

Medicare's Quality Payment Program (QPP)

Part 2: What You Still Need to Know About APMs



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DISCLOSURES

My disclosures are listed on the
AAOS Website.

I have no conflicts relevant to this
presentation



What is an Alternative Payment Model (APM)?

APMs are **new approaches to paying** for medical care through Medicare that **incentivize quality and value.**



As defined by
MACRA,
APMs
include:

- ✓ **CMS Innovation Center model**
(under section 1115A, other than a Health Care Innovation Award)
- ✓ **MSSP** (Medicare Shared Savings Program)
- ✓ **Demonstration** under the Health Care Quality Demonstration Program
- ✓ **Demonstration** required by federal law



Medicare Alternative Payment Models (APMs)

Bundled
payments

Tom:
CJR / SHFFT
Advanced BPCI

ACOs

Matt
On the Scripps
Experience

PCMH

Future
APMs?

PTAC
ACS Groupers
On the horizon

Orthopedist Participation in Various Payment Models

Concierge practice 2%



Cash-only practice 5%



Accountable care organization (ACO) participation 29%



Advanced APMs meet certain criteria.



As defined by MACRA, advanced APMs **must meet the following criteria:**

- ✓ The APM requires participants to use **certified EHR technology**.
- ✓ The APM **bases payment on quality** measures comparable to those in the MIPS quality performance category.
- ✓ The APM either: **(1)** requires APM Entities to bear more than nominal **financial risk** for monetary losses; **OR (2)** is a **Medical Home Model expanded** under CMMI authority.

2017: Advanced APMs

- Comprehensive Care for Joint Replacement (CEHRT)
- Next Generation ACO
- Shared Savings Program Track 2
- Shared Savings Program Track 3
- Comprehensive ESRD
- Comprehensive Primary Care Plus
- Oncology Care Model



Advanced APM Requirements

1. Certified EHR Technology (CEHRT)
2. MIPS-comparable Quality Measures
3. “More than nominal” financial risk



Advanced APM Criterion 1: Requires use of CEHRT



Certified
EHR use

Example: An Advanced APM has a provision in its participation agreement that at least 50% of an APM Entity's eligible clinicians must use CEHRT.



APM
Entity



Eligible
Clinicians

- ✓ An Advanced APM must **require at least 50% of the eligible clinicians in each APM Entity to use CEHRT** to document and communicate clinical care. The threshold will **increase to 75%** after the first year.
- ✓ For the **Shared Savings Program only**, the APM may apply a **penalty or reward** to APM entities based on the degree of CEHRT use among its eligible clinicians.



Advanced APM Criterion 2: Requires MIPS-Comparable Quality Measures



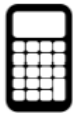
Quality
Measures



- ✓ An Advanced APM must **base payment on quality measures** comparable to those under the proposed annual list of MIPS quality performance measures;
- ✓ **No minimum** number of measures or domain requirements, **except** that an Advanced APM must have at least one **outcome measure** unless there is not an appropriate outcome measure available under MIPS.

- ✓ **Comparable** means any actual MIPS measures or other measures that are **evidence-based, reliable, and valid**. For example:
 - Quality measures that are endorsed by a consensus-based entity; or
 - Quality measures submitted in response to the MIPS Call for Quality Measures; or
 - **Any other quality measures that CMS determines to have an evidence-based focus to be reliable and valid.**

Advanced APM Criterion 3: Requires APM Entities to Bear More than Nominal Financial Risk



Financial Risk



An Advanced APM must meet **two standards**:

Financial Risk Standard

APM Entities must
bear risk for
monetary losses.

&

Nominal Amount Standard

The risk APM Entities
bear must be of a
certain magnitude.

- ✓ The Advanced APM financial risk criterion is **completely met** if the APM is a **Medical Home Model** that is **expanded under CMS Innovation Center Authority**
- ✓ Medical Home Models that **have not been expanded** will have **different financial risk and nominal amount standards** than those for other APMs.

Advanced APM Criterion 3: Financial Risk Criterion

Financial Risk Standard

✓ **Direct payment** from the APM Entity

OR

✓ **Reduction in payment rates** to the APM Entity or eligible clinicians

OR

✓ **Withhold of payment** to the APM Entity or eligible clinicians

The Advanced APM **requires** one or more of the following **if actual expenditures exceed expected expenditures**:

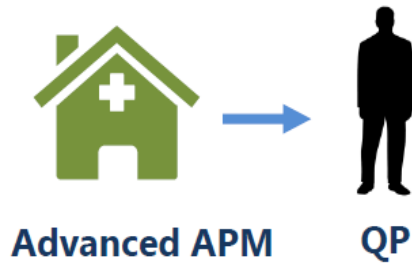
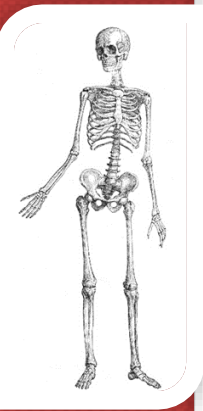


Benefits:

1. Reimbursement
2. Avoiding MIPS reporting burden



Benefits:



You must have a **certain %** of your patients or payments through an **Advanced APM**.

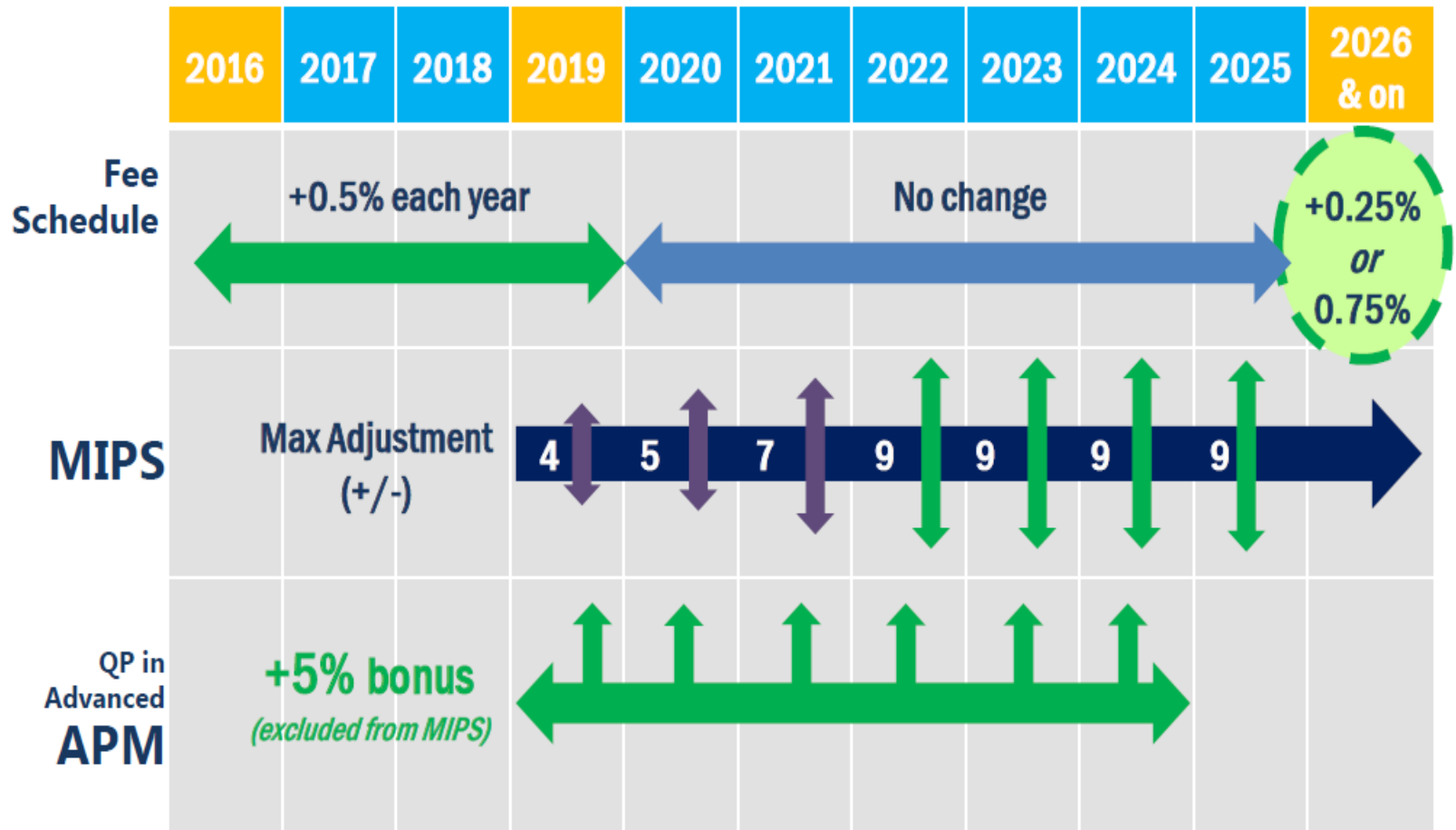
QPs will:

Be excluded from MIPS

Receive a 5% lump sum bonus

Bonus applies in 2019-2024; then QPs receive higher fee schedule updates starting in 2026

Benefits:



Barriers



1. Requirement for high percentage of payments and/or patients in the APM model
2. Lack of viable models, particularly for non-TJR practices

Barriers

Table 1: Requirements for APM Incentive Payments for Participation in Advanced APMs
(Clinicians must meet payment or patient requirements)

Performance Year	2017	2018	2019	2020	2021	2022 and later
Percentage of Medicare Payments through an Advanced APM	25%	25%	50%	50%	75%	75%
Percentage of Medicare Patients through an Advanced APM	20%	20%	35%	35%	50%	50%

Partial Credit: MIPS APM



The Quality Payment Program provides additional rewards for participating in APMs.



Potential financial rewards

Not in APM

MIPS adjustments

In APM

MIPS adjustments

+

APM-specific
rewards

In **Advanced** APM

APM participation =
favorable scoring in
certain MIPS categories



The Quality Payment Program provides **additional** rewards for participating in **APMs**.



Potential financial rewards

Not in APM

MIPS adjustments

In APM

MIPS adjustments

+

APM-specific
rewards

In **Advanced** APM

APM-specific
rewards

+

**5% lump sum
bonus**

If you are a
**Qualifying APM
Participant (QP)**



APMs & Ortho

- Bundles: CJR, SHFFT
- Accountable Care Organizations
 - Designed for primary care
 - Seeing some activity
- Future Models
 - Physician-Focused Payment Model Technical Advisory Committee (PTAC)
 - ACS/Brandeis Episode Groupers
 - On the horizon ...



Alternative Payment Model Design Toolkit

The Centers for Medicare & Medicaid Services (CMS) through the Center for Medicare and Medicaid Innovation (the Innovation Center) routinely considers new ideas for Alternative Payment Models. Many factors are used in the selection of models to be tested.

Model Design Factors

Factors CMS would not expect stakeholders to focus on in designing APMs are marked with an asterisk (*)



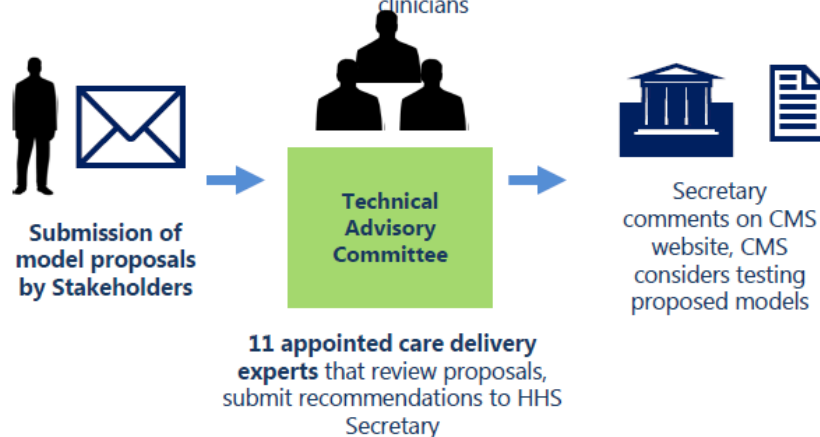
PTAC: Physician-focused payment model Technical Advisory Committee

Independent PFPM Technical Advisory Committee



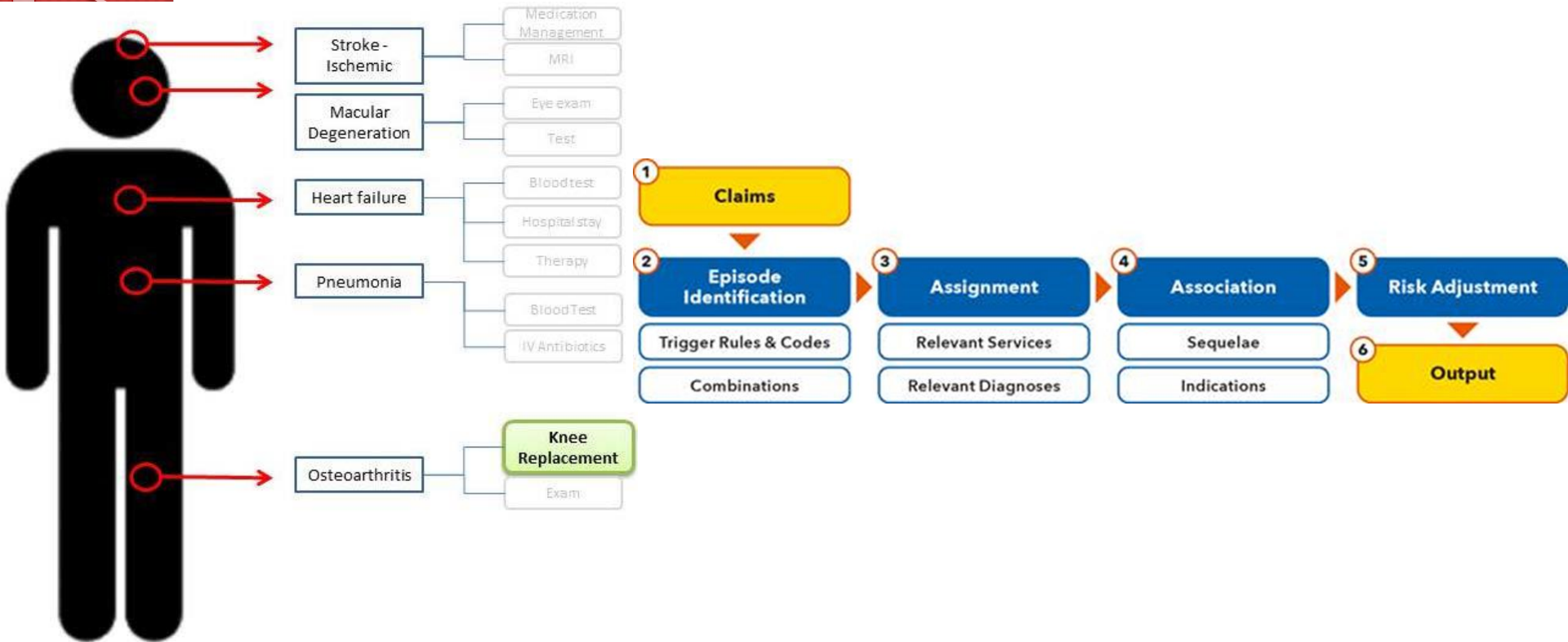
PFPM = Physician-Focused Payment Model

Goal to encourage new **APM options** for Medicare clinicians



For more information on the PTAC, go to: <https://aspe.hhs.gov/ptac-physician-focused-payment-model-technical-advisory-committee>

ACS/Brandeis :American College of Surgeons, “Groupers”



Beyond joint replacement

2016 (G:) > ACS - Brandeis Bundles > Ortho



 Fracture-DislocationTreatmentArm-Wrist-Hand Authors: Jennifer Perloff	Date modified: 7/14/2016 11:18 PM Size: 94.3 KB
 Fracture-DislocationTreatmentKnee Authors: Jennifer Perloff	Date modified: 7/14/2016 11:18 PM Size: 100 KB
 Fracture-DislocationTreatmentLowerLeg-Ankle-Foot Authors: Jennifer Perloff	Date modified: 7/14/2016 11:18 PM Size: 95.4 KB
 Fracture-DislocationTreatmentPelvis-Hip-Femur Authors: Jennifer Perloff	Date modified: 7/18/2016 8:01 AM Size: 111 KB
 Guidance for Reviewers of Episode Specifications in EGM_PACES Authors: Tompkins	Date modified: 7/14/2016 11:35 PM Size: 21.0 KB
 HipReplacement Authors: Jennifer Perloff	Date modified: 7/14/2016 11:18 PM Size: 103 KB
 KneeArthroscopy Authors: Jennifer Perloff	Date modified: 7/14/2016 11:18 PM Size: 68.2 KB
 KneeReplacement Authors: Jennifer Perloff	Date modified: 7/14/2016 11:18 PM Size: 75.9 KB
 LegAmputation Authors: Jennifer Perloff	Date modified: 7/14/2016 11:18 PM Size: 75.6 KB
 LegRevascularization Authors: Jennifer Perloff	Date modified: 7/14/2016 11:18 PM Size: 82.5 KB
 LumbarAndSacralSpineSurgery Authors: Jennifer Perloff	Date modified: 7/14/2016 11:18 PM Size: 119 KB
 ShoulderArthroscopy-RotatorCuffRepair Authors: Jennifer Perloff	Date modified: 7/18/2016 8:01 AM Size: 86.3 KB
 ShoulderTotalArthroplasty Authors: Jennifer Perloff	Date modified: 7/14/2016 11:18 PM Size: 80.2 KB

An abstract graphic design on a red background. It features several overlapping circles in various shades of red and pink. A prominent solid black circle is located in the upper right quadrant. Below it and to the right is a smaller, light blue circle. The composition is minimalist and geometric.

But overwhelming
with:

- Trigger codes

- Relevant Services

- Relevant Diagnoses

- Sequelae



Episode and Sub-Category Name	Subcategory	Trigger Code	Code Type	Trigger Code Description
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2700	GP	Arthroplasty, ankle;
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2702	GP	Arthroplasty, ankle; with implant (total ankle)
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2703	GP	Arthroplasty, ankle; revision, total ankle
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2720	GP	Repair of nonunion or malunion, tibia, without grafts, (eg, compression technique)
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2722	GP	Repair of nonunion or malunion, tibia, with sliding graft
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2723	GP	Repair of nonunion or malunion, tibia, with iliac or other autograft (includes obtaining graft)
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2724	GP	Repair of nonunion or malunion, tibia, by synostosis, with fibula, any method
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2726	GP	Repair of fibula nonunion and/or malunion with internal fixation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2732	GP	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2736	GP	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2766	GP	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2768	GP	Closed treatment of medial malleolus fracture; without manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2769	GP	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2766	GP	Open treatment of medial malleolus fracture, includes internal fixation, when performed
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2767	GP	Closed treatment of posterior malleolus fracture; without manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2768	GP	Closed treatment of posterior malleolus fracture; with manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2769	GP	Open treatment of posterior malleolus fracture, includes internal fixation, when performed
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2770	GP	Closed treatment of proximal fibula or shaft fracture; without manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2781	GP	Closed treatment of proximal fibula or shaft fracture; with manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2786	GP	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2787	GP	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2788	GP	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2792	GP	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2793	GP	Closed treatment of similar ankle fractures (ie, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2794	GP	Closed treatment of similar ankle fractures (ie, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2798	GP	Open treatment of similar ankle fractures (ie, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2798	GP	Closed treatment of trimalleolar ankle fracture; without manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2798	GP	Closed treatment of trimalleolar ankle fracture; with manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2822	GP	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleoli; without fixation of posterior lip
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2823	GP	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleoli; with fixation of posterior lip
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2824	GP	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleoli; with fixation of posterior lip (eg, pin or tibial plating), with or without anesthesia; with skeletal traction and/or requiring manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2826	GP	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pin or tibial plating), with internal fixation, when performed, of: fibula only
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2827	GP	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pin or tibial plating), with internal fixation, when performed, of: tibia only
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2828	GP	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pin or tibial plating), with internal fixation, when performed, of: both tibia and fibula
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2829	GP	Open treatment of distal bifibular joint (syndesmosis) disruption, includes internal fixation, when performed
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2830	GP	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2831	GP	Closed treatment of proximal tibiofibular joint dislocation; with anesthesia
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2832	GP	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2840	GP	Closed treatment of ankle dislocation; without anesthesia
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2842	GP	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2846	GP	Closed treatment of ankle dislocation; with or without percutaneous skeletal fixation; without repair or internal fixation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2848	GP	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2860	GP	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2860	GP	Repair of ankle bones
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2832	GP	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2840	GP	Closed treatment of calcaneal fracture; without manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2840	GP	Closed treatment of calcaneal fracture; with manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2845	GP	Percutaneous skeletal fixation of calcaneal fracture; with manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2845	GP	Open treatment of calcaneal fracture, includes internal fixation, when performed;
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2840	GP	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2845	GP	Closed treatment of talus fracture; without manipulation
Fracture/dislocation treatment lower leg/ankle/foot	o-ortho treat fx/disloc: lower	2845	GP	C

APMs on the horizon?

AAOS Health Care Systems Committee & Performance Measures Committee working on it:

- Start with appropriate quality measures (e.g. Hip fracture, Arthritis Pain & Function)
- Streamline reporting: claims data, PROMs within EHR/registries
- CEHRT
- Reasonable financial risk

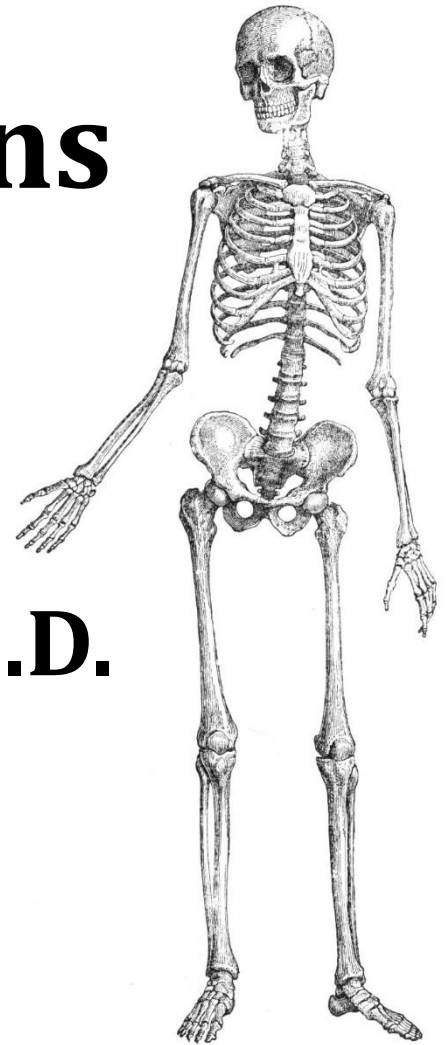


Musculoskeletal Health Care Solutions

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**Performance:**

The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, record quality data and how you used technology to support your practice. If an Advanced APM fits your practice, then you can provide care during the year through that model.

Send in performance data:

To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018. In order to earn the 5% incentive payment for participating in an Advanced APM, just send quality data through your Advanced APM.

Feedback:

Medicare gives you feedback about your performance after you send your data.

Payment:

You may earn a positive MIPS payment adjustment beginning January 1, 2019 if you submit 2017 data by March 31, 2018. If you participate in an Advanced APM in 2017, then you may earn a 5% incentive payment in 2019.

Quality Performance Category Score: Bonus Points

Bonus for reporting additional outcomes, patient experience, appropriate use, patient safety



Bonus for EHR reporting

- Minimum case volume required
- Bonus points:
 - Up to 10% “extra credit” total in bonus points
 - Additional high priority measures (up to 5% of possible total)
 - 2 bonus points awarded for additional outcome/patient experience
 - 1 bonus point for other high priority measures
 - CEHRT Bonus (up to 5% of possible total)
 - 1 bonus point for each measure reported using CEHRT for end-to-end electronic reporting
 - Not available for claims

MIPS Advancing Care Information Objectives and Measures

Objective	Measure
Protect Patient Health Information	Security Risk Analysis*
Electronic Prescribing	ePrescribing**
Patient Electronic Access	Patient Access***
	Patient-Specific Education***
Coordination of Care Through Patient Engagement	View, Download and Transmit (VDT)***
	Secure Messaging***
	Patient-Generated Health Data***
Health Information Exchange	Exchange Information with Other Physicians or Clinicians***
	Exchange Information with Patients***
	Clinical Information Reconciliation***
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting*
	(Optional) Syndromic Surveillance Reporting
	(Optional) Electronic Case Reporting
	(Optional) Public Health Registry Reporting
	(Optional) Clinical Data Registry Reporting

* Required measures

** Required to fill out the measure (either yes/no or numerator/denominator)

*** Required to fill out the measure, may be selected as a part of the performance score

APMs (Alternative Payment Models) and Advanced APMs

APMs new Medicare Reimbursement Models

- 2019-2024 — some participating health care providers paid a lump-sum incentive payment
- Increased transparency of physician-focused payment models
- 2026 — some participating health care providers higher annual payments.

Examples

- *Accountable Care Organizations (**ACOs**)*
- *Patient Centered Medical Homes*
- *Bundled payment models*



American College of Surgeons (ACS) /Brandeis :“Episode Groupers”

Opportunities

- Groupers: “Bundles of bundles”
- Comprehensive
- Option for broader procedure and diagnosis inclusion
- Opportunity for risk adjustment

Barriers &

Challenges

- Complex
- Attribution/ Assignment
- Relationship to payment not clear
- Development resource-intensive



APMs (Alternative Payment Models) and Advanced APMs

Advanced APMs criteria:

- The **aAPM** requires the use of certified **EHR** technology.
- APM bases payment on quality measures comparable to those in the MIPS.
- The **aAPM** either:
 - Requires **aAPM Entities** to bear *more than nominal financial risk* for monetary losses; or
 - Is a Medical Home Model expanded under CMMI authority.
- *Qualifying Participants (QPs)*
 - Excluded from **MIPS** &
 - Receive a 5% lump sum bonus (2019-2024) and higher FS updates 2026 onward.



What are Alternative Payment Models (APMs)?

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, and let practices earn more for taking on some risk related to their patients' outcomes. You may earn a 5% incentive payment by going further in improving patient care and taking on risk through an Advanced APM.

What models are Advanced APMs?

In 2017, the following models are Advanced APMs:

- [Comprehensive ESRD Care \(CEC\) - Two-Sided Risk](#)
- [Comprehensive Primary Care Plus \(CPC+\)](#)
- [Next Generation ACO Model](#)
- [Shared Savings Program - Track 2](#)
- [Shared Savings Program - Track 3](#)
- [Oncology Care Model \(OCM\) - Two-Sided Risk](#)
- [Comprehensive Care for Joint Replacement \(CJR\) Payment Model \(Track 1- CEHRT\)](#)

How do I join an Advanced APM?

1. Learn about [specific Advanced APMs](#) and how to apply.
2. Apply to an Advanced APM that fits your practice and is currently accepting applications.
3. This website will be updated as new information is available.

What happens if I am in an Advanced APM?

Once you're in an Advanced APM, you'll earn the 5% incentive payment in 2019 for Advanced APM participation in 2017 if:

- You receive 25% of your Medicare Part B payments through an Advanced APM or