NAACOS
National Association of ACOs

ACO Overlap with CMMI Models

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Current Models

	Description	Overlap with MSSP	Overlap with ACO REACH	Participants	Model Start Date	Length of Demonstration
ACO REACH	Comprised of two voluntary, risk-sharing payment arrangements (Global and Professional) • Includes partial and full capitation payment options • Shared savings/losses of 50% and 100% • Adds health equality components including benchmark adjustments and data collection requirements • Also creates opportunities for entities new to alternative payment models within traditional Medicare and entities serving high-needs patients	ACO REACH Participant Providers may not dually participate in REACH and MSSP or other shared savings arrangements.	N/A	132 ACOs participating in 2023, comprising more than 131,000 providers and serving 2.1 million Medicare beneficiaries	Jan. 1, 2023	Dec. 31, 2026
Primary Care First	A regionally-based, multi-payer model designed to bolster primary care. • Participants receive a population-based payment along with a flat primary care visit fee. • Provides a performance-based adjustment with a maximum upside potential of 50% of primary care revenue with downside risk of up to 10% of primary care revenue.	PCF practices allowed to simultaneously participate in MSSP and PCF. • Payment will be treated as non-claims-based expenditures and will be included when comparing ACO spending to the benchmark in the shared savings or losses calculation.	Dual participation is not allowed in ACO REACH.	Primary care practices • There are 2,600 practices and 22 payer partners participating as of March 2023 • Participation is voluntary and offered in 26 regions	The initial performance period started on Jan. 2021 with a second cohort that started in Jan. 2022.	Dec. 31, 2025

BPCI Advanced	A voluntary bundled payment program testing 29 inpatient, 3 outpatient, and and 2 multi-setting clinical episodes offering a single, retrospective bundle payment with a 90-day duration.	Since 2020, BPCI Advanced has not excluded clinical episodes from patients assigned to MSSP ACOs	Beneficiaries who are aligned to a REACH ACO are not able to trigger a clinical episode	280 participants, including conveners and non-conveners as of March 2023. • Conveners include hospitals and physician group practices. Non-conveners include episode initiators. • Unlike in previous years, CMMI is allowing ACOs to join as conveners starting in 2024.	Oct. 1, 2018	Dec. 31, 2025
Comprehensive Care for Joint Replacement Model	A bundled payment program for hip and knee replacements with episodes covering inpatient stays and ends 90 days post-discharge.	CMS will exclude episodes for beneficiaries assigned to MSSP ACOs who use prospective assignment.	Episodes excluded for beneficiaries assigned to REACH ACOs.	Approximately 324 inpatient hospitals in 34 metropolian areas • In 2016 and 2017, the model was mandatory for hospitals in 67 geographic areas. • Participation became voluntary for rural, low-volume hospitals and 33 of the 67 areas in which it was mandatory	April 1, 2016	Dec. 31, 2024
End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model	Seeks to encourage greater use of home dialysis and kidney transplants for Medicare ESRD patients. • Offers higher PPS payments for home dialysis treatment on top of a monthly capitation payment to support home treatment in the first three years. Payments will also be adjusted based on home dialysis rates and the performance of transplant patients starting in 2021.	Payments counted as expenditures under the MSSP • ETC Model providers allowed to participate MSSP and in other Medicare value-based care programs	Payments counted as expenditures under ACO REACH • ETC Model providers allowed to participate in ACO REACH and other Medicare value-based care programs.	ESRD facilities and clinicians who bill the Monthly Capitation Payment for managing ESRD beneficiaries • Mandatory for randomly selected providers in Hospital Referral Regions that include roughly 30% of adult ESRD patients	Jan. 1, 2021	June 30, 2027

Kidney Care Choices	Four voluntary models are designed to help beneficiaries with stages 4 and 5 of chronic kidney disease, beneficiaries with ESRD receiving maintenance dialysis, and transplant patients. • Kidney Care First (KCF) offers capitated payments for aligned beneficiaries and a bonus for kidney transplant patients paid over three years provided the transplant remains successful • Comprehensive Kidney Care Contracting (CKCC) offers three levels of progressively higher risk, from shared-savings only to 100% risk for total cost of care.	MSSP practices may dually participate in MSSP and KCF. • Practices must have a letter signed by the ACO acknowledging that the nephrologist or practice is simultaneously participating.	Dual participation is not allowed in ACO REACH and CKCC.	Dialysis facilities, nephrologists, and ACO-like providers that manage beneficiaries with ESRD	Jan. 1, 2022	Dec. 31, 2026
Emergency Triage, Treat, and Transport (ET3) Model	Tests payments for transporting patients to alternative destinations like urgent care clinics or primary care offices or treat patients on-site using either telehealth or a qualified health care practitioner. • Aims to encourage more appropriate use of emergency services.	CMS will count payments for services rendered under the ET3 model as expenditures during ACOs' applicable benchmark and performance years.	CMS will count payments for services rendered under the ET3 model as expenditures during ACOs' applicable benchmark and performance years.	152 Ambulance service providers	Jan. 1, 2021	Dec. 31, 2025
Enhancing Oncology Model	Participating oncology practices take accountability for patients' total cost of care and quality in six-month episodes triggered by chemotherapy administration in patients with one of seven common cancer types. • Providers paid standard fee-for-service rates with two additional financial incentives: a Monthly Enhanced Oncology Services (MEOS) payment and a performance-based payment or recoupment.	Oncology practices allowed to dually participate in EOM and MSSP.	Oncology practices allowed to dually participate in EOM and ACO REACH, Comprehensive Kidney Care Contracting, BPCI Advanced, CJR, Primary Care First, and other CMS and CMMI models.	Participation is limited to physician group practices with at least one Medicare-enrolled physician or non-physician practitioner who furnishes E&M services to Medicare beneficiaries receiving chemotherapy for a cancer diagnosis. • Participation is voluntary • Designed to be multi-payer	July 1, 2023	June 30, 2028

Medicare Advantage Value-Based Insurance Design Model	The model tests the impact of allowing Medicare Advantage plans greater flexibility in benefit design has on spending. Starting in 2020, interventions include lower cost-sharing for certain socio-economic status or condition, additional incentives, telehealth, and wellness planning.	The model gives Medicare Advantage plans some flexibilities ACOs are offered through waivers and tests other benefits, like wellness planning, that could make it more attractive for seniors to sign up for Medicare Advantage plans.	The model gives Medicare Advantage plans some flexibilities ACOs are offered through waivers and tests other benefits, like wellness planning, that could make it more attractive for seniors to sign up for Medicare Advantage plans.	Medicare Advantage plans	Started in 2017. Expanded to all 50 states in 2020.	Ends after 2024
Integrated Care for Kids (InCK) Model	The model will offer states and local providers support to address prevention, early identification, and treatment of major health concerns like behavioral and physical health through care integration across child providers. • States will work with CMS and the "lead organization" to design and implement one or more child-focused APMs in Medicaid (and CHIP, if applicable). • States with existing APMs may instead alter as necessary to meet the model's criteria.	N/A	N/A	State Medicaid agencies and a local entity called a "lead organization." Either a state Medicaid agency or a lead organization will be the awardee of a cooperative agreement.	Jan. 1, 2020	Seven years