MODEL OVERVIEW FACTSHEET

Ambulatory Specialty Model

Model Purpose

The Ambulatory Specialty Model (ASM) will hold specialists who treat people with Original Medicare financially accountable for upstream management of chronic conditions. The model will focus on low back pain and congestive heart failure, two areas of high Original Medicare spending with significant potential for cost savings. Timely, targeted care for these conditions can prevent avoidable hospitalizations and unnecessary surgeries. Specialists will be rewarded for effective disease management, adhering to clinical guidelines for care, and coordinating with other providers involved in the management of their patients' care. ASM will begin on January 1, 2027 and run for five performance years through December 31, 2031. ASM's payment years run from January 1, 2029 through December 31, 2033.

Model Participation

ASM will include specialists who frequently treat low back pain or heart failure, practice within selected core-based statistical area (CBSA)s or metropolitan divisions, and have historically treated at least 20 Original Medicare patients with heart failure or 20 Original Medicare patients with low back pain over a 12-month period. Physicians will be assessed individually for quality and cost performance and assessed at the group level on care improvement activities and Promoting Interoperability performance.

Low Back Pain Specialists: anesthesiology, pain management, interventional pain management, neurosurgery, orthopedic surgery, and physical medicine and rehabilitation

Heart Failure Specialists: cardiology

Model Performance Measures

Participant performance will be assessed across four categories:

Quality

- For example, controlling the blood pressure of patients with heart failure or improving functional status for patients with low back pain

Cost

- Reductions in unnecessary care

Care Improvement Activities

- Improvement to clinical care processes
- Increased patient engagement and conversation about lifestyle-based interventions
- Increased care coordination so patients have the information they need to make the best decisions on their health

Improving Interoperability

- Implementing technology that allows specialists to communicate and share data electronically between the patient and their primary care provider

Model Goals

ASM will reward clinicians who:

- **Prevent worsening or recurrence of chronic conditions** by encouraging lifestyle changes
- **Improve chronic disease management** by encouraging collaboration between specialists and primary care providers
- **Detect** risks and signs of chronic conditions early
- **Enhance patient experience** by prioritizing patient-reported outcomes on function
- **Reduce avoidable hospitalizations** and care lacking clear evidence of benefit

Specialty Care Transformation

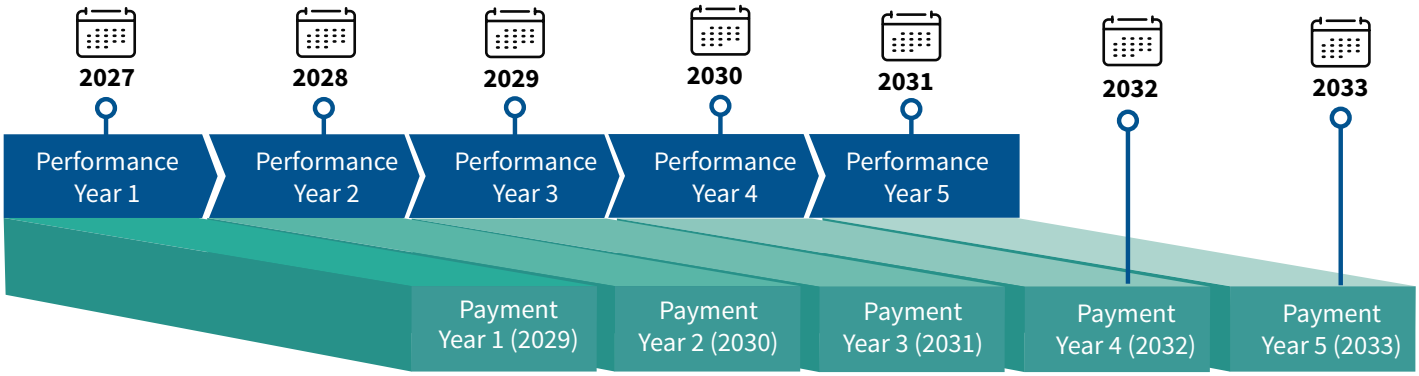
CMS will provide enhanced data feedback to participants and require them to implement:

- Collaborative Care Arrangements with primary care
- Preventive care screening in partnership with primary care
- Support for lifestyle changes and health-related social needs screening in partnership with primary care
- Health information exchange data sharing

Model Payment Overview

CMS will use ASM participants' final scores across the four performance categories to determine if they receive positive, neutral or negative payment adjustments on future Medicare Part B claims for covered services. In the first payment year, these adjustments will range from -9% to +9%. All participants will be subject to this risk. The payment approach will ensure that the total positive adjustments for high performers do not exceed the total negative adjustments for low performers.

Model Timeline



ASM Model Website:
CMS.gov/priorities/innovation/innovation-models/asm

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