**Bundled Payments for Care Improvement Models 2, 3, and 4**

**Instructions for New Participants for the 2014 Winter Open Period**

On February 14, 2014, CMS announced an Open Period for new participants in Bundled Payments for Care Improvement (BPCI) Models 2, 3, and 4. This document outlines the process by which organizations may submit a request to participate in BPCI.

Please see the Model 2 Background document, Model 3 Background document, or Model 4 Background document, as appropriate, for more information about participation in the specific models. The Model Background documents also describe roles of Awardees and Conveners in more detail.

*These instructions are only for new participants that are not currently participating in BPCI. Current participants, with a BPID, should use the Current Participant Intake Form and Intake Spreadsheet.*

# Organizations submitting a request to participate through the Open Period

The Open Period offers an opportunity for organizations that are not currently participating in BPCI to enter BPCI. Organizations can participate as risk-bearing entities, which are Awardees, or participate through a convening organization, as Episode Initiators.

This Open Period submission is intended for organizations requesting to participate as Awardees or Facilitator Conveners. Organizations that intend to participate as Awardees or Facilitator Conveners must submit the necessary information to be considered for participation in BPCI. Awardees may participate as a sole participant, in the role of a Single Awardee. Awardees may also be convening entities that participate and accept risk for Episode Initiators, in the role of an Awardee Convener.

Conveners must participate with other health care providers. Facilitator Conveners must participate with Designated Awardees and/or Designated Awardee Conveners that will assume the financial risk. Awardee Conveners and Designate Awardee Conveners must participate with Episode Initiators that are permitted according to the specific models.

# Submitting a request for participation in BPCI

Organizations requesting to participate in BPCI, as an Awardee or Facilitator Convener, must submit an Open Period Intake Spreadsheet and an Open Period Intake Form to be considered for participation in BPCI.

* *Intake\_Spreadsheet\_NewParticipantName\_Date.xls* is the **intake spreadsheet** on which the participants must list each proposed new Awardee, Convener, Episode Initiator, and episode. Instructions on completing the spreadsheet are provided in that intake spreadsheet. For submission to CMS, replace ‘NewParticipantName’ in the file name with the name of the organization that is submitting the request for participation. This organization would be the Single Awardee, Awardee Convener, or Facilitator Convener.
* *Intake\_Form\_NewParticipantName\_Date.docx* is the **intake form** containing several narrative questions, which must be completed by the organization that is requesting to participate in BPCI. For submission to CMS, replace ‘NewParticipantName’ in the file name with the name of the organization of that is submitting the request for participation. This organization would be the Single Awardee, Awardee Convener, or Facilitator Convener.

The intake forms attached to this document are separated by role for Single Awardees, Awardee Conveners, and Facilitator Conveners. Only complete the questions for the submitting organization’s intended role.

***Single Awardees respond to the questions starting on page 4.***

***Awardee Conveners respond to the questions starting on page 6.***

***Facilitator Conveners respond to the questions starting on page 8.***

# **Submission Deadline**:

Submissions will only be processed for consideration if both the intake form (Word document) and the accompanying intake spreadsheet (Excel file) are submitted to the BPCI inbox at BundledPayments@cms.hhs.gov by the deadline of April 18, 2014. Ensure that you include the organization’s name in the files’ names.

# Timeline for New Participants

## April 18, 2014

* Organizations submit request to participate in BPCI

## July 2014

* + Episodes for new prospective Single Awardees, new prospective Designated Awardees represented by new Facilitator Conveners, and new Episode Initiators represented by new prospective Awardee Conveners or Designated Awardee Conveners will be added to Phase 1 following CMS’ preliminary review. At this time, these episodes under the new organizations will be included in ongoing monthly data feeds received by Phase 1 participants.
	+ In some scenarios, new organizations may be required to submit Data Use Agreements (DUAs) or DUA signature addenda. If this is the case, CMMI will contact you with further information.

## September 2014

* + CMS will notify prospective Awardees and Facilitator Conveners of the outcome of CMS’ full consideration of proposed new organizations for participation in Phase 2.
	+ Where applicable, CMS will offer the opportunity to sign new awardee agreements for inclusion of these new organizations in Phase 2.
	+ CMS will distribute episode packets and historical data files to allow replication of target prices for new organizations that are offered participation in Phase 2.

## November 2014

* + New prospective Awardees must commit to entering Phase 2 for new Episode Initiators by signing an awardee agreement.

## January 2015

* + All BPCI episodes must begin Phase 2. Phase 1 of BPCI will end at this time.

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**Intake Form for New Participants for the 2014 Winter Open Period**

**Single Awardee**

1. **Awardee Information**

Organization Name (name of risk-bearing entity):

Model:

1. **Describe the organization’s care redesign plan. Provide additional detail on how the organization’s implementation of care design would change current or traditional health care delivery methods. Include aspects such as how the interventions are expected to result in improved quality, patient experience of care, internal cost savings, and reduced Medicare spending. Provide additional detail as plans for care redesign interventions vary by episode.**

(suggested length: 0.5 to 1 page, per episode if plans vary)

1. **Provide a brief summary of the organization that will participate as a Single Awardee. This could include the geographic location, a description of organizational history or structure, the approximate size or scope of the organization, and other relevant characteristics.**

(suggested length: 0.5 page)

1. **Describe plans for collaborating with health care providers that may potentially furnish services to BPCI Model Beneficiaries, including business relationships and collaboration on care improvement/redesign initiatives.**

(suggested length: 0.25 to 0.5 page, per episode if plans vary)

1. **Please complete the below table with information specific to any investigations of, and sanctions, penalties, or corrective action plans imposed against, the prospective Single Awardee. Please provide information from the previous three year period. Add rows if necessary.**

| **Single Awardee** | **Provider/Supplier or department at issue, if applicable** | **Federal or State Agency or Accrediting Body (e.g., DOJ, OIG, The Joint Commission, State Survey Agencies.** | **Description of Infraction (including date)** | **Resolution Status (including date)** |
| --- | --- | --- | --- | --- |
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Certification

The organization must submit request for participation in BPCI with the following certification signed by an executive of the submitting organization:

I certify that all of the information contained in this Intake Form is true, accurate, and complete. If I become aware that any information submitted in this Intake Form is incorrect, I agree to correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any information contained in this document or in any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

Signature:

Name:

Title:

Date:

**Bundled Payments for Care Improvement Models 2, 3, and 4**

**Intake Form for New Participants for the 2014 Winter Open Period**

**Awardee Convener**

1. **Awardee Information**

Organization Name (name of risk-bearing entity):

Model:

1. **Describe the organization’ s care redesign plan. Provide additional detail on how the organization’s implementation of care design would change current or traditional health care delivery methods. Include aspects such as how the interventions are expected to result in improved quality, patient experience of care, internal cost savings, and reduced Medicare spending. Provide additional detail as plans for care redesign interventions vary by episode or Episode Initiator.**

(suggested length: 0.5 to 1 page, per Episode Initiator or episode if plans vary)

1. **Provide a brief summary of the organization(s) that will participate as an Awardee Convener and the Episode Initiators. This could include the geographic location, a description of organizational history or structure, the approximate size or scope of the organization, and other relevant characteristics.**

(suggested length: 0.5 page, per Episode Initiator)

1. **Describe plans for partnering with Episode Initiators, including business relationships and collaboration on care improvement/redesign initiatives.**

(suggested length: 0.25 to 0.5 page, per Episode Initiator or episode if plans vary)

1. **Describe plans for collaborating with other health care providers that may potentially furnish services to BPCI Model Beneficiaries, including business relationships and collaboration on care improvement/redesign initiatives.**

(suggested length: 0.25 to 0.5 page, per Episode Initiator or episode if plans vary)

1. **Please complete the below table with information specific to any investigations of, and sanctions, penalties, or corrective action plans imposed against, the prospective Designated Awardee or prospective Designated Awardee Convener and all prospective Episode Initiators that would participate in collaboration with the Awardee. Please provide information from the previous three year period. Add rows if necessary.**

| **Designated Awardee, Designated Awardee Convener, and/or Episode Initiators** | **Provider/Supplier or department at issue, if applicable** | **Federal or State Agency or Accrediting Body (e.g., DOJ, OIG, The Joint Commission, State Survey Agencies.** | **Description of Infraction (including date)** | **Resolution Status (including date)** |
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Signature:

Name:

Title:

Date:

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**Intake Form for New Participants for the 2014 Winter Open Period**

**Facilitator Convener**

1. **Convener Information**

Organization Name (name of the Facilitator Convener):

Model:

1. **Describe the organization’ s care redesign plan. Provide additional detail on how the organization’s implementation of care design would change current or traditional health care delivery methods. Include aspects such as how the interventions are expected to result in improved quality, patient experience of care, internal cost savings, and reduced Medicare spending. Provide additional detail as plans for care redesign interventions vary by episode.**

(suggested length: 0.5 to 1 page, per Designated Awardee, Designated Awardee Convener (along with their Episode Initiators), or episode if plans vary)

1. **Provide a brief summary of the organization(s) that will participate as Designated Awardees and Designated Awardee Conveners along with their Episode Initiators, as applicable. This could include the geographic location, a description of organizational history or structure, the approximate size or scope of the organization, and other relevant characteristics.**

(suggested length: 0.5 page, per Designated Awardee, Designated Awardee Convener (along with their Episode Initiators), or episode if plans vary)

1. **If the Facilitator Convener is submitting a request on behalf of a prospective Designated Awardee Convener, describe plans for the Designated Awardee Convener partnering with Episode Initiators, including business relationships and collaboration on care improvement/redesign initiatives.**

(suggested length: 0.25 to 0.5 page, per Episode Initiator or episode if plans vary)

1. **Describe plans for the Facilitator Convener collaborating with the Awardees and other health care providers that may potentially furnish services to BPCI Model Beneficiaries, including business relationships and collaboration on care improvement/redesign initiatives.**

(suggested length: 0.25 to 0.5 page, per Designated Awardee, Designated Awardee Convener (along with their Episode Initiators), or episode if plans vary)

1. **Please complete the below table with information specific to any investigations of, and sanctions, penalties, or corrective action plans imposed against, the prospective Designated Awardee or prospective Designated Awardee Convener and all prospective Episode Initiators that would participate in collaboration with the Awardee. Please provide information from the previous three year period. Add rows if necessary.**

| **Designated Awardee, Designated Awardee Convener, and/or Episode Initiators** | **Provider/Supplier or department at issue, if applicable** | **Federal or State Agency or Accrediting Body (e.g., DOJ, OIG, The Joint Commission, State Survey Agencies.** | **Description of Infraction (including date)** | **Resolution Status (including date)** |
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Signature:

Name:

Title:

Date: