

Bundled Payments for Care Improvement Advanced Participation Agreement

Amendment No. 2019-1

Amendment to Appendix F Section II(f)

This amendment is made to the Bundled Payments for Care Improvement Advanced Participation Agreement (the “Agreement”) between the Centers for Medicare & Medicaid Services (“CMS”) and Navihealth, Inc. (“Participant”), BPID 5594-0001, collectively referred to as “the Parties.”

Article 23.4 of the Agreement authorizes CMS to unilaterally amend the Agreement in the following circumstances: as specified in the Agreement, or for good cause, or as necessary to comply with applicable federal or State law, regulatory requirements, accreditation standards or licensing guidelines or rules. CMS wishes to amend the Agreement in a manner that is consistent with this authority, as follows.

CMS has good cause to amend the Agreement to correct a drafting error in Section II(f) of Appendix F of the Agreement regarding the maximum number of post-discharge home visit services that may be furnished during a Clinical Episode. At the time that the Agreement was drafted, CMS had intended for this maximum number to be 13, not three as currently indicated in Section II(f). CMS believes it would be in the best interest of the Parties and the BPCI Advanced Beneficiaries to correct this drafting error so as not to unintentionally limit the number of post-discharge home visit services that may be furnished during a Clinical Episode. If this correction is not made, BPCI Advanced Beneficiaries might not receive an adequate number of the necessary services. As an example, providing up to 13 post-discharge home visit services is supported by data for beneficiaries with Acute Myocardial Infarction (AMI). Most beneficiaries with AMI are not discharged to post-acute care; therefore, BPCI Advanced Beneficiaries in an AMI Clinical Episode could benefit from receiving up to 13 post-discharge home visit services, which is an average of one visit per week for a Clinical Episode of at least 90 days.

CMS has good cause to make this unilateral amendment pursuant to Article 23.4 of the Agreement, and CMS hereby amends the Agreement as follows:

1. **Post-Discharge Home Visits Payment Policy Waiver.** Appendix F Section II(f) of the Agreement is amended to read in its entirety as follows:

(f) the services are furnished during a Clinical Episode, but not more than 13 times during that Clinical Episode (for a description of the duration of a Clinical Episode, see Article 5.2 of the Agreement), for any Clinical Episode initiated on or after October 1, 2018; and

All other terms and conditions of the Agreement shall remain in full force and effect. In the event of any inconsistency between the provisions of this amendment and the provisions of the Agreement, the provisions of this amendment shall prevail.

The effective date of this amendment is the date on which CMS signs this amendment.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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