

Supplementary Online Content

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eTable. Framework for Progression of Payment to Clinicians and Organizations in Payment Reform

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable. Framework for Progression of Payment to Clinicians and Organizations in Payment Reform

	Category 1: Fee for Service—No Link to Quality	Category 2: Fee for Service—Link to Quality	Category 3: Alternative Payment Models Built on Fee-for-Service Architecture	Category 4: Population-Based Payment
Description	Payments are based on volume of services and not linked to quality or efficiency	At least a portion of payments vary based on the quality or efficiency of health care delivery	Some payment is linked to the effective management of a population or an episode of care. Payments still triggered by delivery of services, but opportunities for shared savings or 2-sided risk	Payment is not directly triggered by service delivery so volume is not linked to payment. Clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (eg, >1 year)
Examples				
Medicare	Limited in Medicare fee-for-service. Majority of Medicare payments now are linked to quality	Hospital value-based purchasing Physician Value-Based Modifier Readmissions/Hospital Acquired Condition Reduction Program	Accountable care organizations Medical homes Bundled payments	Eligible Pioneer accountable care organizations in years 3-5 Some Medicare Advantage plan payments to clinicians and organizations Some Medicare-Medicaid (duals) plan payments to clinicians and organizations
Medicaid	Varies by state	Primary care case management Some managed care models	Integrated care models under fee for service Managed fee-for-service models for Medicare-Medicaid beneficiaries Medicaid Health Homes Medicaid shared savings models Medicaid waivers for delivery reform incentive payments Episodic-based payments	Some Medicaid managed care plan payments to clinicians and organizations Some Medicare-Medicaid (duals) plan payments to clinicians and organizations