

Model Overlap

Frequently Asked Questions (FAQ)

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Q1: Can entities participate in both the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model and other models at the CMS Innovation Center?

A1: Rules regarding Medicare providers' participation in BPCI Advanced and other Centers for Medicare & Medicaid Services (CMS) initiatives, models, programs or demonstrations appear below:

- Participant hospitals in the Comprehensive Care for Joint Replacement (CJR) model can participate in BPCI Advanced. However they cannot participate in Clinical Episodes included in CJR.
- Participants in the Oncology Care Model (OCM) can participate in BPCI Advanced, and BPCI Advanced will run concurrently with OCM. This means that one model will not take precedence over the other. Rather, CMS will adjust OCM performance-based payments for BPCI Advanced Net Payment Reconciliation Amount payments based on the proportion of the BPCI Advanced Clinical Episode that overlaps with the OCM episode.
- Participants in the Next Generation Accountable Care Organization (NGACO) Model, Vermont All-Payer ACO Model, and Comprehensive End-Stage Renal Disease (ESRD) Care (CEC) Model's ESRD Seamless Care Organizations (ESCOs) with downside risk can participate in BPCI Advanced. However, beneficiaries who are aligned or assigned to participants in these models are not able to trigger BPCI Advanced Clinical Episodes. If the Medicare provider serves other beneficiaries who are not aligned or assigned for purposes of these models, those beneficiaries would be able to trigger a BPCI Advanced Clinical Episode.
- For Model Years 1 & 2, Participants in an ACO in the Medicare Shared Savings Program Track 1, 1+, 2, BASIC track (levels A thru E), and ENHANCED track (formerly known as Track 3), can participate in BPCI Advanced. However, beneficiaries who are assigned to an ACO in the ENHANCED track are not able to trigger BPCI Advanced Clinical Episodes. If an ENHANCED track ACO participant serves other beneficiaries outside the ACO, those beneficiaries would be able to trigger a BPCI Advanced Clinical Episode.
- For Model Year 3, Participants in an ACO in the Medicare Shared Savings Program Track 1, 1+, 2, BASIC track (levels A thru E), and ENHANCED track (formerly known as Track 3), can participate in BPCI Advanced. BPCI Advanced will no longer exclude beneficiaries assigned to an ACO in the ENHANCED track. To address Clinical Episodes that span between Model Year 2 & 3, CMS will apply the BPCI Advanced Model Year 1 & 2 Shared Savings Program overlaps policy to Clinical Episodes with a date of discharge from the Anchor Stay or completion of the Anchor Procedure on or prior to December 31, 2019. Clinical Episodes that have a date of discharge from the Anchor Stay or completion of the Anchor Procedure on or after January 1, 2020 will fall under the BPCI Advanced Model Year 3 Shared Savings Program overlaps policy.

Q2: In a CJR market, who gets precedence – the CJR Participant Hospital or the Physician Group Practice (PGP) that is participating in BPCI Advanced?

A2: The CJR Model consists of only one type of episode of care—Lower Extremity Joint Replacement (LEJR). BPCI Advanced has various Clinical Episodes, one of which is Major Joint Replacement of the Lower Extremity (MJRLE). For practical purposes, LEJR and MJRLE are referring to the same type of episode composed of Diagnosis Related Groups (DRGs) 469 and 470. If a LEJR episode is triggered, the CJR episode of care has precedence over all BPCI Advanced Clinical Episodes, including MJRLE. This means that the LEJR episode is attributed to the CJR Participant Hospital and not the PGP participating in BPCI Advanced.

However, PGPs participating in BPCI Advanced have precedence over a CJR Participant Hospital that is also participating in BPCI Advanced for all other Clinical Episodes.

The BPCI Advanced Model’s overall precedence rules are as follows:

- Clinical Episodes are attributed at the Episode Initiator (EI) level
- The hierarchy for attribution of a Clinical Episode among different types of EIs is:
 1. The Attending PGP
 2. The Operating PGP
 3. The hospital

Q3: Can an independent orthopedics group in a CJR market participate in BPCI Advanced?

A3: Yes, an orthopedic PGP in a CJR metropolitan statistical area (MSA) can participate in BPCI Advanced. However, any procedures under MS-DRGs 469 or 470 performed at a CJR participant hospital are included in the CJR model and not in BPCI Advanced. Also, PGPs that select MJRLE Clinical Episodes in BPCI Advanced cannot receive Target Prices for that episode at any CJR hospital.

Q4: If a BPCI Advanced Congestive Heart Failure (CHF) Clinical Episode occurs and a CJR hospital subsequently admits the patient for a MJRLE procedure, will CMS drop the CHF Clinical Episode and retain the CJR Major Joint Clinical Episode?

A4: Yes, CMS will drop the CHF Clinical Episode in the BPCI Advanced Model because CJR takes precedence, and the Major Joint Replacement procedure triggers a Clinical Episode in the CJR model.

Q5: Can a CJR participant hospital, who also participates in BPCI Advanced, trigger a BPCI Advanced outpatient Total Knee Arthroplasty (TKA) procedure?

A5: No, a CJR participant hospital, who also participates in BPCI Advanced, will not be able to trigger an outpatient TKA procedure in BPCI Advanced. This is because the outpatient TKA procedure is a part of the MJRLE Clinical Episode and not a standalone Clinical Episode with a

separate Target Price. CJR participant hospitals, participating in BPCI Advanced, are not eligible to trigger or participate in the MJRLE Clinical Episode in BPCI Advanced.

Q6: Is there a way to identify patients who are aligned or assigned to an ACO?

A6: The ACO User Interface (UI) Application (ACO Application) is available to BPCI Advanced Model Participants by accessing the CMS Enterprise Portal at <https://portal.cms.gov/>. Through the ACO Application, you can view ACO beneficiary attribution data for the NGACO Model, the CEC Model, the Vermont All-Payer ACO Model, and the Medicare Shared Savings Program.

Additionally, Accountable Care Organization (ACO) drop flags have been added to Participant monthly claims files. For Model Years 1 & 2, the drop flags indicate whether a beneficiary is assigned or aligned to an ACO in any of the following four models/programs at any time during the Clinical Episode window: Medicare Shared Savings Program Track 3, NGACO, Vermont All Payer, and Comprehensive ESRD Care. If any of these ACO drop flags are turned on, the DROP_EPISODE will equal 1.

Q7: Are beneficiaries who are aligned with practices in the Comprehensive Primary Care Plus (CPC+) model excluded from BPCI Advanced?

A7: No, beneficiaries who are aligned with CPC+ practices can trigger Clinical Episodes in BPCI Advanced.