



## BPCI Overview for Physicians

**Final Transcript**

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## PRESENTATION

### Introduction:

**Moderator:** Thank you for joining us today for the BPCI Overview Webinar hosted by the CMS Bundled Payments for Care Improvement initiative. Please note that during today's webinar we will be accepting questions via the Q&A feature. To ask a question at any time during the webinar simply click on the "Q&A" button located at the top of your screen and enter your question within the text box provided and then click "Send." All lines will be muted for the duration of the call.

And now the CMS Bundled Payments for Care Improvement team will begin the webinar.

**E. Sutton:** Okay, great. Thank you. Hi, everyone. Thanks for joining today. This is Erin Sutton, Director of the Division of Payment Models, and, again, we appreciate you joining us again this week and wanted to just talk a little bit today about the focus on physician engagement. We've got a lot of questions from physicians about how to participate in the Bundled Payments for Care Improvement initiative through our mailbox and another venue.

We thought this would be a good time to refresh and regroup and give an overview of both the initiative and also talk a little bit about how, specifically, physicians can engage. So, thanks for joining us again today.

Last week we had an overview of the program so we're going to focus, again, a little bit more about physicians today. I'm joined by my colleagues and I just want to say if you could hold questions until the end of the presentation we will take them and answer them as they appear on the screen.

So, just an agenda today; again, we want to thank you for all the hard work that you're doing for those already engaged in the BPCI initiative and for your commitment to improving care of patients. Again, we've been talking to a lot of you and have discovered there are a number of areas where there is a need for review of the BPCI initiative and then also, specifically, how physicians can be engaged and also focusing on new and current engagement opportunities that have recently become available that we'd like to talk to you a little bit about today.

## **Engaging in the BPCI Initiative as a Provider or Physician**

**E. Sutton:**

So, why engage a provider or physician? I think the first reason that we would highlight meaningful gainsharing opportunities, up to 50% more than the physician fee schedule equivalent. And, again, is this initiative and other stats the Innovation Center are providing to move us forward toward value-based purchasing?

The value proposition for physician participation continues to grow; provides an opportunity for physicians to engage with hospitals to align incentive programs to improve quality and decrease costs through incentive payments; does not immediately impact fee-for-service payment under Models 2 and 3; allows for opportunities for competencies learned in the bundled payment that would position physicians for success in value-based contracting; facilitates physician leadership in care redesign and also provides an opportunity to work and learn from others nationally and receive data.

Specifically, some resources that physicians or physician group practices can further engage in is to, number one, speak to the hospitals, post-acute care providers and current existing awardees where they admit patients. We're going to show you where and how to do that. On our website we have entities participating in regions listed and below those participant episode initiators will explain a little bit more about later.

There are current opportunities to join awardees that are already in the BPCI initiative, and there's also opportunities to become a part of the BPCI through our current Winter Open Period process that we'll talk about a little bit later.

We also have a number of archived resources on our website and just want to sort of state a corrected website here for those on the phone. It's <http://innovation.cms.gov/initiatives/bundled-payments/learning-area.html>. And we are going to make that corrected link available on our slides when we post these publicly.

There are a number of resources that we've provided throughout the last couple years for physicians in particular. For example, contracting and gainsharing and also different resources specifically targeted towards physicians. And also we're going to provide an email inbox that you can email with questions and we appreciate everyone using that already to submit questions.

Basically, this just sort of presents the move towards value-based purchasing. We have a number of initiatives here at the Innovation Center

that are underway, number one, partnerships with patients, bundled payments sort of in the middle of this trajectory, accountable care organizations. And, again, we're really going to focus on how bundled payments fits into this and how to best, again, engage if you are a physician.

So, this all fits under the theme of providers choosing a range of care delivery transformation that's best for them, moving towards more of a risk-bearing principle while benefitting, again, from the supports and resources that are designed to help us spread best practices and improved care.

So, just backing up a little bit to the case for bundled payments, again, provides a large opportunity to reduce cost and waste in variation. As I mentioned, one of the primary drivers to provide physicians, hospital providers with gainsharing incentives to align the redesign of care achieving savings and improving quality, improving "spillover" to private payers, also looking at strategies for bundled payments to lay the foundation for success in the value-driven market.

Adoption of the Bundled Payment initiative is accelerating across both private and public payers, and there are also a number of valuable synergies between other programs here at the Innovation Center, such as accountable care organizations, Medicare's Shared Savings Program and other payment reform initiatives. And, again, this is just really focused if you're a provider giving as much flexibility as possible in redesigning care and meeting the needs of your community.

And, so, this is just another slide to sort of talk a little bit about how we set the episode parameters, again, allowing for flexibility to collect for clinical conditions, time frames and services, enabling episodes to have sufficient numbers of beneficiaries to demonstrate meaningful results and we'll talk a little bit more about that later, assuring enough simplicity to allow rapid analysis; implementation of episode definitions, achieving episodes of appropriate balance of financial risk and opportunity, and then building on lessons from prior initiatives in CMS demonstrations, such as the ACE demonstration, which we'll talk a little bit about later as well.

Here we have a list of clinical episodes and, as you can see, they're quite broad and designed as such. These are available on our website as well, which I'll point you to, but we have a number of physicians engaged in these clinical episodes. In fact, last week we heard about two physician leaders that were involved in total joint replacement initiatives, but we purposely designed these clinical episodes to be broad and inclusive and we will share later in the presentation where you can find different

providers participating for different episodes and so we do have that as well and it's one of the advantages for physicians to see where colleagues and hospitals and other providers who are participating in these clinical episodes across the country.

Here is just a slide to sort of focus on Models 2, 3, and 4. We do have four models within the BPCI initiative, but today we're going to really focus on Models 2, 3, and 4 and this slide just sort of gives an overview of a quick recap of our three models and then we're going to go into a little bit of a deeper dive of what each of those models consist of. We wanted to just put this up here for purposes of comparison that Model 2 is a retrospective model, Model 3, also a retrospective model, Model 4, prospective model.

Each of these targeting different episodes, services included in the bundle and then, of course, different payment flows. We're going to focus on those a little more in depth as we move forward with the presentation.

## **Overview of Model 2**

### **E. Sutton:**

So, first focusing on Model 2, in Model 2 the episode-based payment includes the inpatient hospital stay for an anchor DRG and all related care covered under Medicare Part A and Part B within either 30 or 60, 90 days following discharge from acute care hospitals. Participants can choose to participate in one or more of the 48 episodes that we showed earlier, and they must select a length of each episode, either 30 or 60 or 90 days.

Each episode is initiated by the acute care hospital and inpatient admissions for one of the MS-DRGs included in the selected clinical episode. And underneath those episode-based payments being retrospective, Medicare continues to make fee-for-service payments to providers and supplies furnishing services to beneficiaries in Model 2. The total payment for the beneficiary of the episodes is then reconciled against the bundled payment amount or the target price, as we refer to it, predetermined by CMS.

This map is intended to sort of give you a lay of the land of who is participating in Model 2. And you can find this map and this list available at the link below on the slide in Phase 1, which we'll explain a little bit more about later. We have about 42 participants. In Phase 2 we have 127, and so when you click on each of these dots on the map you can find both the organization that is involved and the clinical episodes that they are involved with for the initiative.

And so this would help a physician identify if there were a provider in your area, say a hospital, post-acute care provider that you wanted to engage with, you could find details about the organization's involvement with their programs. So, this is a really nice resource that you can access through our website. We do update it frequently, so you should check back. It's current right now, but we do update it frequently and it's a great resource, again, to just sort of locate who is doing what in your region.

So, this is just an illustrative timeline of sort of how a patient would come into the BPCI initiative and sort of follows the patient through. And, again, it's just for illustrative purposes. It doesn't really have necessarily specific dates for our purposes today tied to it. For example, if a patient were admitted to a Model 2 hospital on January 7<sup>th</sup>, a couple of days later, three days later, the patient would be discharged from the hospital for a selected MS-DRG.

Theoretically, then the patient would be admitted to a second hospital for complications and a couple of days later the 30-day episode would be completed. Then we see the patient being discharged from the second hospital and fast forward sort of the reconciliation timeline. CMS would aggregate that claim paid on behalf of the beneficiary and reconcile that to the targeted price.

Again, this is a very high-level example of walking through what would happen from a beneficiary entering a bundle and then also all the way through reconciliation. There is a lot more that happens underneath here that's just sort of pulled out of Model 2 for an example for you to have.

## **Overview of Model 3**

### **E. Sutton:**

So, moving on to Model 3, Model 3 includes the post-acute period only. Applicants can propose an episode of care consisting of post-acute care following an acute care stay. So, the episode could begin, as in real life an example in a skilled nursing facility, an inpatient rehab facility, a long-term care hospital, home health agency, following an acute care hospital stay for the anchor MS-DRG.

The post-acute services included in the bundle must begin within 30 days of discharge from the inpatient stay and end in either a minimum of 30, 60 or 90 days after the initiation of the episode. The episode includes post-acute care following an inpatient hospital stay and all related care covered under Medicare Part and Part B within 30, 60, or 90 days following the initiation of the post-acute care services.

Similar to Model 2, the episode-based payment is retrospective, and so it flows similarly to Model 3. The applicants for Model 3 would propose the target price and then incorporate a discount on historical Medicare payment for an episode.

So, moving to the Model 3 map, we also have, just for display purposes again, where you can find our Model 3 participants on that link listed below. And this is a great way if you're a physician to reach out to those in your area and find out who the organization is and also find out what episodes that they're participating in.

So, that is, again, updated frequently. In Phase 1 we have about 68 participants, Phase 2, 94. We'll explain a little bit more about that later. So, we can move to Model 4.

## **Overview of Model 4**

### **E. Sutton:**

In Model 4, again, this being a prospective payment model, participants choose one or more of 48 episodes. Similarly, each episode is initiated by an acute care hospital inpatient admission for one of the MS-DRGs included in the episode selected for participation by the episode initiator. Episode initiators must then submit a notice of admission when a beneficiary is expected to be included in the model it is admitted.

Bundled payments includes all of Medicare Part A and B services furnished during the inpatient stay by the hospital physician and non-physician practitioners as well as any related readmissions that occur within 30 days after discharge. Again, I mentioned Model 4 is a little different in this sense, but it is also prospective payment-based. CMS would make a single predetermined bundled payment to the episode initiator. For example, an acute care hospital instead of an inpatient prospective payment system payment.

We're going to have one more slide on Model 4 just because I think this is important to highlight for physicians that there is an element to declining participation in Model 4. For example, physicians or non-physician practitioners will be able to decline participation and be paid a regular fee-for-service payment for Part B services rendered during an inpatient stay.

The declines will be per service. Part B claims must be submitted with a HCPCS modifier on every relevant line of the claim. Payment will flow as normally and co-insurance can be collected as normally by physicians or non-physician practitioners. So, I just wanted to highlight the declining part in Model 4. I think it's important for this audience in particular.

Moving on to Model 4 participants, again, just a map showing where we have participation clustered for Model 4 at this time. And this is also a way that you can, again, locate those participating in your area for BPCI and also locate the episodes that they're in for. If you go on the map, again, and click on the dots you can find that relevant information on our maps on the website.

## **Overview of Participant Roles**

**E. Sutton:** And we're going to review some submission types for participation in BPCI, and this schematic just gives you a really high-level overview of how different types can participate. And we'll break this down to be as simple as possible because I realize at first glance at this diagram, trying to figure out sort of where you fit in as a physician is sometimes a little overwhelming.

And I think that what I would say is that we have physicians engaged at all levels of participation, and we're going to walk through some of what those submission types and descriptions of roles are. I would just point out that we do have a growing physician group practice participation level, and I didn't point that out earlier on the Model 2 map, but I just wanted to point out that there is a growing presence for physician group practice participation, so just wanted to sort of point that out as well.

And we do have physicians engaged at all levels and the description of roles were broken out into non-risk-bearing and risk-bearing. And so, under the non-risk-bearing you have the opportunity to be an applicant that would partner with an awardee convener. And then underneath that you would have an opportunity to be a non-risk-bearing applicant that would partner with a facilitator convener, and we have a lot of different examples of participants that are participating under this particular non-risk-bearing pathway—if we could go specifically to the facilitator convener.

Organizations that would be interested in being a facilitator convener would, again, not bear risk or receive payment from CMS. Beneficiaries that they'd be responsible for would be designated awardees, designated awardee conveners. They would have partners, such as designated awardees and designated awardee conveners and so there's a lot of different ways to participate.

I'm actually going to focus a little bit on the risk-bearing awardee slide in the next one and then we're going to skip forward to a couple of other slides. The BPCI participant, if they're an awardee, the Medicare provider

would bear risk for only that episode that it initiates. If the BPCI participant is an awardee convener it would apply with partners and bear risk for all of the episodes of its episode initiator partners. We get a lot of questions about, again, “Who am I?” and I think some of these slides will help as well as some of our background material that I’ll point you to later.

An example of an awardee submission type on the next slide would be an individual hospital. The beneficiaries that they would be responsible for would be only their own bundled payment patients or all of the bundled patient payments regardless of other providers where patients received care during the episode.

And then, finally, just two more on these. The submission type for an awardee convener—someone that would submit in this role would be parent companies, health systems, other organizations that want to take risk. They would be responsible for either all of their rental payment beneficiaries during the episode if the awardee convener is a Medicare provider or all the bundled payment beneficiaries of the episode initiators regardless of other providers where patients received care during the episode.

The kinds of partners that awardee convener would have would be episode initiators. And, again, we do have a number of physician group practices that are episode initiators and we’re going to talk about that a little bit on the next slide.

So, again, pretty pertinent to this audience, physician group practices are a growing presence in the BPCI initiative. For purposes of BPCI I think it’s important to regroup on how we define a physician group practice. So we define a physician group practice as someone who has a unique EIN or TIN combination for the PGP or more than one practitioner. And then all practitioners that reassign their individual NPI to the PGP for billing purposes.

This would ensure that the group in its entirety is participating in BPCI. So, again, just helpful I think sometimes to review our definition of physician group practices because we get a lot of questions about that.

And, finally, physician group practices as episode initiators, as I mentioned, particularly relevant for this audience. In Model 2, for example, when a PGP is an episode initiator that physician is the admitting or ordering physician for the acute of post-acute care for an eligible beneficiary, included in the MS-DRG regardless of the particular hospital where the beneficiary is admitted.

All physicians that would assign their Medicare benefits to the PGP would be able to initiate episodes. In Model 3 an example of physician group practices as episode initiators, when a PGP is an episode initiator an episode is initiated when an eligible beneficiary is admitted to or initiates services within, for example, a skilled nursing facility, an inpatient rehab facility, an LTCH or home health agency within 30 days after the beneficiary has been discharged from inpatient stay for the acute care hospital for one of the included MS-DRGs and a physician in the PGP was either the attending or the operating physician for the inpatient acute care hospital stay.

So, those are just some examples of where a physician group practice would, in particular, be an episode initiator. And, again, this slide is just to serve as a resource for you to understand where our numbers in participation type would vary and then also our provider types. You can see that these can be found on our map. We thought it would be helpful to kind of summarize these for everyone.

Of course, the number of physician group practices, as I mentioned, is continuing to grow so that number of eight will be reflective of the growth when the maps are updated. We are continuing to grow the largest participation being at acute care hospital level at this point, but this just sort of gives you a breakdown of who is participating so that you're able to sort of understand, again, in addition to the map where you can talk to various types of participants.

## **BPCI Initiative Phases 1 and Phase 2**

**E. Sutton:** BPCI has two phases and I can categorize them at a high level as Phase 1 being the preparation phase and Phase 2 being the risk-bearing phase, and we made this grid to sort of show a contrast and comparison of, we had a lot of questions; what's the difference between Phase 1 and Phase 2?

Phase 1 is really, again, represents the initial period of participation, preparation for implementation and assumption of financial risk. So, in Phase 1 when an applicant is to submit documentation to be considered for participation in BPCI, CMS would review and look at the proposed care redesign plans and associated program integrity screening.

Some of the great things that you would receive as a Phase 1 participant would include monthly beneficiary level claims data, which many physicians, in fact, just a couple of weeks ago during one of our physician presentations found very useful for a variety of reasons, but mostly for can look across practices, can look across and see sort of information that they

would not normally have at this level engagement in a variety of learning activities such as this and others that CMS will be communicating through BPCI Phase 1 and Phase 2, target pricing information to inform assessments of opportunities under BPCI and further information to sort of assess physician willingness and physician ability to come in through the BPCI initiative. So, there's a lot of resources that we provide and data that is useful to assess the opportunity and, in addition, just to learn more about participating in BPCI.

Phase 2 would be a period in which BPCI participants would move into the risk-bearing period. In order to move to Phase 2 participants would be selected by CMS following a comprehensive review and enter into an agreement with CMS. These agreements would allow awardees to bear financial risk for the model and also utilize applicable fraud and abuse waivers and payment policy waivers.

So, for example, I mentioned gainsharing earlier. This phase would allow physicians to utilize the gainsharing waiver and also other payment policy waivers that would afford additional flexibility in care redesign.

Just a note on evaluation monitoring—CMS intends and is utilizing metrics including structure and organizational characteristics. We have learned a lot about that already through how physicians are participating in and engaging in BPCI. We look at patient case mix, clinical care and patient safety and also the patient experience. We also monitor utilization and compliance within agreements, particularly those related to fraud and abuse waivers and some of our Medicare payment policy waivers.

Fraud abuse waivers that are available in Phase 2, again, the risk-bearing phase for specified gainsharing incentive payment and patient engagement incentive arrangements are available, except as otherwise provided to a BPCI Model 2–4 awardee in their agreement with CMS.

And here is just some additional detail for the payment policy waivers that are available to BPCI participants. For example, and again, in Phase 2, the risk-bearing phase, the three-day hospital stay requirement for SNF payment is available through Model 2. In this waiver we would waive the requirement for a three-day inpatient hospital stay to the provision Medicare covered in post-hospital extended care services and there are, obviously, other things underneath here that you would need to be qualified for, overall quality ratings for the CMS. Those participating nursing facilities would have to have a CMS 5-Star Quality Rating of at least seven out of the 12 months immediately preceding the performance period.

For Models 2 through 4 we allow telehealth waivers and that's explained a little bit more here, but basically we would waive the geographic area requirements for telehealth services furnished to eligible beneficiaries during a Model 3 episode as long as the services were furnished according to all the other Medicare coverage and payment criteria. So, again, payment of policy waivers to afford physicians and awardees additional flexibility in redesigning care.

Another one I just wanted to highlight here is the post-discharge home visit and this is available through Models 2 and 3. So, we talk a little bit about what's afforded here, but we would waive the direct supervision requirement and a couple of other points here under post-discharge home visits that are outlined and that you can find on our website. I think this is particularly important, again, to help physicians in their flexibility when redesigning care here.

So, with all this said, I know this is a lot of information today, there are opportunities and especially right now to engage through the BPCI initiative for physicians. We did announce in the last four weeks, on February 14<sup>th</sup> the opportunity for additional organizations to be considered for participation and for current participants to expand existing activities.

All of the information that I have mentioned here is located in background documents for Models 2 through 4 at this website and for physicians wishing to engage with either existing awardees, which we showed are available through the map on our website or through a physician group practice or in leading an initiative at your own organization the submissions are due to CMS for consideration by April 18<sup>th</sup> via email at this email address that's listed on the slide.

## **BPCI Timeline**

### **E. Sutton:**

So, there are a number of ways to come through. Just to outline the time frame again, a lot of people asked about timing of how new participants might come into the BPCI initiative. Again, we announced this availability on February 14<sup>th</sup>. The deadline for submission is April 18<sup>th</sup>. And through the summer and fall we'll have a number of activities happening after those intake forms are submitted and organizations are found suitable to participate in BPCI.

So, episodes for new prospective single awardees would be added to Phase 1, I mentioned the preparation phase. Data use agreements would be put in place, awardees and facilitator conveners would be notified of new episodes for new prospective awardees and also episode packets and

historical data files would be available to allow replication of target prices. And, again, this is to give you a preview of what's next after submission of April 18<sup>th</sup>.

Next, in November awardees would commit to entering Phase 2 for new episode initiators by signing an awardee agreement and in January all BPCI episodes, this is January 2015, we obviously don't have that up here, but that's what we mean is January 2015 all these BPCI episodes must begin Phase 2, the risk-bearing phase.

In Phase 2 the preparation phase of BPCI would end at this time. We did originally intend for that to end in October 2014, but we have extended that based on the great interest that we've gotten to join both expand the program through current participants and then also for new participants to enter the program. So, we're very pleased to say that we are extending the preparation phase and moving into the risk-bearing phase through January 2015.

And I know that we've, again, thrown a lot at you today and we appreciate your time and attendance. Questions, please feel free to email us through this email address. We do monitor it very frequently. And then also there are background documents and additional information found at the website listed here. And also at these two links. So, we have archived information as I had mentioned, great resources specifically targeted towards physicians at that first link and then specifically information about how to enter the new participant through the second link that's listed here.

## **Questions**

### **E. Sutton:**

And at this time, I'm just going to pause and we're going to look at a couple of questions that have come in and start to answer those. But if we don't get to those questions today, I just wanted to say thank you for your participation and you can feel free to email us through the email address that's listed there if we don't get to your question today. So, thanks again.

Okay, everyone, we're back. We just wanted to take a moment to review some of the questions that came in. Thank you so much for submitting them. One of the questions that we have is, "Will the slides and recording be made available today so that we can review this again?" Absolutely. They won't be available today, but they will be available very soon on both our public website and through our collaboration site.

The collaboration site is for existing awardees and we will make those available through those venues. And, in addition, we'll also have a

transcript, but we'll work to make those slides available as soon as possible.

And, again, just in case the webinar was missed, yes, you will have access to the slides after the webinar.

So, one of the other questions, and I wanted to just turn this question over to my colleague Isaac Burrows, "What is the timeline for claims data distribution for additional participants added November 1, 2013?" So, I'm going to turn that over to Isaac to answer.

**I. Burrows:** Thanks, Erin. The timeline for the data distribution was actually sent out to awardees last week. Potentially we anticipate that initial data feed to begin at the end of March.

**E. Sutton:** The other question that I'm also going to turn over to Isaac Burrows as well is, "Will new episode initiators be allowed to add episodes in the quarters following the launch in January 2015, similar to how the initial program allowed?" Isaac, I'll let you take that one as well.

**I. Burrows:** So, I think to speak to that I don't believe that that's in the works right now. That's not something that we're planning on for the program right now. Beyond that I wouldn't want to speculate or to speak to anything along those lines, but essentially I think the intent is that January 2015 all episode initiators would be in Phase 2 and as of right now that's the way the program would go.

**E. Sutton:** Yes, and so as we mentioned on the slide, sort of all into Phase 2, the risk-bearing phase by January 2015. We're going to pause just for one more minute as we've gotten a lot of great questions that are flowing in.

All right, a lot of good questions here. Thanks for bearing with us. So, one of them I'm going to turn over to my colleague Lela Strong to answer: "Under Model 3 patients must go to a SNF or an LTAC or initiate a home health for an episode to occur?" I'm just going to start with that part of the question, "Under Model 3 patients must go to a SNF or LTAC or initiate home health for the episode to occur?" I'll turn that over to Lela.

**L. Strong:** So, yes, that is correct. Under Model 3 the episode begins with the initiation of post-acute services, as you mentioned, a SNF, LTAC or HHA.

**E. Sutton:** Great. And I'm going to turn the next question over to Isaac. Isaac, would you mind reading that question?

**I. Burrows:** So, the question was asked, "Essentially when we make historical data available December, what years will it cover?" We anticipate right now

that would be the same as with other for the program with our other historical data that went out in the past and that would be 2009 through 2012.

And just to reiterate the previous question about the episode initiators and episodes, we don't anticipate episode initiators being able to add episodes to Phase 2 after January 1, 2015. Again, that's just the program as it is now and beyond that I wouldn't want to speculate.

**E. Sutton:** Okay. I think we've already answered some of the timeline for claims data distribution, which Isaac mentioned earlier. We're just going to pause for one more moment to let these next round of questions come in and we will be back with you in just one moment.

I have one question, it's an ordering physician, the attending physician. There are lots of physicians that are ordering, so we're just looking for a little bit of clarification and I'm going to turn this over to my colleague, Gabriel Scott to address that.

**G. Scott:** So, the physician is the physician that is operating physician or the physician who is identified on the claim. And in the case of a PGP, that would be a physician who has reassigned his or her rights to the PGP, so that's how the episode of care would be identified and assigned to the appropriate physician.

**C. Bazell:** This is Carol. Just to clarify the inpatient hospital claim has two fields. It has the attending or the operating physician. The hospital reports those physician NPIs on the inpatient claim. That is how we determine what physician that episode could theoretically be associated with. If it's under Model 2 the episode started in an inpatient hospital stay. If it's under Model 3 that episode actually would not begin until the patient initiated post-acute services within 30 days of the discharge from the hospital.

And those physician NPIs, of those who have reassigned their benefits to a PGP under a TIN that would be participating in BPCI that's how we identify the cases that we associate with that physician group practice. So, the concept of ordering doesn't really come into play in the way we identify those cases because, again, there are two fields on the inpatient hospital claim, the operating and attending physicians and we look to those for the physician NPI that would identify the episode for us.

**E. Sutton:** Thanks, Carol. And so, I think that we have, "Will episodes added in subsequent quarters be tested for three performance years?" And I'm going to turn that over to my colleague Gabriel Scott as well.

**G. Scott:** That's right, so episodes added in January 2015, for example, will be tested for three performance years just as if the episodes were started in January 1, 2014 also be tested for three performance years.

**E. Sutton:** Great. Just had another tranche of questions come in, so bear with us and we'll start to read some of those.

Related question: "Will the BPCI be open again after the winter of 2014 open period?" Again, we sort of outlined a timeline of which all episodes must be moved to the risk-bearing phase by January 2015, so we do not have plans to open after this current Winter Open Period. So, encourage everyone, again, to seriously consider participation through this period that we've opened BPCI for, again, for current and new participants. So, that is the answer there.

A couple of questions that I think require potentially some emails to the inbox because we need some additional information. They look like they're scenario-based, not really ones we're able to answer broadly on today's call. So, we're going to pause and maybe take one more. But, again, there are some great questions here and we want to be able to address them. I think we might need a little bit more information in order to follow up on some of them. We encourage you to email through the email inbox that we've provided.

We have a number of questions here focused on pricing and I'm going to turn that over, some general information to be provided by my colleague Janet Valuzzi and, again, some specific questions but I think this bears just sort of speaking to the pricing in a general sense. I'm going to turn this over to Janet for that.

**J. Valuzzi:** Just as Isaac mentioned previously, I want to reiterate that we do have a creation of a baseline period from July 2009 to June of 2012 that is used to create a baseline kind of target price, particularly across Models 2 and 3. And as a portion of that what that is adjusted for is consideration of the wage index for each year based on different regional differences, so as we calculate that the wage index is considered and calculated in determination of the baseline pricing as well as for each subsequent analysis of the pricing and in the reconciliation process efforts.

That does mean that there are changes over time with respect to some of the episode prices and those would be calculated over time with information provided. We do provide a monthly report of all the episode prices and then reconciliation process. We are in the process of doing kind of a dry run of that and expect awardees who are currently participating to receive information about that in the next couple of

months and as we get all that in more detail we'll forward that information to participants that might be entering at this time.

**E. Sutton:**

Thanks, Janet, again. So, with that, again, we got a lot of great questions, I think some of which we've addressed broadly and some of which we will need to take through the inbox just to get more specifics on the scenario.

So, I just want to thank everybody for attending today. Again, I know we've hit you with a lot of webinars lately, but hopefully we will be in touch with additional ones in the future and, again, we're always here through the inbox should you want to clarify anything that was said today or ask additional questions.

So, again, thanks very much for participating.