

## New Participants Join Several CMS Alternative Payment Models

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### **New Participants Join Several CMS Alternative Payment Models**

*Numbers demonstrate provider commitment to a health care system with better care, healthier people, and smarter spending*

Today, the Centers for Medicare & Medicaid Services (CMS) announced over 359,000 clinicians are confirmed to participate in four of CMS's Alternative Payment Models (APMs) in 2017. Clinicians who participate in APMs are paid for the quality of care they give to their patients. APMs are an important part of the Administration's effort to build a system that delivers better care and one in which clinicians work together to have a full understanding of patients' needs. APMs also strive to ensure that patients are in the center of their care, and that Medicare pays for what works and spends taxpayer money more wisely resulting in a healthier country.

"By listening to physicians and engaging them as partners, CMS has been able to develop innovative payment reforms that bring physicians back to the core practice of medicine – caring for the patient," said Acting Administrator Andy Slavitt. "By reducing regulatory burden and paying for quality, CMS is offering solutions that improve the quality of services our beneficiaries receive and reduce costs, to help ensure the Medicare program is sustainable for generations to come."

The Medicare Shared Savings Program (Shared Savings Program), Next Generation Accountable Care Organization (ACO) Model, Comprehensive End-Stage Renal Disease (ESRD) Care Model (CEC) and Comprehensive Primary Care Plus (CPC+) Model all apply the concept of paying for quality and effectiveness of care given to patients in different health care settings. Today, CMS is announcing the participants in each of these models for the 2017 calendar year.

With today's announcement, participants in the four APMs are improving care delivery in 50 states, the District of Columbia, and Puerto Rico. In 2017, there are:

- Over 359,000 clinicians participating in APMs
- More than 12.3 million Medicare and/or Medicaid beneficiaries served
- 572 ACOs across the Shared Savings Program, Next Generation ACO Model and CEC Model
- 131 ACOs in a risk-bearing track, including in the Shared Savings Program, Next Generation ACO Model and CEC Model
- 2,893 primary care practices participating in CPC+

The Shared Savings Program was established by Section 3022 of the Affordable Care Act and is a key component of the Medicare delivery system reform initiatives included in the Affordable Care Act. Shared Savings Program ACOs are groups of doctors and other health care providers who voluntarily work together with Medicare to provide high quality services to Medicare fee-for-service beneficiaries. In 2017, the Shared Savings Program welcomed 99 new participants and 79 renewing participants, bringing the total number of participants to 480 across 50 states, the District of Columbia, and Puerto Rico. CMS also recently announced a new Medicare ACO Track 1+ Model for 2018 that will test a payment design that incorporates more limited downside risk than is currently present in Tracks 2 or 3 of the Shared Savings Program in order to encourage more practices, especially small practices and small rural hospitals, to advance to performance-based risk.

The Center for Medicare and Medicaid Innovation's (Innovation Center) Next Generation ACO Model was designed to test whether strong financial incentives for ACOs can improve health outcomes and reduce expenditures for Medicare fee-for-service beneficiaries. Provider groups in this model assume higher levels of financial risk and reward than are available under the Shared Savings Program. In 2017, 28 new participants have joined the model, making the total number of 2017 participants 45. CMS also recently announced a new opportunity for participation in the Next Generation ACO Model beginning in 2018. A Request for Applications (RFA) soliciting 2018 Next Generation ACO Model applications will be posted today.

The Innovation Center's CEC Model is designed to identify, test, and evaluate new ways to improve care for Medicare beneficiaries with ESRD. In the CEC Model, dialysis clinics, nephrologists and other providers join together to create an ESRD Seamless Care Organization (ESCO) to coordinate care for matched beneficiaries. The CEC Model received 24 new participants for a total of 47 participants in 2017.

CPC+, also an Innovation Center model, is a national advanced primary care medical home model that aims to strengthen primary care through a regionally-based multi-payer payment reform and care delivery transformation. CPC+ seeks to improve the quality of care beneficiaries receive, improve beneficiaries' health, and spend health care dollars more wisely. In CPC+ Round 1, CMS is partnering with 54 payers in 14 regions with 2,893 primary care practices which include over 13,000 clinicians, in 2017. CMS also recently announced CPC+ Round 2, with participation beginning in 2018.

"These models demonstrate CMS's commitment to partner with providers to improve care for patients," said Dr. Patrick Conway, Acting Principal Deputy Administrator and Director of the CMS Innovation Center. "My mother and over 12 million other Medicare beneficiaries are now cared for by doctors and other clinicians in payment models that focus on better health outcomes and coordinated, high quality care."

These initiatives and programs, developed by CMS and the Innovation Center, aim to achieve better care for patients, better health for our communities, and lower costs through improvement to our health care system. CMS expects that by the 2018 performance year, 25 percent of clinicians in the Quality Payment Program will be participating in an Advanced APM and eligible to earn APM incentive payments.

Today's announcement describes a series of CMS initiatives that offer opportunities for clinicians to participate in Advanced Alternative Payment Models under The Medicare Access and CHIP Reauthorization ACT of 2015 (MACRA). CMS's work in developing and expanding new payment models through the Innovation Center is guided by the following core principles:

- Supporting innovative payment and service delivery models with strong potential to improve health care quality and lower costs.
- Engaging with and listening to consumers, health care providers, and other stakeholders allowing for open and transparent dialogue, including through the appropriate use of notice-and-comment rulemaking and ombudsmen.
- Evaluating results based on appropriately scoped and sized model tests and advancing best practices based on their impact on health care quality and cost. We look forward to continuing to work with diverse stakeholders to achieve better care for patients, better health for our communities, and lower costs through improvement for our health care system.

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For more information, visit the following fact sheets:

Next Generation ACO: <https://innovation.cms.gov/Files/fact-sheet/nextgenaco-fs.pdf>

Shared Savings Program: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/2017-MSSP-Fact-Sheet.pdf>

CEC: <https://innovation.cms.gov/Files/fact-sheet/cec-fs.pdf>

CPC+: <https://innovation.cms.gov/Files/fact-sheet/cpcplus-fs-rd1.pdf>

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