

This month, hospitals and physicians in the second wave of applicants to CMS' Bundled Payment for Care Improvement Advanced (BPCI-A) model are deciding whether to take the plunge. In late September, CMS provided four years' worth of claims data to applicants, who have until December 3 to look the information over and decide whether to participate in the program.

"As organizations and individual practitioners become more mature in their programs, they rightfully look for the opportunity to be recognized for their contributions to patient outcomes," says Gina Bruno, vice president of value-based care at naviHealth, a company headquartered in Nashville that helps provider organizations manage their participation in BPCI-A.

Read the full story in [Managed Care Magazine](#).