

# Bundled Care Toolkit

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## Expanded Guidelines

- I. Model Selection
  
- II. For the initial development of a bundled payment process, the retrospective payment models (2 or 3) would be most appropriate. The retrospective models allow for more flexibility when first developing bundles. If the payments are too low this will allow for adjustments following the reconciliation payment. Model 4 is a prospective model in which the payment for all parties is made at the initiation of the bundle and the facility remains responsible for any charges over the bundle amount. This is a comprehensive model but is more appropriate for an established bundle.
  
- III. Identify the “Trigger” for an Episode of Care (Bundle)
  
- IV. An initial starting point for the bundled payment must be selected. This should be agreed upon by the surgeon and the facility. In a retrospective bundle it can be the admission or discharge from the facility based on the diagnosis code. For a prospective bundle the trigger could potentially be the scheduling of the case or from admission. The parties should agree on the triggering event and the party designated to be responsible should track the bundle and all charges. The bundles should be procedure specific as differing costs and lengths of stay would alter the overall charges.
  
- V. Assign Services