



Are you about to Get Blindsided by BCPI-Advanced?

By Susan Saldibar

About a year ago in one of his Conversations videos, Steve Moran and Mark Besch, CCO of [Aegis Therapies](#) (a Senior Housing Forum partner), mulled over “What will happen to the ever-evolving Bundled Payments for Care Initiative (BPCI), now that Tom Price is at the helm of the Department of Health and Human Services?”

What a difference a year makes. Price is out and the BPCI, as we know it, is out too, expiring in September. So, what’s in? Something called “BPCI-Advanced”.

I asked Mark recently to weigh in on BPCI-Advanced in terms of how it differs from BCPI and what challenges lie in store for those providers who opt in. The first pretty obvious difference about BPCI-Advanced is that CMS has carved out a narrower range of diagnostic groups offered and that becoming a “convener” of a bundle is more restricted.

Narrower and more restricted. From 4 models down to 1. Does this make sense?

Mark explained just how big of a difference this is. With BPCI there were 4 different models: 1) just the hospital, 2) the hospital plus 30, 60 or 90 days post-acute care, 3) just the post-acute care provider (such as a skilled nursing facility “SNF”) plus other post-acute providers and, lastly, 4) a combination of all three. Not so any more. BPCI Advanced provides only one model: hospital plus 90 days post-acute care bundle.

So what does that mean? For the most part, hospitals will be best positioned to be the conveners (or “owners of the bundle”), although there is also a provision for a post-acute care providers to become “participant” conveners. But, in order to apply, you must first assemble the network of providers needed.

That means that, if you’re a SNF, you will need to recruit hospitals to be in your bundle. You will also have to recruit physicians and surgeons and home health agencies to be in your bundle.

All providers using a single EMR? Really?

And here's where Mark tell me it really gets challenging. You will have to show CMS exactly how you are going to share the gains and losses across all your providers. And, as if that's not enough, you must be able to assure CMS that all of those providers will be tele-connected and be able to share patient information interoperably (electronic medical records platform). As Mark comments, "That's really, really difficult."

Those wishing to participate had to submit their non-binding letters of application within 60 days after the program was introduced; not a lot of time to prepare. Conveners and participants will have until August to confirm their participation, which culminates in the September discontinuation of BCPI.

"It will be really interesting to see what level of interest they get for BCPI-Advanced, especially since once you're in, you can't opt out for 5 years," Mark tells me. With the original BCPI you could opt out if you weren't successful and wanted to get out. That resulted in a drop from a pretty large pool of providers (when BPCI was in its heyday) to less than a 30% participant rate. "A lot of providers just didn't do too well with it," Mark says. "That's probably why they're making it mandatory to stay in once in."

Care management providers may be out of the picture.

There is a group of providers that Mark generically refers to as "care management" companies who are in the business of providing "case" or "care" management. They typically contract with insurers to help them make decisions such as "how long should this patient be in the hospital?" and so on.

Under the original BPCI, these care management companies could become conveners, owning their bundle, which included their preferred providers to whom they more or less "steer" patients. They will no longer get that opportunity under BPCI-Advanced, Mark tells me.

Even Aegis may be affected. While they had the opportunity to participate through some of the post-acute conveners in BPCI, they may not have those same opportunities under BPCI-Advanced.

Waiting....watching...time will tell.

For now at least, we're in "wait and see" mode. We'll know more by October. "At the end of the day, we providers all have the same goal," Mark tells me. "To provide great access to patient care and get great outcomes from that care delivery with the assurance that we will be paid for those services."

Let's hope that, with BCPI-Advanced, CMS is keeping that in mind.



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