

Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model

Physician-Focused Frequently Asked Questions (FAQs)

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General

1. How will my practice benefit from participation in this Model?

If successful, the model will result in reduced expenditures and improved quality, and streamlined, coordinated care episodes that enhance the patient experience, improve outcomes, and decrease costs. The model affords new flexibilities in care delivery in an effort to improve provider satisfaction.

BPCI Advanced will be an Advanced Alternative Payment Model under the Quality Payment Program, and eligible clinicians that participate sufficiently in the model may be eligible for an incentive payment. As both commercial and public payers transition away from paying for volume and towards paying for value, experience with value-driven care will become ever more essential.

2. Do I have to be part of a big Integrated Delivery System (IDS) or Academic Medical Center (AMC) to participate?



No, BPCI Advanced is designed to allow either physician group practices (PGPs) or acute care hospitals (ACHs) to participate in the Model independently as a risk-bearing Participant or as an Episode Initiator under an agreement with a risk-bearing Convener Participant.

3. What is a Convener Participant and a Non-Convener?

A Convener Participant is a type of Participant that brings together multiple downstream entities, referred to as Episode Initiators, to participate in BPCI Advanced. Convener Participants facilitate coordination among Episode Initiators and bear full financial risk under the Model. The Convener Participant may or may not be an entity that is either a Medicare-enrolled provider or supplier. A Non-Convener Participant is a Participant that is in itself an Episode Initiator and does not bear risk on behalf of multiple downstream Episode Initiators. Physician group practices may be either a Convener or Non-Convener under the Model. Convener Participants must enter into agreements with downstream Episode Initiators, which may be either Acute Care Hospitals (ACHs) and/or Physician Group Practices (PGPs); these ACHs or PGPs must agree to participate in BPCI Advanced and to comply with all of the applicable requirements under the Model.

4. What is an Episode Initiator?

An Episode Initiator is a Medicare-enrolled provider or supplier that can trigger a Clinical Episode under BPCI Advanced. In this Model, Episode Initiators are limited to physician group practices (PGPs) and Acute Care Hospitals (ACHs), including those where outpatient procedures included in the Clinical Episode list are performed in hospital outpatient departments (HOPDs).

5. Are the Clinical Episodes relevant to my specialty?

In the initial Model Years of BPCI Advanced, there will be 29 inpatient episodes and 3 outpatient episodes. These are typically managed by hospital medicine and 11 specialties.

6. Does this apply only to my Medicare or Medicaid patients? Are private payers part of this model?

BPCI Advanced applies to Medicare patients only. Commercial payers will not participate.

However, the following Medicare beneficiaries are excluded from the Model: [1] beneficiaries covered under United Mine Workers or managed care plans such as Medicare Advantage, Health Care Prepayment Plans, or cost-based health maintenance organizations; [2] beneficiaries for whom Medicare is not the primary payer; [3] beneficiaries eligible for Medicare on the basis of End-Stage Renal Disease; [4] patients not entitled to benefits under Part A or enrolled in Part B for any portion of the clinical episode; [5] beneficiaries who die during the Anchor Stay or Anchor Procedure.

7. Does my practice need to have a specific case mix to participate?

The Model accounts for an extensive range of patient characteristics and there is no specific case mix requirement to participate. However, Practices must meet a minimum volume threshold to participate in specific Clinical Episodes.

8. What is the expected volume of workgroup meetings we will have to hold, as a practice, outside of our normal workflow?

Participants should carefully evaluate their care team, treatment pathways, and opportunities for improvement when deciding to apply to and join the Model. Each physician group practice (PGP) will develop their own strategies and determine how best to implement them.

9. How much additional training do practice staff and clinicians need to undertake to participate in this model?

There is no mandatory training required for this Model. Each practice is different in terms of the composition and skills of their clinical team.

10. What learning and technical assistance supports will be offered to Participants in BPCI Advanced?

BPCI Advanced will offer Participants a variety of learning opportunities to support their transformation needs with virtual, web-based peer to peer, interactive learning and on-demand events and information. Learning events and materials will orient BPCI Advanced Participants to the model characteristics and compliance requirements. Online collaboration tools and web-based portals will facilitate knowledge sharing among Participants in their efforts to meet the aim of the model.

The BPCI Advanced Team will also provide technical assistance by responding to questions submitted to the inbox: BPCIAdvanced@cms.hhs.gov.

11. For which quality measures am I going to be held accountable?

In the initial Model Years of BPCI Advanced, all quality measures tied to payment are derived from administrative claims, which reduces the reporting burden on Participants. Not all measures are pertinent to all Clinical Episodes, but Participants and their downstream providers and suppliers will be accountable for those that are. For example, the acute myocardial infarction 30-day mortality measure only applies to the acute myocardial infarction clinical episode.

12. How will I know I am doing well?

CMS will provide Participants with month by month claims data and reconciliation reports semi-annually.

13. How do I know if my electronic health record (EHR) meets the CEHRT requirements for an Advanced APM??

To learn which EHR systems and modules are certified for the Medicare and Medicaid EHR Incentive Programs, please visit the Certified Health IT Product List (CHPL) on the Office of the National Coordinator for Health Information Technology (ONC) website:

<https://chpl.healthit.gov/#/search>

14. Will this require renegotiation of physician contracts to adhere to certain standards?

BPCI Advanced does not establish specific standards or require renegotiation of physician contracts beyond compliance with applicable provisions under the BPCI Advanced Model Participation Agreement. Some practices, however, may elect to align physician contracts with performance strategies within the Model.

15. If our practice is participating in another payment model, can we still participate in BPCI Advanced?

Practices may participate in multiple bundled payment models or other CMS models at once. For more details on the models overlap policy, please refer to the “Request for Applications” (RFA) document available in the BPCI Advanced website -

<https://innovation.cms.gov/initiatives/bpci-advanced>

16. When will BPCI Advanced start and how long will it last?

BPCI Advanced is anticipated to start on October 1, 2018 and will run until December 31, 2023.

Financial

17. Are there any physician incentives?

BPCI Advanced is an Advanced Alternative Payment Model (Advanced APM) under the Quality Payment Program. In addition to the potential for Participants to receive payments under the Model, eligible clinicians who meet threshold levels of participation in BPCI Advanced for a year will receive a five percent APM Incentive Payment under the Quality Payment Program (available for payment years from 2019 through 2024).

18. Will I get data to understand my target price?

Yes, after submitting a completed Application, and if requested in the Data Request and Attestation form, the data used to calculate Target Prices will be provided. Applicants will have an opportunity to review the data prior to the selection of Clinical Episodes and execution of the participation agreement with the Centers for Medicare & Medicaid Services (CMS).

19. How much financial risk will I have?

Participants may receive payments from CMS under the Model for providing and coordinating efficient care, but may owe payments to CMS if costs are higher than the Target Price. Payments from CMS to Participants and payments to CMS from Participants will be subject to a stop-gain and stop-loss policy, which is 20 percent of the Target Price for an Episode Initiator. Both Negative Total Reconciliation Amounts and Positive Total Reconciliation Amounts will be subject to an adjustment based on quality performance. For the first two Model Years, performance on quality measures may adjust these reconciliation amounts by up to 10 percent.

20. If our practice does everything it can to achieve a given outcome and engage the patient, and the patient does not adhere to clinician guidance, are we still at financial risk?

Yes, BPCI Advanced Participants will have the same risk for all their selected Clinical Episodes, because they face the same challenges as their peers.

Patient engagement in their own care is a critical factor in their adherence with the care plan. Even so, clinicians influence patient engagement in many ways, including through clear communication, rapport and trust, and through sharing decision making. While patients ultimately make their own choices, patient engagement is important for all patients – whether in or out of the model.

21. Will bundled payments reduce the administrative expense of my payment billing or the burden of billing?

The Medicare Fee-for-Service billing process will not change within the Model.

22. Do I have to sign my billing over to another entity?

No.

23. Is this going to potentially delay our billing processes or payment?



Items and services included in a Clinical Episode under the Model will be paid through the existing Medicare Fee-for-Service (FFS) mechanisms and will not result in any changes to the billing processes or FFS payment amounts. The Model will assess Participants' performance on a semi-annual basis via a reconciliation process, which compares FFS expenditures for non-excluded items and services furnished as part of a Clinical Episode against the applicable Target Price.

24. Will I need new staff or financial systems?

Applicants should carefully evaluate their care team, treatment pathways, and opportunities for improvement when deciding to apply to participate in the Model. Each physician group practice (PGP) or acute care hospital (ACH) is different. Adding dedicated staff may make sense for some Participants, while other Participants may add new responsibilities to existing team members. Participants bill FFS Medicare as usual, so new financial systems are not needed. Participants must, however, dedicate administrative resources to managing performance within the Model.

How to Apply / More Information

25. How can organizations apply to participate in BPCI Advanced?

Applications will only be accepted via the BPCI Advanced Application Portal. The Portal can be accessed here - <https://app1.innovation.cms.gov/bpciadvancedapp>. We encourage all Applicants to review the application template offline before logging into the Portal. The application template is available for download at <https://innovation.cms.gov/initiatives/bpci-advanced>.

The deadline for applications is March 12, 2018.

26. Where can I find more details about BPCI Advanced?

The Request for Application (RFA) document provides more detail about the Model and its requirements. You can download the RFA from the CMS Innovation Center website at: <https://innovation.cms.gov/initiatives/bpci-advanced>

CMS has prepared additional resources to help the public better understand the new Model – Fact Sheets, webcasts, and an Application Process Handout. They can also be found on the CMS Innovation Center website: <https://innovation.cms.gov/initiatives/bpci-advanced>.

27. How can I contact the BPCI Advanced Team if I have additional questions?

You can direct inquiries to BPCIAdvanced@cms.hhs.gov.