

# Comparison Tables of Bundled Payment Models

## Introduction

To better support healthcare providers who invest in practice innovation, care redesign, and enhanced care coordination, the Center for Medicare and Medicaid Innovation (CMS Innovation Center) has created the Bundled Payments for Care Improvement Advanced (BPCI Advanced) voluntary bundled payment model. BPCI Advanced will qualify as an Advanced Alternative Payment Model (Advanced APM) under the Quality Payment Program. When overlap exists between models, CMS aims to avoid duplicate payments and counting savings twice across initiatives. Models that may have some overlap with BPCI Advanced include the following: Comprehensive Care for Joint Replacement (CJR) and Oncology Care Model (OCM). The purpose of this document is to provide a comparison between different aspects or conditions of these models and the new BPCI Advanced Model, as well as the Bundled Payments for Care Improvement initiative.

## Comparison Legend

In some areas, symbols are used to visually differentiate conditions or aspects of each model that are similar. A legend is shown below to describe each symbol and what it means.



Condition Fully Applies;  
Models are the Same



Partially Applies;  
Some Aspects of Models Differ;  
Differences or Exceptions Noted



Does not Apply;  
Models Differ Completely

## Quick Links

Use these links to quickly navigate through the document. At the end of each section, a quick link is provided to help you navigate to the top of the document.

- [Model Basics](#)
- [Clinical Episodes](#)
- [Financial Arrangements](#)
- [Beneficiary Involvement](#)

## Model Basics

Comparison Category	Bundled Payments for Care Improvement Advanced (BPCI Advanced)	Bundled Payment for Care Improvement (BPCI)	Comprehensive Care for Joint Replacement (CJR)	Oncology Care Model (OCM)
Description of the Model	<p>BPCI Advanced is an episode payment model in which CMS allocates a single retrospective payment amount (“bundle”) for a Clinical Episode in an inpatient or outpatient setting for a specified number of MS-DRGs or HCPCS codes.</p> <p>Participants may receive payments from CMS if total spending for a Clinical Episode is below the “target price.” Participants may receive adjustments to their payments under the model based on quality performance.</p> <p>BPCI Advanced is an Advanced APM.</p>	<p>BPCI is an episode payment initiative in which CMS allocates a single, pre-determined payment amount (“bundle”) for an episode of care under four different models.</p> <p><b>Model 1</b> - includes the inpatient stay for all Medicare hospital admissions for all 48 MS-DRGs included in the initiative.</p> <p><b>Model 2</b> - includes the inpatient hospital stay, post-acute care, physician and other related services for up to 48 Clinical Episodes.</p> <p><b>Model 3</b>- includes post-acute care services for up to 48 Clinical Episodes.</p> <p><b>Model 4</b> - includes the inpatient hospital stay and inpatient physician services for up to 48 clinical episodes, and is paid prospectively.</p> <p>Participants receive payments if total spending for an episode is below the “target price.”</p>	<p>CJR is a model for hospitals in 34 selected areas, in which CMS allocates a single, pre-determined payment amount (“bundle”) for hip and knee replacement episodes, including the inpatient hospital stay, post-acute care, and physician and other related services.</p> <p>Participants may receive payments if total spending for an episode is below the “target price.”</p> <p>CJR is an Advanced APM.</p>	<p>OCM is a model in which physician practices receive monthly care coordination and management payment during episodes of care and are eligible for payments if they lower total Parts A, B, and some D Medicare spending and meet quality goals.</p> <p>Commercial payers are participating in OCM in alignment with Medicare to create broader incentives for care transformation at the physician practice level.</p> <p>OCM is an Advanced APM for some practices.</p>

Comparison Category	Bundled Payments for Care Improvement Advanced (BPCI Advanced)	Bundled Payment for Care Improvement (BPCI)	Comprehensive Care for Joint Replacement (CJR)	Oncology Care Model (OCM)
		BPCI is not an Advanced APM.		
Participation	Voluntary	Voluntary	Mandatory for hospitals in selected geographic areas	Voluntary
Start Date	10/2018	4/2013	4/2016	7/2016
Status	New Model – not started yet. Model Performance Period to run through 12/2023	Model 1 - Ended 12/2016 Models 2, 3 & 4 – Active through September 30, 2018	Active through 12/2020	Active through 6/2021
Number of Participating Providers	New Model – Not started yet.	10/2017: 1191 Participants = 252 Awardees and 939 Episode Initiators	2017: 794 hospitals	2017: 192 practices, and 14 insurers
Meets Advanced APM Criteria				 Two-sided risk: Yes One-sided risk: No

[Back to Top](#)

## Clinical Episodes

Comparison Category	Bundled Payments for Care Improvement Advanced (BPCI Advanced)	Bundled Payment for Care Improvement (BPCI)	Comprehensive Care for Joint Replacement (CJR)	Oncology Care Model (OCM)
<b>Inpatient Episodes (MS-DRGs)</b>	29 Clinical Episodes (105)	Models 1, 2, 3, 4 – 48 Clinical Episodes (190)	1- Lower extremity joint replacement (469 with and w/out fracture & 470 with and w/out fracture)	None
<b>Outpatient Episodes (HCPCS codes)</b>	3 (29)	None	None	Episodes are triggered by receipt of qualifying Part B or Part D chemotherapy claim.
<b>Episode Length</b>	Inpatient Episode = Anchor Stay + 90 days beginning day of discharge Outpatient Episode = Anchor Procedure + 90 days beginning on the day of completion of the outpatient procedure.	30/60/90 days depending on the Model/Awardee selection	Anchor Stay + 90 days	6 months
<b>Services Covered</b>	All Part A & B services resulting from Anchor Stay or Anchor Procedure, as applicable, plus post-acute care services and other related services, including hospice care during the Clinical Episode.	All Part A & B services resulting from the anchor inpatient stay in the ACH, post-acute care services and all other related services, excluding hospice care.	All Part A & B related services, including post-acute care and other related services during the episode of care, including hospice care.	All Part A and B payments, as well as some Part D payments (LICS and 80% GDCA) during the 6-month episode.
<b>All Inpatient Hospital Services</b>		 *except Model 3		
<b>All Inpatient Physician Services</b>		 *except Models 1 & 3		

Comparison Category	Bundled Payments for Care Improvement Advanced (BPCI Advanced)	Bundled Payment for Care Improvement (BPCI)	Comprehensive Care for Joint Replacement (CJR)	Oncology Care Model (OCM)
All Ambulatory Physician Services		 *except Model 1		
All Post-Acute Care Services		 *except Models 1 & 4		
Hospice Care				
Retail Prescription Drugs (Part D)				
Care Management Fees (Medicare pays monthly per-beneficiary payments for care management)				 \$160/month
Exclusions from Clinical Episodes	<p><b>Blanket exclusions:</b> Blood clotting factors to control bleeding for hemophilia patients. New technology add-on payments under the IPPS. Payments for items and services with pass-through payment status under the OPSS.</p> <p><b>Part B services:</b></p>	<p><b>Blanket exclusions:</b> Blood clotting factors to control bleeding for hemophilia patients. New technology add-on payments under the IPPS.</p> <p><b>Part B services:</b> Clinician-developed list of excluded services from 13 groups of clinical episodes based on readmission MS-</p>	<p><b>Blanket exclusions:</b> Hemophilia clotting factors, IPPS new technology add-ons, outpatient prospective payment system (OPPS) transitional pass-through payments for medical devices on OPSS hospital outpatient claims.</p> <p><b>Part B services:</b> Services with claims that include certain primary ICD9 &amp; ICD10 diagnosis code ranges.</p>	None

Comparison Category	Bundled Payments for Care Improvement Advanced (BPCI Advanced)	Bundled Payment for Care Improvement (BPCI)	Comprehensive Care for Joint Replacement (CJR)	Oncology Care Model (OCM)
	Excluded only if incurred during a specified IP admissions and/or readmissions to an ACH that is excluded based on its MS-DRG. BPCI Advanced will not follow the clinically related criteria guiding Part B exclusions used in BPCI.	DRGs for inpatient stays and ICD-10 diagnosis codes for Part B services, aimed at excluding unrelated claims		
<b>Readmissions</b>	1. If readmission is for an included MS-DRG, a new Clinical Episode is not triggered, and the readmission costs are folded into the existing episode. 2. If readmission is for an excluded MS-DRG (incl. cancer-specific, trauma, or transplants) new Clinical Episode is not triggered, readmission expenditures are excluded from the Clinical Episode associated w/initial anchor stay.	Readmissions that occur during ongoing BPCI Clinical Episodes can be included in the Clinical Episode, excluded from the Clinical Episode, or cancel the Clinical Episode and begin a new Clinical Episode. This depends on a combination of precedence dates of the initial and readmitting hospital and whether the readmission MS-DRG is for a qualifying BPCI MS-DRG.	1. If the readmission is for an included MS-DRG (469 & 470) at a CJR hospital, the first episode is cancelled. 2. If the readmission is for an excluded MS-DRG, the expenditures for the readmission are excluded from the episode.	Readmissions are included in the episode if they fall within the 6-month period.
<b>Episode Initiators</b>	ACHs, PGPs	ACHs, PGPs, SNFs, LTCHs, IRFs, HHA	ACHs	PGPs
<b>Precedence Rules</b>	Will not use time-based precedence rules. Hierarchy of Attribution: Attending PGP > Operating PGP > ACHs	Uses a combination of time-based precedence rules and hierarchy of attribution based on provider type.	Hospital is the initiator of the episode. No precedence rules, except that certain voluntary models like BPCI have precedence over the CJR model.	Attribution is based on plurality of cancer E&Ms during the episodes.

[Back to Top](#)

## Financial Arrangements

Comparison Category	Bundled Payments for Care Improvement Advanced (BPCI Advanced)	Bundled Payment for Care Improvement (BPCI)	Comprehensive Care for Joint Replacement (CJR)	Oncology Care Model (OCM)
<b>Retrospective Reconciliation</b> CMS first pays submitted claims, then calculates providers' total Medicare spending on full episode. If spending was below Target Price, CMS pays Participants; if it was higher, Participants owe CMS.		 *except Model 4		
<b>CMS "Discounts"</b> Reductions in Medicare fees either at time of claims payment or in reconciliation calculation	 3%	 *depending on the model; ranges from 1% - 3.25%	 0.5-3%	 2.75-4%
<b>Payment Tied to Quality Measures</b>				
<b>Reconciliation</b>	Semi-Annually	Quarterly	Annually	Semi-Annually
<b>Stop/Loss Gain Limits</b>	Stop-loss and stop-gain limits are capped at +/- 20% of the volume-weighted sum of the final Target Prices across all Clinical Episodes netted to the level of the Episode Initiator within the Performance Period.	Risk corridor of 20% of spending above the upper limit of the selected risk track. Imposes the cap based on the sum of Target Prices for all Clinical Episodes attributed to each Awardee (or all EIs underneath an Awardee) within a performance quarter.	Stop-loss and stop-gain limits are 10% in year 3 of the model (2018), and 20% in years 4 and 5. For rural hospitals, 5% for years 3-5.	Stop-loss and stop-gain limits are 20% of the benchmark amount

Comparison Category	Bundled Payments for Care Improvement Advanced (BPCI Advanced)	Bundled Payment for Care Improvement (BPCI)	Comprehensive Care for Joint Replacement (CJR)	Oncology Care Model (OCM)
	Applied following the application of the Composite Quality Score (CQS) Adjustment Amount.			

Comparison Category	Bundled Payments for Care Improvement Advanced (BPCI Advanced)	Bundled Payment for Care Improvement (BPCI)	Comprehensive Care for Joint Replacement (CJR)	Oncology Care Model (OCM)
<b>Post Episode Monitoring Period</b> Applies to all Medicare spending on Part A & B services in the 30-day period post the end of the Clinical Episode.	●	●	●	○
<b>Waivers</b> Providers may apply for waivers to allow sharing of Medicare payments with partnering providers	● *pending approval	●	●	●
<b>Qualified APM Participant (QP) Incentive Payment</b> Eligible clinicians participating in Advanced APMs may be eligible to receive a 5% incentive payment on their Part B billing between 2019-2024.	● *First date for QP determination – March 31, 2019	○	●	 2-sided risk track only

[Back to Top](#)



## Beneficiary Involvement

Comparison Category	Bundled Payments for Care Improvement Advanced (BPCI Advanced)	Bundled Payment for Care Improvement (BPCI)	Comprehensive Care for Joint Replacement (CJR)	Oncology Care Model (OCM)
<b>Informing Medicare Beneficiaries</b>				
Bundled payment provider must inform beneficiaries via written notice of their participation in the bundled payment model and beneficiaries' continued rights to see any Medicare provider and receive necessary services	●	●	●	●
<b>Option for Beneficiaries to Play Active Role in Model Attribution</b>				
In non-emergent situations, beneficiary can select a facility in their area that is or is not participating in the model.	●	●	●	●
<b>Medicare Benefit Enhancements/Incentives</b>				
<b>3-Day Stay SNF Rule Waiver</b> Medicare coverage is allowed for SNF care with less than 3-day hospital stay	●	◐ *only Model 2	●	○
<b>Telehealth Waiver</b> Medicare coverage for Telehealth is expanded to include additional care settings (e.g., home) in all geographic areas	●	◐ *except Model 1	●	○

Comparison Category	Bundled Payments for Care Improvement Advanced (BPCI Advanced)	Bundled Payment for Care Improvement (BPCI)	Comprehensive Care for Joint Replacement (CJR)	Oncology Care Model (OCM)
<b>Post-Discharge Home Visit Waiver</b> Medicare coverage for home visits after a hospitalization does not require direct physician supervision		 *except Model 1		
<b>Beneficiary Incentive Waiver</b> Model participants may offer “in-kind” items or services, that are not Medicare-covered items or services, to a beneficiary that is related to the episode (e.g., transportation, equipment)		 *except Model 1		
<b>Overlap with Other CMMI Models</b>				
<b>Precedence of Clinical Episodes</b>	See other columns.	Precedence over CJR.	Precedence over BPCI Advanced Episodes. BPCI has precedence over CJR.	BPCI Advanced Episodes will run concurrently with OCM Episodes.

[Back to Top](#)