

Interactions of Medicare Alternative Payment Models

CMS continues to authorize voluntary and mandatory alternative payment models (APMs) to shift risk to providers. Beyond choosing which models offer the best opportunity, providers must evaluate the impact of participating in multiple APMs simultaneously. Overlapping APMs can be synergistic or self-defeating. Where simultaneous participation is an option, overlapping incentives are complicated and may not be beneficial to one or both models. Providers need to consider which APM takes precedence, along with the degree of risk transferred to providers, revenue implications, and capabilities required to succeed.

		Alternative Payment Models	BPCI-A	CJR	OCM	CPC+	PCF	DC	CESRD	MSSP	NGACO	
Low (lowest: fee for service) ↑ Degree of risk transferred to provider ↓ High (highest: fully capitated)	Pay for Performance	Merit-based Incentive Payment System (MIPS)	Exempt from MIPS	Select tracks exempt from MIPS	Select tracks exempt from MIPS	Exempt from MIPS	Exempt from MIPS	Exempt from MIPS	Select tracks exempt from MIPS	Select tracks exempt from MIPS	Exempt from MIPS	
	Episode-based Payment Initiatives	Bundled Payments for Care Improvement Advanced (BPCI-A)		✓	✓	✓	✓	✓	Downside ESRD Models	BPCI-A starting MY3	NGACO	
		Comprehensive Care for Joint Replacement (CJR)			✓	✓	✓	✓	ESRD Models	✓	NGACO	
		Oncology Care Model (OCM)				✓	✓	✓	✓	✓	✓	
	Primary Care Transformation	Comprehensive Primary Care Plus (CPC+)						✗	✗	✓	MSSP	✗
		Primary Care First (PCF)							✗	✗	✓	✗
		Direct Contracting (DC)								✗	✗	✗
	Accountable Care	Comprehensive ESRD Care Model (CESRD)									✗	✗
		Medicare Shared Savings Program (MSSP)										✗
		Next Generation ACOs (NGACO)										✗

KEY

- ✗ Cannot Simultaneously participate
- ✓ Can Simultaneously participate
- Bolded Name** takes precedence

Veralon can assist you in understanding the overlap of APMs. Call us to explore this more fully (877)-676-3600.

