



## CMS Innovation Center Models ACOs Should Know

### New and Forthcoming Models

	Description	Participants	Overlap with ACOs	Announced	Model Start Date	Length of Demonstration
<b>Direct Provider Contracting</b>	The Direct Contracting model is comprised of three voluntary, risk-sharing payment arrangements that include risk-adjusted monthly payments and partial and full capitation options with shared savings/losses of 50% and 100%. CMS also issued a related request for information on a Geographic Population-Based Payment option, which is the third component of Direct Contracting. That is still in development but would have a participant assume responsibility for the total cost of care for all Medicare fee-for-service beneficiaries in a defined region.	ACO-like organizations CMMI is referring to as Direct Contracting entities	NAACOS is seeking clarification from CMMI on the overlap with current ACOs, but CMS officials have indicated this model builds upon the Next Generation ACO Model.	Apr. 22, 2019	2020 will be an initial alignment year with performance periods beginning January 2021.	Five years
<b>Primary Care First</b>	Primary Care First Model (PCF) is based on the principles of the Comprehensive Primary Care Plus (CPC+) model. PFC participation will be voluntary and offered in 26 regions, 18 of which are existing CPC+ regions. This is a regionally-based, multi-payer model designed to bolster primary care. Participants will receive a population-based payment along with a flat primary care visit fee, and the model provides a performance-based adjustment with a maximum upside potential of 50 percent of primary care revenue with downside risk of up to 10 percent of primary care revenue. There is also a Seriously Ill Population (SIP) Option for qualifying practices.	Primary care practices	CMS has said they anticipate allowing practices to simultaneously participate in MSSP and CPC+. NAACOS is seeking clarification on how PFC payments will be counted as ACO expenditures.	Apr. 22, 2019	Anticipated start date of January 2020	Five years
<b>Kidney care model</b>	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 focus more on prevention, detection, and slowing the progression of disease. Patients should also have more options to seek care at home.	To be determined	To be determined	Awaiting	To be determined	To be determined
<b>Emergency Triage, Treat, and Transport (ET3) Model</b>	The voluntary model will test payments for transporting patients to alternative destinations like urgent care clinics or primary care offices or treat patients on-site using either telehealth or a qualified health care practitioner. Ambulance providers must enter into agreements with alternative sites before being a option for patient transports. The model aims to encourage more appropriate use of emergency services.	Ambulance service providers	The ET3 model could potentially help ACOs avert costly and unnecessary patient visits to the hospital emergency department. But CMMI hasn't stated if savings from model participants will be applied to ACOs, ET3 participants, or both.	Feb. 14, 2019	Anticipated start date of January 2020	Five years
<b>International Pricing Index (IPI) Model</b>	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 tie what it pays for select single-source drugs to a price indexed off that drug's international price, 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 percent of a drug's average sales price.	Physician practices and hospital outpatient departments that furnish drugs included in the model and operate in selected areas. The model would be mandatory in roughly have the country.	NAACOS in response to CMS's Advanced Notice of Proposed Rulemaking sought clarity on how the IPI model would interact with ACOs, specifically those that span large geographic areas and operate both within and outside of regions selected to participate in the model.	Oct. 25, 2018	Anticipated start date of spring 2020	Five years

<b>Medicare Advantage Value-Based Insurance Design Model</b>	The model tests the impact of allowing Medicare Advantage plans greater flexibility in benefit design has on spending. Starting in 2020, interventions include lower cost-sharing for certain socio-economic status or condition, additional incentives, telehealth, and wellness planning.	Medicare Advantage plans	The model gives Medicare Advantage plans some flexibilities ACOs are offered through waivers and tests other benefits, like wellness planning, that could make it more attractive for seniors to sign up for Medicare Advantage plans.	Major program updates announced Jan. 18, 2019	Started in 2017. Expanding to all 50 states in 2020.	Ends after 2024
<b>Part D Payment Modernization Model</b>	The model tests the impact of a revised Part D program design and incentive alignment on overall Part D prescription drug spending and beneficiary out-of-pocket costs.	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 management.	Jan. 18, 2019	Anticipated start date of January 2020	Five years
<b>Integrated Care for Kids (InCK) Model</b>	The model will offer states and local providers support to address prevention, early identification, and treatment of major health concerns like behavioral and physical health through care 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 existing APMs may instead alter as necessary to meet the model's criteria.	State Medicaid agencies and a local entity called a "lead organization." Either a state Medicaid agency or a lead organization will be the awardee of a cooperative agreement.	The model allows states to leverage existing APMs in Medicaid, including ACOs and other care coordination efforts.	Aug. 23, 2018	Anticipated start date of January 2020	Seven years
<b>Older Models</b>						
	<b>Description</b>	<b>Status</b>	<b>Participants</b>	<b>Overlap with ACOs</b>	<b>Start Date</b>	<b>Sunset Date</b>
<b>Next Generation ACO Model</b>	Based off the Pioneer ACO Model, the Next Generation ACO Model provides higher degrees of risk and reward compared to MSSP. Next Gen ACOs are also given greater flexibility and broader use of waivers compared to the MSSP.	The program is scheduled to end at the end of 2020. While the Direct Contracting Model is designed to take Next Gen's place, NAACOS has asked that the Next Gen program be certified as a permanent part of Medicare.	Roughly 50 ACOs serving approximately 2 million beneficiaries	N/A	Jan. 1, 2016	Dec. 31, 2020
<b>ACO Investment Model</b>	The model pre-pays shared savings to encourage MSSP ACO formation in rural and underserved areas.	Currently, there are no plans to open another application cycle and add more ACOs to this model.	45 ACOs serving just under 500,000 beneficiaries	N/A	April 1, 2015	Since participants operate under MSSP contracts and vary in start date, the model ends when participants' MSSP contracts expire.
<b>BPCI Advanced</b>	A voluntary bundled payment program testing 29 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.	A second application cycle opened in the spring of 2019 for a January 2020 start date.	More than 700 acute care hospitals and nearly 600 physician group practices	ACOs may simultaneously participate in both the BPCI Advanced and ACO models. But patients of MSSP Track 1, 2, and 1+ ACOs are not removed from BPCI Advanced. BPCI Advanced patients assigned to Next Gen and Track 3 ACOs are removed from the ACOs' populations. CMS has not yet addressed how participants under the Pathways to Success structure will or will not be excluded.	Oct. 1, 2018	Dec. 31, 2023

<b>Comprehensive Care for Joint Replacement Model</b>	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 rural, low-volume and 33 of the 67 areas in which it was mandatory.	Approximately 465 inpatient hospitals	CMS will exclude CJR episodes for beneficiaries from MSSP and Next Gen ACOs using prospective assignment. CMS instead will implement an online system to allow CJR participant hospitals to identify beneficiaries who are aligned with such ACOs and would be excluded from the CJR model.	April 1, 2016	Dec. 31, 2020
<b>Comprehensive Primary Care Plus</b>	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 awarded to CPC+ practices are counted as ACO expenditures. MSSP ACOs are eligible to apply and participate in CPC+, while ACO Investment Model and Next Gen ACOs are ineligible.	Jan. 1, 2017	No set end date
<b>Comprehensive ESRD Care Model</b>	An ACO-like model where dialysis clinics, nephrologists and other providers come together to improve care for Medicare beneficiaries with end-stage renal disease through better care coordination.	Currently, there are no plans to open another application cycle.	Roughly three dozen ESRD Seamless Care Organizations participating	Providers billing under the same TIN cannot participate in both MSSP and the Comprehensive ESRD Model.	Oct. 1, 2015	Dec. 31, 2020
<b>Oncology Care Model</b>	Model offering payments for episodes of care related to chemotherapy administration to cancer patients.	Currently, there are no plans to open another application cycle.	Roughly 175 practices and 11 payers serving more than 1 million patients	Participants may also operate in MSSP and Next Generation ACO models, but CMS will ensure that shared savings and performance-based payments are not made for the same savings for the same beneficiary.	July 1, 2016	June 30, 2021
<b>Independence at Home Demonstration</b>	A model to test the effectiveness of delivering primary care services at the homes of patients with multiple chronic conditions.	The Bipartisan Budget Act of 2018 authorized two-year extension of the model.	13 independent practices and 1 consortium	Practices cannot also participate in an MSSP or Next Gen ACO.	June 1, 2012	Dec. 31, 2020
<b>Transforming Clinical Practice Initiative</b>	\$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 information, and spend dollars more wisely.	Currently, there are no plans to open another application cycle.	Nearly 40 national and regional collaborative healthcare transformation networks	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.	Sept. 29, 2015	Sept. 28, 2019
<b>Accountable Health Communities Model</b>	Designed to address health-related social needs through enhanced clinical-community linkages.	Currently, there are no plans to open another application cycle.	31 organizations participating	The model could potentially help ACOs meet patients' social needs.	May 1, 2017	April 30, 2022

NAACOS expects additional new models not listed, including those around radiation oncology. **For additional questions or concerns, please contact [advocacy@naacos.com](mailto:advocacy@naacos.com).**

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