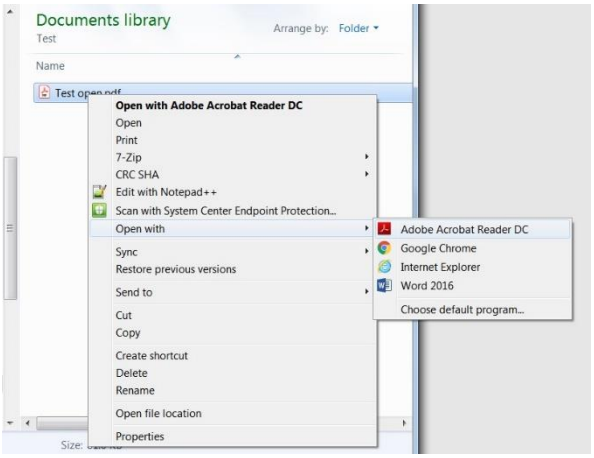
Bundled Payments for Care Improvement (BPCI) Advanced Annual Check-in Questionnaire

Purpose:

Instructions:



no later than September 23, 2019 at 11:59PM ET

Contact:

General Information

[illegible] 1087-000

[illegible] FirstHealth of the Carolinas, Inc. dba FirstHealth Moore Regional Hospital

General Information Requested

1. [illegible]

Yes

2. [illegible]

No

Organization Legal or Identification Changes

3. [illegible]

No

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

Participant Profile

Yes

Unsure

No

Care Redesign Plan

Care Navigator hired and trained. Multidisciplinary team formed and meets monthly. Clinical Documentation Specialists hired to assist providers with appropriate documentation. Phone Calls made post-discharge to ensure all needs are met. Home Health agencies trained to specific protocols for CABG patients.

No

The biggest barrier or challenge has been getting the patients to use MY CHART. Patients either do not have access to internet or computers. Many patients do not know how to use. Another challenge has been ensuring the patients call the navigator or PA on call before coming to ED.

CEHRT Use

1. *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

No

Partner Agreements

N/A; we are a Non-Convener Participant

No

No

There have not been any.

Financial / Programmatic Infrastructure

[illegible]

Yes

[illegible]

N/A; never participated in financial arrangements

[illegible]

Unsure

4. [illegible] *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.*

N/A; we don't participate in NPRA Sharing

If selected ‘No’ to question 4, please describe any barriers/challenges in the comment box

6. *[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]*

N/A; we don’t participate in NPRA Sharing

If selected ‘No’ to question 6

No

[illegible]

Internal Cost Savings (ICS)

[illegible]

No

[illegible]

Net Payment Reconciliation Amount (NPRA)

[illegible] *[Performance Period 1: October 1, 2018 through June 30, 2019]*

No

[illegible]

N/A; not requiring shared repayments by partners

Compliance Plan

1. *[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)

"Participant Profile Selection Does Not Limit Use of Waivers"
was submitted on August 8, 2018. Even if a Participant made a selection of "No" for any given

No

NA; we don't use Fraud and Abuse Waivers

N/A; we don't use MPP Waivers

N/A; we don't use MPP Waivers

If selected 'Yes' to question

-

NA; not using any of the waivers

If selected 'Yes' to question

- [ ]
- [ ]
- [ ]
- [x]
- [ ]

If selected 'Other' to question

Participation in Shared Learning Activities

Yes

Knowledge Management / Record Keeping / Succession Planning

Yes

Yes

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

We make sure we have at least two people trained on processes so if something happens to one person; the other person can slip in.

Beneficiary Notification

- [x] E[illegible]
- [x] M[illegible]ry's [illegible]ddr[illegible]
- [x] [illegible]
- [x] [illegible]
- [ ] [illegible]

[illegible] If selected 'Other' to question [illegible]

For the elective CABG we provide the notification in office. For the non-elective we try and provide to patient during the hospitalization. If not, we mail to the beneficiary.

[illegible] D[illegible]M[illegible]

Yes

[illegible] If selected '[illegible]' to question 3, please explain.

No

If selected ‘Yes’ to question

BPCI Advanced Impact

Unsure

No

If selected ‘Yes’ to either question 1 or 2,

[illegible] *e.g., patient targeting/avoidance, inadequate or insufficient care, cost-shifting* [illegible]

Yes

If selected 'Yes' to question 4, please [illegible]

We follow every patient and discuss to ensure that the patient is coded correctly and that the correct documentation is provided by the provider.

Beneficiary Impact

[illegible] *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; using existing system

If selected 'Yes' to question [illegible]

- [x] [illegible]
- [ ] [illegible]
- [ ] [illegible]
- [ ] D[illegible]
- [ ] [illegible]
- [ ] [illegible]
- [ ] [illegible]

No

Document Submission

Yes

The biggest challenge is the number of emails that come. Sometimes it is difficult to determine if the email applies. The number of times the forms change has also been a challenge.

Yes

Self-disclosed Investigations or Sanctions

No

2. selected 'Y
Additional information is located under Article 13 of the Participation Agreement.

Other Issues Not Previously Listed

1. Getting the patients to use a patient portal has been a challenge with the elderly.