

2017 Quality Payment Program



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.

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 will NOT be eligible for the 5% bonus. CRNAs who are Partial QPs in an Advanced APM will not be subject to the MIPS payment adjustments if they choose not to participate in 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) a CRNA participates in multiple Advanced APMs, none of which meet the QP threshold as a group or (2) when the Affiliated Practitioner List is used for the QP determination because there are no eligible clinicians on a Participation Agreement List for the Advanced APM.

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 be (1) a 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 2017 QP and Partial QP Threshold Requirements for Advanced APM Incentive Payments

Qualified Participants (QPs)	2017	Partial Qualified Participants	2017
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

2017 Advanced APMs in the Quality Payment Program

Next Generation ACO Model
Medicare Shared Savings Program Tracks 2 and 3
Medicare-Medicaid ACO (MMACO) Tracks 2 and 3
Comprehensive End Stage Renal Disease Model (2 sided risk)
Comprehensive Primary Care Plus (CPC+)
Oncology Care Model (OCM) (2 sided risk)
Vermont Medicare ACO Initiative
Comprehensive Care for Joint Replacement (CJR) Track 1 CEHRT

