

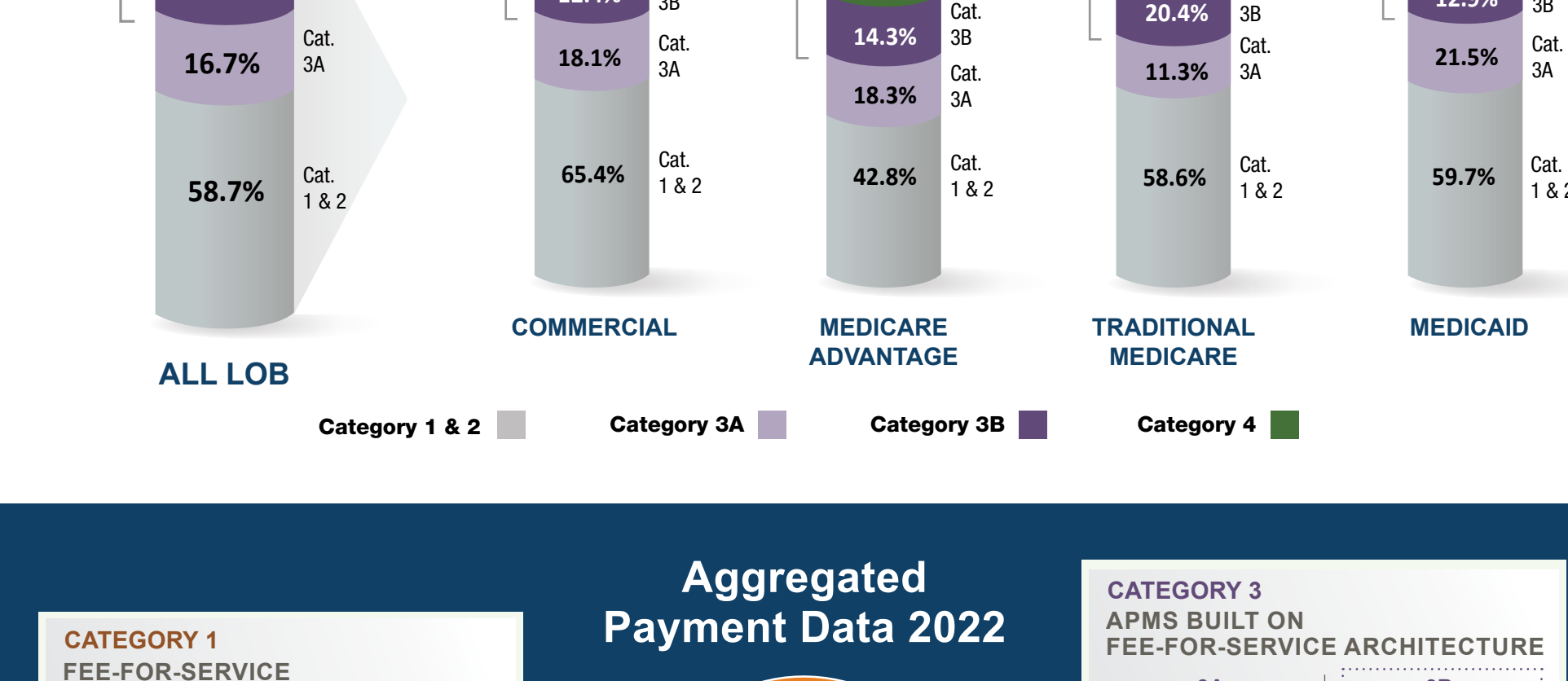
2023 APM MEASUREMENT EFFORT

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 [HCPLAN's APM 2030 goals by line of business](#).

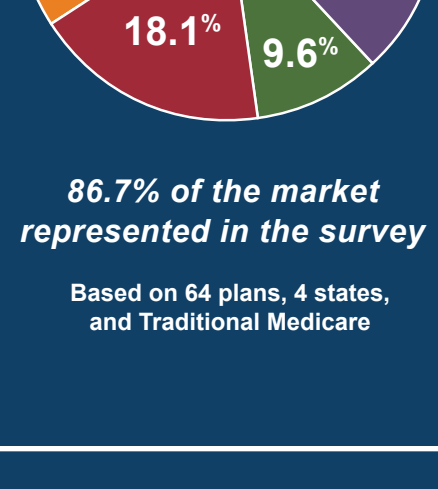
In 2022, 24.5% of U.S. health care payments flowed through two-sided financial risk contracts (Categories 3B-4) across all Lines of Business (LOBs).

Percent of APM Payments in Categories 3B-4 by LOB

2022 Data Year



Aggregated Payment Data 2022



86.7% of the market represented in the survey

Based on 64 plans, 4 states, and Traditional Medicare

CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE

3A Upside Rewards for Appropriate Care 16.7%

3B Upside & Downside for Appropriate Care 15.0%

CATEGORY 4 POPULATION-BASED PAYMENT

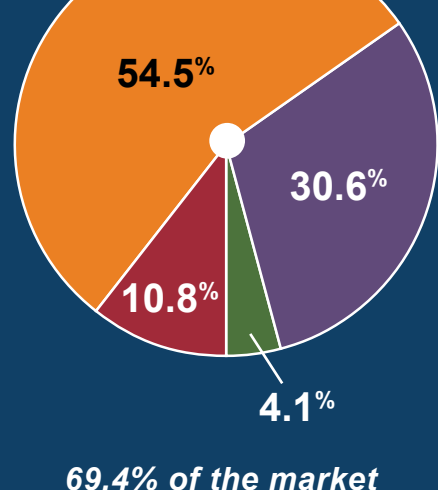
4A Condition-Specific Population-Based Payment 3.6%

4B Comprehensive Population-Based Payment 5.3%

4C Integrated Finance & Delivery Systems 0.6%

24.5% Combination of Categories 3B, 4A, 4B, & 4C Represents Two-Sided Risk APMs

Commercial Payment Data 2022



69.4% of the market represented in the survey

CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE

3A Upside Rewards for Appropriate Care 18.1%

3B Upside & Downside for Appropriate Care 12.4%

CATEGORY 4 POPULATION-BASED PAYMENT

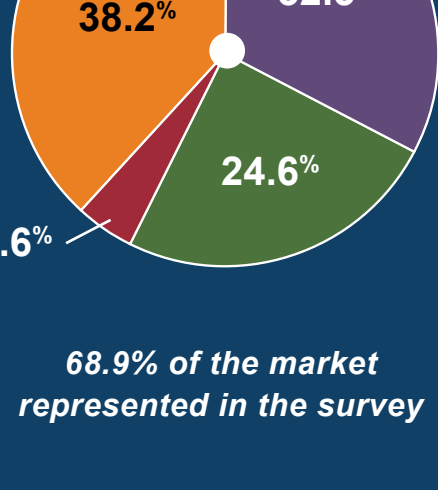
4A Condition-Specific Population-Based Payment 1.3%

4B Comprehensive Population-Based Payment 2.1%

4C Integrated Finance & Delivery Systems 0.7%

16.5% Combination of Categories 3B, 4A, 4B, & 4C Represents Two-Sided Risk APMs

Medicare Advantage Payment Data 2022



68.9% of the market represented in the survey

CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE

3A Upside Rewards for Appropriate Care 18.3%

3B Upside & Downside for Appropriate Care 14.3%

CATEGORY 4 POPULATION-BASED PAYMENT

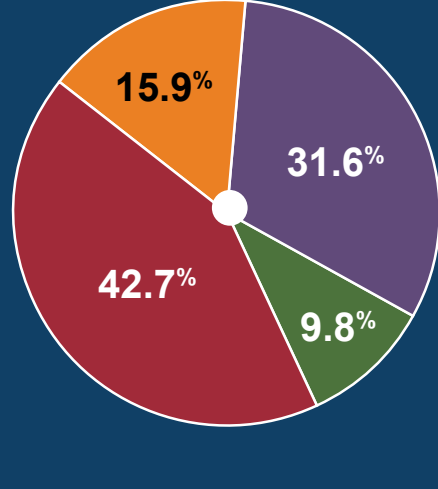
4A Condition-Specific Population-Based Payment 3.0%

4B Comprehensive Population-Based Payment 19.8%

4C Integrated Finance & Delivery Systems 1.8%

38.9% Combination of Categories 3B, 4A, 4B, & 4C Represents Two-Sided Risk APMs

Traditional Medicare Payment Data 2022



100% of the market represented in the survey

CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE

3A Upside Rewards for Appropriate Care 11.3%

3B Upside & Downside for Appropriate Care 20.4%

CATEGORY 4 POPULATION-BASED PAYMENT

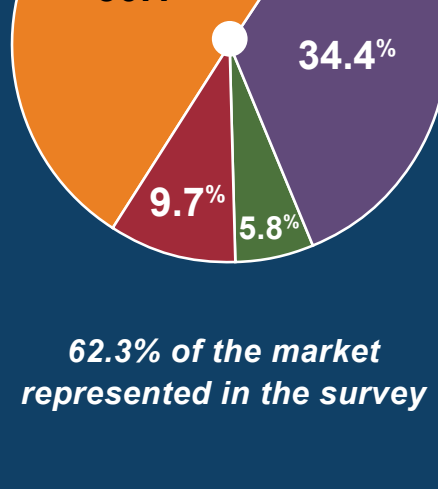
4A Condition-Specific Population-Based Payment 8.5%

4B Comprehensive Population-Based Payment 1.3%

4C Integrated Finance & Delivery Systems 0.0%

30.2% Combination of Categories 3B, 4A, 4B, & 4C Represents Two-Sided Risk APMs

Medicaid Payment Data 2022



62.3% of the market represented in the survey

CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE

3A Upside Rewards for Appropriate Care 21.5%

3B Upside & Downside for Appropriate Care 12.9%

CATEGORY 4 POPULATION-BASED PAYMENT

4A Condition-Specific Population-Based Payment 1.8%

4B Comprehensive Population-Based Payment 3.9%

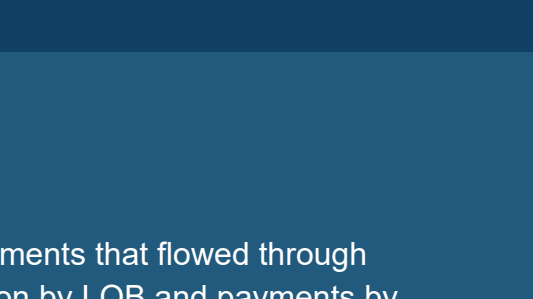
4C Integrated Finance & Delivery Systems 0.2%

18.7% Combination of Categories 3B, 4A, 4B, & 4C Represents Two-Sided Risk APMs

Aggregated APM Payment Data

Review the 2023 APM results for payments made during calendar year (CY) 2022 for all LOBs combined. The payments from 64 health plans, four states, and Traditional Medicare were categorized based on the [APM Framework](#).

[Click to View](#)

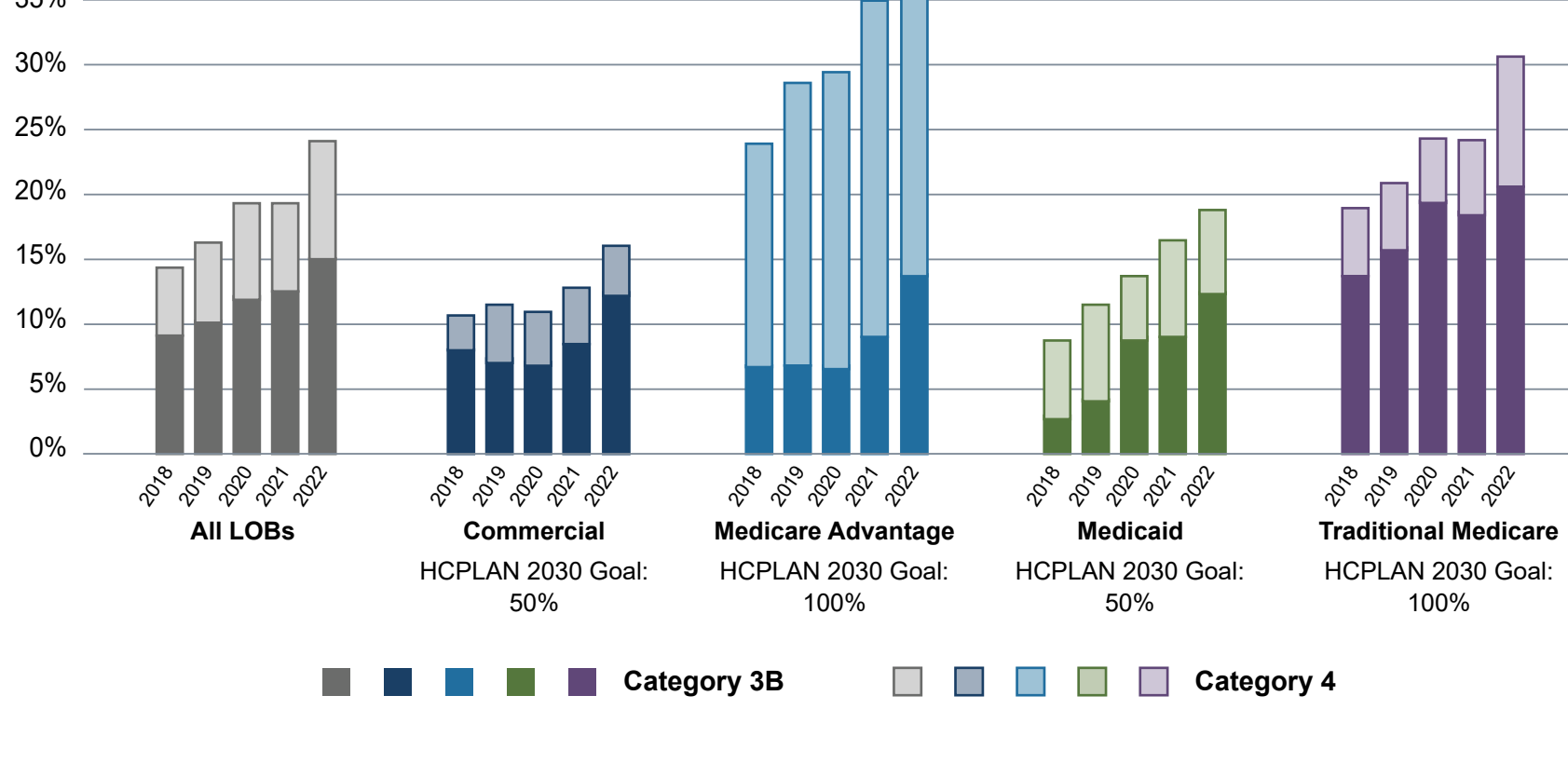


Trends Over Time

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

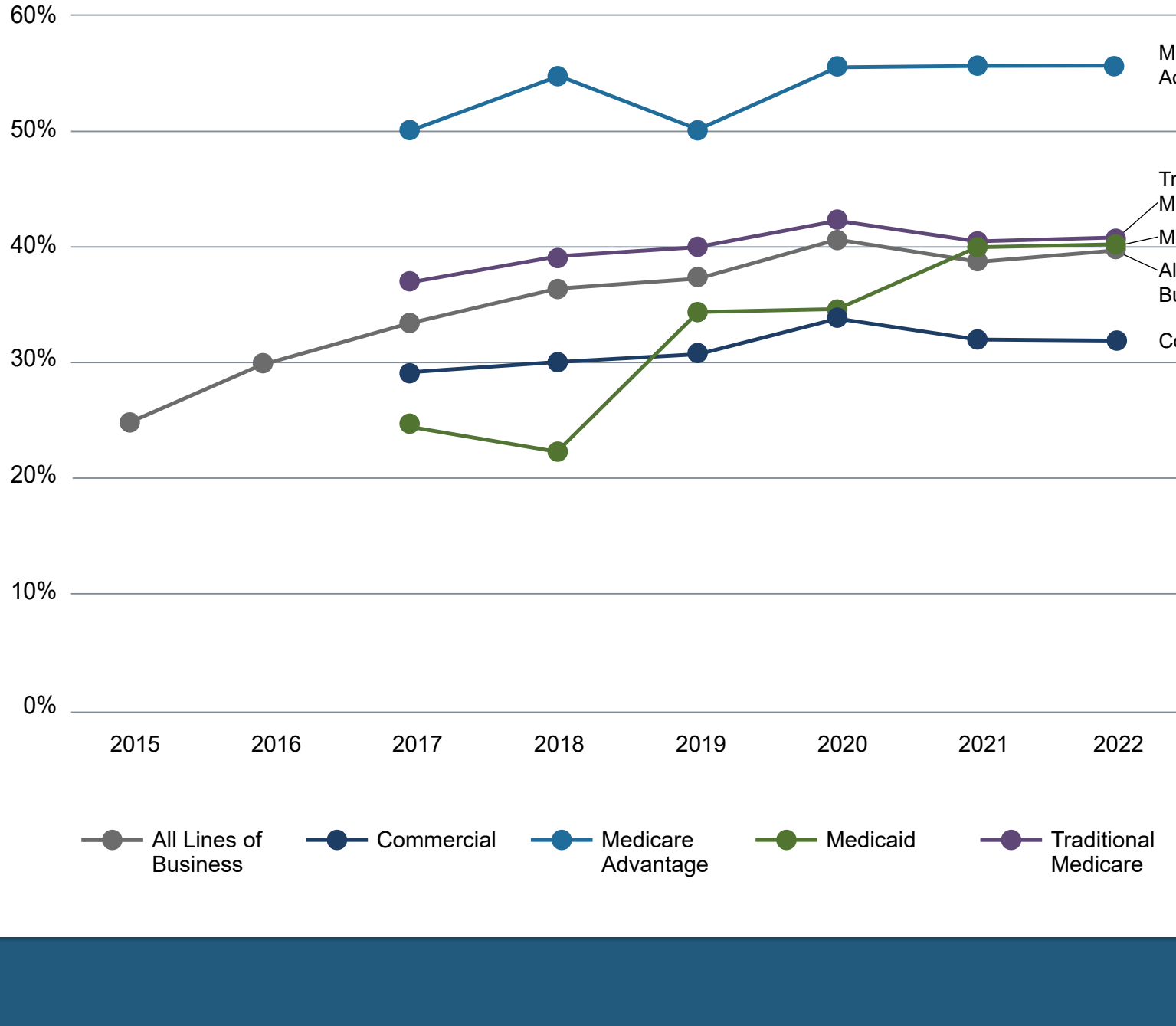
Categories 3B-4 Spending by Year and by LOB

2018 – 2022 Data Years



Categories 3-4 Spending by Year and by LOBs

2015 – 2022 Data Years



Lives in Accountable Care Arrangements

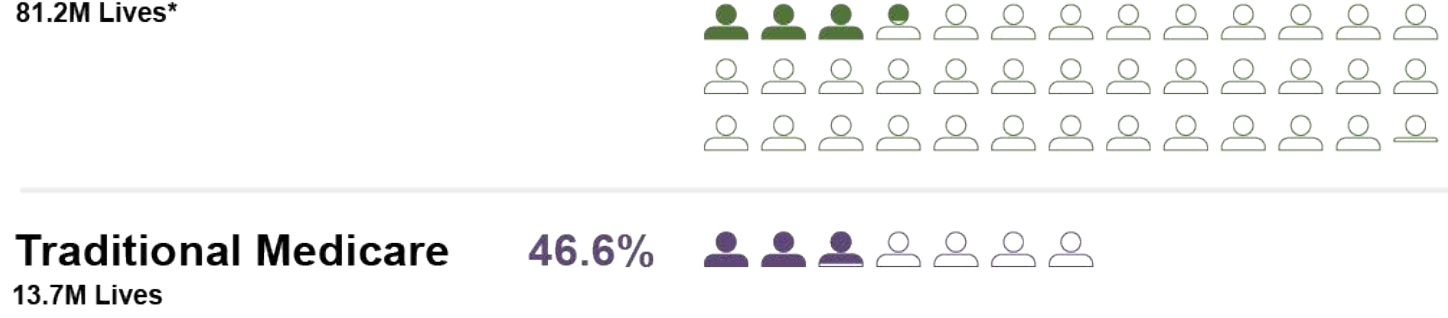
In 2023, the HCPLAN introduced metrics across all LOBs aimed at counting the lives in a care relationship with accountability for quality and total cost of care. APMs included in accountable care arrangements are Categories 3 and 4.

Percent of Lives in Accountable Care Arrangements by LOB

2022 Data Year

In 2022, 31.5% of the lives represented by data contributors were covered in accountable care arrangements, across all LOBs*

= 5 Million Lives



WHAT DO PAYERS THINK ABOUT THE FUTURE OF APM ADOPTION?

72% think APM activity will increase

4% think APM activity will decrease

16% think APM activity will stay the same

7% not sure or did not answer

*Due to rounding, these figures do not equal 100%.

APM ADOPTION PREDICTIONS

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TOP 3 FACILITATORS

1. Health plan interest/readiness
2. Provider interest/readiness
3. Provider willingness to take on financial risk

TOP 3 BARRIERS

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

Which APM subcategory do you think will increase the most in activity over the next 24 months?

Fee-for-service-based shared risk, procedure-based bundled/episode payments (3B)	43%
Traditional shared savings, utilization-based shared savings (3A)	31%
Population-based payments that are NOT condition-specific, full or percent of premium population-based payments (4B)	14%
Condition-specific, population-based payments, condition-specific bundled/episode payments (4A)	8%
Integrated finance and delivery programs (4C)	2%
Not Sure	2%

APM Adoption Predictions

Will APM adoption result in...	Strongly Agree/Agree	% Change from 2021	Disagree/Strongly Disagree	% Change from 2021	Unsure/ Did Not Answer	% Change from 2021
... better quality of care?	93%	▼ 3%	3%	▼ 1%	4%	▲ 4%
... improved care coordination?	93%	▼ 3%	3%	▼ 1%	4%	▲ 4%
... more affordable care?	79%	▼ 3%	6%	0%	15%	▲ 5%
... more consolidation among health care providers?	37%	▼ 4%	37%	0%	26%	▲ 5%
... higher unit prices for discrete services?	4%	▼ 6%	59%	▲ 3%	37%	▲ 3%