

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 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 EHR technology;
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 using the CMS Innovation Center authority, CMS applies a different Advanced APM financial risk criterion to Medical Home Models, and 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. We identify this type of APM as a “MIPS APM,” and participants in MIPS APMs 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 (based on payments or patients through an Advanced APM) in order to become a Qualifying APM Participant (QP) for a year, the eligible clinician will be subject to MIPS, and scored using the APM scoring standard.

Quality Payment Program

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
Bundled Payment for Care Improvement Model 2 (BPCI)	no	no	no	no	YES	no
Bundled Payment for Care Improvement Model 3 (BPCI)	no	no	no	no	YES	no
Bundled Payment for Care Improvement Model 4 (BPCI)	no	no	no	no	YES	no
Comprehensive Care for Joint Replacement (CJR) Payment Model (non-CEHRT)	no	no	no	YES	YES	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 ¹	YES	YES	YES	YES	YES	YES
Frontier Community Health Integration Project Demonstration (FCHIP)	no	no	no	no	no	no

¹ The Comprehensive Primary Care Plus Model will be reopening and accepting new applications for 2018.

Quality Payment Program

APM	MIPS APM under the APM Scoring Standard	Medical Home Model	Use of CEHRT Criterion	Quality Measures Criterion	Financial Risk Criterion	Advanced APM
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 Hospitalizations Among Nursing Facility Residents: Phase 2	no	no	no	no	no	no
Medicare Patient Intravenous Immunoglobulin (IVIG) Access Demonstration Project	no	no	no	no	no	no
Maryland All-Payer Hospital Model	no	no	no	YES	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 Financial Alignment Initiative ²	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

²The 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 beginning in 2019.

Quality Payment Program

APM	MIPS APM under the APM Scoring Standard	Medical Home Model	Use of CEHRT Criterion	Quality Measures Criterion	Financial Risk Criterion	Advanced APM
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 ³	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) ⁴	YES	no	YES	YES	YES	YES
Part D Enhanced Medication Therapy Management Model	no	no	no	no	no	no
Prior Authorization of Repetitive Scheduled Non-Emergent Ambulance Transport	no	no	no	no	no	no
Prior Authorization of Non-Emergent Hyperbaric Oxygen Therapy Model	no	no	no	no	no	no
State Innovation Models — Round 2 (SIM 2) ⁵	N/A	N/A	N/A	N/A	N/A	N/A
Strong Start For Mothers And Newborns	no	no	no	YES	no	no
Transforming Clinical Practice Initiative (TCPI)	no	no	no	no	no	no

³ The Next Generation ACO Model will be reopening and accepting new applications for 2018 participation.

⁴ The Oncology Care Model two-sided risk arrangement will be available starting on January 1, 2017.

⁵ 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.

Quality Payment Program

APM	MIPS APM under the APM Scoring Standard	Medical Home Model	Use of CEHRT Criterion	Quality Measures Criterion	Financial Risk Criterion	Advanced APM
Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model) ⁶	YES	no	YES	YES	YES	YES

The APMs listed below have been proposed in a proposed rule or have been announced as being in development. These APMs are scheduled to be implemented in 2017 or 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.

- Advancing Care Coordination through Episode Payment Models (EPMs) Track 1 (CEHRT)
- Advancing Care Coordination through Episode Payment Models (EPMs) Track 2 (non-CEHRT)
- Cardiac Rehabilitation (CR) Incentive Payment Model
- Comprehensive Care for Joint Replacement (CJR) Payment Model (CEHRT)
- Medicare ACO Track 1+
- Medicare Diabetes Prevention Program (MDPP) Model

⁶ 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.