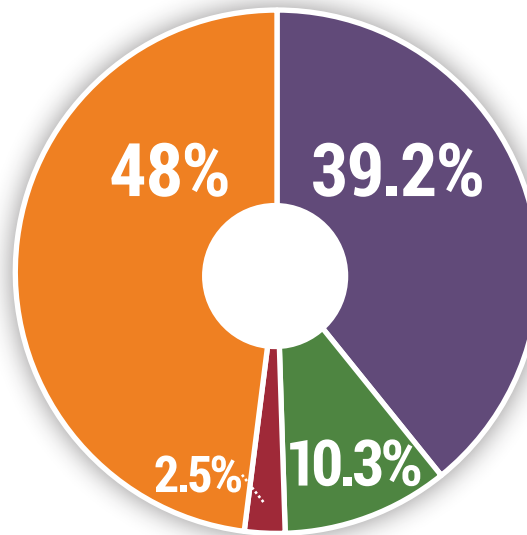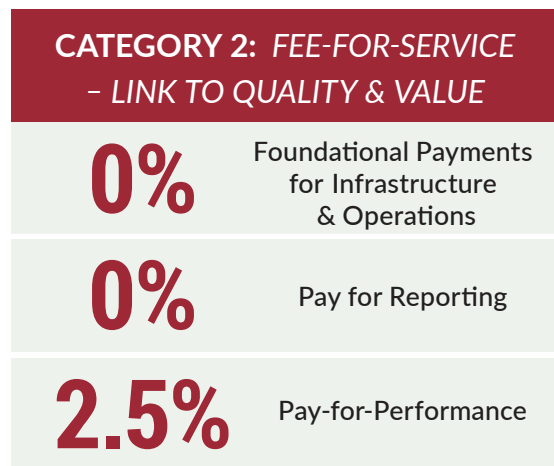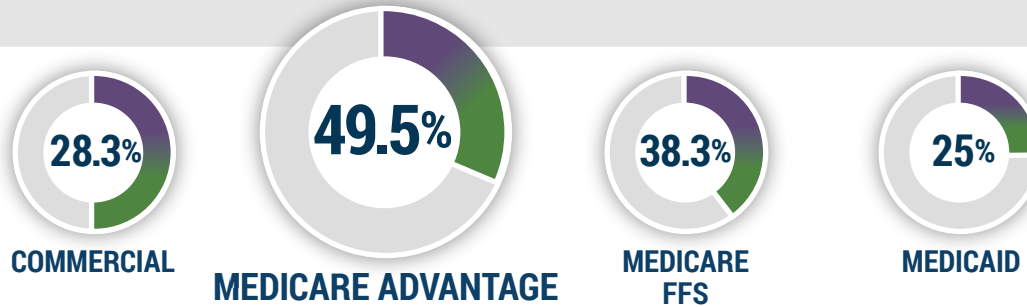# MEDICARE ADVANTAGE

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.

28.3% COMMERCIAL

49.5% MEDICARE ADVANTAGE

38.3% MEDICARE FFS

25% MEDICAID

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

48%

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

0%	Foundational Payments for Infrastructure & Operations
0%	Pay for Reporting
2.5%	Pay-for-Performance

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

25.3%	Upside Rewards for Appropiate Care
13.9%	Upside & Downside for Appropiate Care

CATEGORY 4: *POPULATION-BASED PAYMENT*

1.2%	Condition-Specific Population-Based Payment
9%	Comprehensive Population-Based Payment
0.1%	Integrated Finance & Delivery Systems

Pie chart values: **48%**, **39.2%**, **10.3%**, **2.5%**

Representativeness of covered lives: Medicare Advantage - 70%