

## 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

	<b>Category 1: Fee for Service—No Link to Quality</b>	<b>Category 2: Fee for Service—Link to Quality</b>	<b>Category 3: Alternative Payment Models Built on Fee-for-Service Architecture</b>	<b>Category 4: Population-Based Payment</b>
<b>Description</b>	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)
<b>Examples</b>				
<b>Medicare</b>	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
<b>Medicaid</b>	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