

## Identify and Compare APMs (including ACOs) in a Region or Area

1. **Create a List** – Create a list of Advanced Payment Models (APMs) that are in your region. Comagine Health has ACO Lookup Tools available at <http://bit.ly/V1ACOLookupTool> and <http://bit.ly/V2ACOLookupTool>, or go to <https://innovation.cms.gov/> (Select your state, a list of APMs on the left come up) – See Appendix A for screen shots.
2. **Identify Type of APM** – Identify the type of APMs/Accountable Care Organizations (ACOs) in your area including those that are advanced APMs. Different types and definitions of APMs/ACOs can be found at <https://qpp.cms.gov/apms/overview>. The Centers for Medicare & Medicaid Services (CMS) also has a comprehensive list of APMs they publish each year on the Resource Library (search for “Comprehensive List of APMs”). Beginning in July 2019, Medicare will classify ACOs on a “Basic” (A to E) or “Enhanced” glide path. Medicare also looks at experience and revenue (low or high). The overall goal is to move to full two-sided maximum risk models.
3. **Learn about the APM from their website and FAQ documents** – It can be helpful to create a grid in a Word document if investigating many APMs. See example grid in Appendix B.
4. **Investigate Size and Scope**
  - a. **Number of Practices in the ACO** – How many practices are currently enrolled? What practices are they?
  - b. **Number of lives covered** – How many beneficiaries are covered by the APM/ACO?
  - c. **Location covered** – Are they only in a single state or do they cover multiple states as a single ACO?
  - d. **Focus area** – Are they physician-led or do they include hospital participants? Primary care or Multi-specialty?
  - e. **Age** – How long have they been operating?
5. **Investigate Governance and Administration** – Is there another entity that is subcontracted to do any governance or administration? Locally owned? National organization?
6. **Performance to-date (Cost, Quality, Shared Savings)** – Has the APM reached shared savings? How close are they? How is the APM doing with their quality scores? What is the trend year to year on this metrics? Note most of this information is publicly available and can be found at <https://healthinsight.org/qpp#advanced-alternative-payment-models>.
7. **Cost and Shared Savings Distribution Model** – What is the arrangement with CMS, the APM and the practices? How much does it cost to participate?
8. **Support and Resources from the APM** – What support does the APM provide? What resources?
9. **Reporting Requirement for the Practice** – What is required to be reported to the ACO? How often? What format? What is required to be reported to CMS (e.g. Promoting Interoperability)?

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10. **Experience and Satisfaction of Likeminded Participating Practices** – What do practices that are involved with the APM say about it? What is it really like? From your list of APM recruited practices call and interview an administrator or practice manager to see what it's like and if your practice would fit this type of APM.

**Additional notes:**

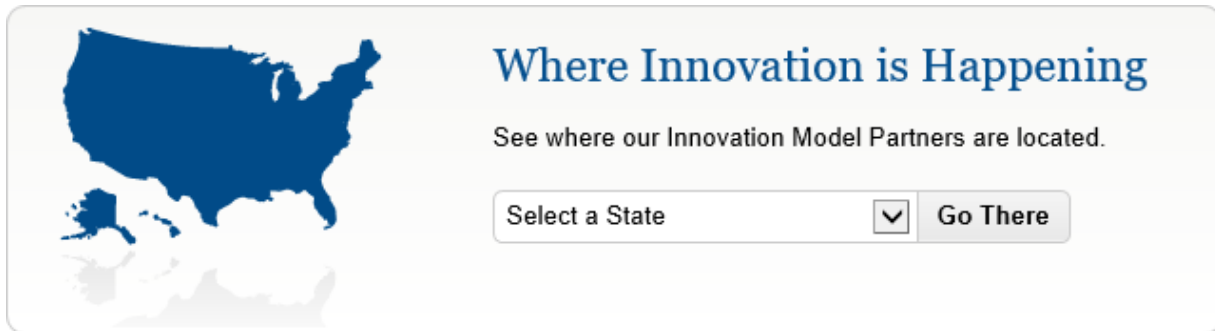
CMS provides training on the Quality Payment Program, MIPS APMs and Advanced APMs. They are available at <https://learner.mlnlms.com/Default.aspx>. These trainings are recommended for anyone wanting to learn more about the different Medicare payment models.

Need help with this process [contact us here](#).

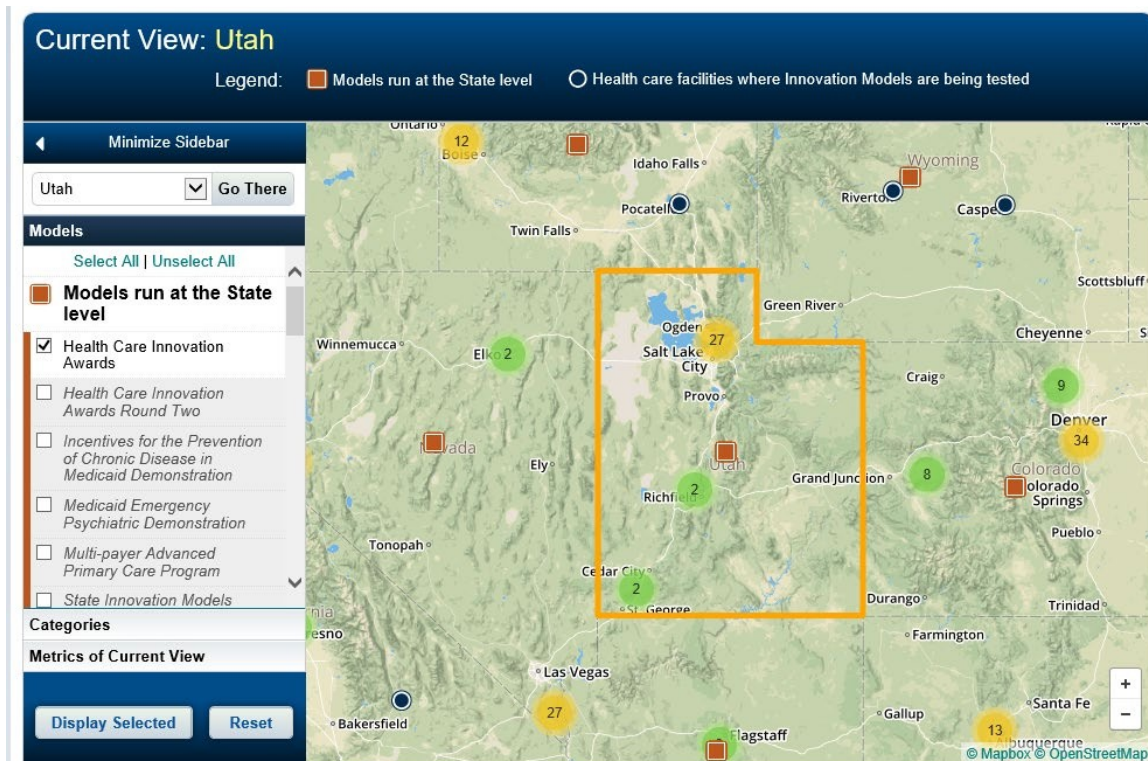
*Often clinics or providers in larger systems are not aware of what APMs they are involved with This can now be looked up online by entering corresponding NPIs in the eligibility lookup tool on the [qpp.cms.gov](http://qpp.cms.gov) website. See Appendix C for screen shots.*

## Appendix A - What ACOs/APMs are available in my area?

1. Go to <https://innovation.cms.gov/>
2. Select your state.



3. An outline of the selected state will appear. Disclaimer: recognize that there are many models to choose from on the left-hand side and some research may be needed to evaluate which models to select and include.



4. A list of the Innovation Models run in the state will appear in the left sidebar. For additional information on these models you can select the model.

The screenshot shows a web application interface for viewing innovation models in Utah. The main header is "Current View: Utah". Below the header, there is a legend: a blue square for "Models run at the State level" and a white circle for "Health care facilities where Innovation Models are being tested".

The left sidebar contains a "Minimize Sidebar" button, a dropdown menu set to "Utah", and a "Go There" button. Below this is a "Models" section with a list of checkboxes:

- Medicare Advantage Value-Based Insurance Design Model
- Medicare Care Choices Model
- Million Hearts: Community Stroke Risk Reduction Model
- Reduction Model
- Next Generation ACO Model
- Oncology Care Model
- Part D Enhanced Medication Therapy Management Model
- Pioneer ACO Model
- Strong Start for Mothers and Newborns Initiative

Below the models list are "Categories" and "Metrics of Current View" sections. At the bottom of the sidebar are "Display Selected" and "Reset" buttons.

The main map area shows a map of Utah with a blue circle indicating a location in Provo. A pop-up window is open over this location, displaying the following information:

- Central Utah Clinic, P.C. dba Revere Health**
- Provo, UT
- 1055 North 500 West
- Provo, UT
- Model:** Next Generation ACO Model
- Category:** Accountable Care
- Notes:** Not Applicable
- [View this point on the Data Grid](#)

## Appendix B – Example Comparison Grid (dummy data)

	APM/ACO #1	APM/ACO #2	APM/ACO #3	APM/ACO #4	APM/ACO #5
APM/ACO Entity - name & Reference site	APM/ACO name and website	APM/ACO name and website	APM/ACO name and website	APM/ACO name and website	APM/ACO name and website
ACO type & start year	Basic Level E (7/2019) MSSP Track 1 (2017)	MSSP Track 1+ (2019)	Basic Level B (7/2019) MSSP Track 1 (2017)	MSSP Track 1 (2017) anticipate Basic Level B (2020)	Next Gen (Risk) – Moved to Enhanced (7/2019)
Size and scope – # practices # lives covered Location & focus areas Age	14 independent practice groups 8379 benes (2017) State only Primary care 2017 began	Brand New - 2019 will be inviting community providers	41 independent practices 111,578 benes (2017) 9 states (2017) Multi- specialty 2014 began	5 independent practice groups 6379 benes (2017) State only Multi- specialty 2017 began	Internal to System only 14,410 benes (2017) State only Multi- specialty 2016 began
Governance and administration		Home Grown	Subcontract with XYZ company	Subcontract with XYZ company	
Costs and shared savings distribution model	8% shared savings – full distribution, 10 cents per beneficiary per month	New model going – NA yet	5% shared savings,		8%, 50 cents per beneficiary cost per month
Support and resources	Monthly webinars	Weekly onsite visits	Web-based meeting support weekly	Yearly conference, monthly webinar	
Performance to-date (Cost and Quality, Shared Savings)	93% quality score, will achieve shared savings in 2019	First year in 2018 – no prior data	Achieved Shared Savings in 2017, 95% quality scores		
Experience and satisfaction of other like- minded practices	Administrator XYZ at such and such clinic	Clinic manager XYZ at such and such clinic	Administrator XYZ at such and such system	Medical Director at XYZ system	

## Appendix C – Identify if your system (or clinic) is already part of an APM

1. Go to <https://qpp.cms.gov/participation-lookup>
2. Enter NPI Number

### QPP Participation Status

Enter your 10-digit [National Provider Identifier \(NPI\)](#) [↗](#) number to view your QPP participation status by performance year (PY).

QPP Participation Status includes APM Participation as well as MIPS Participation.



3. Check Participation Status

### 2018 Participation Status

Provider type	Doctor of Medicine
Associated practices (TINs)	1
Associated APMs	1
Enrolled in Medicare before January 1, 2018	Yes



### Reporting Requirements Overview

#### ✔ Required to Report for MIPS


is MIPS Included for at least one of their practices. Unless they are otherwise exempt (e.g. under the APM Low Volume Threshold), this clinician must submit data in this system by March 2019.

#### ⊙ Check APM Requirements

is a participant in 1 APM Entity, and may need to submit data in this system as part of APM specific reporting requirements. See practice details below for more information about specific APMs.

## 2018 Participation Status

Provider type	Doctor of Medicine
Associated practices (TINs)	2
Associated APMs	0
Enrolled in Medicare before January 1, 2018	Yes



## Reporting Requirements Overview

### ✔ Required to Report for MIPS

is MIPS Included for at least one of their practices. Therefore this clinician must submit data in this system by March 2019.

### ⊘ Not Required to Report for any APMs

is not a participant in any APMs, and therefore does not have any APM specific reporting requirements.

This material was prepared by Comagine Health, the Medicare Quality Innovation Network - Quality Improvement Organization for Idaho, Nevada, New Mexico, Oregon, Utah and Washington, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. #11SOW-D1-19-38