

2019 Quality Payment Program All-Payer Combination Advanced APMs



An APM is a payment approach that gives added incentive payments to provide high-quality and cost efficient care; and may apply to a specific clinical condition, a care episode or a population. Advanced APMS (AAPMs) are a subset of APMs that let group practices and clinicians earn more for taking on some risk related to their patients outcomes. Beginning in the 2019 Performance Period, the All-Payer Combination option allows eligible clinicians (ECs) participating in both Medicare Advanced APMs and Other-Payer Advanced APMs to attain Qualified Participant (QP) status. Under the All-Payer Combination Option, State Medicaid Agencies, Medicare Advantage and other Medicare Health Plans, as well as commercial and private payers participating in CMS-sponsored Multipayer payment arrangements may submit information to CMS about their payment arrangements with ECs prior to a performance year. CMS will then determine whether each payer arrangement constitutes an Other Payer Advanced APM. If a payer chooses not to or is ineligible to submit arrangements to CMS, ECs or APM entities participating in the payment arrangement may do so. CMS will publish its list of approved Other-Payer Advanced APMs on QPP.cms.gov. Note: The All-Payer Combination Option does not replace or supersede the Medicare Option. The All Payer Combination Option allows ECs to become QPs by meeting the QP thresholds through a combination of *both* Medicare Part B covered professional services furnished through the Advanced APM and services furnished through the Other Payer Advanced APMs. CMS notes that QP determinations will be done sequentially, this means the Medicare Option will always be applied before the All Payer Combination Option. In addition, CMS will use the payment or patient threshold score that is most advantageous to the EC to determine QP status or Partial QP status.

Qualified Participant Status (QP) in All-Payer Combo Option:

The Advanced APM path has two ways for ECs (e.g. CRNAs) to become a QP: (1) the Medicare Option looks only at an EC's participation in Medicare Advanced APMs; and (2) The All-Payer Option which takes into consideration an EC's participation in Medicare Advanced APMs and other payers. QP status is based on whether a clinician meets or exceeds annual patient or payment threshold levels in an APM entity that participates in an Advanced APM. In performance year 2019, ECs who do not meet the patient or payment threshold under the Medicare Option, but do meet a Medicare minimum threshold, may ask for a QP determination under the All-Payer Combination Option. ECs who are determined to have QP status in performance year 2019, through either the Medicare Option or the All-Payer Combo Option, will received a 5 percent incentive bonus in the 2021 payment year. ECs who do not meet the QP patient or payment thresholds (see below) may qualify for Partial QP status. (See [2019 MIPS APM Factsheet](#).) Absent an express election to participate in MIPS, a Partial QP will automatically be excluded from MIPS.

Other Payer Advanced APM Criteria

1. For performance year 2019 requires 50% of eligible clinicians in each APM entity to use certified electronic health record technology (CEHRT) to document and communicate clinical care information;
2. Provides payment for covered professional services based on quality measures comparable to those used in the quality performance category of the Merit-based Incentive Payment Systems (MIPS) Program that are evidence-based, reliable and valid quality measures with at least one outcome measure if available; and
3. Participates in either a Medicaid Medical Home comparable to the Medical Home Models expanded under CMS Innovation Center authority; or an APM entity that bears financial risk based on the revenue-based nominal standard amount of 8 percent.

All-Payer Combo Payment Thresholds	2019
Medicare Minimum for QP status	25%
Total QP Payment Amount (Medicare AAPM=25% + Other Payer AAPM =25%)	50%
Medicare Minimum for Partial QP status	20%
Total Partial QP Payment Amount (Medicare AAPM=20% + Other Payer AAPM =20%)	40%

OR

All-Payer Combo Patient Thresholds	2019
Medicare Minimum for QP status	20%
Total QP Payment Amount (Medicare AAPM=20% + Other Payer AAPM =15%)	35%
Medicare Minimum for Partial QP status	10%
Total Partial QP Payment Amount (Medicare AAPM=10% + Other Payer=15%)	25%

Other Payer Advanced APMs

- Other Payer Advanced APMs are non-Medicare Fee-for-Service arrangements with other payers including:
- Medicaid;
 - Medicare Health Plans (including Medicare Advantage (MAs), Medicare-Medicaid Plans, 1876 Cost Plans, and Programs of all Inclusive Care for the Elderly (PACE) plans);
 - Payers with arrangements in CMS Multi-Payer 4 Models;
 - Other commercial and private payer arrangements that meet the criteria to be an Other-Payer Advanced APM.

QP Status Determinations



CMS will take three "snapshots" during the QP performance period to determine which ECs are participating in an Advanced APM and whether they meet the threshold levels to become QPs or Partial QPs for both the Medicare Option and the All Payer Option.

