Alternative Payment Models (APMs)

2017

The **Medicare Access and CHIP Reauthorization Act (MACRA)** of 2015 established the Quality Payment Program, which includes the payment track of **Alternative Payment Models (APMs)**. The APM payment track provides additional incentive payments to eligible clinicians and practices that provide high-quality and cost-efficient care to their patients. APMs may also be related to a specific clinical condition, care episode or population of patients.

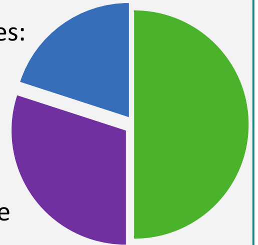
1

Determine Which APM You Participate In

MIPS Alternative Payment Model (MIPS APM)

MIPS APMs are those that do not take on a two-sided risk sharing model, which includes:

- ○ **Medicare Shared Savings Track 1**



Participant performance scored on:

- **Quality – 50%**, reported through ACO, clinician quality measures via web interface
- **Advancing Care Information – 30%**, reported by participant TINs for a weighted score
- **Improvement Activities – 20%**, full credit given for participation in APM*

Advanced APM participants who do not meet the qualifying participant thresholds may choose to report under the MIPS APM requirements.

Advanced Alternative Payment Model (aAPM)

Advanced APMs are those in which participants accept both risk and reward for providing coordinated, high-quality and efficient care, includes:

- ○ **Medicare Shared Savings Track 2**
- ○ **Medicare Shared Savings Track 3**
- ○ **Next Generation**
- ○ **Comprehensive Primary Care Plus (CPC+** - see below)
- ○ **Oncology Care Model**
- ○ **Comprehensive End-Stage Renal Disease Care**

Participant performance scored on:

- **Quality – 50%**, reported through ACO, clinician quality measures via web interface
- **Advancing Care Information – 30%,** reported by participant TINs for a weighted score
- **Improvement Activities – 20%**, full credit given for participation in APM*

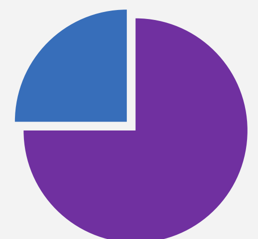
APM quality measures will be scored using the **MIPS 2017 quality benchmark deciles** – https://qpp.cms.gov/docs/QPP_Quality_Benchmarks_Overview.zip.

Comprehensive Primary Care Plus (CPC+)

Comprehensive Primary Care Plus (CPC+) is a medical home model aiming to strengthen primary care practices through improvement of the quality of care patients receive, improvements in patients' health, and healthcare cost containment.

Participant performance scored on:

- **Quality** – **0% for the first payment period,** the APM will continue to report quality measures based on the requirements of the APM
- **Advancing Care Information – 75%**, reported by the participant TIN or eligible clinician
- **Improvement Activities – 25%**, full credit given for participation in APM*



Dual participation in CPC+ and Medicare Shared Savings tracks is allowed.
Practices participating in Next Generation ACOs may not also participate in CPC+.

2

Check the Participation List

Contact the administrator of your Accountable Care Organization (ACO) to ensure that your practice TIN (Tax ID number) and all applicable NPIs (National Provider ID) are listed on the ACOs participant list

- Clerical errors can lead to ineligibility, which could result in a 4% negative payment adjustment.

3

Qualified Participant Determination

For advanced APMs, qualified participant determination is made at the APM entity level and includes threshold score calculations of:

- Submission of at least 25% of Medicare Part B claims through the advanced APM annually
- Care for at least 20% of your Medicare patients through the advanced APM annually

Participation determination is made at three "snapshot" points during the year:

- March 31st
- June 30th
- August 31st

If an advanced APM does not meet the threshold to have participants considered to be qualified participants, they have the option to report under the MIPS APM scoring standard.

4

Review Performance

Quality Measures

- **Evaluate performance on required quality measures, there are 15 clinical quality measures.**
- Reporting period is a full calendar year.
- Quality data will be submitted by the APM entity.

Advancing Care Information

- **Evaluate performance on required Advancing Care Information measures, depending on EHR certification year.**
- Reporting period is at least 90 consecutive days.
- Advancing Care Information measure data will be reported by the individual eligible clinician or participant TIN.

Improvement Activities

- Full credit will be given for improvement activity category based on participation in APM.

5

Plan for Reporting

Work with your organization's quality improvement/information technology/population health department(s) to ensure all required data is ready for reporting.

Obtain an EIDM account to prepare for reporting via the CMS portal for the Advancing Care Information measures. Visit - https://portal.cms.gov/wps/portal/unauthportal/home/.

Unsure of how you should prepare to report or what you need to do now? Contact the NE QIN-QIO for personalized support at: www.healthcarefornewengland.org/providers/hh-po-contact/#qpp

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This material was prepared by the New England QIN-QIO, the Medicare Quality Innovation Network-Quality Improvement Organization for New England, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMSQIN_D1041817_0974 | **DRAFT**