

Alternative Payment Models in the Quality Payment Program as of November 2018

The table below displays the Alternative Payment Models (APMs) that CMS currently operates or has announced, as of November 2018. 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 reflects our application of the Advanced APM criteria adopted in Quality Payment Program regulations 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.

Under the Medicare Access and CHIP Reauthorization Act of 2015, to be an Advanced APM, an APM must meet all of 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 CMS Innovation Center authority, CMS applies a different Advanced APM financial risk criterion to Medical Home Models. In addition, under the Merit-based Incentive Payment System (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,” meaning those that include MIPS eligible clinicians as participants and hold their participants accountable for the cost and quality of care provided to Medicare beneficiaries. MIPS eligible clinicians in MIPS APMs have special MIPS reporting requirements and are scored using the “APM scoring standard.” Most Advanced APMs are also MIPS APMs, so if an eligible clinician participating in the Advanced APM does not meet the threshold for payments or patients through an Advanced APM sufficient to become a Qualifying APM Participant (QP) for a year, thereby being excluded from MIPS, the MIPS eligible clinician will be scored under MIPS according to the APM scoring standard.

Current and Future APM List and Advanced APM Determinations

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 Payments for Care Improvement Model 2 (BPCI) ¹	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
Bundled Payments for Care Improvement Advanced Model (BPCI Advanced) ^{2,2}	YES	no	YES	YES	YES	YES
Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1 - CEHRT)	no	no	YES	YES	YES	YES
Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 2 - non-CEHRT)	no	no	no	YES	YES	no

¹ BPCI Models 2, 3, and 4 have ended but the reporting period for each continues until the end of 2018.

² BPCI Advanced began in October 2018, and participants will have an opportunity to achieve QP status, or be scored under the APM scoring standard for MIPS starting in performance year 2019.

² APM Entities must include at least one MIPS eligible clinician on a Participation List in order to be scored under the APM scoring standard. Some eligible clinicians in BPCI Advanced may be Affiliated Practitioners, and thus not scored under the APM scoring standard. If those eligible clinicians are not QPs for a year, they may be subject to MIPS reporting requirements and payment adjustments for that year.

APM	MIPS APM under the APM Scoring Standard	Medical Home Model	Use of CEHRT Criterion	Quality Measures Criterion	Financial Risk Criterion	Advanced APM
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 ^{3, 4}	YES	YES	YES	YES	YES	YES
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)	YES	no	no	YES	no	no
Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents: Phase 2	no	no	no	no	no	no
Integrated Care for Kids (InCK) Model	no	no	no	no	no	no

³ Dual participants in CPC+ and the Medicare Shared Savings Program will have their APM status determined by the Medicare Shared Savings Program track in which they participate, and not by CPC+.

⁴ Practices that begin CPC+ participation in 2018 with more than 50 eligible clinicians in their parent organization will not qualify under the Medical Home Model financial risk standard, and therefore will not be considered to be participating in an Advanced APM.

APM	MIPS APM under the APM Scoring Standard	Medical Home Model	Use of CEHRT Criterion	Quality Measures Criterion	Financial Risk Criterion	Advanced APM
Medicare Accountable Care Organization (ACO) Track 1+ Model	YES	no	YES	YES	YES	YES
Medicare Patient Intravenous Immunoglobulin (IVIG) Access Demonstration Project	no	no	no	no	no	no
Maryland All-Payer Model (Care Redesign Program ⁵)	no	no	YES	YES	YES	YES
Maryland Total Cost of Care Model (Maryland Primary Care Program ⁶)	YES	YES	YES	YES	YES	YES
Maryland Total Cost of Care Model (Care Redesign Program ⁷)	no	no	YES	YES	YES	YES
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 ⁸	N/A	N/A	N/A	N/A	N/A	N/A

⁵ Advanced APM beginning July 1, 2018 and ending at the end of 2018.

⁶ Beginning in 2019.

⁷ Beginning in 2019.

⁸ The Medicare-Medicaid Financial Alignment Initiative agreements are between CMS and state and health plan participants. For the capitated financial alignment model, CMS will assess agreements between health plans and health care providers as other payer arrangements under the All-Payer Combination Option.

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 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
Maternal Opioid Misuse (MOM) Model	no	no	no	no	no	no
Next Generation ACO Model	YES	no	YES	YES	YES	YES
Oncology Care Model (OCM) (one-sided Risk Arrangement)	YES	no	YES	YES	no	no
Oncology Care Model (OCM) (both two-sided Risk Arrangements)	YES	no	YES	YES	YES	YES
Part D Enhanced Medication Therapy Management Model	no	no	no	no	no	no

APM	MIPS APM under the APM Scoring Standard	Medical Home Model	Use of CEHRT Criterion	Quality Measures Criterion	Financial Risk Criterion	Advanced APM
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
Prior Authorization of Non-Emergent Hyperbaric Oxygen Therapy Model ⁹	no	no	no	no	no	no
Rural Community Hospital Demonstration	no	no	no	no	no	no
State Innovation Models — Round 2 (SIM 2) ¹⁰	N/A	N/A	N/A	N/A	N/A	N/A
Transforming Clinical Practice Initiative (TCPI)	no	no	no	no	no	no
Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model) ¹¹	YES	no	YES	YES	YES	YES

⁹ Prior Authorization of Non-Emergent Hyperbaric Oxygen Therapy Model has ended but reporting on the model continues until the end of 2018.

⁸ SIM Round 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 Vermont ACOs will be participating in an Advanced APM and a MIPS APM during 2018 through their participation in a version of the Next Generation ACO Model. We anticipate the Vermont Medicare ACO Initiative will separately be an Advanced APM and MIPS APM beginning in 2019.