

CMS Innovation Center Models COVID-19 Related Adjustments

The table below describes adjustments that have been made or that CMS will be making to certain Centers for Medicare & Medicaid Services (CMS) Innovation Center Models to address the COVID-19 public health emergency (PHE). The table specifically focuses on model adjustments related to financial methodologies, quality reporting, and model timelines. The Innovation Center model adjustments described here are not exhaustive; Innovation Center has already implemented several changes and there is the potential for future adjustments, as the COVID-19 PHE continues to evolve. Additional information about each of these model adjustments is available here (<https://innovation.cms.gov/innovation-models/covid-19-flexibilities>).

We used the following principles to determine which changes are appropriate:

- Utilize flexibilities that already exist in current model design
- Continue sufficient financial incentives that encourage higher quality outcomes to participate in value based arrangements
- Ensure equity and consistency across models
- Align as much as possible with national value based and quality payment programs.
- Minimize risk to both model participants, the Medicaid program, and the Medicare Trust Funds
- Minimize delays in new model implementation while providing additional opportunities for participation in new models
- Minimize reporting burden
- Complements and builds off of new CMS COVID-19 PHE flexibilities as outlined in regulation and waivers

Additional information regarding the implementation of these changes will be provided to model participants by CMS, and such changes may involve amendments to participation agreements and other model documents. We also note that, based on the future evolution of the COVID-19 PHE, there is a possibility that the implementation of new models may be further delayed.

This document supplements emergency rules and waivers granted under section 1135 of the Act specifically to address the COVID-19 PHE. Additional information is available at: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

Innovation Center Model	Financial Methodology Changes	Quality Reporting Changes	Model Timeline Changes
Bundled Payments for Care Improvement Advanced	<ul style="list-style-type: none"> Option for Participants to eliminate upside and downside risk by excluding Clinical Episodes from Reconciliation for Model Year 3 (2020) For BPCI-Advanced Participants that choose to remain in two-sided risk, exclude certain Clinical Episodes from Reconciliation with a COVID-19 diagnosis during the episode 	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> No Change
Comprehensive ESRD Care Model (CEC)	<ul style="list-style-type: none"> Reduce 2020 downside risk by reducing shared losses by proportion of months during the PHE Cap ESCOs' gross savings upside potential at 5% gross savings Remove COVID-19 inpatient episodes Remove 2020 financial guarantee requirement 	<ul style="list-style-type: none"> Quality measure validation deadline extended to May 4, 2020 Continue to monitor impact on 2020 quality reporting 	<ul style="list-style-type: none"> Extend model until March 31, 2021
Comprehensive Care for Joint Replacement (CJR) Model	<ul style="list-style-type: none"> Remove downside risk by capping actual episode payments at the target price for episodes with a date of admission to the anchor hospitalization between January 31, 2020 through the termination of the emergency period (as described in section 1135(e) of the Social Security Act) (see CMS1744-IFC) Extend the appeals timeline for Performance Year (PY) 3 and PY 4 from 45 days to 120 days 	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> Extend Performance Year 5 through March 2021
Direct Contracting (Global and Professional)	<ul style="list-style-type: none"> Adjust model to reflect change in duration of 2021 Performance Period due to April 1, 2021 start 	<ul style="list-style-type: none"> Adjust quality benchmarks, if necessary, to reflect change in duration of 2021 Performance Period due to April 1, 2021 start 	<ul style="list-style-type: none"> Delay start of the first Performance Period for cohort #1 to April 1, 2021 Create application cycle during 2021 for second cohort to launch January 1, 2022

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Emergency Triage, Treat, and Transport (ET3)	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> Delay model start from May 1, 2020 to Fall 2020
Home Health Value-Based Purchasing Model (HHVBP)	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> Align HHVBP Model data submission requirements with exceptions or extensions granted for the HH QRP during the PHE for COVID-19 Grant exceptions to the New Measures data reporting requirements under the HHVBP Model during the PHE for COVID-19. HHAs are not required to report New Measures data for the following submission periods: April 2020 and July 2020. 	<ul style="list-style-type: none"> No Change
Independence at Home (Section 3024 of the ACA)	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> Allow IAH practices to utilize telehealth to meet quality metric requirements for 2 (of the 6 required) measures: 1) 48-hour follow-up visit post hospital or ED discharge and 2) medication reconciliation in the home. 	<ul style="list-style-type: none"> No Change
Integrated Care for Kids (InCK) Model	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> Delay first quarterly progress report and associated deliverables to July 30, 2020.
Kidney Care Choices	<ul style="list-style-type: none"> Adjust model to reflect change in duration of 2021 Performance Period due to April 1, 2021 start 	<ul style="list-style-type: none"> Adjust quality benchmarks, if necessary, to reflect change in duration of 2021 Performance Period due to April 1, 2021 start 	<ul style="list-style-type: none"> Delay start of the first Performance Period for cohort #1 to April 1, 2021 Create application cycle during 2021 for second cohort to launch January 1, 2022

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Maternal Opioid Misuse Model (MOM)	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> Delayed start of beneficiary enrollment by six months, until July 1, 2021
Medicare Care Choices Model	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> No Change
Medicare Diabetes Prevention Program Expanded Model (MDPP)	<ul style="list-style-type: none"> No Change 	<ul style="list-style-type: none"> Extend deadline to submit quarterly Crosswalk file to July 15, 2020 	<ul style="list-style-type: none"> No Change
Medicare ACO Track 1+ Model	<ul style="list-style-type: none"> Remove episodes of care for treatment of COVID-19 Medicare Shared Savings Program Extreme and Uncontrollable Circumstances policy applies to 2020 financial reconciliation 	<ul style="list-style-type: none"> 2019 Web Interface quality measure reporting deadline extended from March 31, 2020 to April 30, 2020 Medicare Shared Savings Program Extreme and Uncontrollable Circumstances policy applies to 2019 and 2020 reporting Continue to monitor impact on 2020 quality reporting 	<ul style="list-style-type: none"> Voluntary election to extend agreement for 1 year through December 2021
Next Generation ACO (NGACO)	<ul style="list-style-type: none"> Reduce 2020 downside risk by reducing shared losses by proportion of months during the PHE. Cap NGACOs' gross savings upside potential at 5% gross savings Remove episodes of care for treatment of COVID-19 Use retrospective regional trend, rather than prospective, for 2020 Remove 2020 financial guarantee requirement 	<ul style="list-style-type: none"> 2019 Web Interface quality measure reporting deadline extended from March 31, 2020 to April 30, 2020 2019 quality audit canceled Continue to monitor impact on 2020 quality reporting 	<ul style="list-style-type: none"> Extend model through December 2021

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Oncology Care Model (OCM)	<ul style="list-style-type: none"> • Option for OCM practices to elect to forgo upside and downside risk for performance periods affected by the PHE • For OCM practices that remain in one- or two-sided risk for the performance periods affected by the PHE, remove COVID-19 episodes from reconciliation for those performance periods 	<p>Make the following optional for the affected performance periods:</p> <ul style="list-style-type: none"> • Aggregate-level reporting of quality measures • Beneficiary-level reporting of clinical and staging data <p>Remove the requirement for cost and resource utilization reporting and practice transformation plan reporting in July/August 2020</p>	<ul style="list-style-type: none"> • Extend model for 1 year through June 2022
Primary Care First— Serious Illness Component	<ul style="list-style-type: none"> • No Change 	<ul style="list-style-type: none"> • No Change 	<ul style="list-style-type: none"> • Delay implementation of the start of the Performance Period for the Serious Illness component until April 1, 2021; Primary Care First only component will still start on January 1, 2021