

Quarter 1 2019 Financial Arrangements List (FAL) and Quality Payment Program (QPP) List Fact Sheet

The following questions were asked during the Quarter 1 2019 FAL and QPP List webinar on November 15, 2018. To ensure that all Participants received answers to their questions, we have prepared the following fact sheet.

In addition, we would like to clarify and provide additional information regarding the change to a QPP List. CMS is working on creating a forthcoming amendment to the BPCI Advanced Participation Agreement that, in part, incorporates the QPP List. **If a Participant does not sign this forthcoming amendment, the requirements and usage of the PGP List and FAL will remain as currently stated in the Participation Agreement for that Participant.** This means that PGP Participants and Convener Participants with PGP Episode Initiators (EIs) that do not sign the amendment will be required to submit a PGP List, and this list will be used for Qualifying Alternative Payment Model Participant (QP) determinations or to be eligible for the Alternative Payment Model (APM) Scoring Standard for Participation in a Merit-Based Incentive Payment System (MIPS) APM of PGP physicians. This also means that ACH Participants and Convener Participants with ACH EIs that do not sign the amendment will have QP determinations made from the FAL (i.e., only NPRA Sharing Partners will be eligible for QP determination.)

General Questions about Q1 2019 Submissions

Q.1. If we are not sharing NPRA with any other entity or individual, do we still need to submit a FAL? Or do we only need to submit a QPP list? Should we upload blank lists?

A.1. No. If a Participant currently does not have and previously has not had any Financial Arrangements, a FAL should not be submitted. Submission of a QPP List is optional. However, without submitting a QPP List, any eligible clinicians that are BPCI Advanced Participating Practitioners will not be evaluated for Qualifying Alternative Payment Model Participant (QP) determinations. However, if a Participant does not sign the forthcoming amendment to the BPCI Advanced Participation Agreement (Participation Agreement) and does not submit the QPP List, the PGP List and Financial Arrangement List, as applicable, will remain the only mechanisms by which eligible clinicians participating with the Participant will be assessed for QP determinations or for applicable eligible clinicians, be eligible for the Alternative Payment Model (APM) Scoring Standard for Participation in a Merit-Based Incentive Payment System (MIPS) APM. Please do not submit blank templates.

Q.2. Are PGP Participants or Convener Participants with PGP EIs required to submit a QPP List, similar to the requirement to submit a PGP List?

A.2. No. It is, however, the only mechanism by which eligible clinicians participating in the Model will be assessed for QP determinations and/or the APM Scoring Standard (for eligible clinicians participating under PGPs) under the Quality Payment Program (QPP). Different from the PGP List, in addition to physicians that have reassigned their billing rights to an Applicable PGP and are Participating Practitioners, non-physician practitioners that meet the definitions of Participating Practitioner and eligible clinician can also be included on the QPP List. Please note that for Participants that do not sign the forthcoming amendment to the Participation Agreement, and are either themselves PGPs or have Downstream PGP Episode Initiators, the PGP List will still be a required deliverable pursuant to the terms of the Participation Agreement.

Q.3. If we started with one Clinical Episode in October, do we have anything to submit for the December 7th deadline? Or do we submit for Q2 2019?

A.3. Yes. If you currently have or previously have had any Financial Arrangements, you need to submit a FAL. If you will not have any Financial Arrangements until Q2 2019, then you do not need to submit a FAL until the deadline for that quarter's submission. If Participating Practitioners would like to be evaluated for QP determinations for Q1 2019, a QPP List must be submitted for the December 7th deadline.

Q.4. Why do both the FAL and QPP List require individual practitioner information?

A.4. The FAL and QPP List are used for two separate purposes. The FAL is required for Participants to report their financial arrangements. If a Participant has a financial arrangement with an individual practitioner, then that practitioner and their information must be included in the FAL for reporting purposes, as outlined in the Participation Agreement. A practitioner that is an eligible clinician and included in the QPP List will be evaluated for QP determinations under the QPP (see previous responses regarding Participants who do not sign the forthcoming amendment to the Participation Agreement). If an eligible clinician is not included on the QPP List, their participation in BPCI Advanced, an Advanced Alternative Payment Model (Advanced APM), will not count towards achieving the payment or patient thresholds required to receive the five percent APM Incentive Payment. Further, eligible clinicians participating with a PGP under the Model that are not included on the QPP List, and who do not become QPs, will not be eligible for the APM Scoring Standard for participation in a MIPS APM. For more information, please visit the [QPP website](#).

Q.5. The Participant Portal is currently undergoing maintenance; when will it open up for submission of the Q1 2019 FAL and QPP Lists?

A.5. The BPCI Advanced Participant Portal will undergo scheduled maintenance from 11/19/2018 to 11/21/2018. We anticipate that Participants will be able to begin uploading FAL and QPP Lists for submission on 11/28/2018. We will announce via email when the submission feature is available.

Q.6. By when do the Q1 2019 FAL and QPP List need to be submitted?

A.6. The deadline for Q1 2019 FAL and QPP Lists is 11:59 PM EST on December 7, 2018. This is later than the deadline originally communicated.

Q1 2019 Financial Arrangement List (FAL)

Q.7. If we already submitted a FAL, do we need to submit a FAL again? Do FALs need to be resubmitted every 3 months?

A.7. Yes. Per Article 8 of the Participation Agreement, if a Participant elects to have Financial Arrangements, then the Participant must maintain a FAL on the template provided by CMS. Thirty days prior to the beginning of each calendar quarter, the Participant must submit to CMS, via the Participant Portal, an updated Financial Arrangement List identifying each individual or entity that the Participant expects will participate in BPCI Advanced as an NPRA Sharing Partner, NPRA Sharing Group Practice Practitioner, or BPCI Advanced Entity during such calendar quarter or such other period.

Q.8. Are NPRA Sharing Partners allowed to receive NPRA Shared Payments for Clinical Episodes that initiated prior to submitting the signed proposed FAL?

A.8. It depends. Participants can only make NPRA Shared Payments to NPRA Sharing Partners, if (1) the NPRA Sharing Partner is identified on the FAL for the applicable Performance Period, (2) the NPRA Sharing Partner engaged in BPCI Advanced Activities during the applicable Performance Period, (3) the Participant received an NPRA payment from CMS, and (4) all other requirements of the Notice of Waivers of Certain Fraud and Abuse Laws in Connection with the BPCI Advanced Model (“Notice of Waivers”) and the Participation Agreement have been met.

Q.9. If an NPRA Sharing Partner is an ACO, and the ACO does not have any billing providers, can the FAL simply list the ACO, even if the ACO might distribute NPRA to its providers?

A.9. A Participant may share NPRA with an NPRA Sharing Partner that is an ACO. However, the ACO NPRA Sharing Partner could not make payments to its downstream practitioners under the terms of the Notices of Waivers for financial arrangements under the Model. We cannot comment on financial arrangements made outside the scope of the Notice of Waivers and Participation Agreement or on the legality thereof. However, the ACO practitioners could themselves be NPRA Sharing Partners and potentially receive NPRA Shared Payments directly from the Participant or directly from the BPCI Advanced Entity provided that they comply with the requirements outlined in the Participation Agreement and in the Notice of Waivers for NPRA Sharing Partners.

Q.10. Can a physician in a PGP be an NPRA Sharing Partner, or must the PGP physician be an NPRA Sharing Group Practice Practitioner with a Partner Distribution Arrangement with a PGP NPRA Sharing Partner?

A.10. Yes. See the definition of NPRA Sharing Partner in Article 2 of the Participation Agreement. Individual practitioners can be NPRA Sharing Partners so long as they enter into an NPRA Sharing Arrangement with the Participant and all applicable requirements of the Notice of Waivers and Participation Agreement have been met. As stated in the question, practitioners may also be NPRA Sharing Group Practice Practitioners and enter into a Partner Distribution Arrangement with a PGP NPRA Sharing Partner. Both the PGP and the individual practitioners must be listed on the FAL in the latter situation.

Q.11. If a Participant is continuing in BPCI Advanced, does it need to list an “Effective End Date” on the FAL or just leave that field blank?

A.11. First, no Participant should appear in the FAL. A Participant cannot have a financial arrangement with itself; therefore, it should not be listed in the FAL. Second, if a financial arrangement is ongoing and has not ended, the “Effective End Date” field for that NPRA Sharing Partner or Group Practice Practitioner should be left blank. This is indicated in the FAL “Instructions” tab.

Q.12. Can an Episode Initiator contribute Internal Cost Savings (ICS) to the BPCI Advanced Savings Pool or can a Convener Participant make an NPRA Sharing Payment for October, if the Episode Initiator was included in the FAL but has not signed a Financial Arrangement with the Participant?

A.12. First, the Episode Initiator should not be contributing Internal Cost Savings to the BPCI Advanced Savings Pool unless it is also an NPRA Sharing Partner that has a written NPRA Sharing Arrangement with the Participant and all requirements of the Notice of Waivers and Participation Agreement have been met. The NPRA Sharing Arrangement must be written and executed by the Participant and the NPRA Sharing Partner (in this case, the Episode Initiator) contemporaneously with the establishment of the NPRA Sharing Arrangement and executed before care is furnished to BPCI Advanced Beneficiaries under the arrangement, per Article 8.3 of the Participation Agreement. Second, no NPRA Sharing Partner (in this case, Episode Initiator) may contribute Internal Cost Savings to the BPCI Advanced Sharing Pool for a Performance Period unless the Participant receives an NPRA payment from CMS, as set forth in a final Reconciliation Report. Since Reconciliation for the first

Performance Period has not occurred, an NPRA Sharing Partner should not yet have contributed Internal Cost Savings at this point.

Q.13. What if a Participant is sharing NPRA with a PGP that is not initiating Clinical Episodes and does not have BPID?

A.13. A BPID is not required for organizations that are NPRA Sharing Partners, listed on the FAL, and eligible to receive NPRA Shared Payments. The BPID that should be listed on that row in the “Organizations” tab should be that of the Participant. However, all of the requirements of the Notice of Waivers and Participation Agreement must be met for all financial arrangements under the Model. Specifically, NPRA Sharing Partners must be participating in BPCI Advanced Activities in order to enter into NPRA Sharing Arrangements with the Participant, appear on the Financial Arrangement List, and receive NPRA Shared Payments and/or contribute Internal Cost Savings/Shared Repayment Amounts to the BPCI Advanced Savings Pool.

Q.14. Does providing no “Effective End Date” in the FAL mean you will continue to share NPRA until the next enrollment date?

A.14. A Participant should not provide an “Effective End Date” in the FAL if a financial arrangement has not ceased.

Q1 2019 Quality Payment Program (QPP) List

Q.15. If a Participant does NOT have agreements with any eligible clinicians, does the Participant submit a QPP List? Must practitioners on the QPP List sign any kind of agreement, similar to the required financial arrangement agreement for NPRA Sharing Partners?

A.15. A Participant does not need to have financial arrangements with eligible clinicians listed in the QPP List. However, in order to be listed in the QPP List, an eligible clinician must be a Participating Practitioner under the Model. Therefore, the eligible clinician must have a written agreement with the Participant, as specified in the Participation Agreement. Participants are required to have a written agreement with all Participating Practitioners that requires them to comply with all applicable terms and conditions of the Participation Agreement. (These agreements should already be in place since they are required for Participating Practitioners.)

Q.16. I see that the QPP list criteria no longer includes NPRA sharing as a requirement for QP determination. Does this mean that NPRA sharing is no longer a prerequisite for a BPCI Advanced Participating Practitioner to be assessed for QP status?

A.16. NPRA sharing was not a prerequisite or requirement for a Participating Practitioner to be assessed for QP status under BPCI Advanced, except for ACH clinicians. Due to the previous set up of the FAL and PGP List, ACH clinicians had to be listed as NPRA Sharing Partners on the FAL since it was acted as an Affiliated Practitioner List for QPP purposes. PGP physicians were not required to be NPRA Sharing Partners or Group Practice Practitioners to be listed on the PGP List. This difference in the treatment of ACH providers and PGP physicians was one of the catalysts for changing the PGP List to a QPP List. The QPP List now acts as both the Participation List and the Affiliated Practitioners List for QP determinations, so long as the Participant signs the forthcoming amendment (see Questions 1 and 2).

Q.17. May ACH Episode Initiators (or those Conveners with only ACH EIs) submit a QPP List? Is the QPP List specific to PGP EIs?

A.17. Yes. Participants that are ACH Episode Initiators as well as Convener Participants with only ACH EIs can submit a QPP List. In addition, eligible clinicians associated with ACH Episode Initiators can be listed in the QPP List and evaluated for QP determination so long as they meet the definition of a Participating Practitioner and eligible clinician. (Both of these are defined in the “Instructions” tab of the QPP List template.) The QPP List has replaced the PGP List, and this deliverable is not specific to PGP EIs. Both ACH and PGP eligible clinicians must be included on this list in order to be evaluated for QP determinations (see Questions 1 and 2 regarding Participants who do not sign the forthcoming amendment to the Participation Agreement).

Q.18. Can eligible clinicians on the QPP List’s “ACH Clinicians” tab qualify for Qualifying Alternative Payment Model Participant (QP) status?

A.18. Eligible clinicians listed on the ACH Clinicians tab will be evaluated individually for QP determinations, unless the Participant is itself a PGP and a Non-Convener Participant, or a Convener Participant with both PGP and ACH Episode Initiators. If the Participant is a Convener Participant with both PGP and ACH Episode Initiators, only those listed on the “PGP Clinicians” tab will be evaluated as a group for QP determinations. Please note that an eligible clinician may only become a QP and receive the five percent APM Incentive Payment in 2021 for Advanced APM participation in Performance Year 2019, if the requirements set forth in the QPP Rule are met, such as (1) 25 percent of the eligible clinician’s Medicare Part B payments are received through an Advanced APM or (2) 20 percent of the eligible clinician’s Medicare patients are seen through an Advanced APM. Please see the [QPP website](#) for more information.

Q.19. Can physical therapists be included in the QPP List?

A.19. You can list any clinician that meets the definition of a Participating Practitioner under the Model and eligible clinician, as defined in section 1848(k)(3) of the Social Security Act. (These definitions are provided in the “Instructions” tab of the QPP List template.) This includes physicians, physical therapists, occupational therapists, physician assistants, nurse practitioners, clinical social workers, and certified registered nurse anesthetists, among other clinicians.

Q.20. What is the value of adding additional clinicians (e.g., therapists, clinical social workers, and nurse practitioners) to the QPP List?

A.20. These clinicians meet the definition of eligible clinician and, therefore, may also meet the threshold to become a QP and receive the five percent APM Incentive Payment in 2021 for Advanced APM participation in Performance Year 2019. For more information, please see the [QPP website](#).

Q.21. Why would clinicians be included that we know have been terminated from a PGP/ACH?

A.21. Even though a clinician may no longer be associated with a participating PGP or ACH, they can still be evaluated for QP determinations for their participation in BPCI Advanced, if they meet the definition of eligible clinician and Participating Practitioner under the Model.

Q.22. Within a QPP List, does an eligible clinician need to be listed more than once if they are initiating Clinical Episodes as part of multiple Episode Initiators under the same Convener Participant?

A.22. Yes. An eligible clinician should be listed on a unique row for each Participating Organization under which they meet the definition of a Participating Practitioner. This will ensure that the eligible clinician’s complete participation in BPCI Advanced will be accounted for in the threshold calculations for QP determinations.

Q.23 What occurs if an eligible clinician is listed on the QPP List but does not participate in BPCI Advanced Activities for that quarter? For example, a cardiologist has the ability to initiate a BPCI Advanced Clinical Episode, but, none of his/her patients end up initiating a Clinical Episode during that Performance Period?

A.23. We understand that this may happen. CMS will not take any responsive action in if this occurs. However, this may impact the eligible clinician's ability to meet the thresholds for QP determinations.

Q4 2018 FAL & PGP List

Q.24. Will Participants receive final Q4 2018 FAL feedback on which organizations and individuals were approved for NPRA sharing before the Q1 2019 list is due?

A.24. Due to the significant number of errors on submitted FALs and the numerous revisions requested, we have been delayed from our original timeline. We are working diligently to provide you with a Program Integrity Screening report, called a FAiL Report, of organizations, individuals, and BPCI Advanced Entities listed on your Q4 2018 FAL. We hope to distribute these to Participants via the Participant Portal prior to the Q1 2019 deadline.

Q.25. Would you please clarify the FAL process? It is our understanding that there is a Proposed FAL, then a Tentative FAL, and finally the Initial FAL. Which phase are you in with the Q4 2018 FALs?

A.25. We are preparing Tentative FALs for Participants that submitted a FAL with no errors and in which all listed organizations, individuals, and BPCI Advanced Entities passed Program Integrity Screening. For Participants that listed organizations, individuals, or BPCI Advanced Entities that did not pass Program Integrity Screening or submitted a FAL with errors, we will be distributing FAiL Reports with these results. Participants can then submit correction requests along with supporting evidence, which CMS will review, prior to distributing their Tentative FALs. No additions can be made to Q4 2018 FAL or PGP Lists.

Q.26. How will Participants receive notification of Q4 2018 FAL Status Updates?

A.26. Participants will receive notification via email when a FAiL Report, Tentative FAL, or Initial FAL for a specific BPID is uploaded to the Participant Portal. Any updates about the Q4 2018 FAL Process as a whole will be sent to Participants as a mass email message.

Q.27. What is the process for a Participant to modify its Q4 2018 FAL in order to change an individual that was listed as a NPRA Sharing Partner to a NPRA Sharing Group Practice Practitioner?

A.27. All Participants that submitted a completed Q4 2018 FAL will receive a Tentative FAL in which they can make certain limited changes prior to the FAL being finalized (i.e., becoming the Initial FAL). (See the Participation Agreement for details.) However, at the Tentative FAL stage, Participants must remove any NPRA Sharing Partners or NPRA Sharing Group Practice Practitioners that have not entered into financial arrangements. Therefore, to change an individual from an NPRA Sharing Partner to an NPRA Sharing Group Practice Practitioner at this stage, the NPRA Sharing Group Practice Practitioner must already have in place a Partner Distribution Arrangement with a PGP NPRA Sharing Partner also on the FAL, who in turn has an NPRA Sharing Arrangement with the Participant.

Q.28. In September, I submitted a FAL thinking it was needed in order to screen any individuals with whom we expect to share NPRA in the future. Since we do not have any financial arrangements, I gather that I should not have uploaded a FAL. Is this correct?

A.28. Yes, that is correct. If you do not plan to enter into a financial arrangement for that respective quarter and have not previously had financial arrangements, we ask that you do not submit a FAL.

Q.29. If the new QPP List is for Q1 2019, what happens if you have realized that your Q4 2018 PGP List was incomplete?

A.29. The final snapshot for QP determinations for the 2018 performance year took place prior to the start of the Model. Therefore, the Q4 2018 PGP List was not submitted for QP determination. While you cannot add individuals to previously submitted lists, you should include those individuals on the Q1 2019 QPP List so long as they meet the requirements to be listed. However, the submission of an accurate and complete PGP List is currently a requirement of the Model pursuant to the terms of the Participation Agreement.