

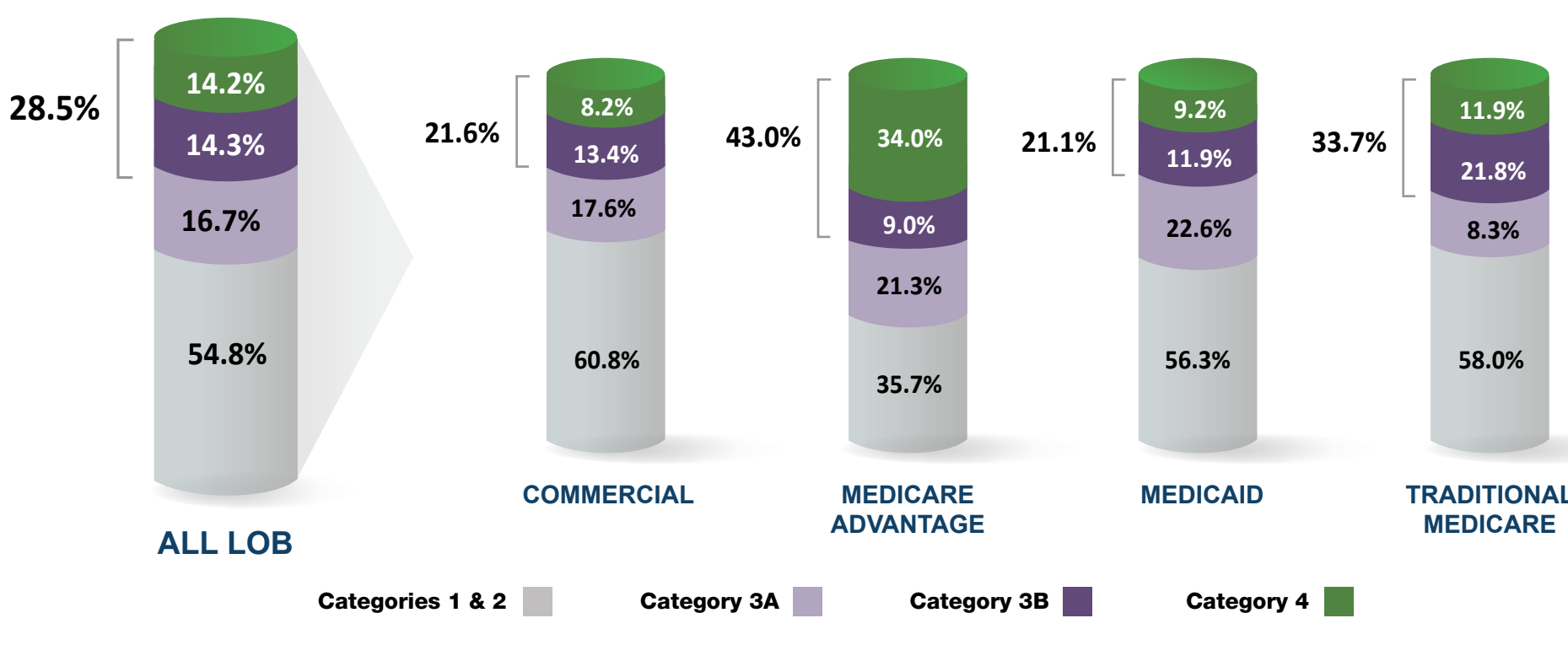
2024 MEASUREMENT EFFORT

Commercial health plans, managed care organizations (MCOs), state Medicaid agencies, Medicare Advantage (MA) plans, and Traditional Medicare voluntarily participated in a national effort to measure the use of alternative payment models (APMs) as well as progress toward the [HCPLAN's 2030 APM goals by line of business](#). For the full 2024 Measurement Effort results, review the [2024 Methodology and Results Report](#).

In 2023, 28.5% of U.S. health care payments flowed through downside risk contracts (Categories 3B-4) across all lines of business (LOBs).

Percentage of U.S. Health Care Payments in Categories 3B-4 by LOB

CY 2023 Data Year



CLICK INDIVIDUAL COLUMNS FOR MORE INFORMATION

Detailed Breakdown of Health Care Payments

Review the full results of how CY 2023 health care payments in all LOBs combined break down into each of the categories and subcategories of the [HCPLAN APM Framework](#).

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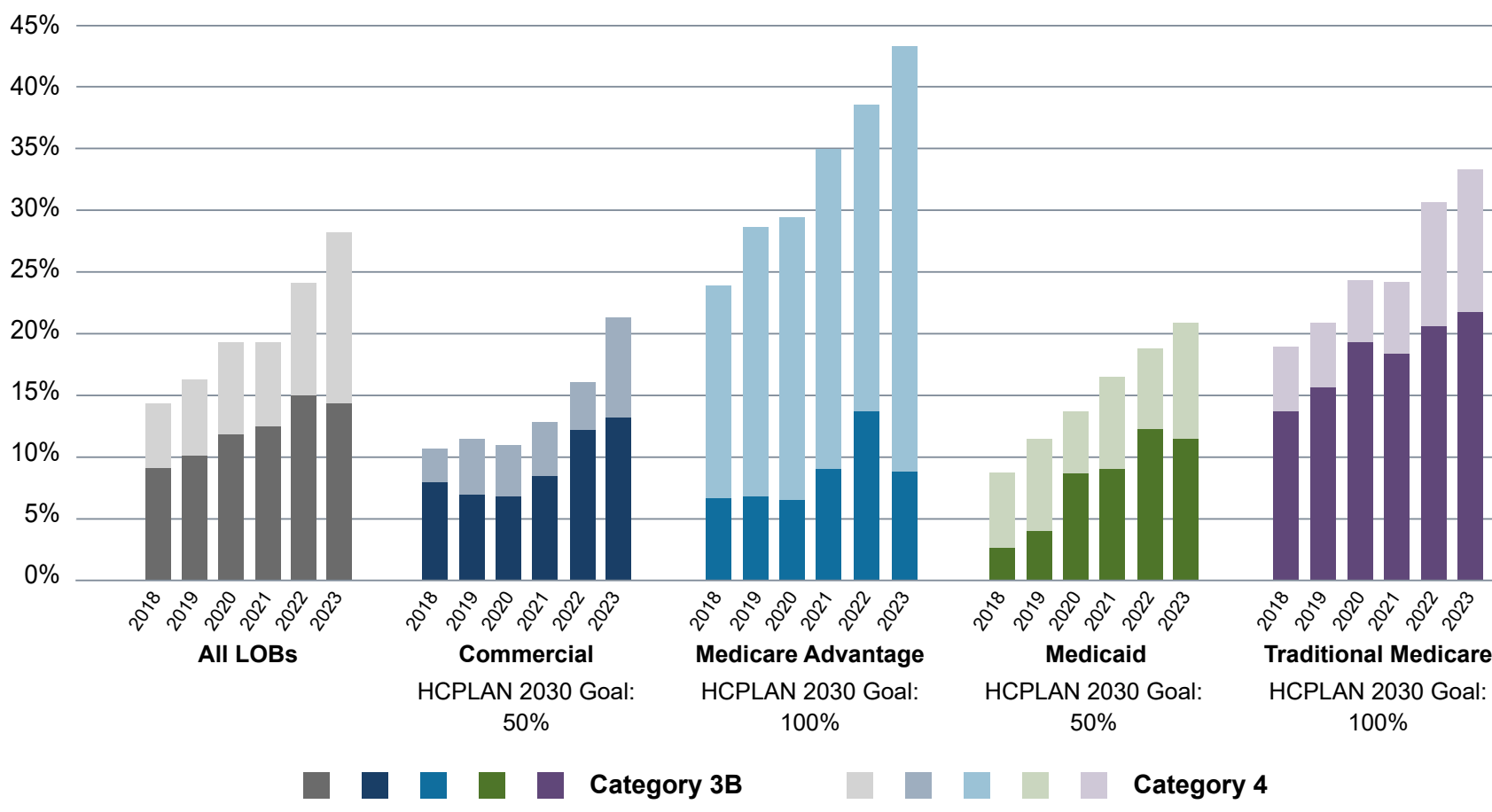
Trends Over Time

Since its inception in 2015, the HCPLAN has measured the proportion of U.S. health care payments that flows through APMs. Over time, the HCPLAN has refined its measurement process to examine APM adoption by LOB and payments by subcategory within the four categories of the [HCPLAN APM Framework](#).

Spending in Categories 3B-4 by Year and by LOB

Data Years 2018-2023

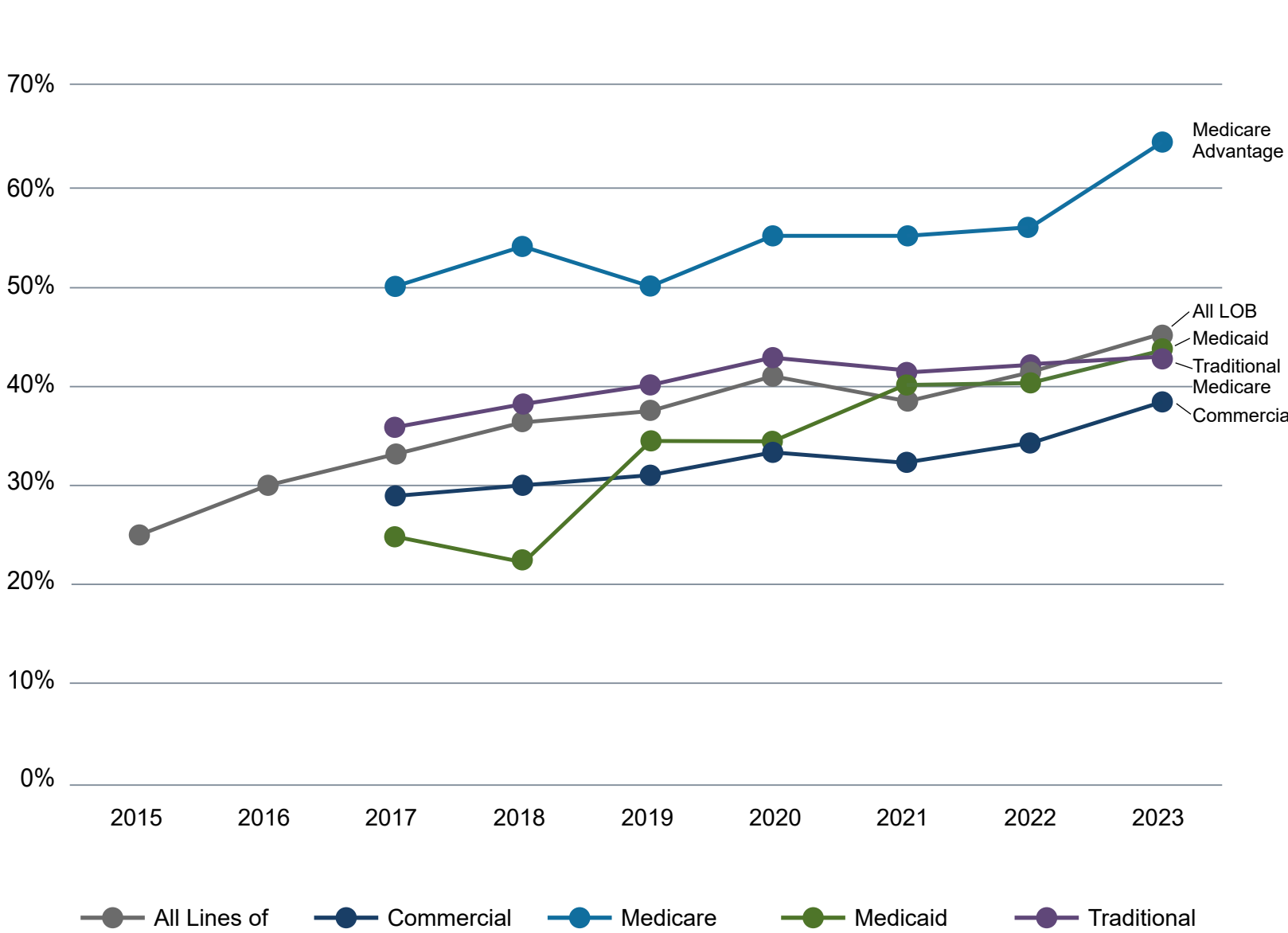
The bar graph below illustrates progress in the adoption of downside risk APM spending (Categories 3B-4) by LOB since 2018.



Spending in Categories 3-4 by Year and by LOB

Data Years 2015-2023

The line graph below shows how APM spending in Categories 3 and 4 changed year over year by LOB.



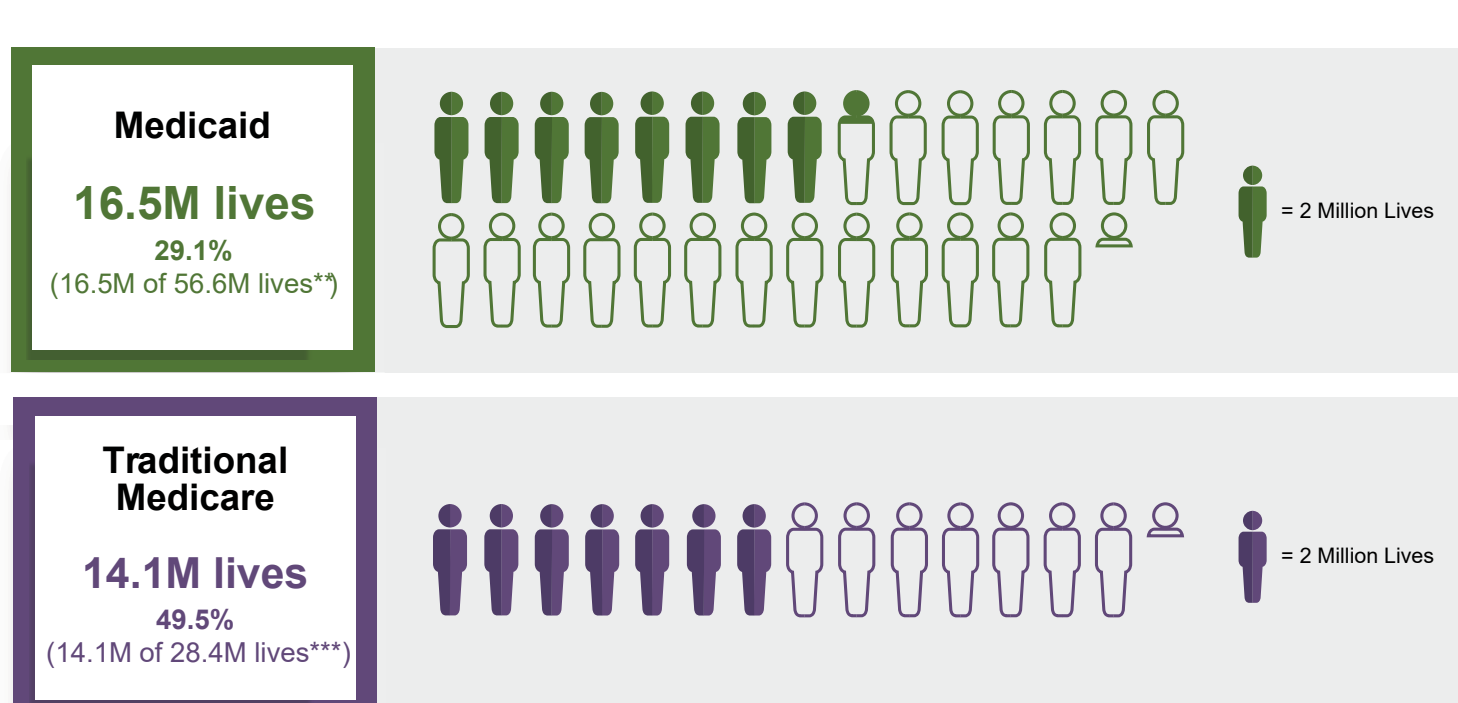
Lives in Accountable Care Arrangements

The HCPLAN captures data across all LOBs to estimate the lives in care relationships with accountability for quality, total cost of care, and longitudinal care (6+ months).

Percentage of Lives in Accountable Care Arrangements by LOB

CY 2023 Data Year

In CY 2023, **88.5 million lives** reported by survey participants across all lines of business were in accountable care arrangements*

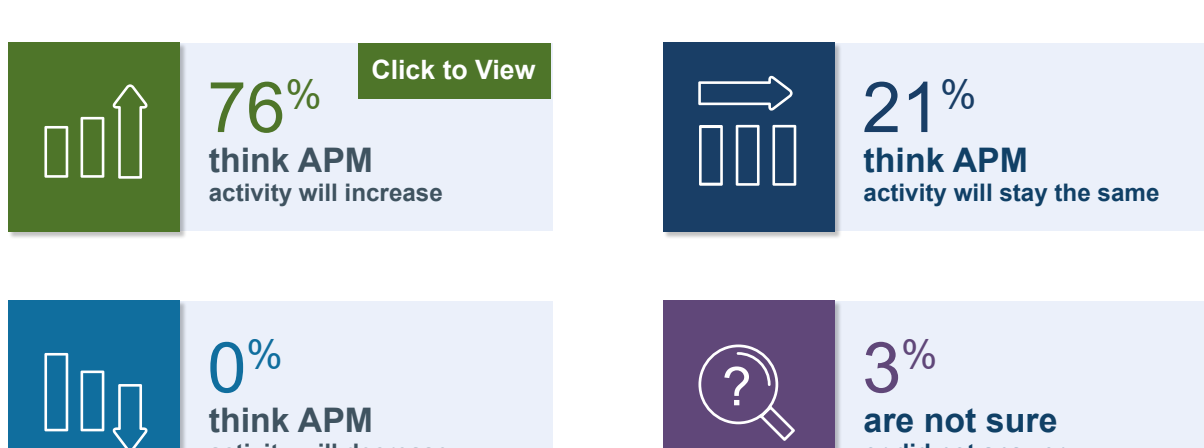


The CMS Innovation Center (CMMI) has set goals to have all Medicare beneficiaries and the vast majority of Medicaid beneficiaries in an accountable relationship by 2030.

* Represents partial industry data
** 56.6 million lives represented by survey respondents
*** 28.4 million lives represents 100% of eligible market; partial benefit members were excluded from this analysis

PAYERS' PERSPECTIVE

WHAT DO PAYERS THINK ABOUT THE FUTURE OF APM ADOPTION?



APM ADOPTION PREDICTIONS

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TOP 3 FACILITATORS

1. Provider interest/readiness
2. Health plan interest/readiness
3. Government influence



TOP 3 BARRIERS

1. Interoperability to operationalize
2. Interoperability
3. Provider interest/readiness

Health Equity

Top 5 Strategies Health Plans Are Using to Incentivize Health Equity

- Collection of standardized race, ethnicity, and language data
- Participation in quality improvement collaboratives
- Reporting performance measures by race, ethnicity, and language
- Complete staff competencies to serve diverse populations
- Collection of sexual orientation, gender, and identity data

Top 5 Social Determinants of Health/Delivery Strategies Health Plans Intend to Improve

- Screening for socioeconomic barriers known to impact health or health outcomes
- Referrals to community-based organizations to address socioeconomic barriers
- Care coordination for services that address socioeconomic barriers
- Safe transportation (e.g., incentives or partnerships in ride-sharing programs)
- Food insecurity (e.g., offering resources for access to nutritious food)

[Review Year-Over-Year Health Equity Responses](#)

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