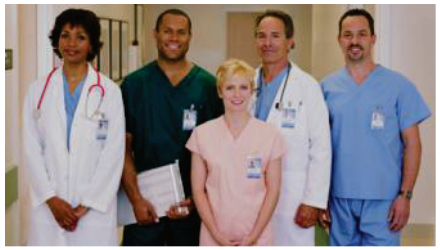
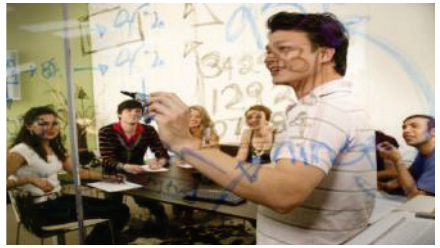
Bundled Payments for Care Improvement
Model 3 Deep Dive





Presented by the Program Team
Bundled Payment for Care Improvement
Patient Care Models Group
Innovation Center
Centers for Medicare & Medicaid Services

February 9, 2012

Webinar Purpose

- Describe the opportunities for Post-Acute Care (PAC) providers to participate in care redesign across the continuum of care within the Bundled Payments for Care Improvement Initiative (BPCI)

- Clarify how the Model 3 episode is defined, the financial risk assumed by applicants and the partnerships needed to mitigate risk by care coordination and redesign

- Provide an opportunity for those interested in Model 3 to ask questions

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AGENDA

- Overview Bundled Payments for Care Improvement (BPCI) Initiative
- Bundling of Post-acute Care Services within BPCI
- Model 3 Deep Dive
- Questions
- Upcoming Sessions/Dates

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Bundled Payment for Care Improvement

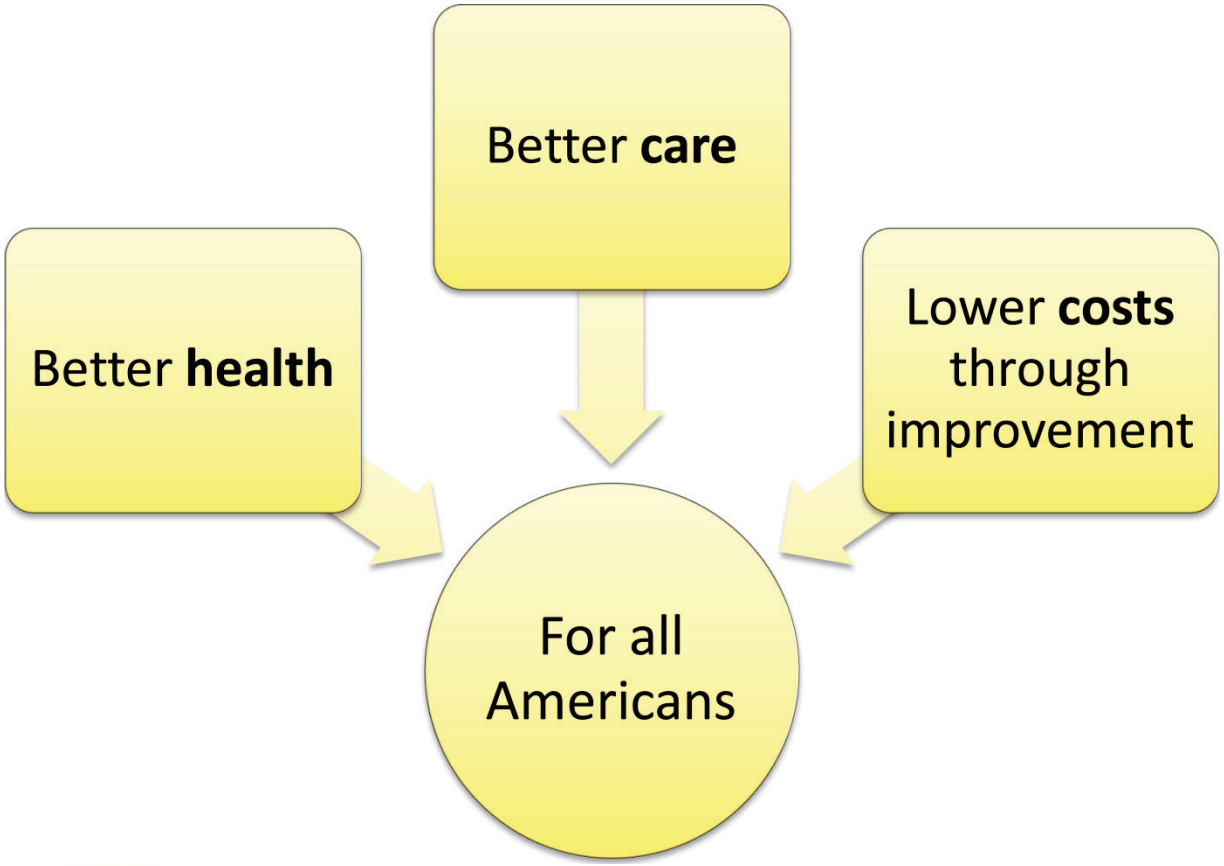
Program Team

Valinda Rutledge, MBA Director, Patient Care Models Group

Carol Bazell, MD, Deputy Director, Patient Care Models Group

Lori Anderson; Jeff Clough MD,MBA; Jay Desai, MBA; Melissa Cohen, JD, MPA; Sheila Hanley, MPH, MA; Rachel Homer; Elyse Pegler, MPH; Pamela M. Pelizzari, MPH; Elizabeth Truong, MHS

The Three-Part Aim Goals



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Thank You

Thank you for your interest in partnering with the Innovation Center and CMS to help redesign care and for the important work you do each day to improve care coordination across providers, enhance quality and reduce costs across our country.

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Center for Medicare & Medicaid INNOVATION

Bundled Payments for Care Improvement Initiative Goals

- Support providers in continuously improving quality and reengineering care
- Develop/test payment and delivery models that expand accountability for three-part aim outcomes
- Provide incentives to
  - Align payment for care as patients experience care
  - Improve the coordination of care across providers and settings
  - Create partnerships across the care giving team
- Engage a range of heath organizations, including PAC providers, by offering four distinct models and flexibility in the how episodes are defined

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Bundled Payment Models

	Model 1	Model 2	Model 3	Model 4
Episode	All acute patients, all DRGs	Selected DRGs +post-acute period	Post acute only for selected DRGs	Selected DRGs
Services included in the bundle	All part A DRG-based payments	All Part A and B services (hospital, physician, LTC, HHA, SNF, DME, Part B drugs, etc.) and readmissions	All Part A and B services (hospital, physician, LTC, HHA, SNF, DME, Part B drugs, etc.) and readmissions	All Part A and B services (hospital, physician) and readmissions
Payment	Retrospective	Retrospective	Retrospective	Prospective

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Opportunities to Partner in Care Redesign Across the Continuum

- BPCI creates the opportunity for PAC providers to improve the way care is delivered to patients *across the continuum of care* by facilitating relationships and/or formal Bundled Payment Participating Organization (BPPO) partnerships with physicians, hospitals and other PAC providers
- These relationships and BPPO partnerships create the building blocks of high quality, effective and less costly care including
  - improved care-transitions
  - improved coordination of care
  - collaboration regarding best-care practices
  - Improved efficiency and seamlessness of care across the continuum

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Strategic and Financial Opportunities for PAC Providers

The development of relationships with acute and PAC providers within BPCI creates opportunities for PAC providers to:

- Play a leadership role in the redesign of post-acute care delivery models and the interface with acute care
- Expand their financial stake in care redesign to include efficiencies gained across the continuum of care
- Share in the savings achieved as a result of adopting more efficient and effective care processes across the continuum of care including
  - providing only needed services
  - reducing readmissions
  - returning patients to the least intensive level of care most appropriate for the patient
- Position themselves as attractive partners in a value driven market
- Manage and enhance referral networks

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Similarities between Model 2 and Model 3

Models 2 and 3

- Address limitations in the current "siloed" reimbursement system that reward volume at a given facility over coordination of patient care across settings
- Provide new financial incentives to coordinate care between acute and post-acute settings and among PAC providers.
- Require new and stronger relationships among providers and organizations across the continuum of acute and post acute care

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Key Differences between Model 2 and Model 3

Model 2

- Episode begins with an inpatient admission at a participating hospital for a MS-DRG designated by the applicant
- Applicant proposes episode length
  Min length: 30 days following hospital discharge
- Applicant proposes a minimum discount dependent on episode length (min 3% discount for episodes 30-89 days; min 2% discount for episodes 90 days and longer).

Model 3

- Episode begins with initiation of care at a SNF, IRF, LTCH, or HHA that occurs within 30 days of discharge from a hospital for a MS-DRG designated by the applicant
  - -Services provided in the initial hospital stay are not included
  - -Services after hospital discharge but prior to the episode start are not included in the bundle
- No minimum discount
- Min length: 30 days following initiation of care at SNF, IRF, LTCH or HHA
- Readmissions are included

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Services Included in Models 2 & 3

Model 2

All Part A DRG-based payments for designated MS-DRGs, physician services, inpatient hospital readmissions, all post-acute care, and other services furnished during the episode (all Part A and Part B with the exception of Hospice)

Model 3

All Part A and Part B services provided during the episode including physician services, all post-acute care and inpatient hospital readmissions for the designated MS-DRGs

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What Services Can Be Excluded in Models 2 and 3 ?

- Only unrelated Part A services, such as certain unrelated hospital readmissions, and unrelated Part B services, are eligible for consideration for exclusion
- Applicants propose services for exclusion by specifying MS-DRGs for readmissions and principle ICD-9 diagnosis codes for other services
- Proposed exclusions must be clinically relevant and material, and should be justified

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Which Physician Services are Included in the Model 3 Bundle ?

- All physician services provided during the episode are included
  - Unless a specific physician service, as identified via an excluded principle ICD-9 code on the application, has been approved
  - Regardless of whether the physician has a partnership relationship with the awardee

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Model 3
Who can Apply ?

Provider Types eligible to submit an application for Model 3

- **Post-Acute Providers including SNF, IRF, LTCH, or HHA**
- Acute care hospitals
- Physician hospital organizations
- Physician practices
- Applicants who organize groups of partner providers under one application (conveners). This includes health systems and/or parent companies

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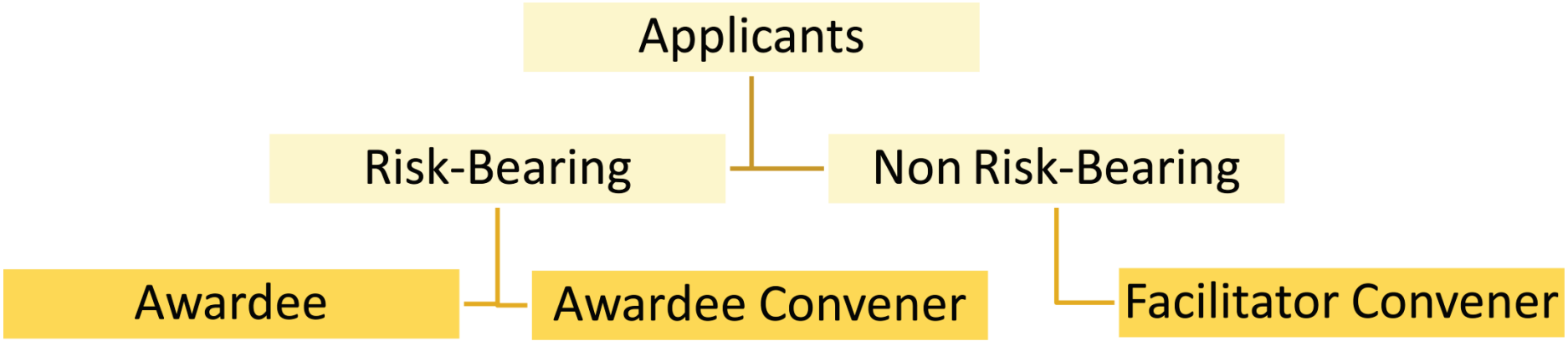
Applicant Types

Applicant Type is Determined by Risk and BPPO partnerships



- Assumes financial responsibility for all the care of its patients within the episode

- Assumes financial responsibility for all the care of its patients AND all the care of BPPO patients within the episode

- Could serve in an administrative and technical assistance capacity for designated awardees
- Designated awardees assume financial responsibility

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Role of Conveners

- Conveners apply as organizers of care redesign, submitting a single application on behalf of multiple organizations
- Conveners may apply as either

  Facilitator conveners: supply administrative and technical assistance for providers who are the risk-bearing awardee. Applications must clearly identify the risk-bearing awardee

  Awardee conveners: Assume financial responsibility for all patients for each BPPO included in the application
  - May be a provider (ex: hospital, SNF, physician group, etc.)
  - Does not have to be an enrolled Medicare provider
  - May be a provider association
  - Must specify in the application the financial arrangement with the participating providers that allows the convener to bear risk and make payments to providers and Medicare

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Example of Model 3 Risk-Bearing Awardee

A SNF applies as a risk-bearing awardee

- The SNF assumes risk for all services provided within the episode. (This includes services provided directly by the SNF AND those delivered by other providers including any Part A and Part B services i.e. physician services, DME, services provided by an other PAC provider and related acute readmissions.)
- The SNF may establish working relationships with physicians and other providers, including PAC providers, as needed to enable coordination and redesign of care care across the continuum.
- Only services delivered by the SNF, initiated within 30 days of discharge from an acute inpatient hospital stay for MS-DRGs designated in the SNF's application will initiate episodes

- There are no requirements that relationships among providers be within the same organization as the awardee

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Example of Model 3
Risk-Bearing Awardee Conveners

A Hospital or SNF applies as a Risk Bearing Convener

- The awardee convener would assume risk for all services provided within the episode for all patients from each of the BPPOs listed on the application. This includes related services provided by:
  - The awardee convener (if convener is a provider)
  - BPPO providers
  - Physician services
  - Non-BPPO PAC providers
  - Other related Part A and B services
- The convener establishes BPPO partnerships, and other collaborative relationships as needed to effectuate coordination and redesigned of care across the care continuum

- There are no restrictions that BPPO partners be part of the same organization

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Example of Model 3 Facilitator Convener

- A post-acute provider association applies as a Facilitator Convener, supplying administrative and technical support for several post-acute providers. Each PAC provider listed in the application assumes financial risk for episodes initiated by services provided to their own patients
- Support provided by the Facilitator Convener to risk-bearing awardees to facilitate care redesign may include
  - Data and analytic support
  - Learning activities and collaboratives related to care coordination
  - Communication and diffusion of best practices across participants

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Model 3 Episode Initiation

Risk Bearing Awardee is a SNF, IRF, LTCH or HHA

Episode initiates

- With admission to the awardee's facility/agency
- If within 30 days of acute inpatient discharge for designated MS-DRGs

Risk Bearing Awardee Applied as a Convener

Episode initiates

- With admission to any BPPO SNF, IRF, LTCH or HHA listed in the application
- If within 30 days of acute inpatient discharge for selected MS-DRGs

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What we are looking for…

- Strong beneficiary protections
- Comprehensive quality assurance and quality improvement strategies
- Gainsharing methodology that rewards improved care
- Episode definitions that include broad categories of conditions
- No minimum number of beneficiaries is required to participate, preference given to efforts that will redesign care for large numbers of beneficiaries
- CMS does not require Model 3 applicants to propose a minimum rate of discount. Preference is given to applications that offer highly competitive discounts while ensuring high quality care.

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I am a Post-Acute Care Provider. How can I participate in the BCPI Initiative ?

- PAC providers may submit an application for Model 2 or 3 if they were represented on an LOI for the program
  - Risk bearing awardees in model 3 that assume responsibility for all patients will need to develop partnerships with other providers who may be caring for these patients
- PAC providers who did not submit an LOI may develop and enter into partnership relationships with an applicant who is willing to assume financial risk for all participating patients
- PAC providers can establish relationships with hospitals participating in Model 1 and 4 in order to improve care coordination, transitions, and reduce avoidable readmissions

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How Will Model 3 Participants Be Paid ?

- Risk-bearing applicants propose a discounted target price and episode definition for each MS-DRG ; Applicants and CMS determine the final target price
- There is no change in payment method. Medicare will pay all Part A and Part B providers who serve patients identified as participating in the initiative using the current FFS payment systems.
- After the patient's episode ends, expenditures for the episode will be compared to the target price.
  - If the actual expenditures exceed the target price, the awardee will pay the difference to Medicare
  - If the actual expenditures are less than the target price, Medicare will pay the difference to the awardee

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How will Model 3 Participants Share in Gains?

- Gains arising from care improvements in this model, including any payments from Medicare for expenditures less than the target price, can be shared between the post-acute providers, physicians, and any other providers
- A Model 3 awardee must have established partnerships with physicians and post-acute care providers to share gains
- The awardee's plan to share gains with partners must be included in the application

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How will CMS Monitor Quality of Care ?

- Awardees may not restrict access to necessary care
- CMS will routinely analyze data on utilization and referral patterns, and monitor and evaluate the care provided by participants
- All awardees will be required to comply fully with CMS and its contractor(s)' requests for information including tracking and reporting performance measures and operational metrics, cost savings information, incentive payments, clinical quality, and patient experience of care

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If I Partner with a Risk-Bearing Awardee Convener, Will I Lose my Ability to Make Independent Care Decisions ?

- All BCPI participants must be committed to increasing coordination with other providers involved in the patient's care
- This increased care coordination will foster best care practices and better patient outcomes

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Can Awardees Encourage Referral of Patients to Participating Post-Acute Providers ?

Yes, we expect awardees to explain the potential benefits to patients of certain care pathways and to disclose that the awardee is participating in the BPCI. The right of beneficiaries to choose a different provider must be preserved.

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How Does BPCI Interact with Other Health Reform Initiatives?

- BPCI is not a Shared Savings (SS) program.
- By providing incentives for care redesign and collaboration, BPCI provides synergies with other delivery system reform initiatives such as ACOs, Partnership for Patients and Value-Based Purchasing, and Community Care Based Transitions
- Policies, penalties and/or rewards related to Readmissions, Hospital Acquired Conditions (HACs) and Value-Based Purchasing programs are unchanged and apply as appropriate to BPCI
- BPCI applications may be reviewed in light of participation in multiple programs to avoid counting savings twice in interacting programs and to assure a valid evaluation

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Conclusion

- The Innovation Center looks forward to receiving your applications and testing your approach to redesigning PAC services

- The Innovation Center offers ongoing Learning Activities to support the success of applicants as you prepare submissions and throughout the implementation process

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Upcoming Sessions

A series of data-related webinars will occur next week. Each of the following sessions will be from 12:30 to 1:45 PM Eastern Time, and more information on signing in will be available on our website as soon as possible:

- **Monday, February 13th**: Technical Aspects of Data Delivery and File Processing
- **Wednesday, February 15th**: Understanding the Limited Data Set Denominator File
- **Thursday, February 16th**: Understanding the Limited Data Set Utilization Files
- **Friday, February 17th**: Payment Variables Useful for Costing Bundled Payment Initiative Services

Stay tuned to the website for information about upcoming **Accelerated Development Learning Sessions 2 & 3**

- **Tuesday, February 14:** *ADLS #2: Transform Care Today: Strategies and Tactics Across the Continuum*
- **Tuesday, February 21:** *ADLS #3: Beyond Design: Data-Driven Continuous Quality and Efficiency Improvement*

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Questions and Answers?

You may submit questions via the chat function or by phone through the audio connection. It will help us to better answer your questions if you identify the type of application you are considering (Single Risk-Bearing Awardee, Awardee Convener or Facilitator Convener) and/or the type of organization you represent.

For further questions, please email BundledPayments@cms.hhs.gov

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Upcoming Dates

- Additional information about the application process for Models 2-4 will be available on the website, http://innovations.cms.gov/initiatives/bundled-payments/index.html
- Applications are due for Models 2-4 on April 30, 2012
- Data for those who submitted data request materials will be shipped on or around February 28th, 2012
- Stay tuned to the website for information about upcoming seminars
- For further questions, please email BundledPayments@cms.hhs.gov

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