CMS Innovation Center Models ACOs Should Know

New and Forthcoming Models						
	Description	**Participants**	**Overlap with ACOs**	**Announced**	**Model Start Date**	**Length of Demonstration**
Direct Contracting	The Direct Contracting model is comprised of two 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, a third option which is still under development. CMS also creates opportunities for new entities and entities serving high-needs patients to participate.	ACO-like organizations CMS is referring to as Direct Contracting Entities (DCEs)	Like with the Next Generation ACO Model on which Direct Contracting builds, DCEs may not dually participate in Direct Contracting and MSSP or other shared savings arrangements once the peformance period begins in 2021. However, CMS will allow dual participation during the 2020 Implementation Period. Next Gen ACOs will be allowed to finish that model until it sunsets at the end of 2021 before joining Direct Contracting. TINs in DCEs are also barred from participating in Primary Care First.	Nov. 25, 2019	The first performance period for the initial cohort will start on April 1, 2021.	Six years
Primary Care First	Primary Care First Model (PCF) is based on the principles of the Comprehensive Primary Care Plus (CPC+) model. PCF 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. The model provides a performance-based adjustment with a maximum upside potential of 50% of primary care revenue with downside risk of up to 10% of primary care revenue. There is also a Seriously Ill Population Option for qualifying practices.	Primary care practices	CMS will allow practices to simultaneously participate in MSSP and CPC+. Payment will be treated as non-claims-based expenditures in MSSP and will be included when comparing ACO spending to the benchmark in the shared savings or losses calculation.	Oct. 24, 2019	The initial performance period will start on Jan. 1 2021. The Serious Illness Population option will start on April 1, 2021.	Five years
Community Health Access and Rural Transformation (CHART) Model	CHART is a rural-focused model that seeks to offer an alternative payment model and fincanail stability for rural providers through two tracks. The ACO Transforamtion Track will offer up-front payments along with PBPM payments for participating in MSSP. The Community Transformation Track will offer up to $5 million for an organinzation to lead delivery system change across a region.	ACOs and Lead Organizations, which can be state Medicaid agencies, State Offices of Rural Health, local public health departments, Independent Practice Associations, and Academic Medical Centers, who will implement a Transformation Plan.	Participation with the ACO Track will coinside with MSSP with additional details coming in a request for applications expected in the spring of 2021. CMS will not allow participation in both the ACO and Community Transformation Tracks.	Aug. 11, 2020	The Community Transformation Track's Performance Period starts July 2021. The ACO Transformation Track starts Jan. 1, 2022.	Five year
End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model	Under a final rule issued in September 2020, the mandatory ESRD Treatment Choices Model seeks to encourage greater use of home dialysis and kidney transplants for Medicare ESRD patients. CMS will randomly select providers in Hospital Referral Regions that include roughly 30% of adult ESRD patients. CMS will offer higher PPS payments for home dialysis treatment on top of a monthly capitation payment to support home treatment in the first three years. Payments will also be adjusted based on home dialysis rates and the performance of transplant patients starting in 2021.	ESRD facilities and clinicians who bill the Monthly Capitation Payment for managing ESRD beneficiaries	Payments made under the ETC Model would be counted as expenditures under the MSSP and other shared savings initiatives. CMS will allow ETC Model providers to participate in other Medicare value-based care programs.	Sept. 18, 2020	Jan. 1, 2021	6-1/2 years

Voluntary kidney models	Four voluntary models are designed to help beneficiaries with stages 4 and 5 of chronic kidney disease, beneficiaries with ESRD receiving maintenance dialysis, and transplant patients. Kidney Care First (KCF) offers capitated payments for aligned beneficiaries and a bonus for kidney transplant patients paid over three years provided the transplant remains successful. Comprehensive Kidney Care Contracting (CKCC) offers three levels of progressively higher risk, from shared-savings only to 100% risk for total cost of care.	Dialysis facilities, nephrologists, and ACO-like providers that manage beneficiaries with ESRD	MSSP practices may dually particiapte in MSSP and KCF, but practices must have a letter signed by the ACO acknowledging that the nephrologist or practice is simultaneously participating. Dual participation is not allowed in ACO programs and CKCC.	Oct. 24, 2019	The first performance period for the initial cohort will start on April 1, 2021.	Three years with the option for one or two additional years at CMS's discretion
Emergency Triage, Treat, and Transport (ET3) Model	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. CMS will count payments for services rendered under the ET3 model as expenditures during ACOs' applicable benchmark and performance years.	Feb. 14, 2019	Jan. 1, 2021	Five years
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 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	Unclear	Five years
Radiation Oncology Model	In September 2020, CMS issued a final rule that would test prospective, episode-based payments for 90 days of radiation therapy treatment used to treat one of 16 cancer types. Payments will be divided into professional (physician services) and technical (equipment, costs of services, etc.,) and include withholds for incomplete episodes (1%), quality (2% for PC), and beneficiary experience (1%) that can be earned back based on performance.	Physician practices, hospital outpatient departments, and freestanding radiation therapy centers that offer radiation therapy.	Payments made under the Radiation Oncology Model would be counted as expenditures under the MSSP and other shared savings initiatives. CMS will allow Radiation Oncology Model providers to participate in other Medicare value-based care programs.	Sept. 18, 2020	Jan. 1, 2021	Five years
Medicare Advantage Value-Based Insurance Design Model	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
Part D Payment Modernization Model	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	Jan-20	Five years

Integrated Care for Kids (InCK) Model	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	Delay first quarterly progress report and associated deliverables to July 30, 2020.	Seven years
Older Models						
	Description	**Status**	**Participants**	**Overlap with ACOs**	**Start Date**	**Sunset Date**
Next Generation ACO Model	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 40 ACOs serving approximately 2 million beneficiaries	N/A	Jan. 1, 2016	Dec. 31, 2021
ACO Investment Model	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	Apr-15	Since participants operate under MSSP contracts and vary in start date, the model ends when participants' MSSP contracts expire.
BPCI Advanced	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. Starting in Model Year 3 (Jan. 1, 2020) assigned patients in MSSP, including those in Tracks 1, 2, 3, and 1+ as well as Basic and Enhanced, are not removed from BPCI Advanced. In Model Years 1 and 2, Track 3 patients were removed from BPCI Advanced. Also, BPCI Advanced patients assigned to the Next Generation ACO Model, Vermont All-Payer ACO Model, and the Comprehensive ESRD Care Initiative are removed from the ACOs' populations.	Oct. 1, 2018	Dec. 31, 2023

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 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.	1-Apr-16	31-Mar-21
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 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	Dec. 31, 2022
Comprehensive ESRD Care Model	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	31-Mar-21
Oncology Care Model	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.	1-Jul-16	30-Jun-22
Independence at Home Demonstration	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.	1-Jun-12	Dec. 31, 2020
Transforming Clinical Practice Initiative	$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
Accountable Health Communities Model	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.	1-May-17	30-Apr-22
For additional questions or concerns, please contact advocacy@naacos.com.						
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