

## Data Frequently Asked Questions (FAQ)

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## **Applicant**

### **Q1: What claims data may Applicants request from CMS to help them decide about their participation in the Model?**

**A1:** Applicants for Model Year 3 (2020) will have the choice to request aggregate historical and/or raw historical claims data. Both data sets will include claims from the final three years of the relevant four-year baseline period related to all Clinical Episodes offered under BPCI Advanced. The period of time for Model Year 3 baseline data is October 1, 2014 to September 30, 2018. However, due to data restrictions, Applicants and Participants will only be eligible to receive three years of baseline data. Therefore Applicants and active Participants will receive baseline claims data in raw and/or summary formats, from October 1, 2015 to September 30, 2018.

Line level data will incorporate subsets of the following: Inpatient, Outpatient, Carrier (Part B), Durable Medical Equipment (DME), Post-Acute Care (Skilled Nursing Facility, Home Health Agency, and Inpatient Rehabilitation Facility), Hospice, and Diagnosis/Procedure Code Research Identifiable Files (RIF).

### **Q2: Will a Convener Applicant receive historical data for all the Downstream Episode Initiators (EIs) listed in the Participating Organizations template?**

**A2:** Yes, upon receipt of a complete and valid Data Request and Attestation (DRA) form, CMS will provide the Convener Applicant the requested baseline data and preliminary Target Prices for all Clinical Episodes that have sufficient volume in the baseline period for the Downstream EIs included in the application. The CMS Enterprise Portal is the platform via which CMS will deliver different types of files: preliminary Target Prices, baseline data, monthly claims data and semi-annual Reconciliation results.

Applicants will receive instructions on how to register and access the CMS Enterprise Portal and the BPCI Advanced Data Portal prior to the delivery of the data files in September 2019.

### **Q3: Why do Applicants receive only three years of historical data as opposed to the four years of data used to calculate the Target Prices?**

**A3:** CMS is only able to provide data that contains beneficiary-identifiable claims for healthcare operations purposes as defined under HIPAA. This data must also be the “minimum necessary” to carry out that intended purpose. CMS has determined that three years of raw claims data meets that legal requirement.

The period of time for Model Year 3 baseline data is October 1, 2014 to September 30, 2018. However, Applicants and Participants will receive baseline claims data in raw and/or summary formats, from October 1, 2015 to September 30, 2018.

### **Q4: Will CMS provide sample file formats for the historical claims files that it expects to provide to Applicants?**

**A4:** Yes, CMS plans to provide sample file layouts to Applicants prior to the release of the baseline data.

**Q5: What does CMS consider sufficient volume to receive Clinical Episode data and Target Prices?**

**A5:** CMS has determined that a hospital must have at least 41 episode cases for a Clinical Episode category during the applicable 4-year baseline period, in order to receive a preliminary Target Price. Since Physician Group Practices (PGPs) receive preliminary Target Prices based on the hospital in which the Clinical Episode initiates, PGPs will only receive preliminary Target Prices for hospitals with at least 41 Clinical Episodes for a specific episode category in the hospital's baseline period.

**Q6: Does a PGP need to have a specific case mix or number of cases in the Clinical Episodes categories in order to participate?**

**A6:** BPCI Advanced accounts for an extensive range of patient characteristics and there are no specific case mix requirements to participate. PGPs will not have minimum volume thresholds. However, since PGP preliminary Target Prices are based on the hospital in which the Clinical Episode initiates, a hospital preliminary Target Price must be available for the Clinical Episode category for the PGP to trigger these Clinical Episodes at the hospital. To generate a preliminary Target Price, hospitals must meet a minimum volume threshold of at least 41 Clinical Episodes in the category during the applicable baseline period. Consequently, PGPs will only initiate Clinical Episodes for each category at those hospitals with sufficient volume.

**Q7: As an Applicant, how do we obtain access to the BPCI Advanced Data Portal?**

**A7:** When completing the Data Request and Attestation (DRA) section of the application, the Applicant must identify two individuals as Data Points of Contacts (Data POCs) for its organization. In September 2019, the Data POCs will be provided instructions on how to sign up for the CMS Enterprise Portal and the BPCI Advanced Data Portal. CMS will grant access after an account is created in the Enterprise Identity Management (EIDM) website and the individual successfully passes the identity proofing check and meets all requirements for receiving data. Once CMS has approved the two Data POCs, they will in turn have the ability to provide access to downstream users, known as standard users in the Data Portal, as long as they meet the definition of a “business associate” operating under a Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement (BAA).

Per the BPCI Advanced Applicant DRA:

“The Data Requestor asserts that the BPCI Advanced Applicant will be solely responsible for approving and granting any disclosure of BPCI Advanced data to “business associates,” as that term is used in 45 C.F.R. §§ 164.502(e), 164.504(e), 164.532(d) and (e), of the BPCI Advanced Applicant.”

**Q8: Are potential Downstream Episode Initiators (EIs) guaranteed access to their own data if they were included in a Convener’s application?**

**A8:** No, CMS will not provide claims data nor the preliminary Target Prices to potential Downstream EIs. CMS will provide claims data and preliminary Target Prices to the Applicant (either a potential Non-Convener Participant or a potential Convener Participant) who has applied to participate in BPCI Advanced for Model Year 3 and for which CMS has received a complete and valid Applicant DRA.

**Q9: Our PGP has a recent or new Taxpayer Identification Number (TIN); what kind of data will we receive?**

**A9:** CMS will provide raw and/or aggregate claims data to Applicants for historical Clinical Episodes in the 4-year baseline period that are attributable to their TIN. However, if newly formed PGPs do not have any historical Clinical Episodes during the baseline period, CMS will not be able to provide any data specific to the PGP's new TIN, nor receive a PGP-specific preliminary Target Price. Instead, they will receive the preliminary Target Price of the hospital at which they may initiate a given episode. At the time of reconciliation, once CMS knows at which hospitals the PGPs initiated their Clinical Episodes, CMS will calculate the PGP-specific Target Prices based on those hospitals' historic baseline prices and the PGPs' realized case mix. CMS will not consider a previous TIN to create Target Prices.

**Q10: As Applicants, are we obligated to destroy the data that we received pursuant to the Data Request and Attestation (DRA) form that was submitted with the application?**

**A10:** Once an organization chooses not to sign a BPCI Advanced Participation Agreement for participation starting in Model Year 3 (2020), or CMS denies an Applicant participation in BPCI Advanced, the organization should follow the terms of the BPCI Advanced Applicant DRA.

Per the terms of the BPCI Advanced Applicant DRA:

*"In submitting its request, the Data Requestor asserts that if the BPCI Advanced Applicant does not sign a BPCI Advanced Participation Agreement and transition to Participant status for the upcoming performance period all beneficiary-identifiable data received under this request will be destroyed unless the retention of such data is required by law (as defined at 45 C.F.R. § 164.103), or is needed for future treatment or health care operations purposes (as those terms are defined in 45 C.F.R. § 164.501). If retained, the Data Requestor further asserts that it will protect any retained beneficiary identifiable data as a HIPAA covered entity would protect PHI under 45 CFR Parts 160-164."*

**Q11: Must the individuals designated as Data Point of Contact (POC) in the Applicant DRA be the same as the individuals identified as POCs for the BPCI Advanced Participant Portal? Do they have the same type of access?**

**A11:** No. Data POCs and Participant Portal POCs are separate and distinct roles in the BPCI Advanced Model. There is no requirement that they be the same individuals, but they could be. Applicants will be granted temporary access (Summer 2019) to the BPCI Advanced Participant Portal as part of the application process.

Data POCs are granted access to the CMS Enterprise Portal in order to retrieve different types of files: preliminary Target Prices, baseline data, monthly claims data and semi-annual Reconciliation results.

The BPCI Advanced Participant Portal is an online platform that allows Applicants (on a temporary basis) and Participants to: access and review organizational data, download templates and submit deliverables, verify Clinical Episode selection and update Points of Contact (POCs).

## Participant

### **Q12: Will CMS offer monthly claims data to Participants? If so, how will CMS provide the data?**

**A12:** Yes, Participants will have the opportunity to request monthly claims data during the actual performance period in raw and/or summary formats by completing a BPCI Advanced Participant DRA form. CMS will provide this data through the CMS Enterprise Portal and the BPCI Advanced Data Portal.

The most recent “Claims File Layout” document for monthly claims can be found in the BPCI Advanced website, on the Participants Resources webpage under Technical Resources. This file is updated as necessary by the Payment Contractor.

### **Q13: Why did Participants receive only three years of historical data as opposed to the four years of baseline data used to calculate the Target Prices?**

**A13:** CMS is only able to provide data that contains beneficiary-identifiable claims for healthcare operations purposes as defined under HIPAA. This data must also be the “minimum necessary” to carry out that intended purpose. CMS has determined that three years of raw claims data meets that legal requirement.

For Model Years 1 & 2, the 4-year baseline period is January 1, 2013 – December 31, 2016. However, Participants received baseline claims data in raw and/or summary formats, for the period of January 1, 2014 – December 31, 2016.

For Model Year 3, the 4-year baseline period is October 1, 2014 to September 30, 2018. However, Applicants and Participants will receive baseline claims data in raw and/or summary formats, from October 1, 2015 to September 30, 2018.

### **Q14: As a Participant, how do we maintain access to the BPCI Advanced Data Portal?**

**A14:** After an Applicant submits a signed Participation Agreement, they must complete a Participant DRA to maintain access to the CMS Enterprise Portal and the BPCI Advanced Data Portal. The CMS Enterprise Portal is the platform via which CMS will deliver different types of data files: preliminary Target Prices, baseline data, monthly claims data and semi-annual Reconciliation results.

If the individuals listed as Data POCs in the Participant’s DRA are the same individuals listed on the Applicant’s DRA, no additional registration nor approval process is required. If they are different, then the new Data POCs will be provided instructions on how to sign up for the CMS Enterprise Portal and the BPCI Advanced Data Portal. CMS will grant access after an account is created in the Enterprise Identity Management (EIDM) website and the individual successfully passes the identity proofing check. Once CMS has approved the two Data POCs, they will in turn have the ability to provide access to downstream users, known as standard users in the BPCI Advanced Data Portal, as long as they meet the definition of a “business associate” operating under a Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement (BAA).

Per the BPCI Advanced Participant DRA:

*“In order to receive this data, you must request the specific data you wish to receive (data elements and time periods) and identify both the population for which you wish to receive such data and the legal basis justifying your receipt of the data under the HIPAA Privacy Rule.*

*In doing so, you may use this form, provided that it captures your situation and that the assertions contained herein are true and accurate with respect to your specific request. These assertions are premised on a request for “protected health information” by a “covered entity” or “business associate,” as those terms are understood under the HIPAA Privacy Rule, to carry out one or more health care operations activities listed in paragraph (1) or (2) of the definition of “health care operations” in 42 C.F.R. § 164.501. These assertions are further premised on the covered entity or business associate being a BPCI Advanced Participant. Any data access approval obtained using this form will be revoked if at any time you cease to be a BPCI Advanced Participant and/or fail to comply with the attestations contained in this form.”*

**Q15: If a Data POC needs to be updated on the Participant DRA, what do we do?**

**A15:** If at any time a Data POC listed on a DRA needs to be updated, the Participant is responsible for terminating the old point of contact’s access to the Data Portal by notifying CMS and must also submit a new, fully completed Participant DRA that identifies the replacement Data POC.

In order to modify and submit an updated DRA, the Participant must navigate to the Legal Documents section of the Participant Portal and click on "Manage DRA," under the "Data Request and Attestation (DRA)" menu. In this section there will be a drop down menu labeled "BPCI Advanced Participant DRA v2\_2018." When this is expanded there will be an option to download the DRA template, and an option to upload the updated DRA.

**Q16: Must the individuals designated as Data Point of Contact (POC) in the Participant DRA be the same as the individuals identified as POCs for the BPCI Advanced Participant Portal? Do they have the same type of access?**

**A16:** No. Data POCs and Participant Portal POCs are separate and distinct roles in the BPCI Advanced Model. There is no requirement that they be the same individuals, but they could be.

Data POCs are granted access to the CMS Enterprise Portal in order to retrieve different types of files: preliminary Target Prices, baseline data, monthly claims data and semi-annual Reconciliation results.

The BPCI Advanced Participant Portal is an online platform that allows Participants to: access and review organizational data, download templates and submit deliverables, verify Clinical Episode selection, and update Points of Contact (POCs).