

Greetings,

Thank you for your participation in the BPCI Advanced Model. BPCI Advanced began on October 1, 2018 and since then, we have heard from many stakeholders on a variety of elements included in the BPCI Advanced Participation Agreement (PA). After considering issues raised by stakeholders, CMS intends to make available an Amendment to the BPCI Advanced Participation Agreement. The Amendment is expected to address four issues:

1. Application of 50 Percent Cap on NPRA Sharing
2. Termination of Participation Agreement
3. Secondary Repayment Source (SRS) Requirements and Calculations
4. Identification of Eligible Clinicians Participating in BPCI Advanced for the Quality Payment Program (QPP)
5. Telehealth Payment Policy Waiver

Participants that choose to execute the Amendment will be bound by all the terms and conditions of the Amendment, which will become effective on the date it is signed by CMS. Participants that choose not to execute the Amendment will not be bound by, or receive the benefits of, the terms and conditions of the Amendment. The Amendment will be made available at a later time, but we want to ensure that these anticipated changes to the Participation Agreement are taken into consideration when Participants and Episode Initiators are making decisions regarding the Retroactive Withdrawal Policy, which will be due on March 1, 2019.

We are continuing to consider stakeholder concerns regarding certain provisions governing financial arrangements. We will address those concerns in the near future.

**Anticipated Changes to the BPCI Advanced Participation Agreement:**

**1. Application of 50 Percent Cap on NPRA Sharing**

We anticipate that the Amendment would eliminate section 8.2(c)(2)(iii) of the PA, which governs applicability of the 50 percent cap on NPRA Shared Payments and Partner Distribution Payments.

**2. Termination of the BPCI Advanced Participation Agreement**

We anticipate the Amendment would amend Article 21.1(a) of the Participation Agreement to allow a Participant, including a Convener Participant, to submit a new application for Model Year 3 in the spring of 2019, in any capacity for which the Participant is eligible, even if a Participant terminates an Agreement under the Retroactive Withdrawal Policy.

**3. Secondary Repayment Source (SRS) Requirements and Calculations**

a. Requirements for Non-Wholly Owned Episode Initiators and PGPs

- i. The current Participation Agreement defines an “**SRS Covered Participant**” as an entity that falls into any one of the following categories: (1) a Convener Participant or Non-Convener Participant that is itself a PGP; (2) a Convener Participant with one or more Downstream Episode Initiators that are not Wholly-Owned Episode Initiators; or (3) a Convener Participant for which one or

more Wholly Owned Episode Initiators do not have a written agreement described in Article 7.6(c).

- ii. The SRS Covered Participant must either put the SRS amount in an escrow account or establish a letter of credit for the SRS amount as specified in Appendix B of the Participation Agreement.
  - iii. The Amendment would change the Participation Agreement to exclude a Convener Participant from the definition of “SRS Covered Participant” if each of the Convener Participant’s Downstream Episode Initiators has agreed to allow CMS to recoup from the Downstream Episode Initiator’s ongoing Medicare payments amounts owed by the Convener Participant to CMS. CMS will specify the maximum recoupment amount (or the formula for determining such amount) for each Downstream Episode Initiator. CMS will specify the form, manner, and deadline for submission of such agreements. If the Participant is not an “SRS Covered Participant” by virtue of obtaining such agreements from all of its Downstream Episode Initiators, and it fails to timely pay CMS the full amount owed under the PA, CMS will recoup the outstanding debt amount from ongoing Medicare payments otherwise owed to the Participant’s Downstream Episode Initiators.
  - iv. The Amendment would exclude a Non-Convener Participant that is itself a PGP from the definition of “SRS Covered Participant” because CMS already has the authority under existing law to recoup from a PGP’s ongoing Medicare payments any debt owed under BPCI Advanced.
- b. Methodology for calculation of the SRS amount to be funded by an “SRS Covered Participant”
- i. Appendix B specifies that *“the amount guaranteed by the Participant’s Secondary Repayment Source for Model Year 1 and Model Year 2 must be the Standard Amount specified in such Secondary Repayment Source File, unless the Standard Amount exceeds \$2 million, in which case the Participant may elect to provide the Adjusted Amount specified in such Secondary Repayment Source File.”*
  - ii. The Amendment would allow Convener Participants (identified at the TIN Level) with multiple Participation Agreements (different BPIDs), to aggregate the required SRS Standard Amount calculated for each BPID and if the total amount exceeds \$2 million, the Convener Participant may elect to provide the Adjusted Amount specified in the Secondary Repayment Source File.
- c. SRS Timeline  
The initial Secondary Repayment Source File for SRS Covered Participants would be prepared by CMS after the submission of the Q1 2019 Participant Profiles.
- d. The deadline for fulfillment of the SRS requirement will be announced by CMS at a later date.

#### **4. Identification of Eligible Clinicians Participating in BPCI Advanced for the Quality Payment Program (QPP)**

- a. Originally, CMS collected the names of individuals to be provided to the Quality Payment Program for QP determinations, and scoring under the APM scoring standard, from two separate documents: (1) the PGP List (to be considered the Participation List for QPP purposes) only for physicians participating under a Convener Participant's PGP Episode Initiator(s) and Non-Convener Participants who are PGPs; and (2) the Financial Arrangements List (FAL) (to be considered the Affiliated Practitioner List for QPP purposes) for eligible clinicians (physicians and non-physician practitioners) participating with a Convener Participant's ACH Episode Initiator(s) and Non-Convener Participants who are ACHs.
- b. We anticipate the Amendment would amend the PA to change the submission process by allowing the submission of a single list -- the QPP List (effective Q1 2019) -- for purposes of QP determinations and scoring under the APM Scoring Standard. This change will be made in order to: (1) prevent potential Participant confusion about multiple lists; and (2) allow all eligible clinicians participating in BPCI Advanced (physicians and non-physician practitioners) to be assessed for QP determinations and/or scored under the APM Scoring Standard.

## 5. Telehealth Payment Policy Waiver

### a. Current Policy:

The current Participation Agreement waives the geographic area requirement in Appendix G Telehealth Payment Policy Waiver:

*"CMS waives the geographic area requirement in Sections 1834(m)(4)(C)(i)(I)—(III) of the Act, which allows Medicare payment for telehealth services where the site at which the eligible telehealth professional is located is one of eight healthcare settings specified in Section 1834(m)(4)(C)(ii), regardless of whether the site is located in a geographic area that satisfies the requirements of Sections 1834(m)(4)(C)(i)(I)—(III), provided that the telehealth services are furnished to a BPCI Advanced Beneficiary during a BPCI Advanced Clinical Episode by an Eligible Telehealth Provider (as defined in Section III of this Appendix G) in accordance with all other Medicare coverage and payment criteria, including the remaining provisions of Section 1834(m) of the Act."*

### b. Amendment Changes:

We anticipate the Amendment would expand the waiver of requirements for Medicare telehealth services to waive both the geographic area and setting requirements for telehealth originating sites in Section 1834(m)(4)(C)(i) and (ii) of the Act, respectively. This change will allow payment for telehealth services that take place in the BPCI Advanced Beneficiary's home or place of residence, or otherwise in an originating site that does not meet the requirements of section 1834(m)(4)(C)(i) and (ii).

We expect the Amendment would revise the PA only to the extent necessary to implement the policy changes described above.

The text of the Amendment will be available for Participants to review and execute in the future, but not before the decisions under the Retroactive Withdrawal Policy are due on March 1, 2019. The submission of the Q1 2019 Participant Profile and any termination letters (if applicable) will be considered final and CMS will not allow any changes at a later time.

Thank you,

CMS BPCI Advanced Team