

Bundled Payments
for Care Improvement
Advanced

BPCI
Advanced



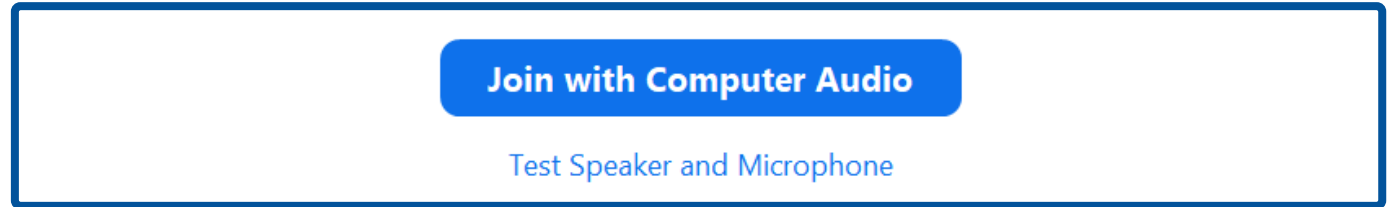
4th Annual Evaluation Report for Model Year 3 (2020)

June 6, 2023

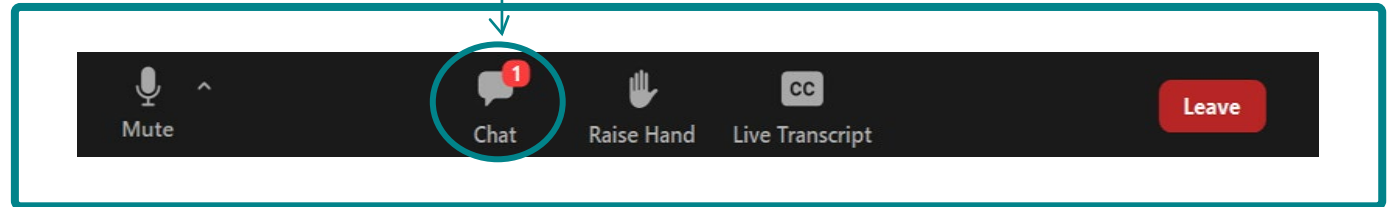


Connecting to Zoom – Easy as 1, 2, 3

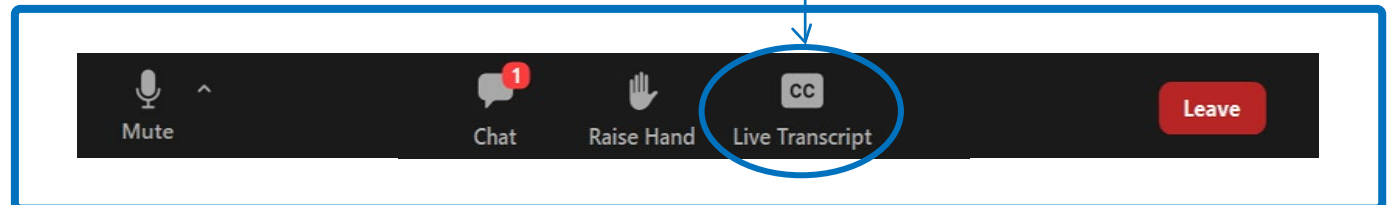
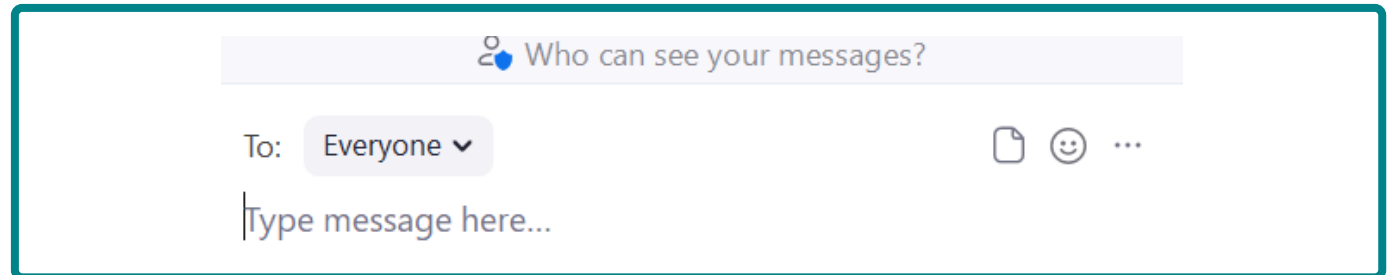
1 Connect to an audio source.



2 Open the chat box and introduce yourself.



3 Open the live transcript for closed captioning.



Today's Facilitators



Ellen Lukens, MPH
CMS Innovation Center
Deputy Director



Daver Kahvecioglu, Ph.D.
CMS Innovation Center
Evaluation Lead, BPCI Advanced Model



Mira Friedlander
Deloitte
Learning System Team

Today's Agenda



1

BPCI Advanced Model Changes and Evaluation Overview

Review changes that occurred between Model Year 3 (MY3) and Model Year (MY4).

Discuss an overview of what is included in the MY3 Evaluation Report.

2

High Level Findings: Evaluation Results for MY3 (2020)

Highlight the impacts of the Model on fee-for-service (FFS) payments, post-acute care (PAC) and readmission rates.

3

Health Equity: Model Reach to Underserved Populations

Share results from claims-based data to understand the reach of the Model to various populations.

Discuss how the Model has a unique opportunity to impact health equity.

4

Questions and Answers and Closing Remarks

Submit questions for the Evaluation Lead to answer and discuss final thoughts regarding the MY3 Evaluation Report.

Poll Questions

- 1** Which of the following best fits your current involvement with BPCI Advanced?
- 2** What type of organization do you work in?





BPCI Advanced Model Changes and Evaluation Overview MY3 (2020)

Changes from MY3 (2020) to MY4 (2021)

CMS adjusted the pricing methodology for MY4 to ensure reconciliation payments reflect actual decreases in spending due to Care Redesign to make the Model less susceptible to unpredictable policy or coding changes and clinical practices.



Clinical Episode (CE) Selection

- Participants select full Clinical Episode Service Line Groups (CESLGs) instead of individual CEs.
- Participants are not required to participate in CE categories within a CESLG that does not meet the minimum threshold during the Baseline Period.



CE Overlap Methodology

- CEs for a given beneficiary will not be allowed to overlap in either the Baseline or Performance Period.
- Constructing CEs similarly the Baseline and Performance Period may improve Target Price accuracy.



Realized Trend Adjustment

- Final Target Prices are adjusted at Reconciliation for realized Peer Group Trends (PGTs) in the Performance Period.
- The PGT Factor adjustment is capped at 10%, so that maximum difference between the preliminary and realized trend is 10%.

Model Overview



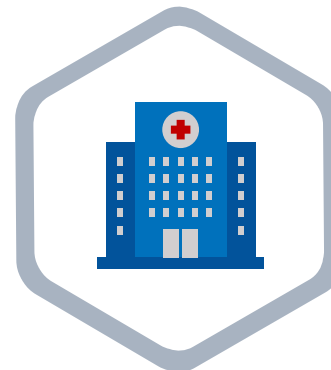
68 Distinct Model Tests

- **34** of the 68 CE x Episode Initiator (EI) type combinations were evaluated



34 Clinical Episodes (CE)

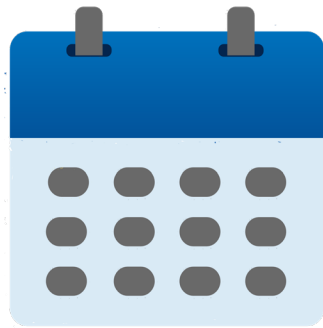
- **15 Medical**
 - Examples: Stroke, UTI, COPD, Renal Failure
- **19 Surgical**
 - **3** Outpatient (e.g., Cardiac Defibrillator)
 - **16** Inpatient (e.g., Major Joint Replacement of the Lower Extremity, Spinal Fusion)



EI Types

- Acute Care Hospitals
- Physician Group Practices (PGP)

Evaluation Specifics



Evaluated CEs
represented 92% of
all episodes

Number of CEs Evaluated for MY3

EI Type	Medical CEs	Surgical CEs
Hospital	10	7
PGP	12	5

Participation and Episodes by Volume

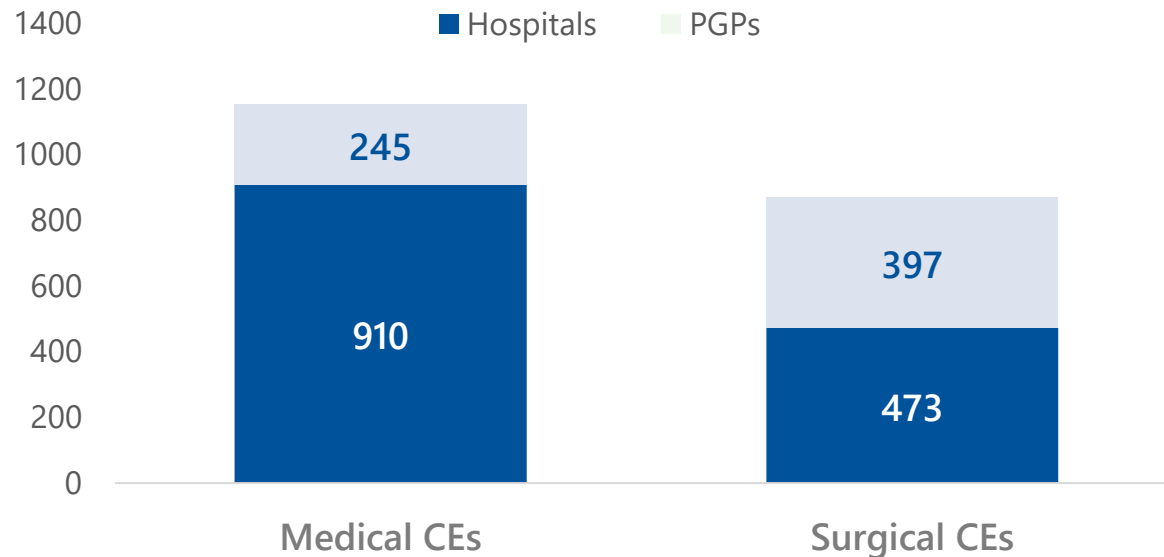


1,502
Episode
Initiators (EIs)

353,609
Clinical
Episodes (CE)

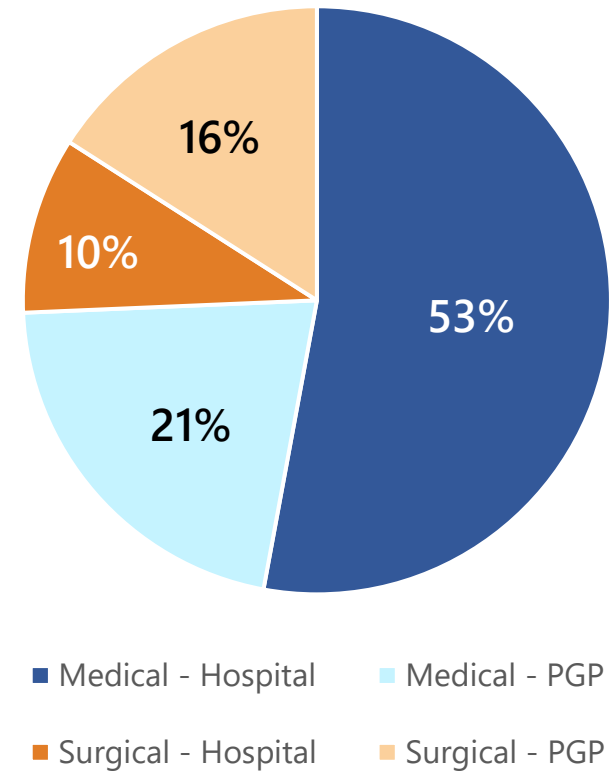
74%
of CEs are
Medical

Number of EIs enrolled in CEs



EIs can enroll in both Medical and Surgical CEs.

CE Breakdown



The slide features a white background with several large, semi-transparent hexagons in shades of blue and grey. The hexagons are arranged in a pattern, with some overlapping. The main title is centered in a bold, dark blue font.

High Level Findings: Evaluation Results for MY3 (2020)

Impact on FFS Payments

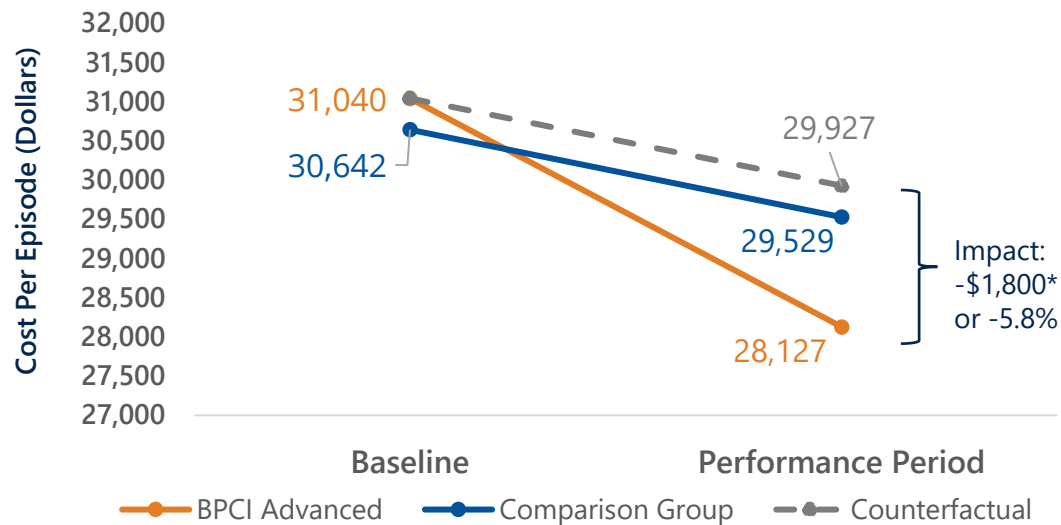


Nearly all bundles evaluated saw a decrease in episode costs without negatively impacting quality.

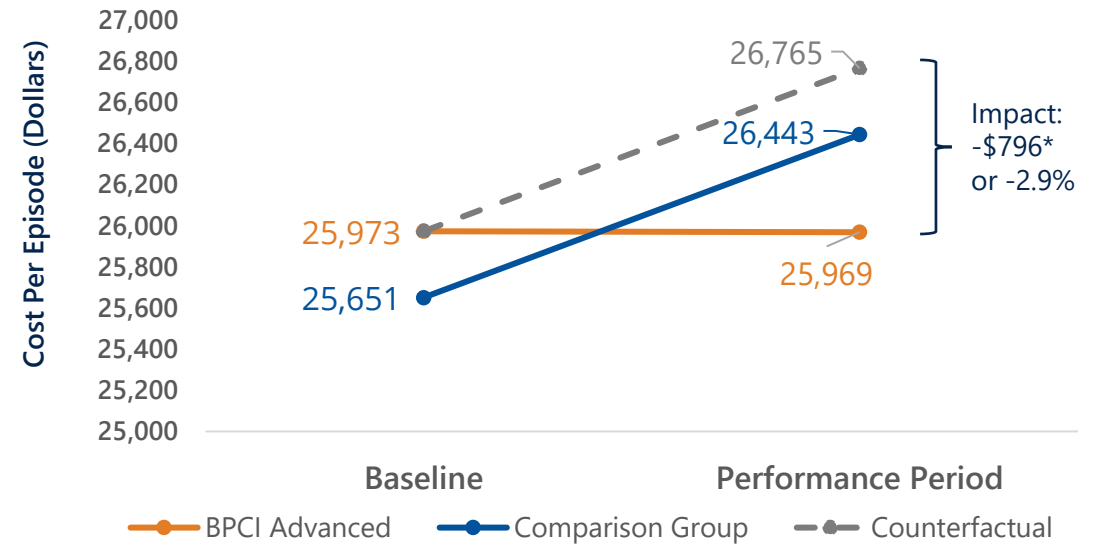
Surgical CE costs decreased more than Medical CE costs.

Medical CE costs were contained more for Model Participants compared to the comparison group.

Surgical CEs by Performance Period



Medical CEs by Performance Period



*p<0.01, which indicates a statistically significant result. Impact is the difference between the counterfactual and BPCI Advanced results. Additional information on impact calculation can be found in Appendix C of the BPCI Advanced Model: Fourth Annual Evaluation Report.

Impact on PAC Use



Key Highlights

- Both EI types reduced institutional PAC use by discharging a smaller share of episodes to institutional PAC settings.
- For patients discharged to institutional PAC, there was a reduction in the length of stay except for PGP Medical CEs.
- HHA payments declined within PGP Surgical CEs but stayed the same in PGP Medical CEs and Hospital EIs.
 - PGPs reduced HHA payments by \$332/episode.

Impact	Hospital EIs	PGP EIs
Discharge to institutional PAC	↓	↓
SNF length of stay	↓	↓ Surgical CEs only
HHA payments	⊘ No change	↓ Surgical CEs only

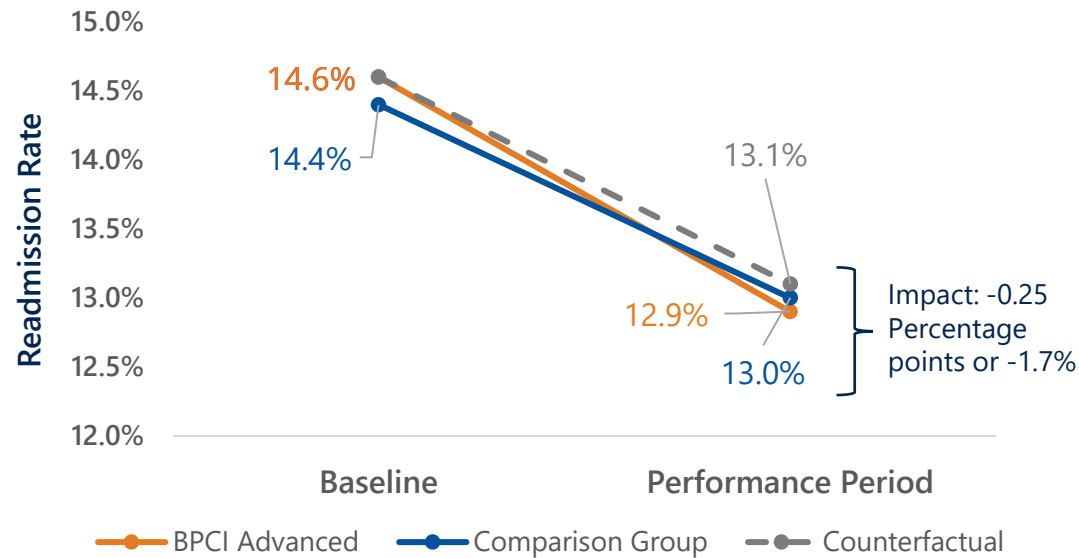
Impact on Unplanned Readmission Rate



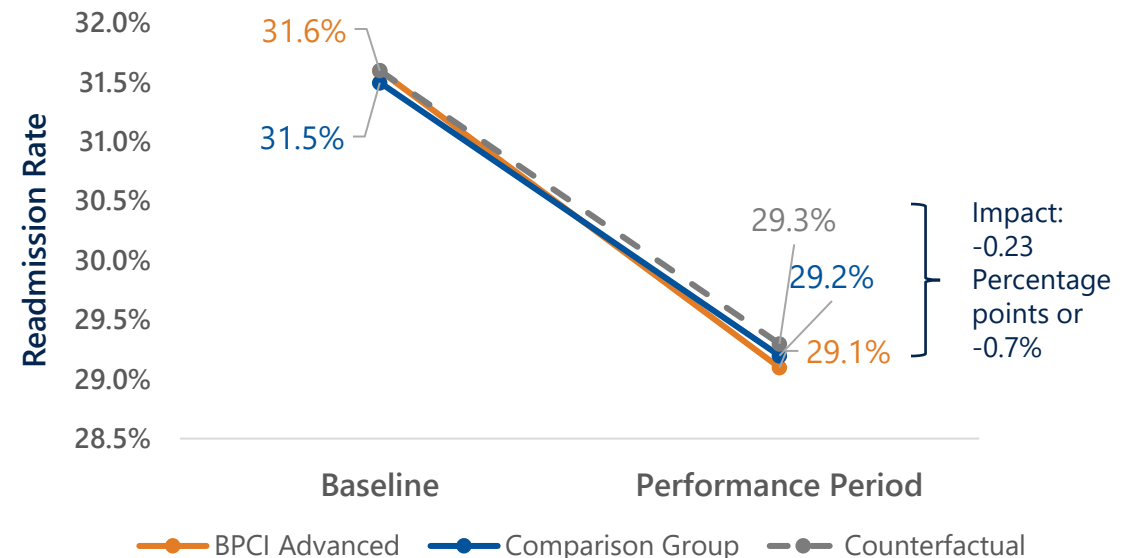
Overall, readmission rates declined regardless of Model participation.

The most significant reduction in readmission rates was for Medical CEs by PGPs.

Surgical CEs by Performance Period



Medical CEs by Performance Period



Impact is the difference between the counterfactual and BPCI Advanced results. Additional information on the impact calculation can be found in Appendix C of the BPCI Advanced Model: Fourth Annual Evaluation Report.



Health Equity: Model Reach to Underserved Populations

Model Reach to Underserved Populations



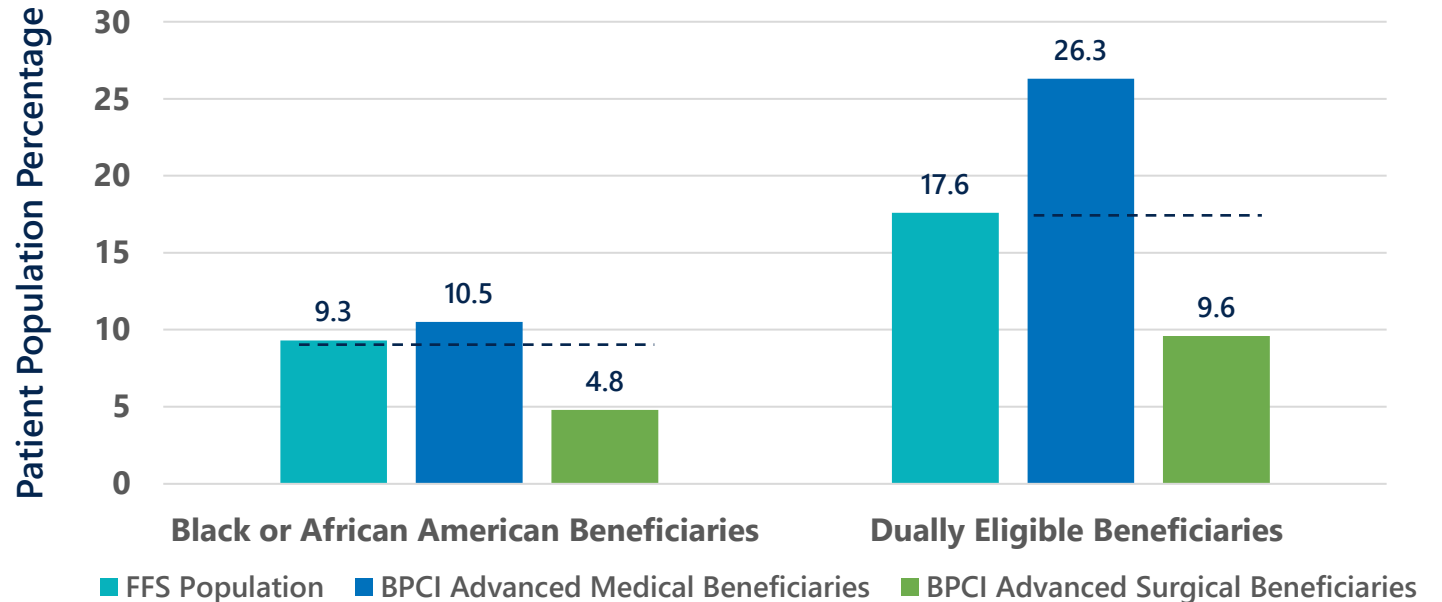
Key Highlights

Model's reach to Black and Dually Eligible beneficiaries is relatively high for Medical CEs.



This is an opportunity to engage Black and Dually Eligible beneficiaries to enhance their care further.

Beneficiaries from Underserved Populations as a Share of Medical or Surgical CEs Compared to Total FFS Shares



<https://innovation.cms.gov/data-and-reports/2023/bpci-adv-ar4-findings-aag>



Questions & Answers

Questions & Answers for Evaluation



All unanswered questions will be responded to by the Evaluation Team and shared via e-mail.

Send any additional questions to LSBPCIAdvanced@deloitte.com.

Take the Post-Event Survey!

1

The post-event survey is anonymous.

2

Additional options for accessing the survey:

- A link to the survey will be provided in the chat.
- A link will be sent in the post-event e-mail.



Access the post-event survey here:
[Survey Link](#)

Additional Evaluation Resources



- [Fourth Evaluation Report](#)
- [Evaluation Report Findings at a Glance](#)

Thank You!

If you have questions about this event, please contact the **BPCI Advanced Learning System Team:**

LSBPCIAdvanced@deloitte.com