

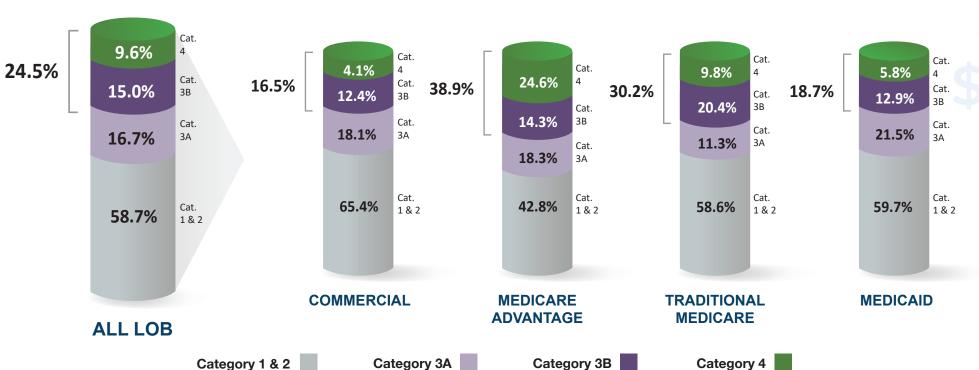
2023 APM MEASUREMENT EFFORT

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 towards the LAN's APM 2030 goals by line of business. For the full 2023 APM Measurement Survey results, review the 2023 Methodology and Results Report.

In 2022, 24.5% of U.S. health care payments flowed through Categories 3B-4 models across All Lines of Business (LOBs).

Percent of APM Payments in Categories 3B-4 by Line of Business (LOB)

2022 DATA YEAR



Aggregated APM Payment Data

Review the 2023 APM results for payments made during calendar year (CY) 2022 for all lines of businesses combined. The payments were categorized based on the LAN APM <u>Framework</u>. and include 64 health plans, four states, and Traditional Medicare.





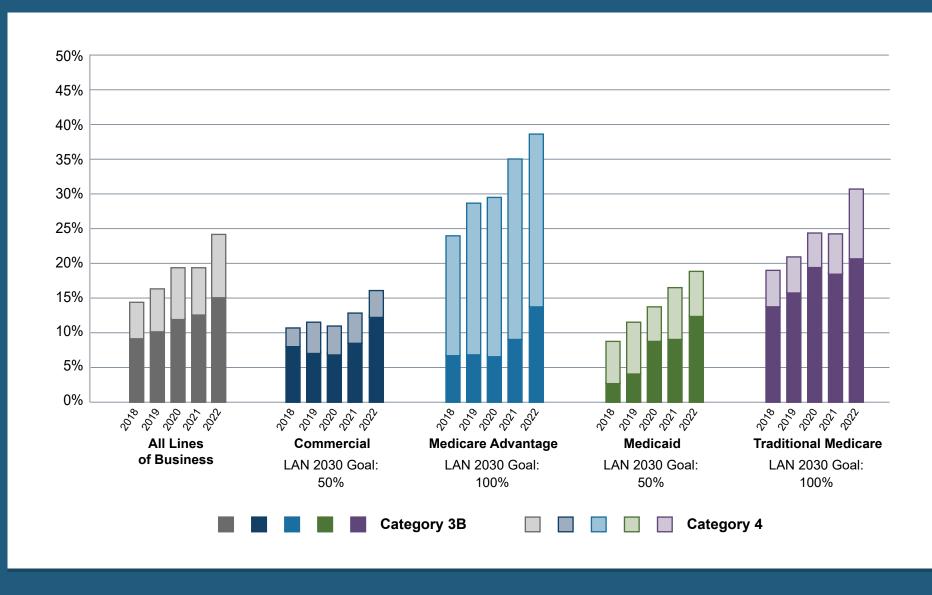
Trends Over Time

Since its inception in 2015, the LAN has measured the amount of U.S. health care payments that flow through APMs. Over time, the LAN refined its measurement process to examine APM adoption by line of business (LOB) and payments by subcategory within the four categories of the LAN's Refreshed APM Framework.

Categories 3B + 4 Spending by Year and by Line of Business Data Years 2018 - 2022

The bar graph below illustrates the adoption of two-sided risk APM spending

(Categories 3B, 4A, 4B, 4C) by line of business since 2018.

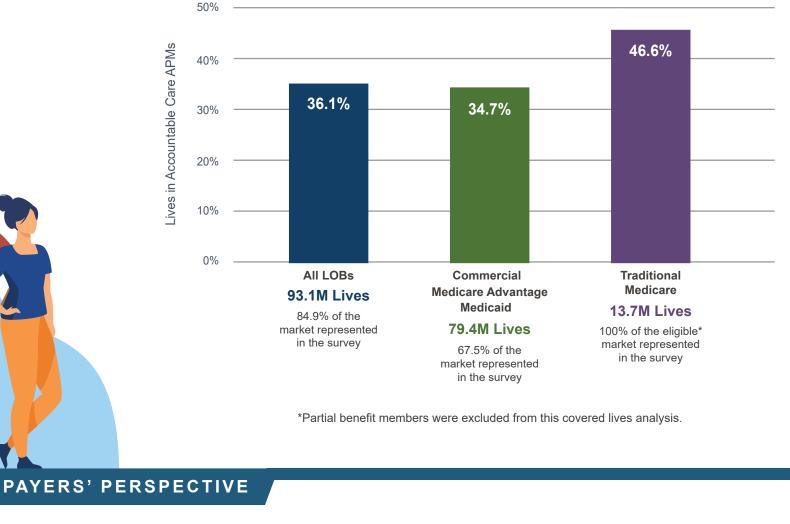


APM Categories 3-4

Covered Lives in Accountable Care Arrangements

In 2022, 36.1% of U.S. lives were covered in accountable care

arrangements, or Categories 3-4, across all Lines of Business (LOBs).



WHAT DO PAYERS

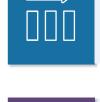
THINK ABOUT THE FUTURE **OF APM ADOPTION?**



think APM activity will increase



activity will decrease



think APM activity will stay the same



not sure or did not answer

7%

APM ADOPTION

PREDICTIONS

Click to View



on financial risk

- **TOP 3 FACILITATORS**
- 1. Health plan interest/readiness
- 2. Provider interest/readiness 3. Provider willingness to take



- 1. Provider willingness to take on financial risk
- 2. Provider interest/readiness 3. Provider ability to operationalize