BPCI-A Changes: What Does It Mean and Why It Matters

This must-read infographic offers insight into the significant changes coming to Medicare's bundled payment model, Bundled Payments for Care Improvement Advanced (BPCI-A), in January 1, 2024. Here, we will explore some of the contributing factors leading to this change, things you must know, and how it will improve patient outcomes overall.

BPCI-A



To quote CMS, the Bundled Payments for Care Improvement Advanced (BPCI-A) model aims to "support healthcare providers who invest in practice innovation and care redesign to better coordinate care and reduce expenditures, while improving the quality of care for Medicare beneficiaries." This mandatory payment plan will be increasing clinician responsibility for patient costs and population health management.

Factors Leading to 2024 BPCI-A Payment Model Change:





Quality Improvement

What You Need to Know

- ✓ You'll be measured on all costs for a patient's anchor stay + 90 days following discharge.
- You'll need to be thoughtful about the level of support your patients need post-discharge in order to optimize utilization of an appropriate care setting, e.g., LTACs, SNFs, and inpatient rehabs.
- Making your patient's total care after hospitalization of higher value and quality will help decrease costs associated with post-acute care.
- Sending patients home when appropriate and feasible can improve physical recovery, long-term outcomes, overall satisfaction, and mental health for patients.
- Medicare believes that for most bundles in BPCI-A, a patient should have to stay in a SNF no more than 14-22 days.
- Medicare structured BPCI-A in such way that it's a win-win situation for overall cost and patient outcomes.

Looking into the Future

- Commercial insurance plans will likely follow this trend and start introducing bundled payment systems.
- Learning to be successful based on Medicare reimbursement levels will be critical for a hospital's financial viability and sustainability.

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