

CMS Innovation Center Models ACOs Should Know

	Description	Darticipants	Overlan with ACOs	Atomorad	Model Start Date	Length of Damonstration	More information and resources			
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Direct Provider Contracting	CMMI has sought feedback on the concept of Medicare providers, including physician groups and hospitals, taking greater responsibility for a group of	To be determined	To be determined	Awaiting	To be determined	To be determined	CMMI page	https://innovation.cms.gov/initiati yes/direct-provider-contracting/	https://www.naacos.com/naacos- dos-rfi-comments	
	hospitals, taking greater responsibility for a group of beneficiaries.						NAACOS comment letter			
Comprehensive Primary Care Plus (CPC+) — third track	CMMI officials have said a third participation option for their CPC+ model is forthcoming. This is expected to be an option that includes a greater degree of risk	Primary care practices	Under current rules, CPC+ payments are counted as Medicare expenditures.	Assoliting	To be determined	To be determined	CMMI page	https://innovation.cms.gov/initiati yes/comprehensive.orimary-care-		
	for primary care practices.							pau.		
Kidney care model	Health & Human Services Secretary Alex Azar has spoken about CMMI's work to change how kidney care is paid for and delivered. An ideal model would	To be determined	To be determined	Awaiting	To be determined	To be determined				
	focus more on prevention, detection, and slowing the progression of disease. Patients should also have more options to seek care at home.									
Emergency Triage, Treat, and Transport (ET3)	The voluntary model will test payments for	Ambulance service providers	The ET3 model could potentially help ACDs avert	Feb. 14, 2019	Anticipated start date	Five years	CMMI page	https://www.cms.acv/hawsroom/		
Model	transporting patients to alternative destinations like urgent care clinics or primary care offices or treat	Amounte sevice providers	costly and unnecessary patient visits to the hospital emergency department. But CMMI hasn't stated if	Peb. 14, 2019	of January 2020	rive years	CMS fact sheet	fact-sheets/emergency-triage-treat and-transport-et3-model	s/413/	
	patients on-site using either telehealth or a qualified health care practitioner. Ambulance providers must enter into acreements with alternative sites before		savings from model participants will be applied to ACOs, ET3 participants, or both.							
	enter into agreements with alternative sites before being a option for patient transports. The model aims to encourage more appropriate use of emergency services.									
	emergency services. CMS issued an advanced notice of proposed									
International Pricing Index (IPI) Model	CMS issued an advanced notice of proposed rulemaking in October 2018 that would test new ways to pay for Medicare Part B drugs. CMS would	Physician practices and hospital outpatient departments that furnish drug included in the model and operate in selected areas. The model would be	NAACOS in response to CMS's Advanced Notice of Proposed Rulemaking sought clarity on how the IPI model would interact with ACOs, specifically those	Oct. 25, 2018	Anticipated start date of spring 2020	five years	CMMI page CMS fact sheet	https://innovation.cms.gov/initiati ves/ipi-model/	https://www.cms.gov/newsroom/fac t-sheets/anprm-international-pricing- index-model-medicare-part-b-drugs	https://www.naacos.com/ipi- angrm-comments
	tie what it pays for select single-source drugs to a noise independ off that drug's international price	selected areas. The model would be mandatory in roughly have the country.	that span large geographic areas and operate both within and outside of regions selected to participate in the model.				NAACOS comment letter			
	allow providers to buy drugs from third-party vendors who have more leverage to negotiate with drug manufacturers, and pay providers a set add-on payment that differs from the current policy of 6		in the industrial							
	payment that differs from the current policy of 6 percent of a drug's average sales price.									
Medicare Advantage Value-Based Insurance Design Model	The model tests the impact of allowing Medicare Advantage plans greater flexibility in benefit design.	Medicare Advantage plans	The model gives Medicare Advantage plans some flexibilities ACOs are offered through waters and	Major program updates announced Jan. 18, 2019	Started in 2017.	Ends after 2024	CMMI page	https://innovation.cms.gov/initiati	https://www.cms.gov/newsroom/lac	1
	Advantage plans greater flexibility in benefit design has on spending. Starting in 2020, interventions include lower cost-sharing for certain socio-		Resibilities ACOs are offered through waivers and tests other benefits, like wellness planning, that could make it more attractive for seniors to sign up		Expanding to all 50 states in 2020.		CMS fact sheet		design-model vibid-fact-sheet-cy- 2020	
	economic status or condition, additional incentives, telehealth, and wellness planning.		for Medicare Advantage plans.							
Part D Payment Modernization Model	The model tests the impact of a revised Part D program design and incentive alignment on overall	Standalone Part D plans and Medicare Advantage-Prescription Drug Plans	While not responsible for Part D spending, ACOs do feel the impact of patients' medication	Jan. 18, 2019	Anticipated start date of January 2020	five years	CMMI page	https://innovation.cms.gov/initiati ves/part-d-payment-	https://www.cms.gov/newsroom/fac t-sheets/part-d-payment-	:
	Part D prescription drug spending and beneficiary out-of-pocket costs.		management.		,		CMS fact sheet	modernization-model/	modernization model fact sheet	
Integrated Care for Kids (InCK) Model	The model will offer states and local providers support to address prevention, early identification,	State Medicaid agencies and a local entity called a "lead organization." Either a state	The model allows states to leverage existing APMs in Medicaid, including ACOs and other care	Aug. 23, 2018	Anticipated start date of January 2020	Seven years	CMMI page	https://innovation.cms.gov/initiati vss/integrated-care-for-kids-	https://www.cms.gov/newsroom/fac t-sheets/integrated-care-kids-inck-	
	and treatment of major health concerns like behavioral and physical health through care integration arross shill remoders. States will work	Medicaid agency or a lead organization will be the awardee of a cooperative accomment	coordination efforts.				CMS fact sheet	model/	model	
	integration across child providers. States will work with CMS and the "lead organization" to design and implement one or more child-focused APMs in Medicaid (and CHIP, if applicable). States with									
	Medicaid (and CHIP, if applicable). States with existing APMs may instead after as necessary to meet the model's criteria.									
	Description	Status	Participants	Overlap with ACOs	Start Date	Surset Date	More information and resources			
Next Generation ACO Model	Based off the Pioneer ACO Model, the Next Generation ACO Model provides higher degrees of	The program is scheduled to end at the end of 2020. Parts of the model could be	Roughly 50 ACOs serving approximately 2 million beneficiaries	N/A	January 1, 2016	December 31, 2020	CMMI page	https://innovation.cms.gov/initiati ves/Next-Generation-ACO-Model/	https://www.naacos.com/next-	
	risk and reward compared to MSSP. Next Gen ACOs are also given greater flexibility and broader use of waivers compared to the MSSP.	transferred to MSSP, or a new, related CMMI model could take its place.	Service and a se				NAACOS page	tely real-central and real-value	germander	
ACO Investment Model	The model pre-pays shared savings to encourage	Currently, there are no plans to open	45 ACOs serving just under 500,000 beneficiaries	N/A	April 1, 2015	Since participants operate	CMMI page	https://innovation.cms.gov/initiati	https://www.cms.gov/newsroom/fac	-
	MSSP ACO formation in rural and underserved areas.	another application cycle and add more ACOs to this model.				under MSSP contracts and vary in start date, the model ends when	CMS fact sheet	ves/ACO-Investment-Model/	t-sheets/accountable-care- organization-aco-investment-model	
						model ends when participants' MSSP contracts expire.				
BPCI Advanced	A voluntary bundled payment program testing 29 inpatient and 3 outpatient clinical episodes offering	A second application cycle opened in the spring of 2019 for a January 2020 start	More than 700 acute care hospitals and nearly 600 physician group practices	in both the 9901 Advanced and ACO	October 1, 2018	December 31, 2023		https://innovation.cms.gov/initiati ves/bpci-advanced/	https://innovation.cms.gov/Files/fact- sheet/bpci-advanced-generalfs.pdf	https://www.naacos.com/bun dled-payments
	inpatient and 3 outpatient clinical episodes offering a single, retrospective bundle payment with a 90-day duration. Builds off of previous CMMI bundled payment programs.	date.		models. But patients of MSSP Track 1, 2, and 1+ ACOs are not removed from BPCI Advanced. BPCI Advanced patients			NAACOS page on bundled payments			
				assigned to Next Gen and Track 3 ACOs are removed from the ACOs' populations. CMS has not yet			CMS fact sheet			
				addressed how participants under the Pathways to Success structure will or						
				will not be excluded.						
Comprehensive Care for Joint Replacement Model	A bundled payment program for hip and knee replacements with episodes covering inpatient stays and ends 90 days post-discharge.	In 2016 and 2017, the model was mandatory for hospitals in 67 geographic areas. Participation become voluntary for	Approximately 465 inpatient hospitals	CMS will exclude CIR episodes for beneficiaries from MSSP and Next Gen ACDs using prospective assignment.	April 1, 2016	December 31, 2020	CMMI page NAACOS page on bundled	https://innovation.cms.gov/initiati ves/cjr	https://www.naacos.com/bundled- payments	
		rural, low-volume and 33 of the 67 areas in which it was mandatory.		CMS instead will implement an online system to allow CJR participant hospitals to identify beneficiaries who			payments			
				are aligned with such ACOs and would be excluded						
				from the CJR model.						
Comprehensive Primary Care Plus	Provides a non-visit-based, care management fee paid per-beneficiary-per month, a Performance- Based Incentive Payment, and traditional Medicare Physician Fee Schedule payments.	Available in 18 regions	Nearly 3,000 primary care practices currently participating	Care Management Fees and Performance-Based Incentive Payments	Jan. 1, 2017	No set end date	CMMI page NAACOS page on CPC+	https://innovation.cms.gov/initiati ves/comprehensive-primary-care-	https://www.naacos.com/cpc-and- dpc-models	
	Physician Fee Schedule payments.			awarded to CPC+ practices are counted as ACO expenditures. MSSP ACOs are eligible to apply and participate in			noncos page on crev	pay		
				CPC+, while ACO Investment Model and Next Gen ACOs are ineligible.						
Comprehensive ESRD Care Model	An ACO-like model where dialysis clinics, nephrologists and other providers come together to	Currently, there are no plans to open another application cycle.	Roungly three dozen ESRD Seamless Care Organizations participating	Providers billing under the same TIN cannot participate in both MSSP and	Oct. 1, 2015	Dec. 31, 2020	CMMI page	https://innovation.cms.gov/initiati ves/comprehensive-ESRD-care/	https://innovation.cms.gov/Files/fact- sheet/cec-fs.pdf	1
	improve care for Medicare beneficiaries with end- stage renal disease through better care coordination.			the Comprehensive ESRD Model.			CMS fact sheet			
Oncology Care Model	Model offering payments for enturies of earn related	Currently, there are no plans to nec-	Roughly 175 practices and 11 pavers serving more	Participants may also operate in MSSP	July 1, 2016	June 90, 2023	CMMI page	https://nnovative.res.ans/winise	https://www.cms.gov/newsroom/fac	
	Model offering payments for episodes of care related to chemotherapy administration to cancer patients.	another application cycle.	than 1 million patients	and Next Generation ACO models, but CMS will ensure that shared savings	, -, 2010		CMS fact sheet	ves/Oncology-Care/	t-sheets/oncology-care-model	
				and performance-based payments are not made for the same savings for the same						
				same beneficiary.						
	A model to test the effectiveness of delivering primary care services at the homes of patients with	The Bipartisan Budget Act of 2018 authorized two-year extension of the	13 independent practices and 1 consortium	Practices cannot also participate in an MSSP or Next Gen ACO.	June 1, 2013	31-Dec-20	CMMI page	https://innovation.cms.gov/initiati ves/Independence-at-Home/	https://innovation.cms.gov/Yiles/fact sheet/lah-fs.pdf	
Independence at Home Demonstration	primary care services at the homes of patients with		I		September 29, 2015	September 28, 2019	CMS fact sheet CMMI page	https://innovation.cms.gov/initiati	https://www.cms.gov/newsroom/fac	
Independence at Home Demonstration Transforming Clinical Practice Initiative	multiple chronic conditions. \$685 million to support organizations and provide	model. Currently, there are no plans to open	Nearly 40 national and regional collaborative	Participation for practices who have at		1		ves/Transforming-Clinical-	t-sheets/transforming-clinical-	
	multiple chronic conditions. 5685 million to support organizations and provide technical assistance to help equip more than 140,000 clinicians with tools and support needed to		Nearly 40 national and regional collaborative healthcare transformation networks	loses 2000 of assessments for clinical			CMS fact sheet	Practices/	practice-initiative-awards	
	multiple chronic conditions. \$685 million to support organizations and provide technical assistance to help amin more than	Currently, there are no plans to open		Participation for practices who have at least 20% of payments for clinical services covered by the model coming through MSSP and CPC- will need to be evaluated on a clinician-by-clinician basis.			CMS fact sheet	Practices/	r-invertiransorming-cirica- practice-initiative-awards	
	multiple chronic conditions. \$685 million to support organizations and provide technical assistance to help equip more than 140,000 clinicians with tools and support needed to improve quality of care, increase patients' access to	Currently, there are no plans to open		least 20% of payments for clinical services covered by the model coming through MSSP and CPC+ will need to be evaluated on a clinician-by-clinician			CMS fact sheet	Practices/	ranewytramormy_conca- practice-initiative-awards	
	multiple thronic conditions. 3685 million to support organizations and provide technical assistance to help equip more than 140,000 clinicians with tools and support needed remprove quality Cares, increase patients' access to information, and spend dollars more wisely.	Currently, there are no plans to open another application cycle.	healthcare transformation networks	least 20% of payments for clinical services covered by the model coming through MSSP and CPC will need to be evaluated on a clinician-by-clinician basis.	May 1, 2011	April 30, 2022		Practices/ https://innovation.cms.gov/initiati	practice-initiative-awards	
Transforming Clinical Practice Initiative	multiple chronic conditions. \$685 million to support organizations and provide technical assistance to help equip more than 140,000 clinicians with tools and support needed to improve quality of care, increase patients' access to	Currently, there are no plans to open		least 20% of payments for clinical services covered by the model coming through MSSP and CPC+ will need to be evaluated on a clinician-by-clinician	May 1, 2013	April 30, 2022		Practices/ https://enovation.cms.gov/vilsati ves/shcm/	practice-initiative-awards https://www.cms.gov/newsrcom/fac +-sheet/accountable-health- communities-im-ordef-assistance-	
Transforming Clinical Practice initiative Accountable Health Communities Model	multiple themic conditions. 285 million to support organizations and provide such conditions are support or the condition of such conditions are supported to the condition of support organization and support of conditions are supported to improve quality of care, increase parisets. "Access to information, and spend dollars more wisely. Designed to address health-rollated social needs.	Currently, there are no plans to open another application cycle. Currently, there are no plans to open another application cycle.	healthcare transformation networks 31 organizations participating	least 20% of payments for clinical services covered by the model coming through MSSP and CPC+ will need to be evaluated on a clinician-by-clinician basis. The model could potentially help ACOs	May 1, 2017	April 30, 2022	CMMI page	Practices/ https://innovation.cms.gov/initiati	practice-initiative-awards https://www.cms.gov/newsrcom/lac-t-sheet/accountable-haalth-	