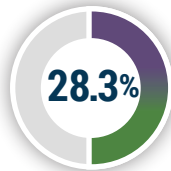
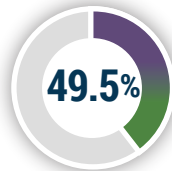


# MEDICARE FFS

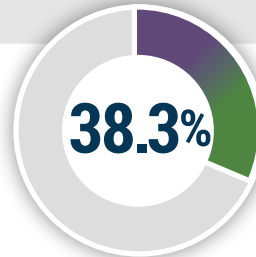
Public and private health plans, managed Medicaid FFS states, and Medicare FFS voluntarily participated in a national effort to measure the use of Alternative Payment Models (APMs) as well as progress towards the LAN's goal of tying 30% of U.S. health care payments to APMs by 2016 and 50% by 2018.



COMMERCIAL



MEDICARE  
ADVANTAGE



MEDICARE FFS



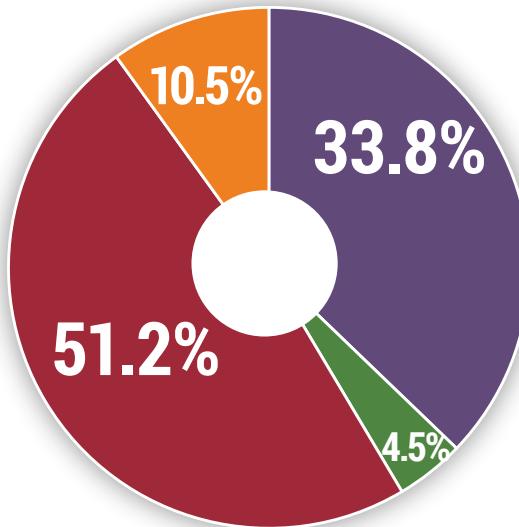
MEDICAID

**CATEGORY 1: FEE-FOR-SERVICE -  
NO LINK TO QUALITY & VALUE**

10.5%

**CATEGORY 2: FEE-FOR-SERVICE  
- LINK TO QUALITY & VALUE**

51.2%



Representativeness of covered lives:  
Medicare FFS - 100%

**CATEGORY 3: APMS BUILT ON  
FEE-FOR-SERVICE ARCHITECTURE**

24.6% Upside Rewards  
for Appropriate Care

9.2% Upside & Downside  
for Appropriate Care

**CATEGORY 4:  
POPULATION-BASED PAYMENT**

3.4% Condition-Specific  
Population-Based  
Payment

1.1% Comprehensive  
Population-Based  
Payment

0% Integrated Finance  
& Delivery Systems