



Advanced Alternative Payment Models

An APM is a payment approach that gives added incentive payments to provide high-quality and cost efficient care. APMs can apply to a specific clinical condition, a care episode or a population. Advanced APMS are a subset of APMs that let group practices and clinicians earn more for taking on some risk related to their patients outcomes. Clinicians may earn a 5% incentive payment by going further in improving patient care and taking on risk through an Advanced APM. Qualified participants in an Advanced APM may earn a 5% incentive lump bonus until the end of their 2022 performance period which will be paid in 2024 payment period according to MACRA.

Full Participation Requirements for Advanced APM Eligible CRNAs:

Qualified Participant (QP) status is determined at the Advanced APM level. QP status allows CRNAs with a signed Participation Agreement with the Advanced APM to qualify for the 5% bonus. Advanced APMs that do not meet the QP patient or payment thresholds may qualify for partial QP status; however CRNAs who are partial QPs in an Advanced APM will not be subject to MIPS payment adjustments if they choose to not participate in the MIPS program during the performance period.

Although QP status determinations are generally made at the Advanced APM level, QP status will be determined at the individual level for the following situations: (1) the CRNA participates in multiple Advanced APMs, none of which collectively meet the QP threshold or (2) when the Affiliated Practitioner List is used for QP determinations because the individual CRNA is not found on the Advanced APM's Participation List.

Advanced Alternative Payment Model Criteria

1. Require participants to use certified electronic health record technology (CEHRT);
2. Provide 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); and
3. Either participate in a (1) Medical Home Model expanded under CMS Innovation Center authority; or (2) require participating APM entities to bear more than a nominal amount of financial risk for monetary losses.

Medicare 2018 QP and Partial QP Requirements for Advanced APM Incentive Payments

Full QP Status Threshold	2018		Partial QP Status Threshold	2018
Percentage of Medicare Payments through an Advanced APM	25%		Percentage of Medicare Payments through an Advanced APM	20%
Percentage of Medicare Patients through an Advanced APM	20%		Percentage of Medicare Patients through an Advanced APM	10%

QP Status Determinations



CMS will take three “snapshots” during the QP performance period to determine which eligible clinicians are participating in an Advanced APM and whether they meet the thresholds to become QPs

2018 Advanced APMs in the Quality Payment Program

Next Generation ACO Model
Medicare Shared Savings Program Tracks 1 Plus, 2 and 3
BPCI Advanced (goes live October 1, 2018)
Comprehensive Care for Joint Replacement (CJR) Track 1 CEHRT
Comprehensive End Stage Renal Disease Model (LDOs and non-LDOs and 2 sided risk)
Comprehensive Primary Care Plus (CPC+)*
Oncology Care Model (OCM) (2 sided risk)
Vermont Medicare ACO Initiative
* Dual participants in CPC+ and MSSP will have APM status determined by the MSSP Track they participate in. For participants that start CPC+ in 2018 with 50 or more ECs in their parent organization will not qualify under the Medical Home Model financial risk standard.

