

Alternative Payment Models in the Quality Payment Program

The table below displays the Alternative Payment Models (APMs) that CMS operates. In the table we identify which of those APMs CMS has determined to be Advanced APMs, unless otherwise noted. The information presented in this table applies the Advanced APM criteria adopted in the Quality Payment Program final rule to the current design of the listed APMs. We will modify this list based on changes in the designs of APMs or the announcement of new APMs.

To be an Advanced APM, an APM must meet the following three criteria:

1. Require participants to use certified electronic health record technology (CEHRT);
2. Provide payment for covered professional services based on quality measures comparable to those used in the quality performance category of the Merit-based Incentive Payment System (MIPS); and
3. Either: (1) be a Medical Home Model expanded under CMS Innovation Center authority; or (2) require participating APM Entities to bear more than a nominal amount of financial risk for monetary losses.

We note that although no Medical Home Models have been expanded under section CMS Innovation Center authority, CMS applies a different Advanced APM financial risk criterion to Medical Home Models. In addition, under MIPS eligible clinicians participating in Medical Home Models automatically receive the full score for the MIPS improvement activities performance category.

The table also identifies which APMs are "MIPS APMs." Certain APMs include MIPS eligible clinicians as participants and hold their participants accountable for the cost and quality of care provided to Medicare beneficiaries. This type of APM is called a "MIPS APM," and participants in MIPS APMs have MIPS special reporting requirements and receive special MIPS scoring under the "APM scoring standard." Most Advanced APMs are also MIPS APMs so that if an eligible clinician participating in the Advanced APM does not meet the threshold of having sufficient payments or patients through an Advanced APM in order to become a Qualifying APM Participant (QP), the eligible clinician will be scored under MIPS according to the APM scoring standard.

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APM List Based on Final Criteria

APM	MIPS APM under the APM Scoring Standard	Medical Home Model	Use of CEHRT Criterion	Quality Measures Criterion	Financial Risk Criterion	Advanced APM
Accountable Health Communities (AHC)	no	no	no	no	no	no
ACO Investment Model (AIM)	no	no	no	no	no	no
Acute Myocardial Infarction (AMI) Model (Track 1 - CEHRT) ¹	no	no	YES	YES	YES	YES
Acute Myocardial Infarction (AMI) Model (Track 2 - non-CEHRT)	no	no	no	YES	no	no
Beneficiary Engagement and Incentives Models - Shared Decision Making Model (BEI - SDM)	no	no	no	no	no	no
Beneficiary Engagement and Incentives Models - Direct Decision Support Model (BEI - DDS)	no	no	no	no	no	no
Bundled Payments for Care Improvement Model 2 (BPCI)	no	no	no	no	YES	no
Bundled Payments for Care Improvement Model 3 (BPCI)	no	no	no	no	YES	no
Bundled Payments for Care Improvement Model 4 (BPCI)	no	no	no	no	YES	no
Cardiac Rehabilitation (CR) Incentive Payment Model	no	no	no	no	no	no
Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1 - CEHRT)	no	no	YES	YES	YES	YES

¹ Beginning in performance year 2018 for participants in the AMI Model that choose to voluntarily implement downside risk, and performance year 2019 for all other participants in Track 1.

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APM	MIPS APM under the APM Scoring Standard	Medical Home Model	Use of CEHRT Criterion	Quality Measures Criterion	Financial Risk Criterion	Advanced APM
Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 2 - non-CEHRT)	no	no	no	YES	no	no
Comprehensive ESRD Care (CEC) Model (LDO arrangement)	YES	no	YES	YES	YES	YES
Comprehensive ESRD Care (CEC) Model (non-LDO two-sided risk arrangement)	YES	no	YES	YES	YES	YES
Comprehensive ESRD Care (CEC) Model (non-LDO arrangement one-sided risk arrangement)	YES	no	YES	YES	no	no
Comprehensive Primary Care Plus (CPC+) Model ²	YES	YES	YES	YES	YES	YES
Coronary Artery Bypass Graft (CABG) Model (Track 1 - CEHRT)	no	no	YES	YES	YES	YES ³
Coronary Artery Bypass Graft (CABG) Model (Track 2 - non-CEHRT)	no	no	no	YES	no	no
Frontier Community Health Integration Project Demonstration (FCHIP)	no	no	no	no	no	no
Home Health Value-Based Purchasing Model (HHVBP)	no	no	no	YES	no	no
Independence at Home Demonstration (IAH)	no	no	no	YES	no	no
Initiative to Reduce Avoidable	no	no	no	no	no	no

² The Comprehensive Primary Care Plus model has reopened for payer proposals in existing and new regions as well as applications for primary care practices in new regions for CPC+ for 2018.

³ Beginning in performance year 2018 for participants in the CABG Model that choose to voluntarily implement downside risk, and performance year 2019 for all other participants in Track 1.

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APM	MIPS APM under the APM Scoring Standard	Medical Home Model	Use of CEHRT Criterion	Quality Measures Criterion	Financial Risk Criterion	Advanced APM
Hospitalizations Among Nursing Facility Residents: Phase 2						
Medicare Accountable Care Organization (ACO) Track 1+ Model ⁴	YES	no	YES	YES	YES	YES
Medicare Patient Intravenous Immunoglobulin (IVIG) Access Demonstration Project	no	no	no	no	no	no
Maryland All-Payer Hospital Model	no	no	no	no	YES	no
Medicare Advantage Value-Based Insurance Design (VBID) Model	no	no	no	no	no	no
Medicare Care Choices Model (MCCM)	no	no	no	no	no	no
Medicare-Medicaid Accountable Care Organization Model (MMACO) (for participants in Shared Savings Program Track 1)	YES	no	YES	YES	no	no
Medicare-Medicaid Accountable Care Organization Model (MMACO) (for participants in Shared Savings Program Track 2)	YES	no	YES	YES	YES	YES
Medicare-Medicaid Accountable Care Organization Model (MMACO) (for participants in Shared Savings Program Track 3)	YES	no	YES	YES	YES	YES

⁴ Beginning in performance year 2018.

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APM	MIPS APM under the APM Scoring Standard	Medical Home Model	Use of CEHRT Criterion	Quality Measures Criterion	Financial Risk Criterion	Advanced APM
Medicare-Medicaid Financial Alignment Initiative ⁵	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Shared Savings Program Accountable Care Organizations — Track 1	YES	no	YES	YES	no	no
Medicare Shared Savings Program Accountable Care Organizations — Track 2	YES	no	YES	YES	YES	YES
Medicare Shared Savings Program Accountable Care Organizations — Track 3	YES	no	YES	YES	YES	YES
Million Hearts: Cardiovascular Disease Risk Reduction Model (MH CVDRR)	no	no	no	YES	no	no
Next Generation ACO Model ⁶	YES	no	YES	YES	YES	YES
Oncology Care Model (OCM) (one-sided Risk Arrangement)	YES	no	YES	YES	no	no
Oncology Care Model (OCM) (two-sided Risk Arrangement) ⁷	YES	no	YES	YES	YES	YES
Part D Enhanced Medication Therapy Management Model	no	no	no	no	no	no
Pennsylvania Rural Health Model	no	no	YES	no	YES	no
Prior Authorization of Repetitive Scheduled Non-Emergent Ambulance Transport	no	no	no	no	no	no

⁵ The Medicare-Medicaid Financial Alignment Initiative agreements are between CMS and state and health plan participants. CMS will assess agreements between states or health plans and health care providers as other payer arrangements under the All-Payer Combination Option.

⁶ The Next Generation ACO Model has reopened and is accepting new applications for 2018 participation.

⁷ The Oncology Care Model two-sided risk arrangement will be available starting on January 1, 2017.

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APM	MIPS APM under the APM Scoring Standard	Medical Home Model	Use of CEHRT Criterion	Quality Measures Criterion	Financial Risk Criterion	Advanced APM
Prior Authorization of Non-Emergent Hyperbaric Oxygen Therapy Model	no	no	no	no	no	no
State Innovation Models — Round 2 (SIM 2) ⁸	N/A	N/A	N/A	N/A	N/A	N/A
Strong Start For Mothers And Newborns	no	no	no	YES	no	no
Surgical Hip/Femur Fracture Treatment (SHFFT) Model (Track 1 – CEHRT) ⁹	no	no	YES	YES	YES	YES
Surgical Hip/Femur Fracture Treatment (SHFFT) Model (Track 2 – non-CEHRT)	no	no	no	YES	no	no
Transforming Clinical Practice Initiative (TCPI)	no	no	no	no	no	no
Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model) ¹⁰	YES	no	YES	YES	YES	YES

The APMs listed below have been announced as being in development. These APMs are scheduled to be implemented in 2018 but have design parameters that have not yet been finalized. We will update this list and the above table to reflect changes as they are finalized.

- Medicare Diabetes Prevention Program (MDPP) Expanded Model

⁸ SIM 2 provides financial and technical support to 11 states to test and evaluate multi-payer health system transformation models. CMS will assess agreements between states and health care providers as other payer arrangements under the All-Payer Combination Option.

⁹ Beginning in performance year 2018 for participants in the SHFFT Model that choose to voluntarily implement downside risk, and performance year 2019 for all other participants in Track 1.

¹⁰ The Vermont All-Payer ACO Model is a new APM. Note that this Advanced APM determination applies only to this APM's payments under Medicare; determinations with respect to whether the other payer arrangements in the Vermont All-Payer ACO Model are Other Payer Advanced APMs will be made separately.