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CMS Announces Bundled Payment Initiative

By Jed Morrison

On August 23, 2011, the Centers for Medicare & Medicaid Services (CMS) announced a new initiative to help improve care for patients in the hospital and after discharge. Doctors, hospitals, and other health care providers can now apply to participate in a new program known as the Bundled Payments for Care Improvement initiative ("Bundled Payments Initiative"). Authorized by the Affordable Care Act of 2010, the Bundled Payments Initiative will align payments for services delivered across an episode of care, such as heart bypass or hip replacement, rather than paying for services separately. By aligning the payments, Medicare hopes to give doctors and hospitals new incentives to coordinate and improve the quality of care and save money for Medicare and the patients.

The Bundled Payments Initiative will bundle the payments for the package of services patients receive during a specific episode of care. By bundling payments across providers for multiple services, CMS expects providers will have a greater incentive to coordinate and ensure continuity of care across settings, resulting in better care for patients. Better coordinated care can reduce unnecessary duplication of services and reduce preventable medical errors.

The Bundled Payments Initiative is being launched by the new Center for Medicare and Medicaid Innovation (the "Innovation Center"), which was created by the Affordable Care Act to find new and better ways to provide and pay for health care to the growing population of Medicare and Medicaid beneficiaries.

Four Models

The program outlines four broad approaches to bundled payments. For example, in Model 1, the episode of care would be defined as the inpatient stay in the general acute care hospital. In Model 2, the episode of care would include the inpatient stay and post-acute care and would end, at the applicant's option, either a minimum of 30 or 90 days after discharge.

Providers will have flexibility to determine which model they wish to participate under, thereby allowing them to determine which episodes of care and which services will be bundled together. By giving providers the flexibility to determine which model of bundled payments works best for them, CMS believes providers of different sizes and readiness can participate in the initiative.

The Bundled Payments Initiative is a scaled down version of accountable care organizations, voluntary cooperatives of providers authorized by the Affordable Care Act which have yet to obtain very much traction.

The Bundled Payments Initiative is based on CMS research and demonstration projects that suggest the approach has tremendous potential. According to CMS, a Medicare heart bypass surgery

bundled payment demonstration saved the program \$42.3 million, or roughly 10 percent of expected costs, and saved patients \$7.9 million in coinsurance, while improving care and lowering hospital mortality.

How To Apply

Organizations interested in applying to the Bundled Payments for Care Improvement Initiative must submit a non-binding Letter of Intent no later than September 22, 2011, for Model 1 and November 4, 2011, for Models 2, 3, and 4.

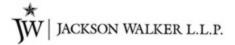
For more information about the various models and the initiative itself, providers can visit the **Bundled Payments for Care Improvement Initiative web site**.

Interested parties also may obtain answers to specific questions by e-mailing CMS at: **BundledPayments@cms.hhs.gov**.

For further questions, contact **Jed Morrison** in the Jackson Walker health section at **jmorrison@jw.com** or 210.978.7780.

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