

Application Process Frequently Asked Questions (FAQ)

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Q1: How can organizations apply to participate in Bundled Payments for Care Improvement Advanced (BPCI Advanced)?

A1: CMS will only accept applications via the BPCI Advanced Application Portal. The Portal is available here: <https://app1.innovation.cms.gov/bpciadvancedapp>.

CMS encourages all Applicants to review the Request for Applications (RFA) and supporting materials offline before logging into the Portal. The Application Template, Application Attachment – Participating Organizations Template, and Application Portal Walkthrough are available for download here: <https://innovation.cms.gov/initiatives/bpci-advanced/applicant-resources.html>

The second application period opened on April 24, 2019 and closes on June 24, 2019 at 11:59 PM EDT. More details are available on the BPCI Advanced website: <https://innovation.cms.gov/initiatives/bpci-advanced/>.

Q2: Do current Participants need to submit an application?

A2: No. CMS does not require current Participants to submit an application. CMS requires current Participants who wish to continue participating – with or without changes to current Episode Initiator structure – to sign the Amended and Restated Participation Agreement and submit the required deliverables in late 2019.

If current Participants wish to add Episode Initiators (EIs) under an existing bundled payment identifier (BPID), they will need to submit an EI Addition Template via the BPCI Advanced Participant Portal.

Additionally, if current Convener Participants that have multiple active Downstream EIs under a single Participation Agreement wish to separate their EIs into multiple agreements, they will need to submit an EI Restructure Template via the BPCI Advanced Participant Portal.

The Participant Portal will be accepting EI Addition Templates and EI Restructure Templates for submission from April 24, 2019 through June 24, 2019 at 11:59 PM EDT.

A current Participant cannot submit both an EI Addition Template and an EI Restructure Template under the same BPID. If a current Participant wants to add new EI(s) under new agreement(s), then the Participant must submit an application in the BPCI Advanced Application Portal.

Q3: Are Applicants obligated to participate in BPCI Advanced?

A3: No. Application submission does not obligate an organization to participate in BPCI Advanced. Likewise, submission of a complete application does not guarantee that CMS will select the Applicant to participate in BPCI Advanced. CMS requires potential Participants to have signed and executed a BPCI Advanced Participation Agreement with CMS to participate in the Model. CMS does not execute Participation Agreements until it has reviewed applications and Applicants have successfully passed a provider vetting by the CMS Center for Program Integrity (CPI) and completed a law enforcement screening process.

Q4: Can Convener Participants add EIs to applications after the submission deadline?

A4: No. Convener Participants must submit the names and details of all potential Downstream EIs with whom they want to participate at the beginning of Model Year 3 (MY3) (January 1, 2020) with the application by the submission deadline of June 24, 2019 at 11:59 PM EDT.

Q5: What is the process for an organization to go from Applicant to Participant once a Participation Agreement is signed and returned to CMS?

A5: Only after CMS selects the Applicant, the Applicant passes the provider vetting process and law enforcement screenings, and CMS executes the Participation Agreement signed by the organization, does CMS consider an organization to be a Participant in BPCI Advanced. Receipt of preliminary Target Prices and the BPCI Advanced Participation Agreement does not mean that CMS has approved an application.

Q6: Can an Acute Care Hospital (ACH) and a Physician Group Practice (PGP) with overlapping Medicare beneficiaries both apply as Non-Convener Participants or participate as Downstream EIs?

A6: Yes. ACHs and PGPs that share or have overlapping Medicare beneficiaries can apply as Non-Convener Participants who bear risk and initiate Clinical Episodes themselves. Additionally, a Convener Participant may list both entities as Downstream EIs on its application, even if it has overlapping Medicare beneficiaries.

Q7: Can EIs appear on multiple applications?

A7: Yes. CMS allows potential EIs (e.g., ACHs or PGPs that wish to participate in BPCI Advanced as either a Participant or a Downstream EI) to appear in multiple applications submitted by the application deadline. However, EIs may participate only with a Convener Participant or as a Non-Convener Participant.

The Participant Profile that each Applicant receives from CMS includes all potential EIs in the application. In that document, the Convener Participant identifies its Downstream EIs and their specific Clinical Episode selections for MY3. A Non-Convener Participant identifies its own Clinical Episode selections for MY3.

EIs that appear in multiple applications need to ensure that when CMS receives the Participant Profiles, the EI appears in only one Participant Profile with a status of “Active.” Otherwise, that EI will not be eligible to participate in BPCI Advanced.

Q8: Is there a limit to the number of applications an organization can submit?

A8: No. Applicants may submit multiple applications to account for the different types of arrangements. For example, an Applicant may want to apply as a Convener Participant but may be unsure whether they want to apply with ACHs and PGPs in one application or separately. The Applicant can:

- Submit one Convener Participant application that includes all potential ACHs and PGPs in the Participating Organizations Attachment

- Submit two Convener Participant applications where one application would include all potential PGPs in the Participating Organizations Attachment and the other application would include all potential ACHs in Participating Organizations Attachment
- Submit three applications that account for the above two scenarios

Regardless, each application must list all EIs in the Participating Organizations Attachment at the time of submission. Applicants cannot revise an application after it has been submitted.

Q9: What level of commitment do Convener Participants need from potential Downstream EIs or Participating Practitioners prior to applying?

A9: CMS is not defining the level of commitment that a Convener Participant needs with potential EIs, Participating Practitioners, or partnering entities. However, by the application submission deadline, all potential EIs must appear in the Participating Organizations Attachment. As a reminder, once a Convener Participant applies, CMS does not allow revisions to the application.

Q10: Can CMS explain the difference between a hospital system applying as a "system" versus the individual hospitals within the system?

A10: A hospital system can apply to participate in BPCI Advanced as a Convener Participant, which brings together multiple Downstream EIs. In this case, the EIs would be hospitals within the system. As a Convener Participant, a hospital system would facilitate coordination among its hospitals and would also bear and apportion financial risk.

The individual hospitals within a hospital system also can apply as Non-Convener Participants, which bear financial risk only for themselves and do not bear financial risk on behalf of multiple downstream EIs.

Q11: How many Participating Organizations Attachments should a Convener Participant with multiple Participating Organizations submit with its application?

A11: Convener Participants submitting one application must submit only one Participating Organizations Attachment. Please list all potential EIs in one attachment.

Q12: Does CMS require an Applicant to specify in the application those organizations with which it plans to share any Net Payment Reconciliation Amount (NPRA)?

A12: No. The application asks Applicants to identify the types of organizations with which they intend to share any NPRA, but not the specific name of the ACHs or PGPs. Participants must submit the Financial Arrangement List (FAL) deliverable, which will list all potential NPRA Sharing Partners approximately 60 days before the start of MY3. Participants can update the list quarterly.

Q13: Do PGPs that have had more than one Taxpayer Identification Number (TIN) in the last four years need to list them all on the application?

A13: No. PGPs should include only the TIN they plan to use to initiate Clinical Episodes in BPCI Advanced.

Q14: Can Applicants include a Skilled Nursing Facility (SNF) or any other type of post-acute care provider (PAC Provider) in the Participating Organizations Attachment?

A14: No. SNFs and other PAC Providers can apply to participate as a Convener Participant in BPCI Advanced, but SNFs cannot appear in the Participating Organizations Attachment because that document identifies potential Downstream EIs. Only ACHs and PGPs can participate as EIs and initiate Clinical Episodes in BPCI Advanced. SNFs and other PAC providers can appear in the FAL as an organization with whom the Participant has a Financial Arrangement.

Q15: The Quality Assurance section of the application asks to list “sanctions.” How much detail do Applicants need to provide?

A15: CMS requires Applicants to include any sanctions, investigations, corrective action plans, probations, and/or outstanding Medicare debt within the last five years that involve the Applicant, potential Downstream EIs, and potential participating practitioners. Responses to this question on the application must address all required fields, capturing sufficient detail while maintaining the character limit

Q16: What should an Applicant do if they forgot their username and/or password for the Application Portal?

A16: The username for accessing the BPCI Advanced Application Portal is the email used to register, plus the extension “.bpciadv” (e.g., name@gmail.com.bpciadv). Applicants who encounter technical problems with accessing the Application Portal, should contact the help desk at CMMIForceSupport@cms.hhs.gov or call 1-888-734-6433 and select option 5. Applicants should not email the BPCI Advanced Team, as that will only delay action on the inquiry.

Q17: CMS excludes Critical Access Hospitals (CAHs) from participating in BPCI Advanced. If a Sole Community Hospital (SCH) with a Rural Referral Center designation owns a CAH that has a separate CMS Certification Number (CCN), can the SCH participate in BPCI Advanced?

A17: Yes. A SCH that owns a CAH with a separate CCN can participate in BPCI Advanced. CMS considers each hospital with a separate CCN separately.

Q18: Can PGPs not affiliated with a hospital apply? If so, can a small practice participate in BPCI Advanced?

A18: Yes. PGPs not affiliated with a hospital can apply to participate in BPCI Advanced as Non-Convener Participants or as Convener Participants. Small practices can also apply, as there is no restriction on practice size.

Q19: Are providers in the state of Maryland allowed to participate in BPCI Advanced?

A19: CMS previously stated that hospitals in Maryland could not participate in BPCI Advanced. Because Maryland is participating in a separate Centers for Medicare & Medicaid Innovation (CMS Innovation Center) model, the Maryland All-Payer Model, CMS excludes Maryland hospitals from bundled payment initiatives, including BPCI Advanced.

PGPs that only practice in Maryland are also not eligible to participate in BPCI Advanced. If the PGP practices in Maryland, as well as another state and/or the District of Columbia, it is eligible to participate in BPCI Advanced for care provided outside of Maryland.

Q20: Can an organization apply for only a handful of the Clinical Episodes, instead of the entire list of Clinical Episodes? Is it an “all-or-nothing” deal?

A20: It is up to the Participant to determine how many and which Clinical Episodes they want CMS to hold them accountable for under BPCI Advanced. It is important to note that the Participant chooses Clinical Episodes for each EI separately.

All Participants will identify the Clinical Episodes for which CMS will hold the Participant accountable when they complete their Participant Profile. Convener Participants will additionally identify the list of the Convener Participant’s Downstream EIs. The Applicant will not select Clinical Episodes when submitting an application.

Q21: Will a PGP be able to select which individual physicians want to participate in BPCI Advanced, or will CMS include all the physicians under the TIN?

A21: In BPCI Advanced, CMS defines a PGP at the TIN level. Therefore, PGPs cannot select which individual physicians are able to participate in the Model. All physicians who have reassigned their rights to receive Medicare payment to the PGP’s TIN can participate, which means those physicians may trigger Clinical Episodes under BPCI Advanced.

Q22: How does a PGP EI providing services in multiple locations, including a hospital, participate in BPCI Advanced as one Convener Participant?

A22: A PGP and a hospital can participate under the same Convener Participant and participate in the same or different Clinical Episodes. However, CMS attributes a Clinical Episode to one EI. Precedence rules, including model overlap rules, dictate which EI CMS attributes to the Clinical Episode.

Q23: Can a hospital be a Convener Participant for some Medicare Severity-Diagnosis Related Groups (MS-DRGs) and be a Non-Convener Participant and EI for others?

A23: No. Clinical Episodes cannot be allocated under multiple Convener Participants or in combination as a Non-Convener Participant. An EI can only trigger episodes as either one Convener Participant or as a Non-Convener Participant.

Q24: Are preferred networks for SNFs and home health providers encouraged as long as beneficiaries are aware that they have a choice of any provider?

A24: Participants can create and/or recommend preferred PAC networks. However, a beneficiary's choice of provider cannot change. Therefore, Participants must notify beneficiaries of their participation in BPCI Advanced and require their Downstream EIs and Participating Practitioners to do the same.

Q25: Can Applicants see what the Target Price will be for their hospitals to determine if the prices work for them?

A25: Yes. To receive preliminary Target Prices, Applicants must complete the Data Request and Attestation Form section of the application.