

MODEL FEATURE	MODEL 1 Inpatient Stay Only	MODEL 2 Inpatient Stay plus Post-discharge Services	MODEL 3 Post-discharge Services Only	MODEL 4 Inpatient Stay Only
<b>Eligible Awardees</b>	<ul style="list-style-type: none"> <li>Physician group practices</li> <li>Acute care hospitals paid under the IPPS</li> <li>Health systems</li> <li>Physician-hospital organizations</li> <li>Conveners of participating health-care provider</li> </ul>	<ul style="list-style-type: none"> <li>Physician group practices</li> <li>Acute care hospitals paid under the IPPS</li> <li>Health systems</li> <li>Physician-hospital organizations</li> <li>Conveners of participating health-care provider</li> </ul>	<ul style="list-style-type: none"> <li>Physician group practices</li> <li>Acute care hospitals paid under the IPPS</li> <li>Health systems</li> <li>Long-term care hospitals</li> <li>Inpatient rehabilitation facilities</li> <li>Skilled nursing facilities</li> <li>Home health agency</li> <li>Physician-hospital organizations</li> <li>Conveners of participating health-care provider</li> </ul>	<ul style="list-style-type: none"> <li>Physician group practices</li> <li>Acute care hospitals paid under the IPPS</li> <li>Health systems</li> <li>Physician-hospital organizations</li> <li>Conveners of participating health-care providers</li> </ul>
<b>Payment of Bundle and Target Price</b>	Discounted IPPS payment; no separate target price	Retrospective comparison of target price and actual FFS payments	Retrospective comparison of target price and actual FFS payments	Prospectively set payment
<b>Clinical Conditions Targeted</b>	All MS-DRGs	Applicants to propose based on MS-DRG for inpatient hospital stay	Applicants to propose based on MS-DRG for inpatient hospital stay	Applicants to propose based on MS-DRG for inpatient hospital stay
<b>Types of Services Included in Bundle</b>	Inpatient hospital services	<ul style="list-style-type: none"> <li>Inpatient hospital and physician services</li> <li>Related post-acute care services</li> <li>Related re-admissions</li> <li>Other services defined in the bundle</li> </ul>	<ul style="list-style-type: none"> <li>Post-acute services</li> <li>Related re-admissions</li> <li>Other services defined in the bundle</li> </ul>	<ul style="list-style-type: none"> <li>Inpatient hospital and physician services</li> <li>Related re-admissions</li> </ul>
<b>Expected Discount Provided to Medicare</b>	To be proposed by applicant; CMS requires minimum discounts increasing from 0% in first 6 mos. to 2% in year 3	To be proposed by applicant; CMS requires minimum discount of 3% for 30-89 days post-discharge episode; 2% for 90 days or longer episode	To be proposed by applicant	To be proposed by applicant; subject to minimum discount of 3%; larger discount for MS-DRGs in ACE Demonstration
<b>Payment from CMS to Providers</b>	<ul style="list-style-type: none"> <li>Acute care hospital: IPPS payment less pre-determined discount</li> <li>Physician: Traditional fee schedule payment (not included in episode or subject to discount)</li> </ul>	Traditional FFS payment to all providers and suppliers, subject to reconciliation with predetermined target price	Traditional FFS payment to all providers and suppliers, subject to reconciliation with predetermined target price	Prospectively established bundled payment to admitting hospital; hospitals distribute payments from bundled payment
<b>Quality Measures</b>	All hospital IQR measures and additional measures to be proposed by applicants	To be proposed by applicants, but CMS will ultimately establish a standardized set of measures that will be aligned to the greatest extent possible with measures in other CMS programs		