

Bundled Payments for Care Improvement Application

Model 2 – Facilitator Convener

In this proposal, all references to “applicant” mean the proposed facilitator convener. A facilitator convener¹, an entity that serves an administrative and technical assistance function for one or more designated awardees/awardee conveners, and who would not have an agreement with CMS, bear financial risk, or receive any payment from CMS, may apply with or on behalf of designated awardees/awardee conveners. Designated awardees/awardee conveners are defined as the entities that would bear financial risk and receive payments from CMS (using the same rules as risk-bearing awardees and risk-bearing awardee conveners²). The facilitator convener must complete this proposal. Additional sections of the facilitator convener proposal may be completed by the facilitator convener on behalf of the designated awardees/awardee conveners or by the designated awardees/awardee conveners themselves (see Designated Awardee tabs).

For questions that require information about the applicant only, please provide information about the proposed facilitator convener organization only. Most questions in this proposal are focused on the facilitator convener’s over-arching model. For these questions, please provide information on the overall approach for all designated awardees/awardee conveners. Optional additional text boxes are provided in these questions to highlight significant deviations from the overall response for individual designated awardees/awardee conveners. Information specific to each designated awardee/awardee convener and its Bundled Payment participating organizations is to be provided in the Designated Awardee tabs.

Please complete all questions. If a question is not applicable, please enter “N/A.”

Section A: Organization Information

1. Applicant Organization Trade Name: _____
 “Doing Business As” if different from applicant organization trade name: _____
2. Applicant Contact Person at Applicant Organization
 Name: _____
 Title: _____
 Street Address: _____
 Address line 2: _____
 City, State, Zip code: _____

¹ An entity may submit an application in partnership with multiple providers, where the entity would participate as a facilitator convener. In this capacity, the convener could serve an administrative and technical assistance function for one or more designated awardees/awardee conveners. In this arrangement, the facilitator convener would not have an agreement with CMS, bear financial risk, or receive any payment from CMS. The facilitator convener could share in the financial risk or cost savings from increased efficiencies experienced by designated awardee/awardee convener(s) through contracts between the convener and the designated awardee/awardee conveners(s). A facilitator convener applying on behalf of designated awardee/awardee conveners must specify in the application:

- The designated awardee/awardee convener(s), which is defined as the provider that would bear financial risk and receive payments from CMS (using the same rules as risk-bearing awardees or risk bearing awardee conveners); and
- The financial arrangements between the facilitator convener and each designated awardee/awardee convener.

² Designated awardee/awardee conveners may have partners like any other risk-bearing awardee or risk-bearing awardee convener. Specifically, these partners fall into two categories:

1. Bundled Payment physicians/practitioners who are expected to participate, including suppliers who may be separately paid by Medicare for their professional services (e.g., physicians, nurse practitioners, physician assistants, physical therapists); and
2. Bundled Payment participating organizations, including all other providers or suppliers with whom the awardee convener plans to partner (e.g., acute care hospitals, skilled nursing facilities, inpatient rehabilitation facilities, home health agencies). Episode-initiating Bundled Payment participating organizations are a sub-set of Bundled Payment participating organizations that initiate episodes (acute care hospitals in Model 2).

Telephone: _____ Fax: _____

Email: _____

3. Please provide the applicant organization’s tax identification number (TIN), type of organization, and type of entity. If the applicant is a Medicare provider/supplier, please also include bed size of the applicant’s facility if applicable, whether the applicant is planning to participate in a Medicare shared savings program³, and organization CMS certification number (CCN) and national provider identifier (NPI), as applicable. If the organization listed is an institution (acute care hospital, skilled nursing facility, inpatient rehabilitation facility, long term care hospital), the application will not be processed without a valid CCN.

Table A3. Applicant Information

Organization Name	Organization Type	TIN	NPI	CCN ⁴	Facility Bed Size if Applicable	Type of Entity	Participating or Planning to Apply to a Medicare Shared Savings Program ⁵

4. Please complete the following table identifying the designated awardees/awardee conveners the applicant expects to include in this application. For each designated awardee/awardee convener organization, please include name and contact information. Please provide the applicant organization’s tax identification number (TIN) for all organizations. Include organization CMS certification number (CCN) and national provider identifier (NPI), as applicable. If the organization listed is an institution (acute care hospital, skilled nursing facility, inpatient rehabilitation facility, long term care hospital), the application will not be processed without a valid CCN.

Table A4. Designated Awardee/Awardee Convener Information

Org. Name	Org. Type	TIN	NPI	CCN ⁶	Contact	Phone	Email	Address	City	State

If the facilitator convener applicant would like to allow the designated awardees/awardee conveners to complete their own Designated Awardee tabs, please click here to submit this table prior to the submission of the proposal as a whole.

5. Provide a brief summary of the applicant organization.

³ Under the theory that healthcare transformation requires some synergy between new payment methods and care improvement strategies, and the premise that the Bundled Payments for Care Improvement initiative is not a shared savings program with Medicare, CMS encourages entities to participate in the Bundled Payments for Care Improvement initiative and the Medicare Shared Savings Program, the Innovation Center Pioneer ACO and medical home initiatives, and other shared savings initiatives. However, CMS reserves the right to potentially subject these entities to additional requirements, modify program, parameters, or ultimately exclude participation in multiple programs based on a number of factors, including the capacity to avoid counting savings twice in interacting programs and to conduct a valid evaluation of interventions.

⁴ CCNs are typically six digits, with the first two digits representing a state code, followed by a dash, followed by four digits

⁵ Physician Group Practice Demonstration, Independence at Home Demonstration, Medicare Shared Savings Program, Comprehensive Primary Care Initiative, Pioneer ACO Initiative, Medicare-Medicaid financial alignment initiative

⁶ CCNs are typically six digits, with the first two digits representing a state code, followed by a dash, followed by four digits

For example:

- description of the organization
- region/geography
- when organization was established

6. Please attach 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. (Suggested: two pages, double-spaced).

Section B: Model Design

Episode Definition

1. Please provide a description of the episodes included in this application, and whether designated awardees/awardee conveners are applying for different episodes. Episode parameters described in question 2 below must be the same for all designated awardees/awardee conveners; however, individual designated awardees/awardee conveners may choose to participate in a subset of those episodes.

2. Please complete the tables below for each episode with the following information:

- the episode name;
- the rate of discount that will be incorporated into the target prices in Section C, question 1 of the Designated Awardee tabs;
- a definition of the end of the episode, which must be at least 30 days following discharge from the acute care hospital.

If the applicant would like to propose multiple episodes to be included in this application, please complete a separate table for each episode.

Table B2. Episode Parameters

Episode Number:	
Episode Name:	
Rate of Discount	
Definition of the end of the episode (days)	

3. Please complete the tables below defining the episode MS-DRG anchors and proposed exclusions for each episode. Definition of the end of the episode and rate of discount along with the proposed exclusions below must be the same for the whole episode. In Section C, question 1 the applicant will be asked to provide target prices, which may differ for each MS-DRG in the episode as well as for each designated awardee/awardee convener if a Medicare supplier/provider and each episode-initiating Bundled Payment participating organization. In the table(s) below, the applicant should list:

- the anchor MS-DRGs the applicant proposes to use to define the episode of care;
 - Please use MS-DRG version v26.
 - An episode must include at a minimum the full family of related MS-DRGs based on severity.
- the proposed MS-DRGs that could be used to exclude beneficiary readmissions to an acute care hospital from the episode of care as well as the rationale for why each of these readmissions should be excluded, given the proposed episode definition;
 - Readmissions for all MS-DRGs other than the proposed excluded MS-DRGs will be included in the episode and should be incorporated into the target prices provided in Section C, question 1.

- the proposed principal ICD-9 diagnosis codes that could be used to exclude unrelated Part A and unrelated Part B services during the episode as well as the rationale for why each of these services should be excluded when furnished for included beneficiaries with the specified ICD-9 diagnosis codes, given the proposed episode definition.
 - Please use the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).
 - These ICD-9 codes would be reported as the principal diagnosis on claims for the Part A or Part B services unrelated to the episode anchor.

Please complete a separate table for each episode proposed in table B2.

Table B3: Episode Anchors and Exclusions

Episode Number:	
Episode Name:	
Anchor MS-DRG for Episode:	Description:
MS-DRGs for Excluded Readmissions:	Justification for Exclusion:
ICD-9 for Excluded Part A Services:	Justification for Exclusion:
ICD-9 for Excluded Part B Services:	Justification for Exclusion:

Provider Engagement

4. Please provide in one attachment letters of support signed by the CEO or Senior Executive of each designated awardee/awardee convener indicating their intent to participate in this initiative.

5. Describe the over-arching plan to disclose designated awardees/awardee conveners’ participation in this initiative to physicians/practitioners providing care to beneficiaries who may be eligible. This would include all physicians/practitioners providing care related to the proposed episodes AND all physicians/practitioners on the medical staff or providing care at designated awardees/awardee conveners and their partner Bundled Payment participating organizations.

6. Describe the over-arching plan to support designated awardees/awardee conveners in obtaining widespread endorsement and engagement by physicians/ practitioners and other providers beyond notification about participation. Describe the over-arching plan to support designated awardees/awardee conveners in retaining Bundled Payment physicians/practitioners and Bundled Payment participating organizations in care redesign activities related to this initiative.

Care Improvement

7. Please describe the over-arching plan for care redesign in order to achieve Bundled Payments for Care Improvement outcomes across designated awardees/awardee conveners. Include specific mechanisms and actions to redesign care processes in the following areas, at a minimum:

- evidence-based medicine;
- beneficiary/caregiver engagement;
- coordination of care and
- care transitions.

Please use the optional additional text box below to highlight significant deviations for individual designated awardees/awardee conveners. The text box should not be used to expand on the over-arching response.

8. Please describe the applicant's plan to support designated awardees/awardee conveners in the redesign of processes to improve care in the areas listed in question 7 above.

9. Please describe the applicant's plan to support designated awardees/awardee conveners with different levels of capacity and readiness to redesign care.

10. Please describe how the over-arching plan across designated awardees/awardee conveners to conduct routine assessment of beneficiary, caregiver, and/or family experience of care will lead to improved care throughout participation in this initiative.

Please use the optional additional text box below to highlight significant deviations for individual designated awardees/awardee conveners. The text box should not be used to expand on the over-arching response.

11. Please describe the applicant's plan to support designated awardees/awardee conveners in conducting assessments of beneficiary, caregiver, and/or family experience of care, if any.

12. Please list the waivers the applicant believes will better enable care redesign and how each of these waivers will lead to improved beneficiary outcomes.

Gainsharing

These questions refer to the distribution of any gains resulting from care improvement under this initiative, including any payments from episode reconciliation.

13. Does the proposal include gainsharing between or among the designated awardees/awardee conveners, their Bundled Payment participating organizations, and/or physicians/practitioners?

Yes No

14. Please describe the applicant's, its designated awardees/awardee conveners', and their Bundled Payment participating organizations' prior or current experience with any gainsharing or pay-for-performance initiatives, including with Medicare, Medicaid, or commercial purchasers. Please describe at a high level the gainsharing methodology used and how cost savings and quality of care were measured to determine gainsharing payments.

15. Describe the proposed over-arching methodology for sharing gains, including with whom gains will be shared, the proportion of gains to be shared with Bundled Payment participating organizations and with physicians/practitioners, the mechanism for calculating gains, the timing and periodicity of payment determinations, and the timing and method of distributing gains. Specify the plan to ensure that gainsharing payments to physicians/practitioners do not exceed 50% of the amount normally paid by Medicare to physicians/practitioners for the episodes included in the initiative. Describe how the allocation of gains will incorporate best practice norms, quality, patient safety, patient experience, and efficiency measures.

Please use the optional additional text box below to highlight significant deviations for individual designated awardee/awardee conveners. The text box should not be used to expand on the over-arching response.

16. Please describe how the proposed over-arching gainsharing methodology will support care improvement, and specify proposed safeguards and quality control mechanisms to ensure that medically necessary care is not reduced to achieve savings.

17. Describe the eligibility requirements, such as quality thresholds and quality improvement requirements, for physicians/practitioners and Bundled Payment participating organizations to participate in gainsharing. Include a discussion of how a physician/practitioner or Bundled Payment participating organization may become eligible or ineligible to participate in gainsharing.

Please use the optional additional text box below to highlight significant deviations for individual designated awardees/awardee conveners. The text box should not be used to expand on the over-arching response.

Section C: Financial Model – Facilitator Convener

1. The applicant does not need to complete the table below at the facilitator convener level. The table below is a summary of the historical payments and episode cases for the proposed episode(s) in the Designated Awardee tabs. The information that supplies this table must be provided in the Designated Awardee tabs. Instructions are included in the Designated Awardee tabs.

- The first 4 columns of this table under “Total Historical Episode Payment” will be automatically calculated as the sum of the “Total Episode Payment” in the designated awardee/awardee convener tables.
- The “Total Number of Application Episode Cases” will be automatically calculated as the sum of the “Total Number of Episode Cases” in the designated awardee/awardee convener tables.
- The “Total Application Episode Target Payment” will be automatically calculated as the sum of the “Total Episode Target Payments” in the designated awardee/awardee convener tables.
- The “Net Savings to Medicare” will be automatically calculated as the “Total Episode Payment for the Application” minus the “Total Application Episode Target Payment.”

Table C1. Summary Table of Historical Episode Payment, Episode Target Payment, and Net Savings to Medicare for All Designated Awardees/Awardee Conveners across the Application

Episode Number:						
Episode Name:						
Service Type	Total Historical Episode Payment				Savings to Medicare	
	Total \$ Episode Initiating Hospital Stay for the Application	Total \$ Post-Discharge Period for the Application	Total Application Episode \$ Payment CY 2009	Total # Application Episode Cases	Total Application Episode Target Payment	Net Savings to Medicare for the Application
Inpatient acute services						
Hospital outpatient facility services						
Skilled nursing facility services						
Inpatient rehabilitation facility services						
Long-term care hospital services						
Home health agency services						
Part B professional services						
All other Part A services						
All other Part B services						
TOTAL						

2. Is the applicant proposing a risk adjustment methodology? Yes No

If so, please describe the methodology with sufficient detail for replication, including formulas, data sources, years of data used, risk adjustment factor for calendar year 2009 population, plans for updating risk adjustment on a yearly basis based on new information, etc. If the applicant is proposing multiple episode definitions, please describe the risk adjustment methodology for each with sufficient detail for replication, including formulas, data sources, years of data used, risk adjustment factors, plans for updating risk adjustment on a yearly basis based on new information, etc.

3. Please describe how the planned care improvement interventions that the applicant proposed in Section B will result in improved efficiency, cost savings, and/or reduced Medicare spending?

Please use the optional additional text box below to highlight significant deviations for individual designated awardees/awardee conveners. The text box should not be used to expand on the over-arching response.

4. Please describe any other cost-saving approaches included the over-arching plan, such as the use of formularies, negotiations for implantable device purchases based on clinical standardization , protocols for discharge, etc.

Please use the optional additional text box below to highlight significant deviations for individual designated awardees/awardee conveners. The text box should not be used to expand on the over-arching response.

Section D: Quality of Care and Patient Centeredness

Quality Improvement

1. Using evidence from past experience and research, please describe how the planned care improvement interventions described in Section B will result in improved quality and patient experience of care?

Please use the optional additional text box below to highlight significant deviations for individual designated awardees/awardee conveners. The text box should not be used to expand on the over-arching response.

2. Please complete the following table proposing measures to assess quality performance, patient functionality, patient and caregiver experience, care coordination and transitions, and patient safety. Include the source and evidence of the reliability of each measure (e.g., endorsed by the National Quality Forum), as well as proposed descriptions of numerators and denominators.

If the applicant is proposing multiple episodes, please complete a separate table for each episode.

Table D2: Proposed Quality Measures

Episode Number:					
Episode Name:					
Measure	Description	Define Numerator	Define Denominator	Source of Data	Source of Measure

3. Please describe how the applicant plans to support designated awardees/awardee conveners in meeting quality improvement requirements.

4. Please describe how the applicant plans to support designated awardees/awardee conveners in using health information technology (HIT) to measure and improve quality of care, enable care redesign, and coordinate care across multiple providers.

5. Please describe the applicant’s experience with assessment tools, including the Continuity Assessment Record and Evaluation (CARE) tool (or comparable tool). Please describe how such a tool would be used during the initiative.

Please use the optional additional text box below to highlight significant deviations for individual designated awardees/awardee conveners. The text box should not be used to expand on the over-arching response.

Quality Assurance

6. Please describe how the applicant plans to support the designated awardees/awardee conveners in developing or maintaining their internal quality assurance/monitoring processes and strategies to ensure clinical quality, patient experience of care, and clinical appropriateness throughout participation in this initiative. Include plans to monitor:

- inappropriate reductions in beneficiary care;
- clinical and functional outcomes in each Bundled Payment participating organization;
- clinical and functional outcomes across the course of an episode of care;
- clinical appropriateness of procedures.

7. Please describe how the applicant will use this quality information to improve the project design, resolve any identified deficiencies, and facilitate constant improvement among designated awardees/awardee conveners towards improved quality and patient experience of care.

8. Please describe a detailed plan for supporting the designated awardees/awardee conveners in implementing the over-arching proposed quality assurance procedures. Describe how the applicant plans to support designated awardees/awardee conveners that have well developed and less well developed quality assurance procedures. Describe the feasibility of this plan based on ongoing operations and past experience.

Beneficiary Protections

9. Please describe the over-arching plan for beneficiary protections beyond those components outlined above.

Please use the optional additional text box below to highlight significant deviations for individual designated awardees/awardee conveners. The text box should not be used to expand on the over-arching response.

10. Please describe the over-arching plan to ensure beneficiary freedom of choice of providers.

Please use the optional additional text box below to highlight significant deviations for individual designated awardees/awardee conveners. The text box should not be used to expand on the over-arching response.

11. Please describe the over-arching plan for beneficiary notification of participation in this initiative as well as ongoing processes to handle and track beneficiary questions and concerns.

Please use the optional additional text box below to highlight significant deviations for individual designated awardees/awardee conveners. The text box should not be used to expand on the over-arching response.

12. Please describe the over-arching plan for beneficiary engagement and education.

Please use the optional additional text box below to highlight significant deviations for individual designated awardees/awardee conveners . The text box should not be used to expand on the over-arching response.

Section E: Organizational Capabilities, Prior Experience, and Readiness

Financial Arrangements

1. Please describe all financial arrangements between the applicant and each proposed designated awardee/awardee convener.

Leadership and Governance

2. Please list the 5–10 key personnel for the applicant’s participation in this initiative. Identify the point person for this initiative for the facilitator convener. Attach information about these personnel, including educational background, professional experience, special qualifications, whether the person is an employee of the applicant or a proposed subcontractor or consultant. Please include all information in one attachment.

3. Please describe how the key personnel will be integrated organizationally, their proposed responsibilities, and the percentage of their time to be dedicated to this project. Please describe the financial resources that will be made available to key personnel to implement this initiative and improve care processes.

History, Prior Experience, and Readiness to Participate

4. Please describe the applicant’s experience supporting entities in the use of care redesign strategies across care settings to achieve the following outcomes: quality improvement, patient experience of care, efficiency, cost savings, and/or reduced Medicare spending.

5. Please describe how participation in this initiative will relate to any other care improvement/redesign efforts the applicant is undertaking or participating in (include all Medicare, Medicaid, and private sector bundled payment, ACO, medical home, or other relevant initiatives). Please describe how the applicant will support designated awardees/awardee conveners that currently or expect to participate in such initiatives on their own and how that will relate to the initiative as a whole.

6. Please describe how the applicant's proposal differs from any other episode-based payment initiatives in which the applicant or its designated awardees/awardee conveners participate.

7. Please describe the applicant organization's experience with process improvement efforts such as Six Sigma, Lean Enterprise, or other efforts. Please describe the applicant's experience with supporting other entities in these kinds of process improvement efforts.

8. Please describe how participation in this initiative relates to the applicant's overall strategic planning for better care for individuals, better health for populations and lower costs through improvement.

9. Please describe the HIT resources the applicant will use to implement this initiative and support its designated awardees/awardee conveners. Include availability of and access to systems and facilities, including personnel, computer systems, and technical equipment. Include information on what types of IT vendors/software the applicant uses, if applicable. Please discuss whether any components of participation in this initiative (e.g., tracking beneficiary care across care settings; distributing gains to participants) will require additional hardware and software beyond current infrastructure and provide a timeframe to implement them.

10. What is the overall percentage of the eligible professionals in the designated awardees/awardee conveners, their Bundled Payment participating organizations, and the physicians/practitioners they expect to participate that will meet the standards for meaningful use of electronic health records in order to receive incentive payments by the end of 2012?

11. Please attach a detailed implementation plan including:

- milestones, how tasks will be sequenced, and in what timeframe;
- the management control and coordination tools that will be used to ensure the timely and successful
- conduct of this project;
- descriptions of the processes in place to handle tasks occurring simultaneously;
- resource allocations (e.g., staff, systems, related departments);
- designation of the tasks to be performed by an employee, subcontractor, or consultant; and

- evidence of the feasibility of this plan based on ongoing operations and past experience.

(Suggested: two pages, double-spaced)

12. Discuss how the implementation plan and model design allow for rapid scaling and/or replication at other care sites if this program is successful.

Partnerships

13. Describe the applicant's history with the designated awardees/awardee conveners, including prior business relationships and collaboration on care improvement initiatives.

14. Describe any partnerships that the applicant, the designated awardees/awardee conveners, their Bundled Payment participating organizations, and the physicians/ practitioners they expect to participate, have entered into with state Medicaid programs, private payers, or multi-payer collaboratives to redesign care.

15. Are any private purchasers or payers interested in or planning to participate in this application?

Yes No

If so, please list them here and describe the nature of their participation.

16. A key component of the Bundled Payments for Care Improvement initiative will be the learning networks, including technical assistance for designated awardees/awardee conveners and a wide range of peer-to-peer learning opportunities. Please describe the applicant's past experience with learning network activities and the types of learning network activities the applicant plans to engage in as part of this initiative to support designated awardees/awardee conveners, such as participation in webinars, presenting in webinars, hosting site visits at the applicant's care settings, and sharing processes and lessons learned about redesigning care through case studies or presentations.

Section F: Certification

Please upload a scanned, dated one-page PDF statement on the applicant organization's letterhead stating: "I certify that all information and statements provided in this proposal are true, complete, and accurate to the best of my knowledge and are made in good faith." This statement must be signed by the CEO or Senior Executive of the applicant organization who has authority to make such commitments.

Upload Document Here.