



BPCI vs. BPCI Advanced Comparison Chart

This handout is intended for informational purposes only. While we strive for accuracy, CMS remains the authoritative source for official policies and regulations. Check the Centers for Medicare & Medicaid Services guidelines for the latest updates and official rules.

With the conclusion of Bundled Payments for Care Improvement (BPCI) and the launch of BPCI Advanced as its successor, the shift toward value-based care continues—helping providers improve care coordination and reduce costs. This quick-reference chart outlines the key differences between the two models to help you understand how the program has evolved and navigate the transition to value-based payment.

Category	BPCI	BPCI Advanced
Bundle Period	30, 60, or 90 days	90 days only
Episodes Covered	48 inpatient clinical episodes	29 inpatient and 3 outpatient episodes
Participants	Acute care hospitals Physician groups Skilled nursing facilities Long-term care hospitals Inpatient rehab facilities Home health agencies	Acute care hospitals Physician group practices
Payment Structure	Retrospective bundled payments with multiple risk tracks (30, 60, or 90-day episodes)	Single retrospective bundled payment with a 90-day clinical episode duration
Advanced Alternative Payment Model (APM) Status	Not an Advanced APM	Qualifies as an Advanced APM under the Quality Payment Program
Risk Adjustment of Target Price	No risk adjustment	Risk-adjusted target prices, with payments at risk from day 1
Timing of Risk	Phased-in financial risk	Immediate financial risk from the start
Reconciliation Process	Quarterly reconciliation with optional reconciliation across episode types	Mandatory semi-annual reconciliation across all episode types
CMS Discounts	Models 1 & 3: No discount Model 2: 2% Model 4: 3%	3%
Quality Measures and Payment	No quality measures required for payment	Performance on two universal measures (readmissions and advanced care planning) and multiple episode-specific quality measures impacts payment



BPCI vs. BPCI Advanced Comparison Chart (cont.)

Category	BPCI	BPCI Advanced
Post-Acute Care Participation	Model 3 included post-acute care providers who could trigger episodes in post-discharge care	No equivalent to Model 3—only hospitals and physician groups initiate episodes, while post-acute providers can participate as conveners
Target Price and Risk Corridor	Risk corridor of 20% above the selected risk track	One fixed risk track, capped at $\pm 20\%$
Exclusions	Broader exclusions covering 13 categories of unrelated services	More targeted exclusions—primarily Part A and B costs associated with hospital readmissions (based on a set list of MS-DRGs)
Data and Pricing Transparency	Target prices provided at reconciliation	Preliminary target prices provided prospectively before each model year; final target prices determined at reconciliation
Co-Participation in Other Models	ACO and Oncology Care Model participation allowed (but not comprehensive joint replacement)	ACO and Oncology Care Model participation allowed for hospitals and clinicians

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Sources

- Centers for Medicare & Medicaid Services. (n.d.). Bundled Payments for Care Improvement (BPCI) Initiative: General information. U.S. Department of Health and Human Services. Retrieved from <https://www.cms.gov/priorities/innovation/innovation-models/bundled-payments>
- Centers for Medicare & Medicaid Services. (n.d.). Bundled Payments for Care Improvement Advanced (BPCI Advanced). U.S. Department of Health and Human Services. Retrieved from <https://www.cms.gov/priorities/innovation/innovation-models/bpci-advanced>