

# **Bundled Payments for Care Improvement (BPCI) Advanced Annual Check-in Questionnaire**

Thank you for taking time to complete this important questionnaire.

## **Purpose:**

This questionnaire will be sent annually as part of the Center for Medicare & Medicaid Service's (CMS) efforts to monitor Model implementation and Participant compliance for BPCI Advanced in accordance with Article 13 of the Participation Agreement. CMS will use the responses to monitor Participants' activities and barriers related to designing and implementing the BPCI Advanced Model and the associated impact of these activities. Results from this effort will inform learning and other CMS activities designed to help Participants provide high quality beneficiary care and increase likelihood of achieving success in the Model. The Monitoring and Compliance team will review the completed questionnaires and documentation in concert with CMS. Follow up with Participants may be required if further clarification is needed related to submitted information.

## **Instructions:**

Participants are required to complete a questionnaire for each BPCI Advanced Participation Agreement they have with CMS. The questionnaire should be completed by a Participant representative with knowledge of various aspects of the Participant's experience in the BPCI Advanced Model. If needed, you are encouraged to reach out to other subject matter experts in your organization. Please respond based on how each question applies to the Participant. If any question does not apply, please select N/A. For clarification of key terminology (e.g., BPCI Advanced Entity, NPRA Sharing Partner and Payment Policy Waiver), please refer to Article 2 Definitions of the [Participation Agreement](#).

If applicable, use the Excel spreadsheet (Waiver Data Collection Template), found on the [Participant Portal](#) to document responses to the following:

- Waivers (Fraud & Abuse and Medicare Payment Policy), Questions #3 and #7

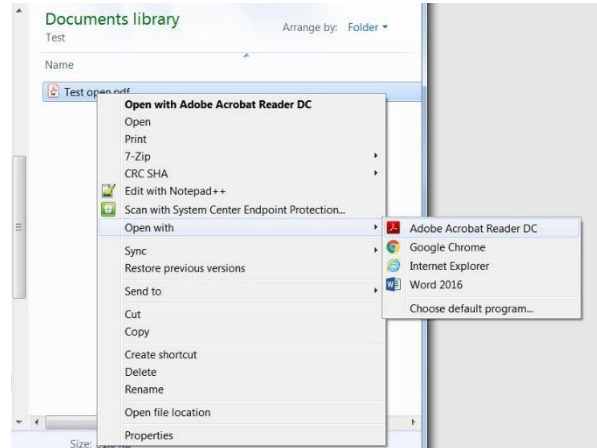
Special PDF software is not needed to complete this questionnaire. You can use the free [Adobe Acrobat Reader DC](#) to complete the questionnaire. If your computer does not have a PDF reader installed, please download a PDF Reader to access the full functionality of the fillable PDF.

Some computers are configured to default automatically, upon double-clicking to open PDF files in applications other than Adobe Reader, such as an Internet browser. To ensure that the application opens in Adobe Reader:

- Save the attachment to a folder on your computer
- Highlight the file name, right click, select “Open with”
- Click on Adobe Acrobat Reader from the drop-down box.

For Convener Participants with more than one Participation Agreement with CMS, if answers to the questionnaire will be similar across all Parent BPIDs, you can simply save the completed questionnaire with a different file name and make adjustments as needed.

The questionnaire is due **no later than September 23, 2019 at 11:59PM ET** in the [Participant Portal](#). Please complete this questionnaire electronically as it contains drop down options that are not visible in a printed hard copy. Please upload the completed questionnaire and relevant documentation requested within the questionnaire to the [Participant Portal](#).



#### Contact:

CMS contracted with IMPAQ International, LLC to perform BPCI Advanced compliance and monitoring activities. If you have any questions regarding this questionnaire, please contact IMPAQ at [BPCI\\_Advanced\\_MC@impaqint.com](mailto:BPCI_Advanced_MC@impaqint.com).

## General Information

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BPID

5510-0001

Organization Legal Name

Liberty Health Partners, LLC

## General Information Requested

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1. Does the Participant have current or past experience with CMS Innovation Center models and/or Medicare demonstrations beyond BPCI Advanced?

Yes

2. Does the Participant have experience with value-based care beyond CMS Innovation Center models and/or Medicare demonstrations?

Yes

## Organization Legal or Identification Changes

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1. Has the Participant, or any of its Downstream Episode Initiators, NPRA Sharing Partners, or BPCI Advanced Entities, had a legal name change, change of control or change of tax identifier in the last year?

Yes

2. If selected 'Yes' to question 1, have you reported these changes to CMS? *[If your response to this question is 'no', please provide written notice of changes to CMS via email ([BPCIAdvanced@cms.hhs.gov](mailto:BPCIAdvanced@cms.hhs.gov)). Instruction and additional information are located under Article 3 of the [Participation Agreement](#)].*

Yes

## Participant Profile

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1. Does the Participant anticipate making any additional changes to the list of Episode Initiators within the Participant Profile effective for Model Year 3?

No

2. Is the Participant likely to add Clinical Episodes within the Participant Profile effective for Model Year 3?

Unsure

3. Is the Participant likely to remove Clinical Episodes from the Participant Profile effective for Model Year 3?

Unsure

## Care Redesign Plan

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1. The Participant is on track to implement selected Care Redesign interventions within the timeframes indicated within the Care Redesign Plan.

☐ Strongly agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly Disagree

2. Please provide 2-3 sentences below describing the progress of your high priority Care Redesign Interventions:

Liberty Health Partners initially focuses on four clinical 'levers' that impact all patients regardless of diagnosis. Each intervention in the Care Model corresponds to one or more of the levers: (1) Next Site of Care (NSOC) Selection: optimizing post-acute utilization through site selection (including more appropriate use of palliative or hospice care); (2) Skilled Nursing Facility (SNF) & Home Health Agency (HHA) Selection: utilizing providers in high performing networks; (3) SNF Length of Stay: optimizing post-acute length of stay; & (4) Readmissions: avoiding preventable readmissions. These levers are consistently managed at our existing BPCI-A partner sites & we have developed some high impact disease-specific interventions that can be layered onto these existing interventions, as well.

3. Do you have concerns regarding implementation of any identified Care Redesign Interventions?

No

4. Please use the comment box below to provide additional details regarding successes, challenges, and/or barriers to Care Redesign Interventions.

Liberty Health Partners works with its Downstream Episode Initiators to coordinate the appropriate levels of post-acute care for patients. This process begins with identifying the patient in the acute setting through the use of Liberty Health Partners's software and our integrations with each of our partners. This step is often the most difficult for Episode Initiators. Using the Liberty Health Partners technology tools, providers intervene with the patient early in the acute setting and begins preparing the patient for a successful and proper discharge. Using Liberty's clinical decision support tools and resources to guide patient assessment and facilitate discharge planning, providers help the patients select the most appropriate post-hospital setting of care. Successfully implementing and executing this process and approach supports participants in reducing unnecessary utilization of institutional post-acute

## CEHRT Use

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1. The Participant and/or the Downstream Episode Initiator(s) is on track to implement Certified Electronic Health Record Technology (CEHRT) in a manner sufficient to meet the applicable requirements of the Advanced Alternative Payment Model criterion under 42 C.F.R. & 414.1415(a)(1)(i). *To meet this criterion, at least 75 percent of eligible clinicians in each participating APM Entity group, or each hospital if hospitals are the APM Entities, to use CEHRT to document and communicate clinical care.*

Yes

2. Has the Participant had challenges meeting the CEHRT use requirements?

No

3. Please use the comment box below to describe any challenges to meeting the CEHRT use requirements.

Liberty Health Partners and its Downstream Episode Initiators have not encountered any challenges.

## Partner Agreements

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1. For Convener Participants: Has the Participant established agreements with all Downstream Episode Initiators (Acute Care Hospitals, PGPs)?

Yes

2. Has the Participant established agreements with all Participating Practitioners?

Yes

3. Has the Participant established processes, procedures and/or controls to validate and support monitoring of these agreements between the Participant and relevant partnering entities/individuals?

Yes

4. Please use the comment box below to describe any challenges in implementing process and procedures to monitor agreements or in establishing agreements with partners.

Liberty Health Partners has not encountered problems in executing and monitoring the Agreements contemplated under the CMS Participation Agreement.

## Financial / Programmatic Infrastructure

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1. Has the Participant set up an accounting system to be used, to measure and track Net Payment Reconciliation Amounts (NPRA) received from CMS, Repayment Amounts and Excess Spending Amounts owed to CMS and Administrative Services?

Yes

2. Is the Participant still participating in Financial Arrangements with one or more NPRA Sharing Partners?

Yes

3. Does the Participant plan to do so in the future?

Yes

4. Has the Participant implemented all BPCI Advanced required processes and procedures related to NPRA Sharing? *For example: processes to verify Financial Arrangements comply with all applicable laws and regulations, processes to adhere to generally accepted accounting principles, compliance plan, and others outlined within the Participation Agreement.*

Yes

5. If selected 'No' to question 4, please describe any barriers/challenges in the comment box below.

Not Applicable.

6. Has the Participant fully established NPRA Sharing Arrangements with all NPRA Sharing Partners? *[If your response to this question is 'yes', please upload your organization's NPRA Sharing Arrangement template or a populated agreement as an example to the amendment section of the [Participant Portal](#). If you have more than one NPRA Sharing Arrangement, upload 1 example only]*

Yes

7. If selected 'No' to question 6, please explain noting any barriers or challenges.

Not Applicable.

8. Has the Participant established a BPCI Advanced Entity Agreement with a BPCI Advanced Entity?

Yes



9. Please describe key considerations that informed the Participant's decision (e.g. willingness to take on risk) regarding establishing Financial Arrangements.

Liberty Health Partners has implemented a comprehensive NPRA Sharing program for BPCI-A that provides incentive opportunities for practitioners and facilities that measurably improve episode outcomes. Liberty signs agreements with each of the Downstream Episode Initiators. Participating Providers and representatives of NPRA Sharing facilities must participate in education with Liberty Health Partners and provider organizations to ensure these individuals are aware of the goals of the NPRA Sharing program and the quality improvements to be made. They must also sign contracts obligating them to participate in care improvement activities and not reduce medically necessary care.

### Internal Cost Savings (ICS)

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1. Does the Participant plan to track and allow contribution of ICS associated with BPCI Advanced to the BPCI Advanced Savings Pool(s) in the next 12 months?

Yes

2. If selected 'Yes' to question 1, has the Participant established a process to measure and track Internal Cost Savings associated with BPCI Advanced?

Yes

### Net Payment Reconciliation Amount (NPRA)

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1. Does the Participant plan to share NPRA associated with BPCI Advanced in the first performance period, if savings are achieved? *[Performance Period 1: October 1, 2018 through June 30, 2019]*

Yes

2. Has the Participant implemented processes and procedures to monitor Shared Repayment Amounts associated with BPCI Advanced?

Yes

3. If selected 'Yes' to question 2, please describe your processes and procedures to monitor Shared Repayment Amounts associated with BPCI Advanced.

The clinical and functional outcomes under Downstream Episode Initiators will be monitored through a Liberty-sponsored BPCI Advanced oversight body consisting of the EI's BPCI-A leaders and staff, and Convener representatives. Monitoring includes BPCI-A quality measures, spending, readmissions, post-acute utilization/length of stay, referral rates to Performance Network facilities and agencies; and Performance Network component organizations' quality, star ratings, readmissions, quality of care profile metrics, and spending. Responsibility for negative NPRA will be handled by Liberty Health Partners in accordance with the NPRA Sharing Agreements and will be subject to the Fraud and Abuse Waivers applicable to this model. Liberty will serve as calculation and distribution agent, enabling Episode Initiators to maintain compliance with the Participation Agreement.

## Compliance Plan

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1. Has the Participant completed an initial Compliance Plan? *[If your response is 'yes', please upload this document to the amendment section of the [Participant Portal](#). If your Compliance Plan includes multiple appendices, you can upload the main document only.]*

Yes

## Waivers (Fraud & Abuse Waivers and Medicare Payment Policy Waivers)

The questions around changes to the selected waivers are included to obtain information on current status of waiver use. CMS communicated to Participants on October 16, 2018 to clarify the selection of waivers on the Participant Profile in a message titled "Participant Profile Selection Does Not Limit Use of Waivers". The use of any of the five waivers available to Participants in the BPCI Advanced Model is not contingent upon its selection on the Participant Profile template that was submitted on August 8, 2018. Even if a Participant made a selection of "No" for any given waiver, they still have the option of using the waiver and receiving its protection effective October 1, 2018.

1. Has the Participant or partners elected to use any of the Fraud and Abuse Waivers (Financial Arrangements and/or Beneficiary Incentives)?

Yes

2. Has the Participant or partners made any changes to the Fraud and Abuse Waiver use selections since you last submitted the Participant Profile? (E.g., we have not selected to use Financial Arrangements and/or Beneficiary Incentives in our most recent Participant Profile, but we have started using the waiver(s) recently.)

No

3. If selected 'Yes' to question 2, please use the Waiver Data Collection Template located on the [Participant Portal](#) to document waiver use changes at the Episode Initiator-level related to any of the following Fraud and Abuse Waivers:

- Financial Arrangements
- Beneficiary Incentives

When completed, please upload the document to the amendment section of the [Participant Portal](#).

4. Has the Participant or partners elected to use any of the Medicare Payment Policy (MPP) Waivers?

Yes

5. If you selected 'Yes' to question 4, have you implemented the Payment Policy Waiver(s)?

Yes

6. Has the Participant or partners made any changes to the Medicare Payment Policy waiver use selections since you last submitted the Participant Profile? (E.g., we have not selected to use any of the MPP waivers in our most recent Participant Profile, but we have started using the waiver(s) recently.)

No

7. If selected 'Yes' to question 6, please use the Waiver Data Collection template located on the [Participant Portal](#) to document waiver use changes at the Episode Initiator-level related to any of the following Payment Policy Waivers: (Please upload attachments to the amendment section of the [Participant Portal](#))

- 3-Day Skilled Nursing Facility (SNF) Rule
- Post-Discharge Home Visits
- Telehealth

8. Has the Participant established a process for monitoring compliance with waiver conditions?

Yes

9. If selected 'Yes' to question 8, please select from the list below all of the strategies your organization has used for this purpose.

- ☐ Attestation
- ☐ Internal audit
- ☐ N/A; we have not elected to use any waivers
- ☐ N/A; we have elected to use waivers, but have not yet established a process for monitoring compliance with waiver conditions
- ☐ Other

10. If selected 'Other' to question 9, please list strategies in the comment box below.

Not Applicable.

## Participation in Shared Learning Activities

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1. Has the Participant participated in the shared learning activities (e.g., webinars, emails, town hall meetings) identified by CMS?

Yes

## Knowledge Management / Record Keeping / Succession Planning

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1. Does the Participant have a process in place related to records management associated with BPCI Advanced Model?

Yes

2. Does the Participant have a succession plan in place for when individuals in management or individuals who oversee implementation of the BPCI Advanced Model depart the organization?

Yes

3. If selected 'Yes' to question 2, please provide a brief explanation of that process below.

For employees of Liberty Health Partners, Downstream Episode Initiators, or NPRA Sharing Partners who implement BPCI Advanced programs, we educate clinical and operational teams on care and quality improvement levers. Driving clinical engagement, both from physicians and supporting caregivers, is a key determinant in successfully delivering more efficient, higher quality care to beneficiaries. As a result, one of our first approaches with new EIs and practitioners is to partner with the organization to implement an educational program for existing staff and a robust onboarding program for new staff to educate them on the benefits of the BPCI-A model, key interventions, and available support resources.

## Beneficiary Notification

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1. What is the primary communication channel(s) used to provide beneficiary notification? Select all that applies.

- ☐ Emailed to beneficiaries
- ☐ Mailed to the beneficiary's address
- ☐ Provided to beneficiary during an Inpatient Hospital stay or Outpatient Visit
- ☐ Provided during discharge procedures
- ☐ Other

2. If selected 'Other' to question 1, please describe the communication channel used to provide beneficiary notifications.

Liberty Health Partners is a Convener Participant and does not own or operate hospital facilities or physician groups. Consequently, its employees are not in a position to physically deliver beneficiary notification letters. Liberty therefore delegates this responsibility to Downstream Episode Initiators, who are contractually obligated to physically deliver beneficiary notification letters to beneficiaries prior to discharge. In addition, Liberty Health Partners has contracted with a vendor to mail beneficiary notification letters to beneficiaries as soon as Liberty becomes aware that a patient has been identified as participating in an Episode of Care. Liberty tracks and monitors the delivery of such letters

3. Does the Participant use the template Beneficiary Notification Letter provided by CMS?

Yes

4. If selected 'No' to question 3, please explain.

Not Applicable.

5. Has provision of the beneficiary notification of participation resulted in negative feedback from beneficiaries?

No

6. If selected 'Yes' to question 5, what are the primary concerns from the beneficiary perspective?

Not Applicable.

### **BPCI Advanced Impact**

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1. Has the Participant seen any unexpected positive outcomes associated with implementing BPCI Advanced?

Yes

2. Has the Participant seen any unexpected negative outcomes associated with implementing BPCI Advanced?

No

3. If selected 'Yes' to either question 1 or 2, please describe.

Liberty Health Partners and its Partners are competing successfully on the basis of value delivered to patients. These systems intend to prove the benefit of implementing BPCI Advanced programs alongside their population health efforts. Providers know that BPCI-A allows providers to articulate a single care model for its patients, regardless of their status in a risk contract. They use care navigators to manage patients in their facilities and redefine workflows to ensure seamless care for their patients, independent of their attribution to a particular value-based payment model. This care redesign improves the return on investment for providers as they apply their resources in transitional care and post-acute care management to more inpatients. More importantly, it simplifies the work for clinicians. Payment models can be remarkably complicated, but care models don't

4. Has the Participant established a process for monitoring and mitigating unintended consequences (e.g., *patient targeting/avoidance, inadequate or insufficient care, cost-shifting*) associated with implementation of the BPCI Advanced Model?

Yes

5. If selected 'Yes' to question 4, please describe.

Using our active monitoring over the course of the BPCI Advanced, we have not identified instances of reductions of medically necessary care that is furnished by our Downstream Episode Initiators, NPRA Sharing Partners, or Participating Practitioners. We encourage all Participating Practitioners to focus on delivering high quality, appropriate care to patients. Increased savings are achieved by providing better quality well-matched care to patients – and ensuring that expensive, debilitating complications do not occur. Our analytics team will continue to monitor outcome and quality metrics for beneficiaries under BPCI-A and report results to the collaborative teams to ensure that program goals of high quality more efficient care is achieved and reductions in medically necessary services are not occurring.

## Beneficiary Impact

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1. Has the Participant implemented a system to request, track and respond to complaints made by BPCI Advanced Beneficiaries? [*The complaint process in place does not have to be solely for Beneficiaries in the BPCI Advanced Model. However the current complaint system in place must track complaints made by Beneficiaries in the BPCI Advanced Model.*]

Yes

2. If selected 'Yes' to question 1, do you believe that current processes in place appropriately monitor and address those complaints?

☐ Strongly agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly disagree

☐ Unsure

☐ N/A; we have not yet implemented a system for monitoring and responding to beneficiary complaints



3. Has the Participant received any complaints related to the established system for tracking Beneficiary complaints? (E.g., a beneficiary complained that their complaint was not resolved quickly enough.)

No

4. Please select the categories to which complaints the Participant has received from BPCI Advanced Beneficiaries align. Please select all that apply.

- ☐ Quality
- ☐ Safety
- ☐ Timing and Access
- ☐ Communication
- ☐ Compassion/Caring
- ☐ Patient Rights
- ☐ Other
- ☐ N/A; we have not received any complaints from Beneficiaries

## Document Submission

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1. Is there a designated person(s) for submitting BPCI Advanced required documentation to CMS?

Yes

2. Please provide any barriers or challenges associated with submitting required documentation.

Not Applicable.

3. Is there a designated person(s) for coordinating clinical document requests from the Participant and its Downstream Episode Initiators and other clinical partners?

Yes

### Self-disclosed Investigations or Sanctions

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1. Is the Participant or any of its BPCI Advanced partners under any investigations or subject to sanctions that have not been reported to CMS?

No

2. If selected 'Yes' to question 1, please provide written notice of any unreported investigations and/or sanctions to CMS via email ([BPCIAdvanced@cms.hhs.gov](mailto:BPCIAdvanced@cms.hhs.gov)). *Additional information is located under Article 13 of the [Participation Agreement](#).*

### Other Issues Not Previously Listed

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1. Please describe issues, challenges or barriers associated with implementation of the BPCI Advanced Model that have not being discussed above.

Not Applicable.