

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

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Purpose:

Participants' activities and barriers related to designing and implementing the BPCI Advanced Model

Instructions:

The first part of the study was a pilot study. The purpose of the pilot study was to determine the feasibility of the study and to estimate the sample size required for the main study. The pilot study was conducted with 10 participants. The results of the pilot study showed that the study was feasible and that the sample size required for the main study was 100 participants.

The main study was conducted with 100 participants. The participants were recruited from a local community center. The participants were randomly assigned to two groups: the experimental group and the control group. The experimental group received the intervention, and the control group did not receive the intervention. The intervention was a 12-week program of physical activity and nutrition education. The participants in the experimental group were instructed to engage in 150 minutes of moderate-intensity physical activity per week and to consume a diet that was rich in fruits, vegetables, and whole grains. The participants in the control group were instructed to continue with their current level of physical activity and diet.

The primary outcome of the study was the change in body mass index (BMI) over the 12-week period. The secondary outcomes were the change in waist circumference, blood pressure, and blood glucose levels. The results of the study showed that the participants in the experimental group had a significantly greater reduction in BMI, waist circumference, blood pressure, and blood glucose levels compared to the participants in the control group.

The results of the study suggest that a 12-week program of physical activity and nutrition education can effectively reduce BMI, waist circumference, blood pressure, and blood glucose levels in a community-based population. These findings have important implications for the development of public health interventions aimed at reducing the risk of chronic diseases.

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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.*

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Partner Agreements

1. **Definition:** A **Decision Tree** is a model for classification and regression tasks. It consists of a root node, internal nodes, and leaf nodes. The root node splits the data into two or more subsets based on a feature and a threshold. This process is repeated recursively for each subset, creating a tree structure. The leaf nodes represent the final classification or regression result.

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Financial / Programmatic Infrastructure

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Diagram illustrating the structure of a DNA sequence. The sequence is represented by a horizontal bar divided into segments. The segments are labeled with letters: D, r, d, r. The segment labeled 'd' is highlighted in red.

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Internal Cost Savings (ICS)

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☐ If selected ‘yes’ to question 1, has the Participant ☐
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Net Payment Reconciliation Amount (NPRA)

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 June 30, 2019]
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Compliance Plan

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

Participant Profile Selection Does Not Limit Use of Waivers”

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☐ If selected 'Yes' to question ☐ **Do you have any other information that you would like to provide?**
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☐ If selected 'Other' to question

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Participation in Shared Learning Activities

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Knowledge Management / Record Keeping / Succession Planning

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

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Beneficiary Notification

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BPCI Advanced Impact



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☐ If selected 'Yes' to either question 1 or 2, ☐ **d** ☐ **r** ☐

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Document Submission

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Self-disclosed Investigations or Sanctions

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- Additional information is located under Article 13 of the [Participation Agreement](#).

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Other Issues Not Previously Listed

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