

June 3, 2020

## CMMI Issues Summary of COVID-19 Related Adjustments for Alternative Payment Models

The Center for Medicare and Medicaid Innovation (CMMI) today [announced](#) several COVID-19 related modifications to current and future CMMI alternative payment models (APMs). The adjustments are captured in a [summary table](#) and are related to the models' financial methodologies, quality reporting requirements and timelines. **The AHA is pleased that CMMI is providing these flexibilities, many of which we have actively advocated for.** We are eager to understand additional detail about these changes, which CMMI [indicated](#) will be released on a rolling basis.

The following is a summary of the key changes.

**Bundled Payments for Care Improvement Advanced (BPCI-A).** Participants in BPCI-A now have the option to eliminate both upside and downside risk for 2020 by forgoing this year's reconciliation. If they wish to remain in two-sided risk, BPCI-A participants will be able to exclude from reconciliation certain clinical episodes with a COVID-19 diagnosis during the episode.

**Comprehensive Care for Joint Replacement (CJR) Model.** CMMI is removing downside risk from CJR by capping actual episode payments at the target price for episodes with a date of admission to the anchor hospitalization between Jan. 31, 2020 through the termination of the public health emergency. CMMI also is extending performance year (PY) 5 of the model through March 2021 and extended the appeals timeline for PY 3 and PY 4 from 45 days to 120 days.

**Direct Contracting Professional and Global Model Options.** The direct contracting professional and global model options were set to launch on Jan. 1, 2021. Instead, the first performance period for the first cohort for both model options will begin April 1, 2021, though CMMI has not yet announced when the application period for this start date will occur. Additionally, CMMI will create a second application cycle during 2021 for a second cohort to launch Jan. 1, 2022.

**Kidney Care Choices.** CMMI is delaying the start of this model to April 1, 2021 and creating an application cycle during 2021 for a second cohort to launch Jan. 1, 2022.

**Next Generation ACO (NGACO).** CMMI makes several changes to the NGACO model, including extending it for an additional year through December 2021. CMMI also adjusts

the NGACO financial methodology by reducing 2020 losses proportionally to the length of the public health emergency; capping NGACOs' gross savings upside potential at 5% gross savings; removing COVID-19 treatment episodes; using retrospective regional trend rather than prospective for 2020; and removing the 2020 financial guarantee requirement. Regarding quality reporting, CMS extends the deadline for reporting the 2019 web interface quality measure from March 31, 2020 to April 30, 2020 and canceled the 2019 quality audit.

**Oncology Care Model (OCM).** Similarly to NGACO, CMMI extends the OCM for one year through June 2022. CMMI also offers OCM practices the option to forgo both upside and downside risk for performance periods affected by the PHE. In addition, for practices that wish to stay in one- or two-sided risk, CMMI will remove COVID-19 episodes from reconciliation for performance periods affected by the public health emergency. CMMI also is making optional for the affected performance periods (1) aggregate-level reporting of quality measures; and (2) beneficiary-level reporting of clinical and staging data.

### **Further Questions**

If you have further questions, please contact Shira Hollander, senior associate director for policy, at [shollander@aha.org](mailto:shollander@aha.org).