all of their Clinical Episodes. So, for example, a Participant who is participating within a specific Clinical Episode Service Line Group that says, that has, say five Clinical Episode categories. The Participant can select the Alternate Quality Measures for three of those five, three of those five Clinical Episodes, and the Administrative Quality Measures for the remaining two.

>>**Agnelli Sybel, CMS:** Thank you. So Sacha talked earlier about Reconciliation that happens twice a year. But someone wants to know: How do we know if we are performing well in the Model, or do we only find out at Reconciliation time? Jessica, can you speak to that?

>>**Jessica Dawson, CMS:** I apologize Agnelli. Can you please repeat the question? I'm struggling to come off mute.

>>**Agnelli Sybel, CMS:** Sure. So the Participant, sorry the organization, is asking: How do we know if we are performing well in the Model, or do we only find out at Reconciliation time?

>>**Jessica Dawson, CMS:** Sure. So the model team provides Participants with data files every month that will allow you to analyze your performance and adjust your care accordingly. At any point during your participation in BPCI Advanced, you will be able to ask us for help, and we can do our best at helping you to understand the data files.

>>**Agnelli Sybel, CMS:** Okay. Sacha, we have a question about, let's see, to add on the provider engagement. The question pointily talks about obtaining consent: Will we need to provide proof of written consent? Can you address that one?

>>**Sacha Wolf, CMS:** Yeah. So that, the list that Agnelli you had spoken about, the Quality Payment Program List, where you're listing all of your eligible clinicians or participating practitioners. We do have a requirement in our Participation Agreement that indicates that a participating practitioner must have a written agreement with the Participants. So there is a requirement that talks about having a written agreement that the Participant, must have with all of the participating practitioners. So, you will see that language when we do share the Model Year 7 Participation Agreement.

Agnelli, anything you wanted to add to that?

>>**Agnelli Sybel, CMS:** No, you covered it well, thank you. We have a question here: Can you please confirm the current Participants do not need to submit any documentation or re-sign amendments in order to continue for the two years.

So let's re-state that current Model Participants do not need to do anything before May 31st. However, if they want to continue participation for Model Year 7, they will have to sign an Amended and Restated Participation Agreement for Model Year 7. Plus submit all the required deliverables by the established deadlines.

So, we have a one more follow-up question on the consent: Does that apply to those that only include hospitals as Episode Initiators? We are not including PGPs. So, the requirements for Participants, for agreements between participating practitioners apply whether the Episode Initiator is a hospital or a PGP. It's important to, for the Participant, to notify and identify for CMS which clinicians will be implementing the Model, and that those clinicians are aware of the requirements of implementation in the Model.

>>**Sacha Wolf, CMS:** Agnelli, can I add to that?

>>**Agnelli Sybel, CMS:** Yes, Sacha.

>>**Sacha Wolf, CMS:** So, the participating practitioners, the Participant must have an agreement with those individual practitioners, regardless if they're under hospital or under Physician Group Practice. We also have a requirement where we require the Participant to have an agreement with the downstream Episode Initiator. So the Participant would have to have an agreement with the hospital or the Physician Group Practice. So that's another level of agreement that the Participant must have in place.

>>**Agnelli Sybel, CMS:** Okay. Aaron, do you want to address the next question?

>>**Aaron Broun, CMS:** Yes, absolutely. This is this is a great question. The question is: Can you confirm that current Participants will be allowed to select new or different Clinical Episodes Service Line Groups for Model Year 7? And yes, current Participants will be able to change their Clinical Episode Service Line Group selections prior to Model Year 7. The way that's done, is through the Participant Profile which is due on December 4th, 2023. But I do want to give the important reminder that CMS does not intend to allow Participants to change their Clinical Episode Service Line Group selections after the beginning of

Model Year 7. So there will not be an opportunity to change selections prior to Model Year 8 and your selections on your Model Year 7 Participant Profile are considered binding for the duration of your participation in the Model.

>>**David Bowen, CMS:** Yeah, hi Aaron, hi Agnelli. Just to jump in here, I do also want to include that, even though the Clinical Episode Service Line Group selections are permanently binding through the remainder of the Model, we do allow Participants to change their quality measure set selections prior to the beginning of each Model Year. So if you start Model Year 7 using the administrative measures, and you don't like them, or you want to switch them up for a Model Year 8. We provide that option for you to change.

>>**Agnelli Sybel, CMS:** Yes, thanks for that clarification. Let's see what else we have here in the queue. Kendra, can you answer this? Would hospitals and PGP TINs affiliated with an ACO be automatically enrolled as BPCI Advanced participating organizations?

>>**Kendra Glasgow, CMS:** Sure, so providers are not automatically enrolled. The ACO must identify who they want to access Downstream EIs, or Episode Initiators, and there is no requirement for all of their ACO providers to participate in the Model.

>>**Agnelli Sybel, CMS:** That's true. I want to expand a little bit on that. So, ACO is applying as a Convener, and, like Kendra said, you don't need to bring all of your MSSP participants or organizations into the Model. You can pick one. You can pick several. That's up to the ACO. Okay.

Justin, we have a question here about changes that have happened to our pricing methodology. Were the changes implemented in Model Year 6 the last changes, or will there be more changes in the future?

>>**Justin Bondietti, CMS:** Yeah, thanks for that, Agnelli. So the Model aims to support health care providers who invest in practice innovation and care redesign to better coordinate care and reduce their expenditures, while still improving the quality of care for Medicare beneficiaries. So that's the aim of the Model. Therefore, any future pricing methodology changes would be in response to feedback that supports that aim.

>>**Agnelli Sybel, CMS:** I'm going to give you the next question, Justin. What can we do to be successful in this model?

>>**Justin Bondietti, CMS:** I love that. Thank you so much, Agnelli. I like this one. So in addition to reviewing the Participation Agreement, so you got to get your application in so that you get the Participation Agreement and can review it in detail, we encourage you to review our panel discussion with BPCI Advanced Participants on our Application Resources page, and we'll drop that in the chat where to find that at.

But we're also working on a document called Strategies for Success that's going to highlight best practices implemented by Participants that have already been in the Model. We will share when it's available in the BPCI Advanced Bulletin. Make sure you sign up for our listserv, and we can drop a, you know what, reach out to us at the BPCIAdvanced@cms.hhs.gov. We could drop in the chat. I think it's already dropped by Sacha. Reach out to us, and we can help you sign up for that if you have problems with that.

>>**Agnelli Sybel, CMS:** Thank you. Okay, so we have a question that says: How does overlap with MSSP work? And what is the impact on BPCI Advanced and the MSSP side, in terms of costs? This is down your lane, Sacha, so I'm going to assign it to you.

>>**Sacha Wolf, CMS:** Well, I would say that the overlap policy with BPCI Advanced and the Medicare Shared Savings Program is really easy. We allow overlap. So what that means is that if a beneficiary, that is assigned to a Medicare Shared Savings Program ACO has the ability to trigger a BPCI Advanced Clinical Episode. Likewise, providers in Medicare Shared Savings Programs can participate in BPCI Advanced. There is no recoupment on the back end from BPCI Advanced, and there's no recoupment from MSSP, Medicare Shared Savings Program. So the overlap is really easy. We allow overlap, beneficiaries and Medicare Shared Savings Programs can trigger BPCI Advanced Clinical Episodes. Providers can be a part of both models, so it's fairly simple to understand.

I would note, though, that our overlap policy with the ACO REACH model is a bit different. And it's different because beneficiaries aligned to ACO REACH cannot trigger Clinical Episodes in BPCI Advanced. We do have a FAQ, that is currently on our website, and we'll pop it into the chat when I'm done here, that goes over different scenarios of how model overlap works with BPCI Advanced, and, you know, ACOs, and potentially other models. So I would take the time to read over that. But if you have additional questions about model overlap, because it can be kind of complex, feel free to submit a question to the model team at the BPCIAdvanced@cms.hhs.gov.

>>**Agnelli Sybel, CMS:** Thank you. This next question, I'm going to assign it to Jessica. How are you notified of learning system learning system activities?

>>**Jessica Dawson, CMS:** Thank you, Agnelli. So I do want to clarify that our current learning system activities are open to active Model Participants. But we do have a few public things coming up. If you want access to those, you would need to register for our model's listserv which, before the end of this call, I'm going to find a link to register to the listserv and pop it in chat. But those, in order to register for the Model system, you'll get the access to the events that are open to the public. But if you fill out an application and consider participating in our model, then you will automatically have access to all of our events. We send those out via email to people who are our current model Participants.

>>**Agnelli Sybel, CMS:** Thank you, Jessica. Well, it seems that we have covered all the questions our attendees have put in the chat. I'm going to give a few minutes for any additional questions. While we give the opportunity for new questions to come in, there are a few things I want to just reinforce during our last office hours.

So if you're considering submitting an application, here's the steps I recommend. First, review the Model Year 7 Request for Applications and the many resources available in the Applicant Resource webpage. We have been sharing many of the links. Second, download the application template and prepare your answers in a word document in advance. Then you can cut and paste the answers into the online Application Portal. Third, register for the BPCI Advanced Application Portal.

There's a few steps involved with that. First, you need to create an account within the CMS IT system. And there's some security protocols associated with that. Once you have your IDM account, then you can access the Application Portal. Check out our Application Portal User Guide, it will walk you through all those steps.

Next, I want to say that applications do not to be complete, do not need to be completed in one sitting. You can save your work as you go. However, whichever person starts the application must be the one to submit it. So if Mr. Smith starts the application, no one else will have access to that particular Application ID, even if they have access to the Application Portal. Next, download the Participation Organization Template and complete it, if you are a Convener Applicant or a PGP applying as a Non-Convener. Next, complete the Data Request and Attestation Forms, if you wish to receive historical claims data from Medicare.

In submitting your application, we encourage you to double check that all your identifiers are correct before submitting the application. The last section in the application, the part that is called certification, does not have to have the name of the person submitting the application, but it must have the name of an authorized signatory that is qualified to sign as an agent of the Applicant. Once the application is submitted, then we encourage you to download a copy for your records. But, like Tom said at the beginning of the office hours, if the PDFs does not show that the Participating Organizations Template was uploaded, that's a small glitch of the system. If, during the process, the template was validated and you were able to submit, we can see that organization's Participating Organizations Form in our side of the Application Portal.

Okay, let's see. Okay.

>>**Sacha Wolf, CMS:** Agnelli, I have a question here that we would like to speak to, if possible.

>>**Agnelli Sybel, CMS:** Go ahead, Sacha.

>>**Sacha Wolf, CMS:** We received a question from someone regarding beneficiary protections on the application. So we definitely recognize we have a section on the application about beneficiary protections, and I think a lot of the wording is somewhat similar to, you know, the subsequent questions. But what I wanted to ask for the person who submitted the question was, if you can email us at the email, BPCIAdvanced@cms.hhs.gov, because it's hard for me to know which question you're talking about between the four that are in there. But if you could email us your specific questions, we'll get back to you that way. And I'll put it, the email, in the chat.

>>**Agnelli Sybel, CMS:** Absolutely. I think this is a good place, then, to also mention that one of the requirements for Participants is to present the Beneficiary Notification Letter to all potential Medicare beneficiaries that might trigger an episode in the Model. That letter is a template drafted by CMS and participation, participating organizations are not allowed to edit that Beneficiary Notification Letter. Okay, so I, let me see again, if we have anything.

For active Participants, how do we know if we have a current Data Request and Attestation Form on file? Well, if you're getting monthly claims data, you have a DRA on file. What might need to be updated is who's your Data Point of Contact. Sometimes there's turnover in employees, and we don't necessarily get an updated DRA when there's a change and a new person needs to be granted access to the data portal. So the best way to verify the information on your DRA, if you're an active Participant, is to email the Model, and we will be able to confirm who is listed as a Data Portal Point of, Data Portal Point of Contact, or update it. Tom, can you speak more to that since you deal with DRAs every week?

>>**Thomas Ensor, CMS:** Yes, yeah. So the other thing, too, if the person asking this question is a primary or secondary Point of Contact they'll be able to go into the Participant Portal and manage the DRA in the legal documents section. So you should be able to download the most current DRA that you have on file to double check those fields that Agnelli was talking about, and you are able to upload a new copy in the Participant Portal if you have changes to make.

>>**Agnelli Sybel, CMS:** Thank you. I forgot about that, Tom, but that's why you're the expert on the DRAs. We have one more question: If we are already a Participant with CJR, do we need to participate in BPCI Advanced now?

Oh, I'm glad this one got in right at the end. The CJR model will end in 2024. And CJR Clinical Episodes have trumped Clinical Episodes in BPCI Advanced. So, if you're a CJR hospital, and you want to continue to be able to manage lower joint episodes within a bundled payment model, yes, you need to apply now. It's your only opportunity to apply before May 31st, and make the selection for the orthopedics Clinical Episode Service Line Group. What would happen is that your organization, the hospital, will start assuming risk for all other Clinical Episode categories under the orthopedic Service Line Group, except for lower joint, until 2025 after CJR ends. But the only way CJR hospitals can continue to manage lower joint Clinical Episodes is to apply for BPCI Advanced now and assume risk for ortho Clinical Episode categories. You're welcome.

Okay, so we are almost at time. Can we put, yes, thank you. We have a Post-Event Survey, and we would love to get feedback from your experience in Office Hours. And so there will be a link that is going to be put in the chat. But we also got now a fancy QR code. So you can get your phone and open the survey. Again, Application Portal closes 5 pm Eastern Time, May 31st.

In closing, let me go back here and what I want to, okay, just go down quickly with what happens after the Application Portal closes. And so, in June we will be doing quality assurance checks on the applications. Then the information would be sent to the Center for Program Integrity for vetting. Also, all the details of the Applicants and potential Episode Initiators will be sent to our payment contractor to start building those data files during the month of June through September. In September, we plan to distribute the baseline claims data, preliminary Target Prices. Oh, we mentioned, in August, we intend to grant access to the Data Portal. There is a process for registration. And we want to give the Data POCs enough time to go through that registration process before we push the data files in September. After that, we will grant access to the Participant Portal. Even to the Applicants, we will grant access to the Participant Portal, because that's how we're going to distribute the Participation Agreement Template and all the templates for the deliverables.

Oh, we didn't talk about deliverables actually. Okay so there is a series of deliverables, we'll go through it that way. So, through the Participant Portal, that's where Applicants and Model Participants are familiar to get access to the Participation Agreement and deliverable templates. I want to make the point that all Applicants will receive their Participation Agreement Template. That doesn't mean they are accepted into the Model. If you're interested, the Applicant will submit a signed Participation Agreement, and then CMS will make the determination whether to countersign that agreement and accept the Applicant into the Model.

Okay. Well, I want to thank everyone for joining us today. And again, any questions that were not addressed, send it to the Model Help Desk. I'm going to send it to TJ to close this out.

>>TJ Smith, Deloitte: Thank you, Agnelli. As a reminder, the model team has created many resources that are aimed to help support Applicants throughout this process. So do refer to the BPCI Advanced Applicants Resource page. That link is now in the chat for your reference. There again you'll see several resources that have been posted throughout the process. The recording of today's event will also be available in about a week.

As another reminder, if you're having any trouble with the registration process, password issues, or navigating the Application Portal, please contact the Salesforce IT help desk. And again, as a reminder, if you have any questions about the Model, please contact the Model Help Desk. If you require more information about the Model, Clinical Episodes, pricing methodology, quality measures, evaluation reports, or other things, please do visit the BPCI Advanced Model general webpage.

Thank you again for attending today's Office Hours. Again, as a reminder, take the survey for today's event by clicking the link earlier in the chat window or using the QR. Or you can send any additional input on today's sessions to the Model website, or, excuse me, to the Model mailbox. This does conclude today's webinar. Thank you again for joining us, and we hope you have a good rest of the day.

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