Ambulatory Specialty Model (ASM) Performance Categories Reporting Factsheet

MODEL OVERVIEW

ASM is a mandatory model with five performance years that starts in January 2027. ASM participants are specialists who treat heart failure or low back pain. ASM seeks to:

- **Improve management of chronic disease** and slow disease progression.
- **Increase collaboration** between specialists and primary care providers (PCPs).
- **Reduce avoidable or unnecessary services** that may offer little benefit and increase costs.

PERFORMANCE CATEGORIES OVERVIEW

ASM uses four performance categories to assess an ASM participant's performance. Performance data will be obtained through ASM participant claims, data submission, and/or attestations by March 31 following each performance year.

	Required Elements	What is Reported by ASM Participants	Performance Period
Quality	Heart failure or low back pain quality measures	Report CQMs or electronic clinical quality measures (eCQMs)	Depends on quality measure specifications
Cost	Heart failure or low back pain Episode-Based Cost Measures (EBCMs)	No participant submission; information obtained from administrative claims data	365 days
Improvement Activities (IA)	ASM IA-1 ASM IA-2	Attest to completion of required IAs	90 days
Promoting Interoperability (PI)	CEHRT ID, PI measures and attestations	Report CEHRT ID, PI measures data and attestations	180 days

QUALITY

CMS will assess ASM participants' quality of care using a focused set of clinical measures relevant to each specific ASM chronic condition and specialty type.

What To Submit

- ASM participants must submit data on all cohort-specific quality measures using eCQM or CQM collection types via the Quality Payment Program portal.
- Administrative claims-based measures do not require data submission and are calculated by CMS.
- ASM participants are required to report measures at the individual level (TIN/NPI) except for small practices.[1] ASM participants in small practices may report at the group (TIN) level.

How To Prepare

- ASM participants should review quality measure specifications, confirm their infrastructure is equipped for reporting, and ensure relevant staff are prepared to implement workflow or reporting adjustments, as needed.

[1] In ASM, a small practice consists of 15 or fewer NPIs.

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QUALITY

Quality Measures: Heart Failure and Low Back Pain

Heart Failure Quality Measures	Measure ID	Collection Type
Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure (Modified for ASM)	MIPS 492	Administrative claims data
HF: Beta-Blocker Therapy for LVSD	MIPS 008	MIPS CQM or eCQM
HF: ACE Inhibitor or ARB or ARNI Therapy for LVSD	MIPS 005	MIPS CQM or eCQM
Controlling High Blood Pressure	MIPS 236	MIPS CQM or eCQM
Functional Status Assessments for Heart Failure	MIPS 377	eCQM

Low Back Pain Quality Measures	Measure ID	Collection Type
Use of High-Risk Medications in Older Adults	MIPS 238	MIPS CQM or eCQM
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	MIPS 134	MIPS CQM or eCQM
Preventive Care and Screening: BMI Screening and Follow-Up Plan	MIPS 128	MIPS CQM or eCQM
Functional Status Change for Patients with Low Back Impairment	MIPS 220	MIPS CQM
Excess Utilization Measure, To be Proposed in Calendar Year (CY) 2027 Rulemaking	TBD	Administrative claims data

COST

CMS will assess the efficiency and cost-effectiveness of the care ASM participants provide for each of ASM's chronic conditions. EBCMs are attributed to specialists only if they render select triggering and confirming services with a corresponding ICD–10 code.[2]

CMS uses **claims data** for services related to treating the chronic condition episode

CMS calculates the **risk-adjusted expected episode cost**

CMS compares **actual** and **expected costs** to **score cost performance** against benchmarks

What to Submit

- ASM participants do not need to submit cost data.
- CMS directly calculates cost measures from Medicare administrative claims data.

How To Prepare

- ASM participants should review the cost measure specifications.

Cost Measure Name	Measure ID	Collection Type
Heart Failure	COST_HF_1	Administrative claims data
Low Back Pain	COST_LBP_1	Administrative claims data

[2] The EBCMs for the ASM cost performance category are the same as the EBCMs that establish ASM participant eligibility.

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IMPROVEMENT ACTIVITIES

CMS will assess ASM participants' efforts to improve care coordination, strengthen collaboration between primary and specialty care, and address the upstream drivers that affect their patients' health. IAs are reported at the group level meaning all ASM participants in that TIN are meeting the IA requirements.

What to Submit

- ASM participants must attest to completing the IAs. Evidence of IAs is not submitted, but records of activities should be retained in case of an audit.

How To Prepare

IA-1: Implement processes, workflows, and/or technology that show evidence of IA-1 compliance. Document and retain proof of activities.

- Documentation could include workflows, EHR configurations, staff training materials, and EHR and practice management reports.

IA-2: Establish at least one Collaborative Care Arrangement (CCA) with a primary care practice (PCP) with which the ASM participant shares ASM beneficiaries. Document and retain CCA evidence and associated compliance materials detailed in §512.771 of ASM's regulations.

- CCAs may be between ASM participants and PCPs in the same TIN in cases of multispecialty practices.

IA Name	IA Description	Collection Type
IA-1: Connecting to Primary Care and Ensuring Completion of HRSN Screening	Evidence of processes, workflows, or technology that: • Confirm ASM beneficiaries have access to primary care services and, if not, assist them in finding one. • Communicate relevant clinical information back to the beneficiary's PCP following a visit with an ASM participant. • Determine whether the beneficiary has received an annual Health-Related Social Needs screening in the primary care setting, and, if not, encourage a screening or conduct one.	Attestation
IA-2: Establishing Communication and Collaboration Expectations with Primary Care Using Collaborative Care Arrangements	Establish at least one CCA with a primary care practice with at least three of the following elements: • (1) Data Sharing, (2) Co-management, (3) Transitions in care planning, (4) Closed-loop connections, (5) Care coordination.	Attestation

PROMOTING INTEROPERABILITY

CMS will assess ASM participants' use of certified EHR technology (CEHRT) to engage patients, improve care, reduce costs, and better manage chronic conditions through more integrated care. ASM participants must submit a CEHRT ID, complete required attestations, and report PI measures at the group (TIN) level.[3]

What to Submit

- ASM participants must submit a CEHRT ID, PI measures, and attestations. ASM participants must report required data, a Yes/No attestation, or an allowed exclusion.

[3] Group-level (TIN-level) data reported for the PI category may include data of non-ASM participants.

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PROMOTING INTEROPERABILITY

How To Prepare

- ASM participants should review PI measure details and ensure all other PI activities are occurring.

PI Element Name	Collection Type
CEHRT ID	Submission
e-Prescribing	Measure
Health Information Exchanges (HIEs)	Measure
Provider to Patient Exchange	Measure
Public Health and Clinical Data Exchange	Measure
The Office of the National Coordinator for Health IT (ONC) direct review (45 C.F.R. pt. 170, subpt. E (2026))	Attestation
Actions to Limit or Restrict Compatibility of Interoperability of CEHRT	Attestation
The Security Risk Assessment	Attestation
SAFER Self-Assessment (Safety Assurance Factors for EHR Resilience)	Attestation

PRE-IMPLEMENTATION CHECKLIST

Review all measure specifications for ASM required measures

✓ ASM will use the 2027 measure specifications, which will be published in Fall 2026 following release of the CY 2027 Physician Fee Schedule (PFS) final rule.

Confirm reporting infrastructure

✓ Confirm CEHRT functionality via the Certified Health IT Product List.

✓ Confirm your EHR system supports the required eCQM reporting workflow and meets ONC certification criteria.

Prepare workflows for data collection

✓ Configure operational workflows to support standardized documentation fields for IAs, etc.

✓ Implement the necessary workflows for sending and receiving clinical summaries and consult notes.

✓ Engage EHR vendors, HIE(s), and interface engine vendors to confirm connectivity, transaction logging, and reporting extracts.

Consider data submission next steps

✓ Additional information on data submission and reporting with the help of a third-party intermediary will be released in the future.

ADDITIONAL ASM RESOURCES

View ASM's performance measurement requirements and regulations in the CY 2026 PFS final rule.

Participant Dataset | Model Webpage | Model Overview Factsheet | Participant Roadmap

Questions? AmbulatorySpecialtyModel@cms.hhs.gov