

CMS is Testing a Different Approach to Value-Based Care

BPCI Advanced...

- Is a voluntary “bundled” payment Model
- Qualifies as an Advanced Alternative Payment Model (APM)
- Establishes an “accountable party” with ownership of the Clinical Episode
- Improves on the patient experience
- Incorporates pertinent and actionable quality measures
- Offers participation opportunities in 34 Clinical Episode Categories for a range of specialties
- Builds on the experience of the CMS Innovation Center implementation of other models and stakeholder input

A Partnership With CMS

- Historical and current claims data provide insight into the patient experience in the continuum of care
- Access to virtual educational events and online resources to accelerate learning
- Facilitated peer-to-peer learning
- Technical seminars on selected topics

Model Basics

- Bundled payments for the beneficiary “Total Cost of Care” for the 90-day Clinical Episode
- 8 Clinical Episode Service Line Groups (CESLGs), covering 29 Inpatient, 3 Outpatient, and 2 Multi-Setting Clinical Episodes
- Two quality measure sets for customized options
- Model design increases opportunity for clinicians to influence, and improve cost and quality processes
- Preliminary Target Prices are provided in advance and final Target Prices will be constructed during Reconciliation
- Risk cap is applied to Clinical Episodes at the 1st and 99th percentile of spending in both the Performance Period and the Baseline Period
- Stop-loss/stop-gain limits are capped at +/-20% of final Target Prices at the Episode Initiator level
- When twice a year reconciliation occurs, CMS compares the aggregate Fee-For-Service (FFS) expenditures to the final Target Prices across all attributed Clinical Episodes
- If things go well, Participants may receive additional payments from CMS, and if not, Participants will owe money to CMS

Why Should You Participate in BPCI Advanced?

The **Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model** is a voluntary bundled payment model that ties both physician and hospital payments to the quality and cost of services provided under a Clinical Episode “bundle” for a period of 90 days. Check out our [Model Overview animated video](#) for more details.

BPCI Advanced encourages clinicians to redesign care delivery by adopting best practices, reducing variation from standards of care, and providing a clinically appropriate level of services for patients throughout a Clinical Episode. A Hospital, Physician Group Practice, Medicare Accountable Care Organization (ACO), or Convener can apply to take responsibility for coordinating high quality, efficient healthcare. In October 2022, CMS announced a 2-year extension of the BPCI Advanced Model, which launched on October 1, 2018, was set to end on December 31, 2023, and will now conclude on December 31, 2025.

There is now a **Request for Applications (RFA)** for Medicare-enrolled providers and suppliers and Medicare ACOs to start participation in the Model on January 1, 2024 (Model Year 7).

How to Apply?

Application Portal Opens - February 21, 2023

Application Portal Closes - May 31, 2023

Download the MY7 Request for Applications (RFA) and the Application template to understand the information required, then register for the **BPCI Advanced Application Portal**:

<https://app.innovation.cms.gov/bpciadvancedapp/IDMLogin>

All documents referenced above and additional resources can be found on the Applicant Resources webpage:

<https://innovation.cms.gov/innovation-models/bpci-advanced/applicant-resources>

For questions, contact the Model Team at: BPCIAdvanced@cms.hhs.gov