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.

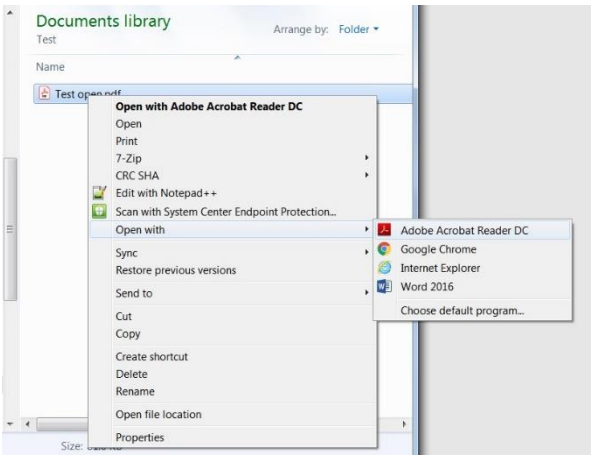
If applicable, use the Excel spreadsheet (Waiver Data Collection Template), found on the Participant Portal to document responses to the following:

- 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.

General Information

BPID 2291-0000

Organization Legal Name Overlake Hospital Medical Center

General Information Requested

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

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?

No

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). Instruction and additional information are located under Article 3 of the Participation Agreement].*

N/A; we didn't have any changes

Participant Profile

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

Yes

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

Yes

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

Unsure

Care Redesign Plan

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

- [ ] Strongly agree
- [x] Agree
- [ ] Neutral
- [ ] Disagree
- [ ] Strongly Disagree

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

We have been working internally and meeting with the physicians, care team, and service line leaders around readmissions. In addition, through our clinically integrity network, Eastside Health Network, we have developed further relations with post-acute providers with the creation of a monthly post acute forum. Through that work we continue to focus on readmission processes and appropriate referrals for appropriate length of

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.

We continue to focus on appropriate utilization of the right type of post acute provider for stroke patients. We will continue to develop additional post acute relationships through our post acute forum with our common post acute providers.

CEHRT Use

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.

N/A

Partner Agreements

---

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

N/A; we are a Non-Convener Participant

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.

n/a

Financial / Programmatic Infrastructure

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?

N/A; never participated in financial arrangements

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.*

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

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

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]*

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

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

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

NA; we don't have relationship with a BPCI Advanced Entity

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

We will look to in the future establish agreements with providers when the situaiton is right. For Stroke, our only A-BPCI episode, we employ the providers. We will look to share with post acute providers in the future as well as physicians when they are not employed by our health system.

Internal Cost Savings (ICS)

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?

No

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

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

Net Payment Reconciliation Amount (NPRA)

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]*

No

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

N/A; not requiring shared repayments by partners

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

n/a

Compliance Plan

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.]*

In progress

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)?

No

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?

NA; not using any of the waivers

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.

n/a

Participation in Shared Learning Activities

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

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.

We currently have two main individuals who have oversight of the A-BPCI participation. This is the director of reimbursement and CFO. If either left the organization, the other has the knowledge and understanding of the program to lead efforts. In addition, a reimbursement analyst has knowledge of the program and management of the data to assist in implementation of the various requirements and management of data.

Beneficiary Notification

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
- [x] Provided to beneficiary during an Inpatient Hospital stay or Outpatient Visit
- [x] Provided during discharge procedures
- [ ] Other

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

The patients are provided notice through our electronic health record at time of their hospital stay or at the time of discharge.

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

Yes

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

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?

BPCI Advanced Impact

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

No

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

Yes

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

The biggest negative has been the financial impact of using critical access hospitals who function as a swing bed long post acute facility. The payment rate for these facilities is not reflected in the target prices so a post acute stay at these facilities causes a huge financial lose. Due to patients having the choice of their post acute facility, it can be difficult to not refer to these facilities.

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.

We do monitor data on a monthly or quarterly basis to understand what is happening. This is shared with the stroke team (including the providers and stoke program manager).

Beneficiary Impact

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.*]

In progress

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

- [ ] Strongly agree
- [x] 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
- [x] N/A; we have not received any complaints from Beneficiaries

Document Submission

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.

n/a

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

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). *Additional information is located under Article 13 of the Participation Agreement.*

Other Issues Not Previously Listed

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

n/a