

# Quick Guide to Alternative Payment Models

Alternative Payment Models (APMs) are the most advanced options under the Medicare Access and CHIP Reauthorization Act's (MACRA) Quality Payment Program. APMs offer the highest incentives and could be the preferred model of the future. But APM requirements are complex – and some don't even qualify for MACRA. Where do you stand? Here's an overview of some of the current guidelines.



Alternative Payment Models	MACRA Advanced APM	Patient Requirement	Payment Types					Application Deadline
			Fee-for-service	Management Fee	Bundled Payment	Shared Savings or Shared Savings & Risk	Performance Incentives	

P= Prospective R= Retrospective

## HEALTH SYSTEM

<b>Medicare Shared Savings Program (MSSP), Track 1</b> Exceptions: Pioneer ACO, Next Generation ACO, End-stage Renal Disease (ESRD)		5K	✓			✓		July 29, 2016
<b>Medicare Shared Savings Program, Tracks 2 &amp; 3</b> Exceptions: Pioneer ACO, Next Generation ACO, ESRD	✓	5K	✓			✓		July 29, 2016
<b>Next Generation ACO, Models A &amp; B</b> Exceptions: MSSP, Independence at Home, 1115A models	✓	10K	✓	✓		✓		May 25, 2016

## PRIMARY CARE

<b>Patient-centered Medical Homes (PCMHs):</b>								
Accredited by the National Committee for Quality Assurance (NCQA)			✓					Sep. 30, 2016
Accredited by the Utilization Review Accreditation Commission (URAC)			✓					Ongoing
Accredited by The Joint Commission (TJC) Must already be accredited with TJC in order to apply for PCMH recognition within TJC			✓					Ongoing
Accredited by the Accreditation Association for Ambulatory Health Care (AAAHC)			✓					Ongoing
<b>Federally Qualified Health Center (FQHC)</b> Exceptions: RHCs			P					July 29, 2016
<b>Rural Health Clinic (RHC)</b> Exceptions: FQHCs			✓					July 29, 2016
<b>Comprehensive Primary Care Plus (CPC+), Track 1</b> Exceptions: Pediatric or concierge practices, RHCs or FQHCs	✓	150	P/R	✓			✓	Sep. 15, 2016
<b>Comprehensive Primary Care Plus, Track 2</b> Exceptions: Pediatric or concierge practices, RHCs or FQHCs	✓	150	P/R	✓			✓	Sep. 15, 2016

## SPECIALTY

<b>Comprehensive ESRD Care (CEC) Model, 1-sided Track (Non-LDOs Only)</b> Exceptions: MSSP		350			P	✓		July 15, 2016
<b>Comprehensive ESRD Care Model, 2-sided Track (LDOs &amp; Non-LDOs)</b> Exceptions: MSSP	✓	350			P	✓		July 15, 2016
<b>Oncology Care Model, 1-sided Track</b> Exceptions: Prospective Payment System (PPS)-exempt, Critical Access Hospitals (CAH), FQHCs, RHCs & Maryland hospitals/physicians			R	✓	✓		✓	June 18, 2015
<b>Oncology Care Model, 2-sided Track</b> Exceptions: PPS-exempt, CAHs, FQHCs, RHCs & Maryland hospitals/physicians	✓		R	✓	✓			June 18, 2015
<b>Bundled Payments for Care Improvement (BPCI) Initiatives, Models 2 &amp; 3</b>			R		✓			April 18, 2014
<b>Bundled Payments for Care Improvement Initiatives, Model 4</b>			P		✓			April 18, 2014
<b>Comprehensive Care for Joint Replacement (CJR) Model</b> Exceptions: BPCI for Lower Extremity Joint Replacements (LEJR) Models 1, 2 and 4			R		✓			Mandatory start date June 2016
<b>Patient-centered Specialty Practice (PCSP):</b>								
Accredited by the National Committee for Quality Assurance			✓					Dec. 31, 2016

## GLOSSARY

**Management fee:** Fee provided for the management of specific patients and/or activities associated with certain patient performances.

**Performance incentives:** Payments based on performance against specific metrics that are in addition to other payments provided for services rendered.

## SOURCES

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Independent research performed by Matt Chock, healthcare consultant.

Illustration by David Barber. Design by Gabrielle LaMarr LeMee. Art direction by Leah VanWhy. Senior art direction by Liz Kellogg.

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