

Bundled Payments for Care Improvement (BPCI)



BASIC STEPS OF BPCI PARTICIPATION:

- Application to the program
- 3-year look-back from CMS
- Establishment of “target prices” for each relevant DRGs
- Selection of episodes, episode duration and desired “risk tracks”
- Start of participation - retrospective “true-up” occurs as CMS collects relevant claims
- Most participants use Awardee Convener
 - Providing analytics support to manage relevant data

KEYS TO BPCI SUCCESS:

- Appropriate analysis and management of CMS data
- Identify ‘low hanging fruit’
 - Post acute utilization/LOS
 - Re-admissions
 - Pre-selection/management
 - Protocol development/review
- Care navigators and navigation software
- Collaboration and coordination with partner providers
 - Physician
 - Acute Care
 - Post Acute Care

THE FUTURE OF BUNDLES

- CMS will continue due to high payoff
- Commercial plans still trying to re-design their systems for value-based payments
- Site of service opportunities
- Prospective bundling
- Will give way to new types of partnerships
- Examine how bundles fit into broader value platforms (e.g., ACO)
- Direct to Consumer Pricing will emerge

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