Centers for Medicare & Medicaid Services

Ambulatory Specialty Model (ASM)
Frequently Asked Questions

Contents

General

1. **What is ambulatory specialty care?**
   Ambulatory specialty care refers to specialized medical services delivered in outpatient settings rather than performed in hospitals. While the CMS Innovation Center is currently testing hospital-based alternative payment models such as the Transforming Episode Accountability Model (TEAM), ASM will focus on outpatient specialty care of chronic conditions.

2. **What must ASM participants do to meet the ASM participation requirements?**
   ASM participants are required to submit data on the required measures and activities for the quality, improvement activities, and Promoting Interoperability ASM performance categories by the data submission deadline. For additional information on ASM data reporting requirements, please refer to the Data Reporting section of the FAQs.

   In addition to submitting performance data, ASM participants must comply with all model requirements outlined in ASM regulations. Please refer to 42 CFR part 512, subpart G for all ASM regulations.

Eligibility

1. **Are physicians in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) included in the ASM participant list?**
   Physicians who exclusively provide services billed under the Rural Health Clinics (RHCs) or Federally Qualified Health Centers (FQHCs) payment systems will not be selected to participate in ASM. However, physicians who practice in RHCs or FQHCs and separately provide and bill for services under the Medicare Physician Fee Schedule (PFS) and meet the ASM participant eligibility criteria will be required to participate in ASM as CMS determines ASM eligibility using PFS claims.

2. **Where will ASM be tested?**
   CMS will implement ASM in regions throughout the country, specifically in selected Core-Based Statistical Areas (CBSAs) and Metropolitan Divisions, geographic regions defined by the federal government for the purpose of collecting statistics. The CMS Innovation Center seeks performance data from a wide range of markets that represent demographic variation across the nation. Selected ASM mandatory geographic areas are available on the ASM website here.

3. **How do I confirm if I am, or a physician at our practice is, an ASM participant?**
   Please visit the ASM Participants dataset here to check if a physician is listed as an ASM participant. The ASM Participants dataset indicates the ASM performance year(s) for which an ASM participant must meet model requirements.

4. **How can CMS be notified that a physician listed in the ASM participant dataset is no longer affiliated with the listed practice before the model start date in 2027?**
   CMS used data from CY 2024 to identify preliminary ASM participants for the 2027 ASM performance year. CMS plans to reassess these preliminary ASM participants in late summer 2026 using updated CY 2025 data to confirm continued eligibility and select final ASM participants for the 2027 ASM performance year. Changes in organizational affiliation may be incorporated in the release of the dataset containing final ASM participants for the 2027 ASM performance year.

CMS will release further guidance on the notification process for organizational changes not reflected in the updated ASM Participants dataset containing final ASM participants for the 2027 ASM performance year.

Please note that CMS does not plan to update the data posted on data.cms.gov until late summer 2026 when we intend to update it with the final ASM participants for the 2027 ASM performance year.

5. **If a physician is listed as an ASM participant for the upcoming performance year, will they continue as an ASM participant for all remaining performance years of the model?**
   Yes. Once a physician is selected by CMS as an ASM participant, the ASM participant will remain an ASM participant for the duration of the model. CMS will determine whether ASM participants continue to meet the ASM participant eligibility criteria on an annual basis. If an ASM participant no longer meets the ASM participant eligibility criteria for a given ASM performance year, CMS will notify them. In this instance, the ASM participant will not need to meet certain ASM's performance, reporting, and scoring requirements for that performance year and will instead be subject to MIPS reporting requirements, if applicable. These ASM participants will no longer be eligible for the model's programmatic waivers.

6. **Will physicians be given time to transition to ASM?**
   For the 2027 ASM performance year, CMS has released a preliminary list of ASM participants (view the ASM Participants dataset here). If CMS identifies a change in service location, specialty type, or the type or volume of services that warrants a preliminary ASM participant not being identified as a final ASM participant for the 2027 ASM performance year, CMS plans to notify these individuals by late summer 2026. CMS also plans to release additional ASM resources throughout CY 2026 to help ASM participants prepare for model launch on January 1, 2027.

7. **How does CMS determine if an ASM participant is part of a small practice?**
   When CMS identifies ASM participants for the upcoming performance year based on ASM participant eligibility criteria, CMS will also determine each ASM participant's practice size. For the purposes of ASM, a small practice is a practice (TIN) consisting of 15 or fewer clinicians.

Quality Performance Category

1. **What quality measures must ASM participants report?**
   ASM includes two sets of quality measures, one for ASM heart failure participants and one for ASM low back pain participants. Each measure set includes five quality measures. Please find the list of measures below for each ASM cohort. Unless otherwise noted, the quality measures will use existing MIPS specifications. These specifications can be found on the Quality Payment Program website here.

Measure	Collection Type(s)
Heart Failure	
Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with HF (MIPS Q492) (modified specifications)	Claims
HF: Beta-Blocker Therapy for LVSD (MIPS Q008)	eCQM MIPS CQM
HF: ACE Inhibitor or ARB or ARNI Therapy for LVSD (MIPS Q005)	eCQM MIPS CQM
Controlling High Blood Pressure (MIPS Q236)	eCQM MIPS CQM
Functional Status Assessments for Heart Failure (MIPS Q377)	eCQM
Low Back Pain	
Use of High-Risk Medications in Older Adults (MIPS Q238)	eCQM MIPS CQM
Preventive Care and Screening: Screening for Depression and Follow-Up Plan (MIPS Q134)	eCQM MIPS CQM
Preventive Care and Screening: BMI Screening and Follow-Up Plan (MIPS Q128)	eCQM MIPS CQM
Functional Status Change for Patients with Low Back Impairments (MIPS Q220)	MIPS CQM
Excess Utilization Measure- To Be Determined in CY 2027 Rulemaking	Claims

2. **Do ASM participants have to report on quality measures for all their patients or just patients that have traditional Medicare as their primary insurance?**
   Where applicable, ASM participants will report all-payer quality measures. This means the measure applies to and collects data from all types of insurance coverage, including Medicare, Medicaid, commercial insurance, and other payers, rather than being limited to a single payer type. This comprehensive approach provides medical providers with a complete picture of their quality performance across all patient populations they serve, enabling more meaningful benchmarking and quality improvement initiatives. Administrative claims-based measures are not all-payer measures and use only Medicare claims data on Medicare patients to calculate the measure.

   Using all-payer measures helps to reduce administrative burden by applying standardized definitions and methodologies that can satisfy multiple payer requirements simultaneously. This supports broader goals in population health and value-based care.

Cost Performance Category

1. **Which cost measures are ASM participants scored on?**
   ASM participants are scored using the same episode-based cost measures (EBCMs) that

are used to determine ASM participant eligibility. These cost measures are also used in MIPS.

- ASM heart failure participants are scored on the heart failure EBCM
- ASM low back pain participants are scored on the low back pain EBCM.

These measures are calculated by CMS using claims data, so ASM participants are not required to report any data.

Detailed information, including Measure Information Forms, are available on the MIPS website here.

2. **Are NPs, PAs, or other advanced practice providers included in ASM cost measure scoring?**

   For cost measures, ASM uses the Episode-Based Cost Measure (EBCM) methodologies published by CMS. Whether actions performed by nurse practitioners (NPs) or physician assistants (PAs) are included depends on the specifications of each individual measure.

   For more information, please refer to the following resources:

   - Cost measure methodology
   - Measure specifications

Improvement Activities Performance Category

1. **What improvement activities must an ASM participant complete during a performance year?**
   An ASM participant must complete Improvement Activities 1 (IA-1): Connecting to Primary Care and Ensuring Completion of Health-Related Social Needs Screening and Improvement Activity 2 (IA-2): Establishing Communication and Collaboration Expectations with Primary Care using Collaborative Care Arrangements.

   Specifications for the two required improvement activities can be found in ASM's regulations (42 CFR part 512, § 512.735(c)) and further discussed in the CY 2026 Physician Fee Schedule Final Rule in the *Federal Register* (90 FR 49646 through 49655).

2. **Are improvement activities mandatory or optional in ASM?**
   Improvement activities (IA) are a required performance category in ASM. ASM participants must complete both required IAs, IA-1 (Connecting to Primary Care and Ensuring Completion of Health-Related Social Needs Screening) and IA 2 (Establishing Communication and Collaboration Expectations with Primary Care using Collaborative Care Arrangements).

   Completing only one IA results in a negative 10-point adjustment to an ASM participant's final score. Completing zero IAs results in a negative 20-point adjustment. If both IAs are completed, no adjustment to the final score adjustment is made for the ASM IA performance category.

Promoting Interoperability Performance Category

1. **What measures and attestations are required in the Promoting Interoperability ASM performance category?**
   ASM's Promoting Interoperability requirements largely mirror those used in MIPS. Specific

requirements for ASM's Promoting Interoperability performance category are included in ASM's regulations (42 CFR part 512, § 512.740) and are further discussed in the CY 2026 Physician Fee Schedule Final Rule in the *Federal Register* (90 FR 49655 through 49664).

2. **Is use of Certified Electronic Health Record Technology (CEHRT) required in ASM?**

   To receive a score greater than zero in the Promoting Interoperability ASM performance category, ASM participants must attest to using Certified Electronic Health Record Technology (CEHRT) during the applicable performance year. This requirement is consistent with the approach used in the MIPS.

3. **Are there exceptions to reporting the Promoting Interoperability ASM performance category?**

   All ASM participants are required to fulfill the Promoting Interoperability measures and objectives to receive a score in this ASM performance category. These requirements must be reported at the practice (TIN) level.

   Unlike MIPS, ASM does not offer automatic reweighting of the Promoting Interoperability ASM performance category for certain clinicians, nor does it include a Promoting Interoperability-specific hardship application.

   We recognize solo practitioners and small practices may face additional challenges with these requirements and have accounted for this in ASM's scoring policies. Specifically, ASM participants who are solo practitioners will receive an additional 15 points on their overall final score and ASM participants in small practices (2-15 physicians) will receive an additional 10 points on their final score.

Data Reporting

1. **Do ASM participants need to report performance category data at the individual or group level?**
   Only ASM participants in small practices are allowed to report quality data at the group (TIN) level. All other ASM participants must report quality data at the individual (TIN/NPI) level. All ASM participants must report improvement activities and Promoting Interoperability data at the group (TIN) level. ASM participants are not required to report any cost data but will be scored at the individual (TIN/NPI) level.

2. **Does the setting where a procedure is performed (e.g., office vs. ambulatory surgery center) affect ASM reporting?**
   No. For reporting purposes, everything is tied to the unique TIN/NPI combination for each ASM participant. The facility type or place of service where a procedure is performed does not factor into ASM reporting requirements or scoring.

Payment

1. **Will each ASM participant receive an individual final score and payment adjustment?**
   Yes. Each ASM participant (TIN/NPI) receives their own ASM payment adjustment factor and corresponding ASM payment multiplier that will be applied to their individual payments for Medicare Part B covered professional services.

2. **Do ASM payment adjustments apply to all physicians in the TIN?**
   No. Since ASM participants are identified at the individual clinician (TIN/NPI) level, payment adjustments apply only to the individual ASM participant's payments for Medicare Part B covered professional services. Each ASM participant (TIN/NPI combination) receives their own ASM payment adjustment factor and corresponding ASM payment multiplier that will be applied to their individual payments for Medicare Part B covered professional services.

Model Overlap

1. **Can physicians and their billing organizations participate in ASM and other CMS Innovation Center models simultaneously?**
   ASM will allow ASM participants to remain in other CMS Innovation Center initiatives, models, and accountable care organizations (ACOs), including the Medicare Shared Savings Program.

2. **Can an ASM participant participate in MIPS while participating in ASM?**
   ASM participants are exempt from MIPS reporting requirements during the ASM performance years in which they are required to meet ASM's performance and reporting requirements. As a result, they cannot participate in MIPS during these ASM performance years or receive a MIPS payment adjustment during the corresponding ASM payment years.

3. **Can ASM participants also participate in an MSSP ACO?**
   Any physician selected for ASM must participate in ASM, even if they are already aligned to an ACO. Reporting, as detailed in the CY2026 Physician Fee Schedule Final Rule (90 FR 49716 through 49720), is required for ASM participants regardless of any other reporting they must perform for an ACO.

   There is no precedence or exclusion policy for ASM participants that are aligned to an ACO. ASM participants must meet ASM performance category reporting requirements to receive a final score. The ASM final score and application of the corresponding ASM payment adjustment is independent of ACO performance.