

Participant Profile User Guide

September 2023



The purpose of this User Guide is as follows:

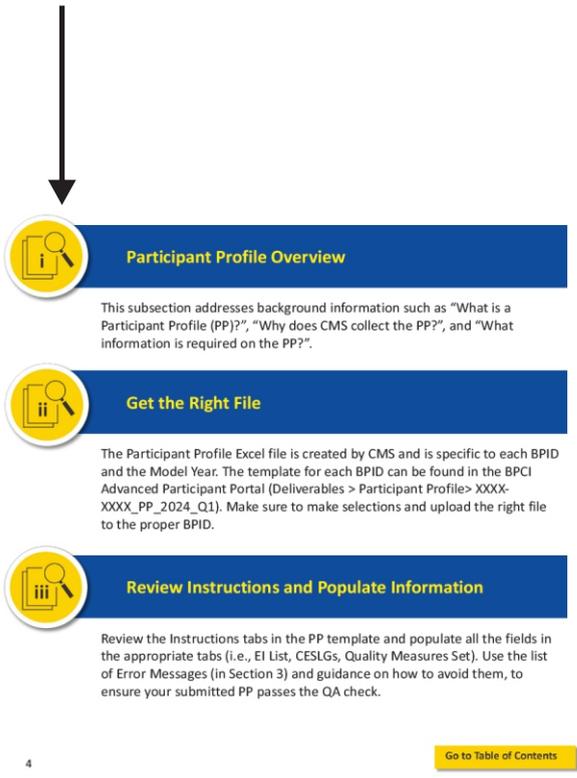
- Provide an overview of the template
- Provide standardized and clear explanations of “Errors” and how to fix them
- Describe the submission process for the Participant Profile

How to Use this User Guide

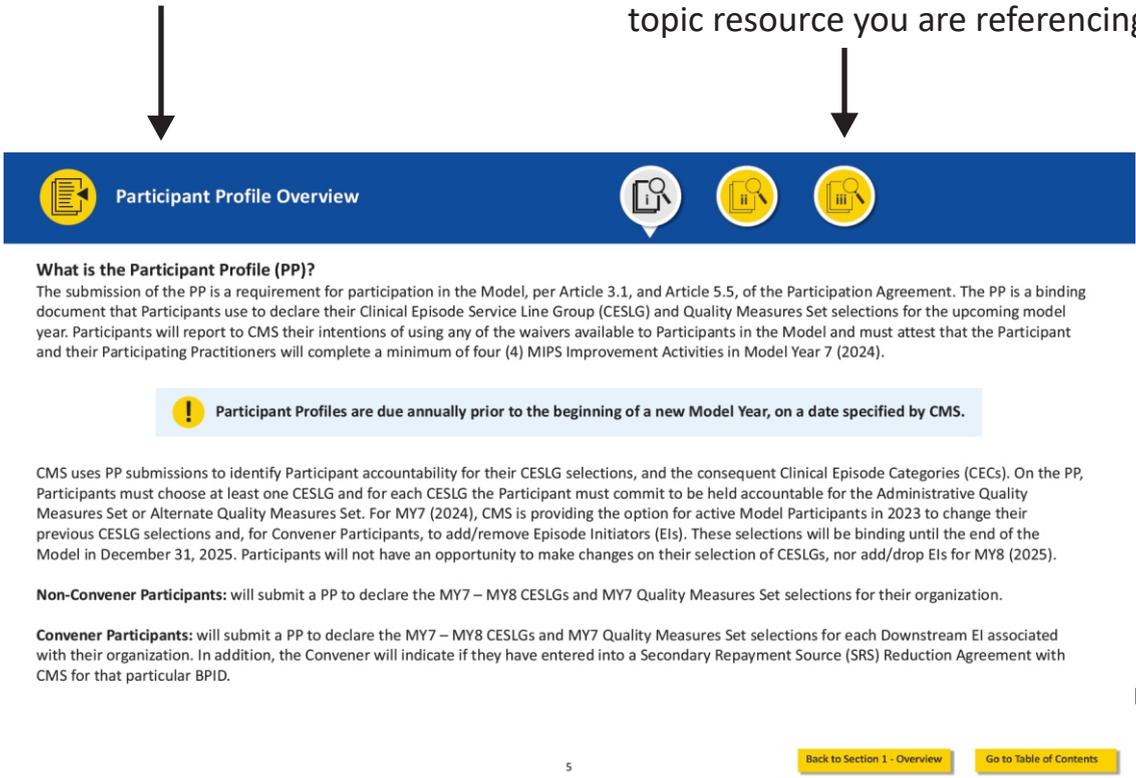
Section Overview: This shows the section title and provides a description.



Section Content: Section Overview pages may have direct links to topics.



Section Overview Reference: This title helps you keep track of what section you are currently navigating.



Topic Navigation Buttons: Certain sections may include quick access buttons. The grey shading of the button will indicate which topic resource you are referencing.

Guide Navigation Buttons:

Click here to navigate back to the Section Overview Page or back to the Table of Contents.

Section Overview Page: This page introduces the section and highlights the key topics. The User Guide includes five section overview pages listed in the table of contents.

Topic Resource Page: This page will provide you with applicable resources for the section topic. Pages may include additional links.

Table of Contents

↙ **NAVIGATING THE TABLE OF CONTENTS:**
Click on the icons to access each Section Overview page.

Section 1: Participant Profile Overview

- i. Process Overview
- ii. Get the Right File
- iii. Review Instructions and Populate Information

Section 2: Completing the Participant Profile

- i. Information Required to Complete the Participant Profile
 - a. Episode Initiator List Tab
 - b. Clinical Episode Service Line Group Tab
 - c. Quality Measures Set Selections Tab

Section 3: Common Errors and How to Fix Them

- i. Participant Profile Template Modified
- ii. Submitting the Wrong Deliverable
- iii. EI List Tab Incomplete
- iv. Clinical Episode Service Line Group Tab Incomplete
- v. Quality Measures Set Tab Incomplete
- vi. Participant Profile Submitted to Incorrect BPID

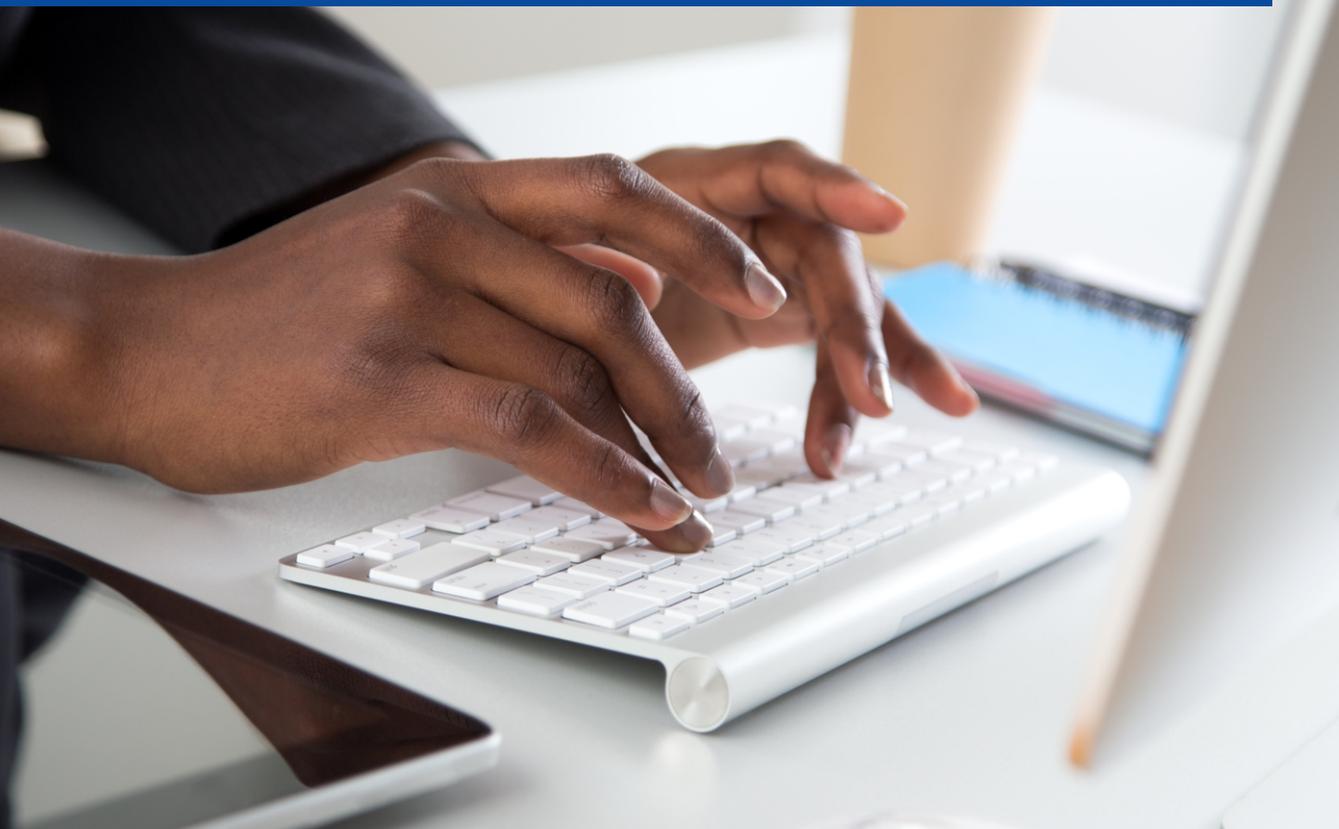
Section 4: Submitting the Participant Profile

Section 5: Additional Resources for Participants



SECTION 1 - OVERVIEW

Participant Profile Overview



Click each of the topics on the right to jump directly to each sub section.

Participant Profile Overview

This subsection addresses background information such as “What is a Participant Profile (PP)?”, “Why does CMS collect the PP?”, and “What information is required on the PP?”.

Get the Right File

The Participant Profile Excel file is created by CMS and is specific to each BPID and the Model Year. The template for each BPID can be found in the BPCI Advanced Participant Portal (Deliverables > Participant Profile> XXXX-XXXX_PP_2024_Q1). Make sure to make selections and upload the right file to the proper BPID.

Review Instructions and Populate Information

Review the Instructions tabs in the PP template and populate all the fields in the appropriate tabs (i.e., EI List, CESLGs, Quality Measures Set). Use the list of Error Messages (in Section 3) and guidance on how to avoid them, to ensure your submitted PP passes the QA check.



What is the Participant Profile (PP)?

The submission of the PP is a requirement for participation in the Model, per Article 3.1, and Article 5.5, of the Participation Agreement. The PP is a binding document that Participants use to declare their Clinical Episode Service Line Group (CESLG) and Quality Measures Set selections for the upcoming model year. Participants will report to CMS their intentions of using any of the waivers available to Participants in the Model and must attest that the Participant and their Participating Practitioners will complete a minimum of four (4) MIPS Improvement Activities in Model Year 7 (2024).



Participant Profiles are due annually prior to the beginning of a new Model Year, on a date specified by CMS.

CMS uses PP submissions to identify Participant accountability for their CESLG selections, and the consequent Clinical Episode Categories (CECs). On the PP, Participants must choose at least one CESLG and for each CESLG the Participant must commit to be held accountable for the Administrative Quality Measures Set or Alternate Quality Measures Set. For MY7 (2024), CMS is providing the option for active Model Participants in 2023 to change their previous CESLG selections and, for Convener Participants, to add/remove Episode Initiators (EIs). These selections will be binding until the end of the Model in December 31, 2025. Participants will not have an opportunity to make changes on their selection of CESLGs, nor add/drop EIs for MY8 (2025).

Non-Convener Participants: will submit a PP to declare the MY7 – MY8 CESLGs and MY7 Quality Measures Set selections for their organization.

Convener Participants: will submit a PP to declare the MY7 – MY8 CESLGs and MY7 Quality Measures Set selections for each Downstream EI associated with their organization. In addition, the Convener will indicate if they have entered into a Secondary Repayment Source (SRS) Reduction Agreement with CMS for that particular BPID.



Obtaining the Template

The Participant Profile Template can only be downloaded from the Participant Portal. Additionally, the format of the template is locked and should not be modified in any way.

To download the Participant Profile Template: first, log on to the Participant Portal. Then, select Deliverables from the menu on the left side of the screen.

Bundled Payments for Care Improvement Advanced **BPID: 0000-0001**

- Home
- Profile
- Deliverables
- Announcements
- Legal Documents
- Monitoring & Compliance
- Document Library

Welcome, Thomas!

BPCI Advanced is a voluntary episode payment model that will test retrospective bundled payments for clinical episodes and align incentives for reducing costs with those for improving coordination and quality of care under a single payment and risk track. The period of performance for this model will begin on October 1, 2018 and end on December 31, 2023.

BPCI Advanced has the following objectives:

- Care Redesign:* Support and encourage Participants, Participating Practitioners, and Episode Initiators who are interested in continuously re-engineering care.
- Data Analysis and Feedback:* Decreasing the cost of a Clinical Episode by eliminating unnecessary or low-value care, increasing care coordination, and fostering quality improvement.
- Financial Accountability:* Testing a payment model that creates extended

Upcoming Deadlines

Please complete the following document submissions by the deadline provided:

- Q1 2024 PP**
12/4/2023
[Manage PP](#)
- Q1 2024 PFAL**
12/18/2023
[Manage FAL](#)
- Q1 2024 QPP List**
12/18/2023
[Manage QPP](#)
- Q1 2024 CRP**
12/18/2023
[Manage CRP](#)



Obtaining the Template

Once in the Deliverables section, locate the tile labeled Participant Profile (PP). Select Manage PP.

Bundled Payments for Care Improvement Advanced BPID: 0000-0001

- Home
- Profile
- Deliverables**
- Announcements
- Legal Documents
- Monitoring & Compliance
- Document Library

Deliverables

Care Redesign Plan (CRP)

CRP Due 12/18/2023

Manage CRP

Financial Arrangement List (FAL)

PFAL Due 12/18/2023

Manage FAL

Participant Profile (PP)

PP Due 12/4/2023

2024 Q1 - Available

Manage PP

Quality Payment Program List (QPP)

QPP Due 12/18/2023

Manage QPP

7



Obtaining the Template

Under the 2024 Q1 section header, the **Participant-BPID specific PP file** should be listed. Select the Download button on the right side of the screen, on the same line as the file.

Bundled Payments for Care Improvement Advanced **BPID: 0000-0001**

Home

Profile

Deliverables

Announcements

Legal Documents

Monitoring & Compliance

Document Library

Participant Profile (PP)

— 2024 Q1
Status: Available

Deliverable

Version	File Name	Uploaded On	Uploaded By	Action
1	0000-0001_PP_2024_Q1	05/02/2023 04:12 PM ET	Thomas Ensor	Download

Supporting Documents

File Name	Uploaded On	Uploaded By	Action
No documents to display.			



Review Instructions and Populate Information



Episode Initiator List Instructions Tab

The EI List Instructions tab is used to assist the Participant in filling out the EI List tab of the PP. The first section of the instructions applies to columns A through H of the EI List tab that request information regarding the participating entities, whether they have an SRS Reduction Agreement in place, and whether the Participant intends to have an EI participate in MY7 or withdraw the EI from participation for MY7.

BPCI Advanced Participant Profile (PP) Instructions

Overview of the Episode Initiators (EIs) List Instructions Tab

Below are key notes to remember before entering data in this worksheet:

1	Episode Initiators and Clinical Episode (CE) Service Line Groups selected for participation in this Participant Profile (PP) are binding to the Participant, per the terms of the Participation Agreement.
2	We recommend that you confirm your selections in the Participant Profile (PP) prior to submitting the document. Upon submission to CMS, the action is final and irrevocable for the remainder of the Model.
3	Please fill out the EI List tab FIRST before filling out the CE Service Line Group or the Quality Measures Set tabs. Filling out the CE Service Line Group or Quality Measure Set tabs first may result in errors.

Description of Columns and Instructions

Step #	Column(s)	Column Description Instructions	Key Tips
1	A – E: • BPCI Advanced BPID • Organization Legal Name • Organization DBA Name • TIN/EIN • CCN (ACHs only)	<ul style="list-style-type: none"> Confirm the information shown in columns A, B, C, D, and E. Should you find errors, please send an email to the BPCI Advanced Team at BPCIAdvanced@cms.hhs.gov, specifying the needed corrections. After notifying CMS of any errors, continue to use this version of the Participant Profile (PP) and submit by the due date. 	<ul style="list-style-type: none"> These are system-generated columns and you are unable to directly make changes in them. BPIDs are a series of 4 characters, followed by a hyphen, and then another 4 characters. For the first and second cohorts of BPCI Advanced Participants, BPIDs do not contain letters (e.g., 0000-0001). For the third cohort, BPIDs contain letters (e.g. A000-0001).
2	F - SRS Reduction Agreement	<ul style="list-style-type: none"> Select "YES" if the Downstream EI has a signed an SRS Reduction Agreement. Select "NO" if the Downstream EI does not have a signed SRS Reduction Agreement. Select "N/A" if this does not apply. 	<ul style="list-style-type: none"> For Convener Participant and Non-Convener Participant records, select "N/A". All Downstream EI records must be populated with a "Yes" or a "No". If "Withdraw" is selected in Column H, you must select "N/A" here.
3	G - Current Participation Status	<ul style="list-style-type: none"> Confirm that "Active" is prepopulated for all entities currently participating in Model Year 6. Confirm that "Applicant" is prepopulated for all entities not currently participating in Model Year 6. 	
4	H - Desired Action	<ul style="list-style-type: none"> Select "Active" if you DO want the entity to participate in BPCI Advanced. Select "Withdraw" if you DO NOT want the entity to participate in BPCI Advanced. 	<ul style="list-style-type: none"> For a non-episode initiating Convener Participant to select "Active", at least one Downstream Episode Initiator must also have a selection of "Active". If you select "Withdraw," you will not be able to make a selection for Columns I-M for that entity.



Episode Initiator List Instructions Tab

The second section of the EI List instructions focuses on columns I through N of the EI List tab. In this section, Participants will report to CMS their selection of waivers available to Model Participants, provided that all terms and conditions are met. There is no requirement to select any of the waivers. There is the requirement to attest that the Participant intends to complete the four MIPS Improvement Activities as required per Article 4.5.

Selection of:

Fraud and Abuse Waiver

- Financial Arrangements
- Beneficiary incentives

Payment Policy Waivers

- 3-Day SNF Waiver
- Post-Discharge Home Visits
- Telehealth

Attestation to:

- Participant and Participating Practitioners intend to complete the required four MIPS Improvement Activities in MY7

Important Notes for Columns I through N:		
<ul style="list-style-type: none"> • Selection of waivers on the Participant Profile is for reporting purposes only. Participants will be allowed to use waivers available under the Model - Fraud and Abuse and Payment Policy Waivers, regardless of their selection, provided that all the terms and conditions are met. • There is no requirement to the minimum number of waivers to be selected. 		
5	I - Financial Arrangements	<ul style="list-style-type: none"> • Select "YES" if you plan to utilize the Financial Arrangements Fraud & Abuse Waivers. • Select "NO" if you do not plan to utilize the Financial Arrangements Fraud & Abuse Waivers.
6	J - Beneficiary Incentives	<ul style="list-style-type: none"> • Select "YES" if you plan to utilize the Beneficiary Engagement Incentives Fraud & Abuse Waivers. • Select "NO" if you do not plan to utilize the Beneficiary Engagement Incentives Fraud & Abuse Waivers.
7	K - 3-Day SNF Rule	<ul style="list-style-type: none"> • Select "YES" if you plan to utilize the 3-Day SNF Rule Payment Policy Waiver. • Select "NO" if you do not plan to utilize the 3-Day SNF Rule Payment Policy Waiver.
8	L - Post-Discharge Home Visits	<ul style="list-style-type: none"> • Select "YES" if you plan to utilize the Post-Discharge Home Visits Payment Policy Waiver. • Select "NO" if you do not plan to utilize the Post-Discharge Home Visits Payment Policy Waiver.
9	M - Telehealth	<ul style="list-style-type: none"> • Select "YES" if you plan to utilize the Telehealth Payment Policy Waiver. • Select "NO" if you do not plan to utilize the Telehealth Payment Policy Waiver.
10	N - MIPS Improvement Activities	<ul style="list-style-type: none"> • Select "YES" if you and your Participating Practitioners will complete a minimum of four (4) MIPS Improvement Activities in Model Year 7, as listed on https://qpp.cms.gov/mips/improvement-activities OR https://qpp.cms.gov/mips/app-improvement-activities. • Select "NO" if you and your Participating Practitioners will not complete a minimum of four (4) MIPS Improvement Activities in Model Year 7.



Episode Initiator List Tab

The EI List tab is comprised of a total of 14 columns: six columns are pre-populated and eight columns are to be populated by the Participant. The EI List tab should be the first tab completed in the PP as it allows Participants to declare the organizations that will be initiating Clinical Episodes (CEs) under the BPCI Advanced Model.

It is recommended that you carefully review your selections in the MY7 PP before submission as all CESLGs and Downstream EIs selected for participation are binding to the Participant, per the terms in the Participation Agreement.

! There will not be another opportunity to modify (add/drop) the EI selections for MY8 (2025).

A	B	C	D	E	F	G	H	I	J	K	L	M	N
BPCI Advanced Model - Participant Profile (PP)													
Episode Initiators (EIs) List Worksheet													
NOTE: Please refer to the "EIs List Instructions" tab for directions on how to complete this tab.													
BPCI Advanced BPID	Organization Legal Name	Organization DBA Name	TIN/EIN	CCN (ACHs only)	SRS Reduction Agreement	Current Participation Status	Desired Action	Financial Arrangements	Beneficiary Engagement Incentives	3-Day SNF Rule	Post-Discharge Home Visits	Telehealth	MIPS Improvement Activities
1234-0000	ABC Hospital, Inc.	ABC Medical Center	1234567989	123456	Yes	Active	Active	YES	YES	YES	YES	YES	YES



Clinical Episode Service Line Group Instructions Tab

The CE Service Line Group Instructions tab is used to assist the Participant in completing the CE Service Line Group tab of the PP. The tab depicts the required fields and a description of each column in the CE Service Line Group tab. It is recommended that Participants review the descriptions in their entirety before attempting to populate the CE Service Line Group tab.

BPCI Advanced Participant Profile (PP) Instructions			
Description of Columns and Instructions			
Step #	Column(s)	Column Description Instructions	Key Tips
1	A – B: • BPCI Advanced BPID • Clinical Episode Service Line Group	<ul style="list-style-type: none"> • Confirm the information shown in columns A and B. • Should you find errors, please send an email to the BPCI Advanced Team at BPCIAdvanced@cms.hhs.gov, specifying the needed corrections. • After notifying CMS of any errors, continue to use this version of the Participant Profile (PP) and submit by the due date. 	<ul style="list-style-type: none"> • These are system-generated columns and you are unable to directly make changes in them. • BPIDs are a series of 4 characters, followed by a hyphen, and then another 4 characters. For the first and second cohorts of BPCI Advanced Participants, BPIDs do not contain letters (e.g., 0000-0001). For the third cohort, BPIDs contain letters (e.g. A000-0001).
2	C - Desired Action	<p>If you selected "Active" in Column H of the EIs List Tab for the BPCI Advanced BPID:</p> <ul style="list-style-type: none"> • Select "Active" if you DO want to participate in the Clinical Episode Service Line Group for BPCI Advanced. • Select "Withdraw" if you DO NOT want to participate in the Clinical Episode Service Line Group for BPCI Advanced. <p>If you selected "Withdraw" in Column H of the EIs List Tab for the BPCI Advanced BPID:</p> <ul style="list-style-type: none"> • Select "Withdraw" 	<ul style="list-style-type: none"> • At least ONE Clinical Episode Service Line Group must be selected by an Episode Initiator for it to be eligible for participation in the Model.



Clinical Episode Service Line Group Tab

The CE Service Line Group tab is where Participants will select all the CESLGs that the Non-Convener Participant, the Convener Participant (if it intends to be an EI under this BPID), or the Downstream EIs of the Convener Participant will participate in under the BPCI Advanced Model. CESLGs listed on this tab include all CESLGs for which the Participant meets the minimum volume threshold in the baseline period.



There will not be another opportunity to modify the CESLG selections for MY8 (2025).

A	B	C
BPCI Advanced Model - Participant Profile (PP)		
CE Service Line Group Worksheet		
NOTE: Please refer to the "CE Service Line Group Instruct" tab for directions on how to review this tab.		
BPCI Advanced BPID	Clinical Episode Service Line Group	Current Participation Status
1234-0000	Gastrointestinal Care	Active
1234-0000	Medical & Critical Care	Active
1234-0000	Cardiac Care	Active <input type="button" value="v"/>



Quality Measure Set Instructions tab

The Quality Measure Set Instructions tab depicts the required fields and a description of each column in the Quality Measure Set tab in addition to instructions on how to verify and edit the information required on the Quality Measure Set tab.

BPCI Advanced Participant Profile (PP) Instructions			
Description of Columns and Instructions			
Step #	Column(s)	Column Description Instructions	Key Tips
1	A – D: <ul style="list-style-type: none"> • BPCI Advanced BPID • Clinical Episode Service Line Group • Clinical Episode • Inpatient/Outpatient/Multi-setting 	<ul style="list-style-type: none"> • Confirm the information shown in columns A, B, C, and D. • Should you find errors, please send an email to the BPCI Advanced Team at BPCIAdvanced@cms.hhs.gov, specifying the needed corrections. • After notifying CMS of any errors, continue to use this version of the Participant Profile (PP) and submit by the due date. 	<ul style="list-style-type: none"> • These are system-generated columns and you are unable to directly make changes in them. • BPIDs are a series of 4 characters, followed by a hyphen, and then another 4 characters. For the first and second cohorts of BPCI Advanced Participants, BPIDs do not contain letters (e.g., 0000-0001). For the third cohort, BPIDs contain letters (e.g. A000-0001). • Although the BPCI Advanced Model has 29 Inpatient, 3 Outpatient, and 2 Multi-setting Clinical Episodes for selection, you might not see all of the Clinical Episodes populated and/or Clinical Episode Service Line Groups in the Participant Profile if the Episode Initiator didn't meet the minimum volume requirements (at least 41 Clinical Episodes in the 4-year baseline period) for CMS to calculate a Target Price for that particular Clinical Episode.
2	E - Quality Measures Set	<p>If you selected "Active" in Column C of the CE Service Line Group Tab for a particular Clinical Episode Service Line Group, then select the Quality Measures Set for each Clinical Episode associated with that Clinical Episode Service Line Group:</p> <ul style="list-style-type: none"> • Select "Administrative Quality Measures Set" if you want this Clinical Episode to be assessed using the Administrative Quality Measures Set. • Select "Alternate Quality Measures Set" if you want this Clinical Episode to be assessed using the Alternate Quality Measures Set. <p>If you selected "Withdraw" in Column C of the CE Service Line Group Tab for a particular Clinical Episode Service Line Group, then you do not need to select a Quality Measures Set for any of the Clinical Episodes associated with that Clinical Episode Service Line Group.</p>	<ul style="list-style-type: none"> • CMS will default the Quality Measures Set to "Administrative Quality Measures Set" for any Clinical Episode with no Quality Measures Set selected and where the Participant selected to be "Active" in an associated Clinical Episode Service Line Group. A Participant's Quality Measures Set selection may be updated at CMS's discretion.



Quality Measures Set tab

The Quality Measures Set tab is where Participants select a Quality Measures Set for each CEC, at the EI level. Participants must commit to either a set of Administrative Quality Measures or Alternate Quality Measures.



Participants will be able to change their Quality Measures selections in MY8 (2025).

BPCI Advanced Model - Participant Profile (PP)				
Quality Measures Set Worksheet				
NOTE: Please refer to the "Quality Measure Set Instruction" tab for directions on how to complete this tab.				
BPCI Advanced BPID	Clinical Episode Service Line Group	Clinical Episode	Inpatient/Outpatient/ Multi-setting	Quality Measures Set
1234-0000	Gastrointestinal Care	Gastrointestinal obstruction	Inpatient	Administrative Quality Meas
1234-0000	Gastrointestinal Care	Gastrointestinal hemorrhage	Inpatient	Administrative Quality Meas
1234-0000	Gastrointestinal Care	Disorders of liver except malignancy, cirrhosis, or alcoholic hepatitis	Inpatient	Administrative Quality Meas
1234-0000	Cardiac Care	Cardiac arrhythmia	Inpatient	Alternate Quality Measures
1234-0000	Cardiac Care	Congestive heart failure	Inpatient	Alternate Quality Measures
1234-0000	Medical & Critical Care	Chronic obstructive pulmonary disease, bronchitis, asthma	Inpatient	Administrative Quality Me
1234-0000	Medical & Critical Care	Cellulitis	Inpatient	Administrative Quality Meas
1234-0000	Medical & Critical Care	Renal failure	Inpatient	Administrative Quality Meas
1234-0000	Medical & Critical Care	Sepsis	Inpatient	Administrative Quality Meas
1234-0000	Medical & Critical Care	Simple pneumonia and respiratory infections	Inpatient	Administrative Quality Meas
1234-0000	Medical & Critical Care	Urinary tract infection	Inpatient	Administrative Quality Meas

SECTION 2 - OVERVIEW

Completing the Participant Profile



Click each of the topics on the right to jump directly to each sub section.

Information Required to Complete the Participant Profile

In this subsection, information that is required to complete the PP is provided and reviewed.

The EI List Tab

In this subsection, the EI List tab of the document is provided, and the data fields are presented and explained.

The CE Service Line Group Tab

In this subsection, the CE Service Line Group tab of the document is provided, and the data fields are presented and explained.

The Quality Measures Set Selections Tab

In this subsection, the Quality Measures Set Selections tab of the document is provided, and the data fields are presented and explained.



Information Required to Complete Participant Profile



Please have the information or answers to the questions below readily available when you are completing the PP.

- BPID(s)
 - Non-Convener
 - Convener and Downstream Episode Initiators
- Organization Legal Business Name
- Organization Participant (DBA) Name
- TIN/EIN
- CCN (ACH only)
- Do you have any SRS Reduction Agreement(s)?
- Current Participation Status (Applicant/Active)
- What are your Desired Actions? (Active/Withdraw)
- Do you plan to utilize the Financial Arrangements Fraud & Abuse Waivers?
- Do you plan to utilize the Beneficiary Engagement Incentives Fraud & Abuse Waivers?
- Do you plan to utilize the 3-Day SNF Rule Payment Policy Waiver?
- Do you plan to utilize the Post-Discharge Home Visits Payment Policy Waiver?
- Do you plan to utilize the Telehealth Payment Policy Waiver?
- Will you and your Participating Practitioners complete a minimum of 4 MIPS Improvement Activities during the Model Year?



The EI List Tab



A	B	C	D	E	F	G	H	I	J	K	L	M	N
BPCI Advanced Model - Participant Profile (PP)													
Episode Initiators (EIs) List Worksheet													
NOTE: Please refer to the "EIs List Instructions" tab for directions on how to complete this tab.													
BPCI Advanced BPID	Organization Legal Name	Organization DBA Name	TIN/EIN	CCN (ACHs only)	SRS Reduction Agreement	Current Participation Status	Desired Action	Financial Arrangements	Beneficiary Engagement Incentives	3-Day SNF Rule	Post-Discharge Home Visits	Telehealth	MIPS Improvement Activities
1234-0000	ABC Hospital, Inc.	ABC Medical Center	1234567989	123456	Yes	Active	Active	YES	YES	YES	YES	YES	YES

! Please review columns A, B, C, D, and E to ensure that the information is correct. These columns are not editable.

Please reach out to the Model Help Desk at bpciadvanced@cms.hhs.gov should any of this information need to be changed.

Columns F, H, I, J, K, L, M, and N are editable using drop-down menus.

- If your organization has submitted or intends to submit a Secondary Repayment Source (SRS) Reduction Agreement (RA) for this specific EI, select Yes for column F, otherwise select No for column F.
- If your organization intends to participate in MY7, select Active for column H, otherwise select Withdraw for column H.
- If your organization intends to utilize the:
 - Financial Arrangements Waiver with any individuals or organizations, Select Yes for column I, otherwise select No for column I.
 - Beneficiary Engagement Incentives, select Yes for column J, otherwise select No for column J.
 - 3-day Rule SNF Waiver, select Yes for column K, otherwise select No for column K.
 - Post-Discharge Home Visit Waiver, select Yes for column L, otherwise select No for column L.
 - Telehealth Waiver, select Yes for column M, otherwise select No for column M.
- Can you attest that you and your Participating Practitioners will complete a minimum of 4 MIPS Improvement Activities during the Model Year? If so, select Yes for column N, otherwise select No for column N.



The CE Service Line Group Tab



Please review each Episode Initiator and select the CESLGs that you wish to be held accountable for. Column C is editable through the use of drop-down menus. Your organization must make CESLG selections by choosing a status of Active or Withdraw from the drop-down menu for each cell in column C.

! At least one CESLG must be selected.

A	B	C
BPCI Advanced Model - Participant Profile (PP)		
CE Service Line Group Worksheet		
NOTE: Please refer to the "CE Service Line Group Instruct" tab for directions on how to review this tab.		
BPCI Advanced BPID	Clinical Episode Service Line Group	Current Participation Status
0000-0002	Cardiac Care	Active
0000-0002	Cardiac Procedures	Active
0000-0002	Gastrointestinal Care	Withdraw
0000-0002	Gastrointestinal Surgery	Withdraw
0000-0002	Medical & Critical Care	Active
0000-0002	Neurological Care	Withdraw
0000-0002	Orthopedics	Active
0000-0002	Spinal Procedures	Withdraw
0000-0004	Cardiac Care	Withdraw
0000-0004	Cardiac Procedures	Withdraw
0000-0004	Gastrointestinal Care	Withdraw
0000-0004	Gastrointestinal Surgery	Withdraw



The Quality Measures Set Selections Tab



If you selected "Active" in column C of the CE Service Line Group Tab for a particular CESLG, then select the desired Quality Measures Set for each CE Category associated with that CESLG. Select "Administrative Quality Measures Set" if you want this CE to be assessed using the Administrative Quality Measures Set. Select "Alternate Quality Measures Set" if you want this CE to be assessed using the Alternate Quality Measures Set.

If you selected "Withdraw" in Column C of the CE Service Line Group Tab for a particular CESLG, then you do not need to select a Quality Measures Set for any of the CEs associated with that CESLG.

! CMS will default the Quality Measures Set selection to "Administrative Quality Measures Set" for any CE with no Quality Measures Set selected and where the Participant selected to be "Active" in an associated CESLG.

A	B	C	D	E
BPCI Advanced Model - Participant Profile (PP)				
Quality Measures Set Worksheet				
NOTE: Please refer to the "Quality Measure Set Instruction" tab for directions on how to complete this tab.				
BPCI Advanced BPID	Clinical Episode Service Line Group	Clinical Episode	Inpatient/Outpatient/ Multi-setting	Quality Measures Set
0000-0002	Cardiac Care	Acute myocardial infarction	Inpatient	Administrative Quality Meas
0000-0002	Cardiac Care	Cardiac arrhythmia	Inpatient	Administrative Quality Meas
0000-0002	Cardiac Care	Congestive heart failure	Inpatient	Administrative Quality Meas
0000-0002	Cardiac Procedures	Cardiac defibrillator	Inpatient	Alternate Quality Measures
0000-0002	Cardiac Procedures	Cardiac valve	Inpatient	Alternate Quality Measures
0000-0002	Cardiac Procedures	Coronary artery bypass graft	Inpatient	Alternate Quality Measure
0000-0002	Cardiac Procedures	Endovascular cardiac valve replacement	Inpatient	Alternate Quality Measures
0000-0002	Cardiac Procedures	Pacemaker	Inpatient	Alternate Quality Measures
0000-0002	Cardiac Procedures	Percutaneous coronary intervention	Inpatient	Alternate Quality Measures
0000-0002	Cardiac Procedures	Cardiac defibrillator	Outpatient	Alternate Quality Measures
0000-0002	Cardiac Procedures	Percutaneous coronary intervention	Outpatient	Alternate Quality Measures

SECTION 3 - OVERVIEW

Common Errors and How to Fix Them



CMS conducts a QA review of all submitted Participant Profiles.

When a PP “Fails QA”, the Participant will receive a notification from CMS that identifies each error, and it will request that the Participant correct the error(s) and re-submit the PP, in a very short window of time.

- ✓ Participant Profile Template Modified – Part 1
- ✓ Participant Profile Template Modified – Part 2
- ✓ Submitting the Wrong Deliverable
- ✓ EI List Tab Incomplete
- ✓ CE Service Line Group Tab Incomplete
- ✓ Quality Measures Set Tab Incomplete
- ✓ Participant Profile Submitted to Incorrect BPID
- ✓ Deliverable Certification Form Not Submitted
- ✓ Less Commonly Encountered Errors



Click each of the links on the right to jump directly to each error message



Error: Participant Profile Template Modified – Part 1

Error: Data Protection Removed From Tab

The PP delivered to Participants incorporates data protection on each tab to ensure certain content is not altered. This data protection must remain in place while Participants complete the template. Any attempt to unprotect tabs in order to alter content or insert new tabs to bypass protected cells will result in the submission failing Quality Assurance (QA) checks.

Fix: Resubmit PP using the original Participant-specific template

If it is determined that the data protection was removed, the original content has been altered, or additional tabs were inserted in order to by-pass the integrity of this document, the following will occur:

- The submitted document will not be accepted.
- Outreach will be provided to the Participant describing the issue and what actions need to be accomplished to correct this issue.
- A short submission deadline will be set in order to ensure that the PP is received in time for processing.



Error: Participant Profile Template Modified – Part 2

Error: Additional tab added to Participant specific template

Before submitting a PP, review the structure of the tabs and ensure that the tabs are displayed in the proper order: (1) EI List Instructions, (2) EI List, (3) CE Service Line Group Instruct, (4) CE Service Line Group, (5) Quality Measure Set Instruction, & (6) Quality Measures Set.



Participant Profile Tab Order Modified:



Additionally, modifying the sequence of tabs in the PP will cause the document to fail Quality Assurance Review.

PP delivered to Participants contain 6 Tabs: (1) EI List Instructions, (2) EI List, (3) CE Service Line Group Instruct, (4) CE Service Line Group, (5) Quality Measure Set Instruction, & (6) Quality Measures Set. Submitting a Participant Profile with an additional tab will cause the document to fail Quality Assurance (QA) Review.



Fix: Resubmit PP using the original Participant specific template

Resubmit the PP using the Participant specific PP Template that was provided in the Participant Portal. Do not add any additional tabs or change the order of the tabs.



Error: Submitting the Wrong Deliverable

Error: The Participant submitted a document other than a PP document. (In the example below, the header row of the document indicates that the file is for a QPP List and not for a PP)

A	B	C	D	E	F
Model Year 6 BPCI Advanced QPP List: Affiliated Practitioners List (AL) Template <i>[To be used by: Non-Convener Participants that are ACHs, or Convener Participants that have ACHs as Episode Initiators.]</i>					
Convener Participants that have PGP(s) and ACH(s) as Episode Initiators (with the same Parent BPID), must complete both template their Participating Practitioners, but only the Eligible Clinicians in the PL will be assessed for QP determinations.					
Please refer to the "Instructions" tab, or the QPP List Job Aid for directions about how to complete this template. All fields are required unless otherwise noted.					

Fix: Resubmit the correct document, a PP. (In the example below, the header row is for a PP document)

A	B	C	D	E	F	G	H	I
BPCI Advanced Model - Participant Profile (PP)								
Episode Initiators (EIs) List Worksheet								
NOTE: Please refer to the "EIs List Instructions" tab for directions on how to complete this tab.								
BPCI Advanced BPID	Organization Legal Name	Organization DBA Name	TIN/EIN	CCN (ACHs only)	SRS Reduction Agreement	Current Participation Status	Desired Action	Financial Arrangements
0000-0001	BPCI Test Medical Center	BPCI Test Hospital	123456789	123456		Active	Active	YES



Error: EI List Tab Incomplete

Error: No information provided for columns F, H, I, J, K, L, M, and/or N

Columns F, H, I, J, K, L, M, and N are required to be answered when submitting the PP. Below are the column definitions and the options.

Fix: Resubmit the original Participant specific template with the EI List tab completed in its entirety

SRS Reduction Agreement (column F): Do you have an executed SRS Reduction Agreement with this EI? Yes/No.

Desired Action (column H): 1) Do you want the entity to participate in BPCI Advanced? Active/Withdraw.

Financial Arrangements (column I): Do you plan to utilize the Financial Arrangements Fraud & Abuse Waivers? Yes/No.

Beneficiary Incentives (column J): Do you plan to utilize the Beneficiary Engagement Incentives Fraud & Abuse Waivers? Yes/No.

3-Day SNF Rule (column K): Do you plan to utilize the 3-Day SNF Rule Payment Policy Waiver? Yes/No.

Post-Discharge Home Visits (column L): Do you plan to utilize the Post-Discharge Home Visits Payment Policy Waiver? Yes/No.

Telehealth (column M): Do you plan to utilize the Telehealth Payment Policy Waiver? Yes/No.

MIPS Improvement Activities (column N): Do you plan on completing a minimum of four (4) MIPS Improvement Activities? Yes/No.



EI List Tab Incomplete

Episode Initiator List: Additional Errors

The information in columns F, H, I, J, K, L, M, and N are all editable by the Participant. These fields are editable via drop down menus in each cell. Please see below for additional errors, and how to address these errors when completing the EI List tab.

A	B	C	D	E	F	G	H	I	J	K	L	M	N
BPCI Advanced Model - Participant Profile (PP)													
Episode Initiators (EIs) List Worksheet													
NOTE: Please refer to the "EIs List Instructions" tab for directions on how to complete this tab.													
BPCI Advanced BPID	Organization Legal Name	Organization DBA Name	TIN/EIN	CCN (ACHs only)	SRS Reduction Agreement	Current Participation Status	Desired Action	Financial Arrangements	Beneficiary Engagement Incentives	3-Day SNF Rule	Post-Discharge Home Visits	Telehealth	MIPS Improvement Activities
0000-0001	BPCI Test Medical Center	BPCI Test Hospital	123456789	123456		Active	Active	YES			YES		

Error: Missing Data or left blank

Data fields (columns F, H, I, J, K, L, M, and N) have not been fully completed (i.e., multiple data fields are not complete). Complete all data fields on the EI List tab).

Fix: Resubmit the Participant specific PP with the data fields completed in their entirety

Data in Columns F, H, I, J, K, L, M, and/or N are missing (left blank). Each of these fields should have a response in it. The responses are made by selecting one of two options from a drop-down menu (Yes or No).

- Outreach will be provided to the Participant notifying the Participant of the missing data issue(s).
- The Participant will need to complete all of the data fields on the EI List tab
- The Participant will need to submit a revised PP via the Participant Portal.



Error: CESLG Tab Incomplete

Error: The Participant did not provide a response for one or more Current Participation Statuses for a given CESLG

	A	B	C
1	BPCI Advanced Model - Participant Profile (PP)		
2	CE Service Line Group Worksheet		
3	NOTE: Please refer to the "CE Service Line Group Instruct" tab for directions on how to review this tab		
4	BPCI Advanced BPID	Clinical Episode Service Line Group	Current Participation Status
5	1234-0000	Gastrointestinal Care	Active
6	1234-0000	Medical & Critical Care	
7	1234-0000	Cardiac Care	Active

Fix: Resubmit the Participant specific PP with all of the fields in column C completed

- Outreach will be provided, identifying the CESLGs that were not marked as either Active/Withdrawn.
- Select Active if you want to participate in the CESLG or select Withdraw if you do not want to participate in the CESLG for BPCI Advanced.
- Resubmit the revised PP in the Participant Portal.



At least one CESLG must be selected (marked as Active) by an Episode Initiator for it to be eligible for participation in the BPCI Advanced Model.



Error: Quality Measures Set Tab Incomplete

Error: The Participant did not select the Quality Measures Set in column E for one or more of the CEs in column C

A	B	C	D	E
BPCI Advanced Model - Participant Profile (PP)				
Quality Measures Set Worksheet				
NOTE: Please refer to the "Quality Measure Set Instruction" tab for directions on how to complete this tab.				
BPCI Advanced BPID	Clinical Episode Service Line Group	Clinical Episode	Inpatient/Outpatient/ Multi-setting	Quality Measures Set
0000-0002	Cardiac Care	Acute myocardial infarction	Inpatient	Administrative Quality Meas
0000-0002	Cardiac Care	Cardiac arrhythmia	Inpatient	Administrative Quality Meas
0000-0002	Cardiac Care	Congestive heart failure	Inpatient	Administrative Quality Meas
0000-0002	Cardiac Procedures	Cardiac defibrillator	Inpatient	
0000-0002	Cardiac Procedures	Cardiac valve	Inpatient	
0000-0002	Cardiac Procedures	Coronary artery bypass graft	Inpatient	
0000-0002	Cardiac Procedures	Endovascular cardiac valve replacement	Inpatient	Alternate Quality Measures !
0000-0002	Cardiac Procedures	Pacemaker	Inpatient	Alternate Quality Measures !

Fix: Resubmit the Participant specific PP with all fields in column E completed

- Outreach will be provided, identifying the CE for which a Quality Measures Set was not selected.
- Select the appropriate Quality Measures Set from the drop-down menu.
- Resubmit the revised PP in the Participant Portal.

If you selected "Active" in column C of the CE Service Line Group Tab for a particular CESLG, select "Administrative Quality Measures Set" for the CE to be assessed using the Administrative Quality Measures Set or select "Alternate Quality Measures Set" for the CE to be assessed using the Alternate Quality Measures Set.

If you selected "Withdraw" in column C of the CE Service Line Group Tab for a particular CESLG, then you do not need to select a Quality Measures Set for any of the CEs.



Error: Participant Profile Submitted to Incorrect BPID

Error: Participant uploaded the PP to the wrong BPID, in this case the Participant uploaded the PP for BPID 1234-0000 to the wrong BPID in the Participant Portal (1235-0000)

AutoSave Off

1235-0000_PP_2024_Q1

File Home Insert Page Layout Formulas Data Review View Automate Developer Help

Clipboard Font Alignment Number

311

A B C D E

BPCI Advanced Model - Participant Profile (PP)

Episode Initiators (EIs) List Worksheet

NOTE: Please refer to the "EIs List Instructions" tab for directions on how to complete this tab.

BPCI Advanced BPID	Organization Legal Name	Organization DBA Name	TIN/EIN	CCN (ACHs only)
1234-0000	ABC Hospital, Inc.	ABC Medical Center	1234567989	123456

Fix: Resubmit the correct Participant specific PP via the Participant Portal

- The Participant will receive outreach identifying the error.
- The Participant will receive a request to upload the correct document to the correct account (BPID) in the Participant Portal. In this case, the Participant will need to upload the PP for BPID 1234-0000 to the correct account (BPID 1234-0000) in the Participant Portal.



Error: Deliverable Certification Form not submitted

Error: Participant failed to upload the Deliverable Certification Form

During the review of the PP, it was determined that the PP was submitted via the Participant Portal, however the Deliverable Certification Form was not submitted.

The Deliverable Certification Form is a legal document certifying the accuracy of the information provided by a Participant. A unique certification is required for every type of deliverable.

Fix: Submit the Deliverable Certification Form for the PP via the Participant Portal

- The Participant will receive outreach from CMS identifying the error (no Deliverable Certification Form was submitted).
- The Participant will obtain a copy of the Deliverable Certification Form from the Documents Library section of the Participant Portal.
- The Participant will upload the Deliverable Certification Form as a Supporting Document for the submitted PP via the Participant Portal.



Failure to respond to the outreach and thus not submit the required Deliverable Certification Form for the PP, may result in the PP not being accepted. Non-acceptance of the PP could result in termination from the BPCI Advanced Model.



Less Commonly Encountered Errors

El List:

The information in columns A, B, C, D, E, and G on the El List tab are all pre-populated based on information provided by the Participant in the application. These fields are not editable by the Participant. Please see below for a list of the potential errors, and how to address these errors when reviewing the El List tab.

Errors: Assorted issues

Blank Participant Profile Submission: Submitted PP is blank, none of the requested data fields were answered.

Incorrect Organization Legal Name: The organization legal name in column B must reflect the legal name associated with the Participant BPID (column A), as listed in the Participant Portal.

Incorrect Organization DBA Name: The organization DBA name in column C must reflect the Participant (DBA) name associated with the Participant BPID (column A), as listed in the Participant Portal.

Incorrect TIN/EIN: The TIN/EIN in column D must reflect the TIN/EIN associated with the Participant BPID (column A), as listed in the Participant Portal.

Incorrect CCN: The CCN column E must reflect the CCN associated with the Participant BPID (column A), as listed in the Participant Portal.

Fix: Resubmit the original or revised Participant specific PP via the Participant Portal

- Complete all data fields on the appropriate tab(s) and submit the PP via the Participant Portal.
- Email the Model Help Desk at bpadvanced@cms.hhs.gov with information that needs correction.
- The Participant will be asked to provide supporting documentation of the legal name, DBA name, TIN/EIN, and CCN. The submitted information will be reviewed by the support team.
- The information will be corrected in the database and a revised PP will be uploaded to the Participant Portal.
- The Participant will confirm the data, complete the PP, and upload the file to the Participant Portal.



The TIN/EIN is PII, so do not include the TIN/EIN in email communications.



Less Commonly Encountered Errors

CE Service Line Group:

Please see below for column descriptions, additional errors, and how to address these common errors when completing the Clinical Episode Service Line Group (CESLG).

Descriptions:

BPID: The information in column A is the Episode Initiating Convener's, Episode Initiator's, or Non-Convener's BPID (XXXX-XXXX or AXXX-XXXX). This is a prefilled and non-editable field.

Clinical Episode Service Line Group: The information in column B is based on the baseline data and will only display CESLGs in which the Participant meets the CE threshold). This is a prefilled and no-editable field.

Current Participation Status: The information in column C is to be provided by the Participant. This field is editable using the drop-down menus in each cell. Available responses are Active or Withdraw.

Error: Current Participation Statuses are left blank

Current Participation Status for each CESLG must be answered with a status of Active (participating in the CESLG for the model) or Withdrawn (not participating in the CESLG for the model.)

Fix: Resubmit the Participant specific PP

- The Participant will receive outreach from CMS identifying the error.
- The Participant will be asked to complete the Current Participant Status field for each CESLG listed on the CE Service Line Group tab.
- The Participant will need to resubmit the PP in the Participant Portal.



If a Convener Participant has elected to withdraw an Episode Initiator, the CESLG selections for the Episode initiator must have the Current Participation Status set to Withdraw.



Less Commonly Encountered Errors

Quality Measures Set:

The Quality Measures Set for each CE must be answered with either a status of Administrative Quality Measures Set, or Alternate Quality Measures Set.

Field Descriptions:

BPID: Column A contains the Episode Initiating Convener's and EI's, or Non-Convener's BPID (XXXX-XXXX or AXXX-XXXX). This is a pre-populated and non-editable field.

Clinical Episode Service Line Group: Column B contains the parent CESLGs. This is pre-populated based on the baseline data and includes the CESLGs that have CEs which meets the CE minimum volume threshold). This column is pre-populated and non-editable.

Clinical Episode: Column C contains the dependent CEs of the associated CESLG(s). The CEs are based on the CESLG and whether the minimum volume threshold has been met. This column is pre-populated and non-editable field.

Inpatient/Outpatient/Multi-setting designation: Column D contains the CE setting (this is the setting where the CE will take place). This is a pre-filled and non-editable field.

Quality Measures Set: Column E contains the Participant response regarding the desired Quality Measures Set. The field may have the value of either Administrative Quality Measures Set or the Alternate Quality Measures set. The selection is made via a drop-down menu in each cell.

Quality Measures Set Completion:

If you selected "Active" in column C of the CE Service Line Group Tab for a particular CESLG, then select the Quality Measures Set for each CE associated with that CESLG: 1) Select "Administrative Quality Measures Set" if you want this CE to be assessed using the Administrative Quality Measures Set, or 2) Select "Alternate Quality Measures Set" if you want this CE to be assessed using the Alternate Quality Measures Set. If you selected "Withdraw" in column C of the CE Service Line Group Tab for a particular CESLG, then you do not need to select a Quality Measures Set for any of the CEs associated with that CESLG.

Error: Quality Measures Set not selected (left blank)

Fix: Resubmit the Participant specific PP

If the Participant leaves any of the Quality Measures Set Fields blank, they will receive outreach, and they will need to resubmit the revised Participant specific PP via the Participant Portal.



If there is no response to the outreach, those Quality Measures Set fields will be defaulted to Administrative Quality Measures Set.

SECTION 4 - OVERVIEW

Submitting the Participant Profile



Submitting the Participant Profile

This subsection demonstrates how to submit your PP and your Deliverable Certification Form via the BPCI Advanced Participant Portal > Deliverables > PP section.



Click each of the topics on the right to jump directly to each sub section.



Submitting the Participant Profile

Log on to the Participant Portal. Select Deliverables from the menu on the left side of the screen.

Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

- Home
- Profile
- Deliverables**
- Announcements
- Legal Documents
- Monitoring & Compliance
- Document Library

Welcome, Thomas!

Bundled Payments for Care Improvement Advanced | **BPCI Advanced**

BPCI Advanced is a voluntary episode payment model that will test retrospective bundled payments for clinical episodes and align incentives for reducing costs with those for improving coordination and quality of care under a single payment and risk track. The period of performance for this model will begin on October 1, 2018 and end on December 31, 2023.

BPCI Advanced has the following objectives:

- Care Redesign:** Support and encourage Participants, Participating Practitioners, and Episode Initiators who are interested in continuously re-engineering care.
- Data Analysis and Feedback:** Decreasing the cost of a Clinical Episode by eliminating unnecessary or low-value care, increasing care coordination, and fostering quality improvement.
- Financial Accountability:** Testing a payment model that creates extended

Upcoming Deadlines

Please complete the following document submissions by the deadline provided:

- Q1 2024 PP**
12/4/2023
[Manage PP](#)
- Q1 2024 PFAL**
12/18/2023
[Manage FAL](#)
- Q1 2024 QPP List**
12/18/2023
[Manage QPP](#)
- Q1 2024 CRP**
12/18/2023
[Manage CRP](#)



Submitting the Participant Profile

Selecting the Deliverable

Once in the Deliverables section, locate the tile labeled Participant Profile (PP). Select Manage PP.

Bundled Payments for Care Improvement Advanced **BPID: 0000-0001**

- Home
- Profile
- Deliverables**
- Announcements
- Legal Documents
- Monitoring & Compliance
- Document Library

Deliverables

<p>Care Redesign Plan (CRP)</p> <p>CRP Due 12/18/2023</p> <p>Manage CRP</p>	<p>Financial Arrangement List (FAL)</p> <p>PFAL Due 12/18/2023</p> <p>Manage FAL</p>
<p>Participant Profile (PP)</p> <p>PP Due 12/4/2023</p> <p>2024 Q1 - Available</p> <p>Manage PP</p>	<p>Quality Payment Program List (QPP)</p> <p>QPP Due 12/18/2023</p> <p>Manage QPP</p>



Submitting the Participant Profile

Uploading the Participant Profile

Under the 2024 Q1 section, the Participant-specific PP should be listed. Select the Upload Deliverable button on the right side of the screen, just below the file listing for the template.

Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

- Home
- Profile
- Deliverables**
- Announcements
- Legal Documents
- Monitoring & Compliance
- Document Library

Participant Profile (PP)

Performance Period Available: 2024 - Q1

2024 Q1 Status: Available

Deliverable

Version	File Name	Uploaded On	Uploaded By	Action
1	0000-0001_PP_2024_Q1	05/02/2023 04:12 PM ET	Thomas Ensor	Download

 **Upload Deliverable**

Supporting Documents

File Name	Uploaded On	Uploaded By	Action
No documents to display.			

Upload Supporting Document

Comments



Submitting the Participant Profile

Uploading the Participant Profile

Select the Choose File button directly under Select a File.

Upload Document ✕

Select a File

No file chosen

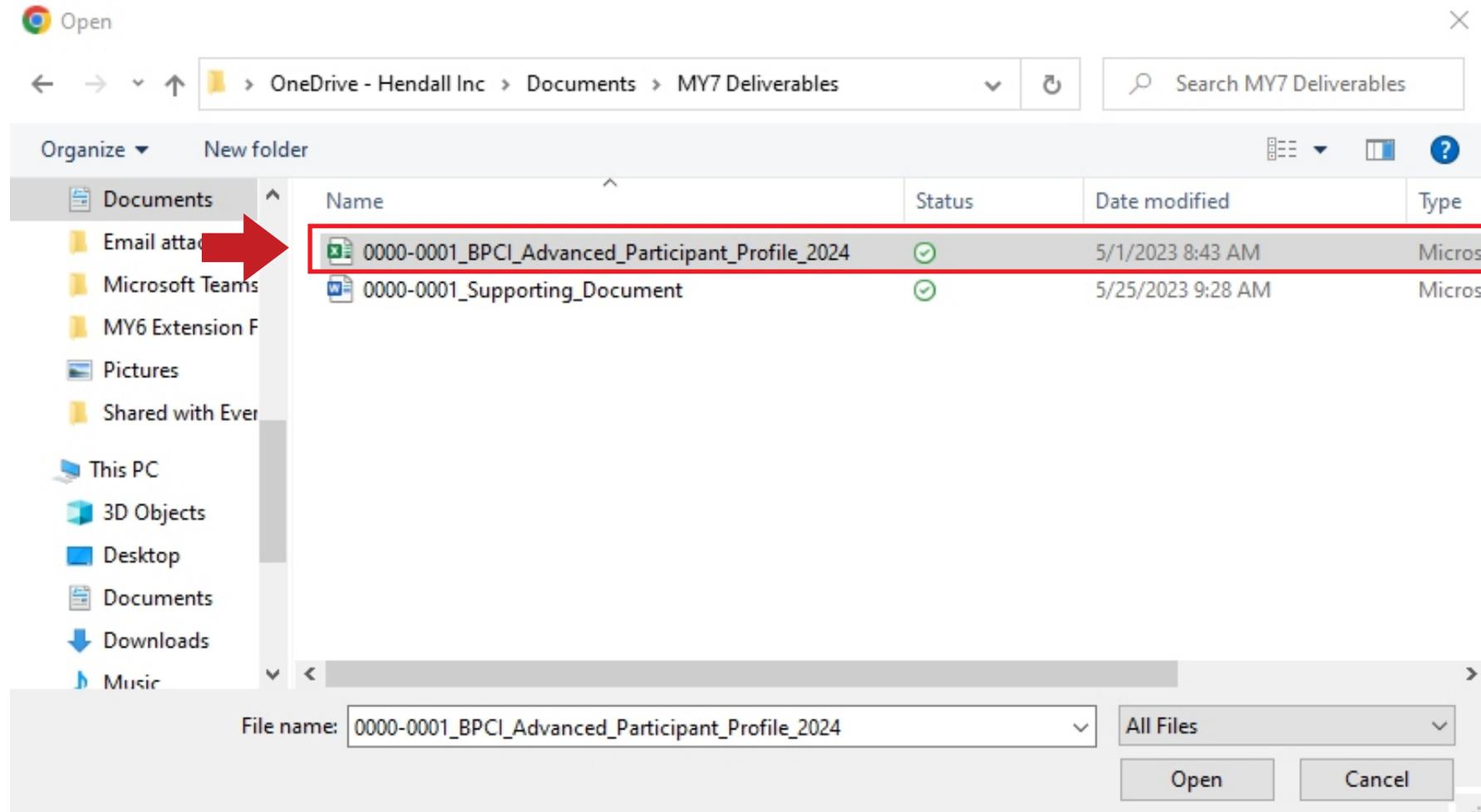
Note: There is 25 MB limit on your file upload.



Submitting the Participant Profile

Uploading the Participant Profile

Locate the folder where you saved your completed PP file, select the PP (Excel) file, and then select the Open button.





Submitting the Participant Profile

Uploading the Participant Profile

Select the Upload File button.

Upload Document

Select a File

Choose File 0000-0001_BPCI_Advanced_Participant_Profile_2024.xlsx

Note: There is 25 MB limit on your file upload.

Upload File Close



Once the file has been uploaded, the Participant Portal will relabel PP file.



Submitting the Participant Profile

Uploading the Participant Profile

Verify that the PP file was uploaded. There should be a new version of the PP file listed in the Deliverable section.

Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

Home
Profile
Deliverables
Announcements
Legal Documents
Monitoring & Compliance
Document Library

Participant Profile (PP)

Performance Period Available: 2024 - Q1

2024 Q1 Status: Submitted

Deliverable

Version	File Name	Uploaded On	Uploaded By	Action
2	0000-0001_PP_2024_Q1	05/02/2023 04:41 PM ET	Bryant Hall	Download
1	0000-0001_PP_2024_Q1	05/02/2023 04:12 PM ET	Thomas Ensor	Download

Upload Deliverable

Supporting Documents

File Name	Uploaded On	Uploaded By	Action
No documents to display.			

Upload Supporting Document



Submitting the Participant Profile

Deliverable Certification Form

The Deliverable Certification Form is a legal document on which the Participant certifies that all the information contained within the Participant Profile is accurate and true.

The Deliverable Certification Form may be obtained by accessing the Participant Portal -> Document Library -> Document Type (General) -> Document Subtype (Deliverables) -> BPCI_Advanced_Deliverable_Certification_Form.



A unique Certification form must be submitted for each required deliverable.

Log onto the Participant Portal.

Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

- Home
- Profile
- Deliverables
- Announcements
- Legal Documents
- Monitoring & Compliance
- Document Library

Welcome, Bryant!



BPCI Advanced is a voluntary episode payment model that will test retrospective bundled payments for clinical episodes and align incentives for reducing costs with those for improving coordination and quality of care under a single payment and risk track. The period of performance for this model will begin on October 1, 2018 and end on December 31, 2023.

BPCI Advanced has the following objectives:

- Care Redesign:* Support and encourage Participants, Participating Practitioners, and Episode Initiators who are interested in continuously re-engineering care.
- Data Analysis and Feedback:* Decreasing the cost of a Clinical Episode by eliminating unnecessary or low-value care, increasing care coordination, and fostering quality improvement.
- Financial Accountability:* Testing a payment model that creates extended financial accountability for the outcomes of improved quality and reduced spending in the context of acute and chronic Clinical Episodes.

Upcoming Deadlines

Please complete the following document submissions by the deadline provided:

Helpful Links

- <https://innovation.cms.gov/initiatives/bpci-advanced>
- <https://www.medicare.gov/>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>
- [BPCI Advanced Participant Portal User Manual](#)



Submitting the Participant Profile

Where to find the template for the Deliverable Certification Form?

Select Document Library from the option box on the left side of the screen.

Bundled Payments for Care Improvement Advanced **BPID: 0000-0001**

- Home
- Profile
- Deliverables
- Announcements
- Legal Documents
- Monitoring & Compliance
- Document Library**

Document Library

Document Type: Document Subtype:

Document Name	Document Type	Document Subtype	Uploaded Date	Action
BPCI_Advanced_Q3_2023_3-day_SNF_Waiver_List	General	SNF Waiver Lists	07/01/2023	Download
BPCI_Advanced_MY6_Participant_Monthly_Claims_Epi_Varlist_May082023	Technical Resources	Clinical Episodes	05/25/2023	Download
BPCI_Advanced_MY5_Participant_Monthly_Claims_Epi_Varlist_May082023	Technical Resources	Clinical Episodes	05/25/2023	Download



Submitting the Participant Profile

Search for the Deliverable Certification Form

Select General from the Document Type drop-down menu. Then select Deliverables from the Document Subtype drop-down menu.

Identify the file labeled BPCI_Advanced_Deliverable_Certification_Form. Once you have found it, select the Download button on the right side of the screen, in the same row as the file.

Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

Document Library

Document Type: Document Subtype:

Document Name	Document Type	Document Subtype	Uploaded Date	Action
BPCI_Advanced_Deliverable_Certification_Form	General	Deliverables	10/05/2020	Download
BPCI_Advanced_Deliverable_Certification_Form	General	Deliverables	05/11/2020	Download
BPCI_Advanced_FAL_Certification_Form	General	Deliverables	04/13/2020	Download



Submitting the Participant Profile

Completion of the Deliverable Certification Form for submission of the PP

A unique Deliverable Certification Form must be submitted for each required deliverable.

Please enter the following information:

Quarter – enter the current quarter (i.e., Q1)

Year – enter the current year (i.e., 2024)

Deliverable – enter the Deliverable (i.e., Participant Profile)

Authorized Senior Executive – Signature of authorized representative

Date – enter the date that the document was signed (mm/dd/yyyy)

BPID – enter the assigned BPID (i.e., XXXX-XXXX or AXXX-XXXX)

Scan the executed document and create a PDF of the original document or use a digital signature.



BPCI Advanced Model Deliverable Certification Form

For the :

I certify that all information and statements provided in this document are true, accurate, and complete to the best of my knowledge, information, and belief. The authorized signatory attests that he or she is qualified to make the assertions contained herein as an agent of the Participant.

Authorized Senior Executive

Date

BPID



Have the Deliverable Certification Form executed and available when you begin the upload process for the PP.



Digital signatures are accepted.



Submitting the Participant Profile

Uploading the Deliverable Certification Form for the PP

Under the 2024 Q1 section header (in the Supporting Documents sub-section), select the Upload Supporting Document button on the right side of the screen.



An upload button for supporting documentation only becomes available after a Participant uploads a deliverable.

Bundled Payments for Care Improvement Advanced

BPID: 0000-0001

Home
Profile
Deliverables
Announcements
Legal Documents
Monitoring & Compliance
Document Library

Participant Profile (PP)

Performance Period Available: 2024 - Q1

— 2024 Q1 Status: Submitted

Deliverable

Version	File Name	Uploaded On	Uploaded By	Action
2	0000-0001_PP_2024_Q1	05/02/2023 04:41 PM ET	Bryant Hall	Download
1	0000-0001_PP_2024_Q1	05/02/2023 04:12 PM ET	Thomas Ensor	Download

Upload Deliverable

Supporting Documents

File Name	Uploaded On	Uploaded By	Action
No documents to display.			

Upload Supporting Document



Submitting the Participant Profile

Uploading the Deliverable Certification Form

Select the Choose File button directly under Select a File.

Upload Document ✕

Select a File

Choose File 0000-0001_BPCIA_Deliverable_Certification_Form.pdf

Note: There is 25 MB limit on your file upload.

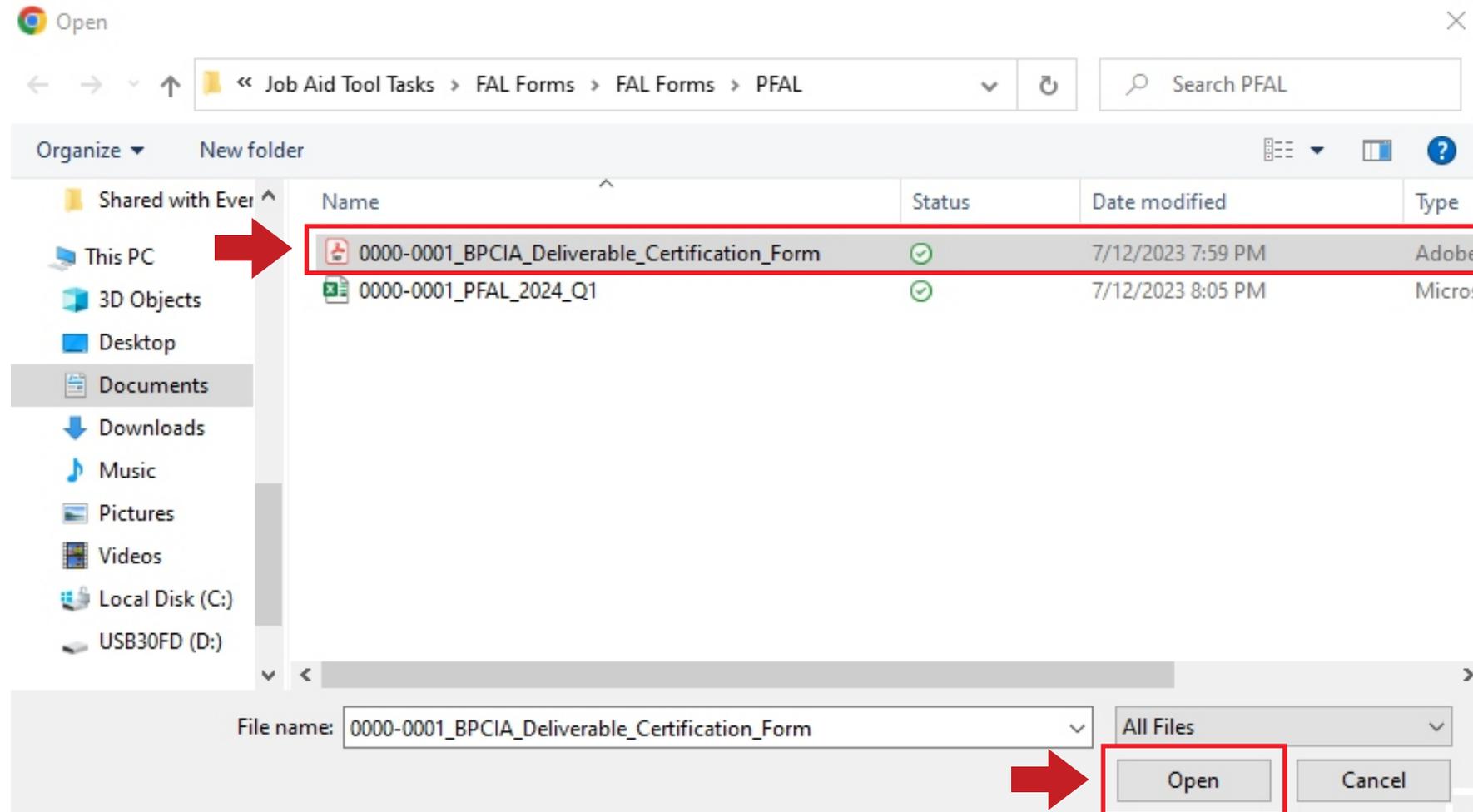
Upload File Close



Submitting the Participant Profile

Uploading the Deliverable Certification Form

Locate your Deliverable Certification Form file, select the Deliverable Certification Form Document file (PDF format), and then select the Open button.





Submitting the Participant Profile

Uploading the Deliverable Certification Form

Select the Upload File button.

Upload Document ✕

Select a File

0000-0001_BPCIA_Deliverable_Certification_Form.pdf

Note: There is 25 MB limit on your file upload.





Submitting the Participant Profile

Uploading the Deliverable Certification Form

Verify that the Deliverable Certification Form was uploaded. There should be a new file listed in the Supporting Documents sub-section.

Participant Profile (PP)

— 2024 Q1 **Status: Submitted**

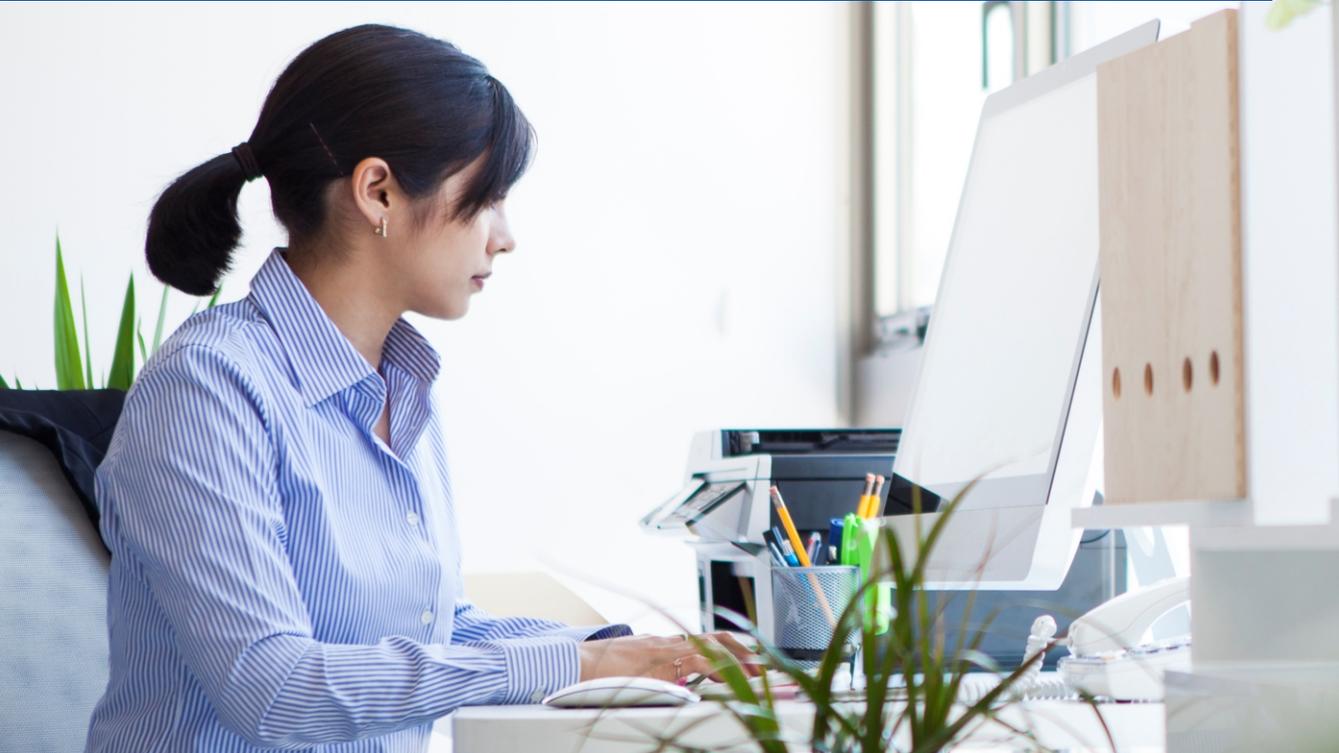
Deliverable

Version	File Name	Uploaded On	Uploaded By	Action
2	0000-0001_PP_2024_Q1	05/02/2023 04:41 PM ET	Bryant Hall	Download
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Supporting Documents

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0000-0001_PP_Supp_0000-0001 PP Supporting Documents.docx	05/02/2023 04:44 PM ET	Bryant Hall	 Download

Additional Resources for Participants



More resources available in the BPCI Advanced webpages

Model Deliverables

[QPP User Guide MY7](#)

❖ [QPP template MY7](#)

[CRP User Guide MY7](#)

❖ [CRP template MY7](#)

[FAL User Guide MY7](#)

❖ [FAL template MY7](#)

[PP User Guide MY7](#)

[DRA Form User Guide MY7](#)

❖ [DRA template MY7](#)

[Model Deliverable
Certification Form template](#)

[Model Overview Fact Sheet-
Model Year 6 \(PDF\)](#)

Need Help?

If you need technical assistance for the Participant Portal, contact the Salesforce Help Desk at:

CMMIForceSupport@cms.hhs.gov

or call 1-888-734-6433, option 5.

If you have questions about the Model or Deliverables, contact the Model Help Desk at:

BPCIAdvanced@cms.hhs.gov



Overview of portals that BPCI Advanced Participants must navigate.

Portals	Portal Use
<p><u>BPCI Advanced Participant Portal</u> https://app.innovation.cms.gov/bpciadv</p> <ul style="list-style-type: none">❖ Participant Portal User Guide - 2023❖ BPCI Advanced Participant Portal User Manual (Salesforce)	<ul style="list-style-type: none">• Online platform used by BPCI Advanced Participants to:<ul style="list-style-type: none">○ Access organizational data○ Add/Delete Participant POCs○ Download templates and submit deliverables○ Access Participation Agreement, Amendments and DRA○ Verify Clinical Episode selection○ Document Library: Model communications and reference materials
<p><u>CMS Enterprise/Data Portal</u> https://portal.cms.gov/</p> <ul style="list-style-type: none">❖ Data Portal User Guide	<ul style="list-style-type: none">• Online platform used by CMS to deliver:<ul style="list-style-type: none">○ Preliminary and updated Target Prices○ Baseline claims data○ Monthly claims data○ Reconciliation Reports○ Quality Measure data• <i>The Data Portal is hosted within the CMS Enterprise Portal and IC-Innovation Center Application.</i>