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New Participants Join Several CMS Alternative Payment Models

Numbers demonstrate provider commitment to a health care system with better care, healthier people, and smarter spending

Today, the Centers for Medicare & Medicaid Services (CMS) announced over 359,000 clinicians are confirmed to participate in four of CMS's Alternative Payment Models (APMs) in 2017. Clinicians who participate in APMs are paid for the quality of care they give to their patients. APMs are an important part of the Administration's effort to build a system that delivers better care and one in which clinicians work together to have a full understanding of patients' needs. APMs also strive to ensure that patients are in the center of their care, and that Medicare pays for what works and spends taxpayer money more wisely, resulting in a healthier country.

"By listening to physicians and engaging them as partners, CMS has been able to develop innovative payment reforms that bring physicians back to the core practice of medicine – caring for the patient," said Acting Administrator, Andy Slavitt. "By reducing regulatory burden and paying for quality, CMS is offering solutions that improve the quality of services our beneficiaries receive and reduce costs, to help ensure the Medicare program is sustainable for generations to come."

The Medicare Shared Savings Program (Shared Savings Program), Next Generation Accountable Care Organization (ACO) Model, Comprehensive End-Stage Renal Disease (ESRD) Care Model (CEC) and Comprehensive Primary Care Plus (CPC+) Model all apply the concept of paying for quality and effectiveness of care given to patients in different health care settings. Today, CMS is announcing the participants in each of these models for the 2017 calendar year.

With today's announcement, participants in the four APMs are improving care delivery in 50 states, the District of Columbia, and Puerto Rico. In 2017, there are:

- Over 359,000 clinicians participating in APMs
- More than 12.3 million Medicare and/or Medicaid beneficiaries served
- 572 ACOs across the Shared Savings Program, Next Generation ACO Model and CEC Model
- 131 ACOs in a risk-bearing track, including in the Shared Savings Program, Next Generation ACO Model and CEC Model
- 2,893 primary care practices participating in CPC+

"These models demonstrate CMS's commitment to partner with providers to improve care for patients," said Dr. Patrick Conway, Acting Principal Deputy Administrator and Director of the CMS Innovation Center. "My mother and over 12 million other Medicare beneficiaries are now

cared for by doctors and other clinicians in payment models that focus on better health outcomes and coordinated, high quality care.”

Specific to the Shared Savings Program

The Shared Savings Program was established by section 3022 of the Affordable Care Act and is a key component of the Medicare delivery system reform initiatives included in the Affordable Care Act. Shared Savings Program ACOs are groups of doctors and other health care providers who voluntarily work together with Medicare to provide high quality services to Medicare fee-for-service beneficiaries. In 2017, the Shared Savings Program welcomed 99 new participants and 79 renewing participants, bringing the total number of participants to 480 across 50 states, the District of Columbia, and Puerto Rico. CMS also recently announced a new Medicare ACO Track 1+ Model for 2018 that will test a payment design that incorporates more limited downside risk than is currently present in Tracks 2 or 3 of the Shared Savings Program in order to encourage more practices, especially small practices and small rural hospitals, to advance to performance-based risk.

Miami, FL – Health Choice Care was selected as one of 79 renewing Shared Savings Program ACOs, providing Medicare beneficiaries with access to high-quality, coordinated care across the United States, CMS announced today. Beginning January 1, 2017, a total of 480 Shared Savings Program ACOs are serving over 9 million assigned beneficiaries.

Doctors, hospitals, and health care providers establish ACOs to work together to provide higher-quality coordinated care to their patients, while helping to slow the growth of health care costs. Health Choice Care is one of 480 ACOs participating in the Shared Savings Program, as of January 1, 2017. Beneficiaries seeing health care providers in ACOs always have the freedom to choose doctors inside or outside of the ACO. ACOs have the opportunity to receive a portion of the Medicare savings generated from lowering the growth in health care costs as long as they also meet standards for high quality care.

Since ACOs first began participating in the Shared Savings Program in early 2012, thousands of health care providers have signed on to participate in the program, working together to provide better care to Medicare beneficiaries.

For the Shared Savings Program Fact Sheet and a list of the new and renewing ACOs announced, visit the [Shared Savings Program News and Updates webpage](#).

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