


## Scores for Improvement Activities in MIPS APMs in the 2022 Performance Period

Certain Alternative Payment Models (APMs) include Merit-Based Incentive Payment System (MIPS) eligible clinicians as participants and hold their participants accountable for the cost and quality of care provided to Medicare beneficiaries. This type of APM is called a “MIPS APM.” Most Advanced APMs are also MIPS APMs so that if an eligible clinician participating in the Advanced APM does not meet the threshold of having sufficient payments or patients through an Advanced APM in order to become a Qualifying APM Participant (QP), the eligible clinician will be scored under MIPS. As finalized in the Quality Payment Program rule, under MIPS, CMS will assign scores to MIPS eligible clinicians in the Improvement Activity performance category for participating in MIPS APMs. For the 2022 performance period, the list of MIPS APMs include:

- Bundled Payments for Care Improvement (BPCI) Advanced [all Tracks]
- Comprehensive Care for Joint Replacement Model (CJR)
- Global Professional Direct Contracting (GPDC)
- Independence at Home (IAH) Demonstration
- Kidney Care Choices (KCC) Model [Comprehensive Kidney Care Contracting (CKCC) Options and CMS Kidney Care First (KCF)] [all Options]
- Maryland Total Cost of Care (MD TCOC) [Maryland Primary Care Program (MDPCP)] [all Tracks]
- Medicare Shared Savings Program [all Tracks]
- Oncology Care Model (OCM) [all Tracks]
- Primary Care First (PCF)
- Vermont All-Payer ACO (VT ACO) Model
- Value in Opioid Use Disorder Treatment (ViT) Demonstration

Table 2 shows the Improvement Activities performance category score CMS will assign participants in each MIPS APM for the 2022 performance year. MIPS eligible clinicians must earn 40 points in the Improvement Activities performance category to receive full credit in that performance category, and this category is weighted at 15 percent of the final MIPS score for the





2022 performance year. Note that all APM Entity groups in a MIPS APM will automatically receive at least 50 percent (20 points) in the Improvement Activities performance category score. As shown below, all APM Entities participating in any of MIPS APMs listed above will receive a full score for the Improvement Activities performance category in performance period 2022, and therefore will not need to submit additional improvement activity information under MIPS.

CMS derived the assigned points for each MIPS APM by reviewing the MIPS APM's participation agreement and/or relevant regulations to determine the improvement activities required as a function of participation in the MIPS APM. The list of required activities for each MIPS APM was compared to the MIPS list of improvement activities for the 2022 performance period. Consistent with MIPS scoring, each improvement activity conveys either 10 points for a medium activity or 20 points for a high activity, and the points for required improvement activities within each MIPS APM were summed to derive the total improvement activities performance category score for each MIPS APM.

We understand that many MIPS eligible clinicians in a MIPS APM may, in the course of their participation, perform improvement activities other than those explicitly required by the MIPS APM's terms and conditions. However, because all MIPS APMs require sufficient improvement activities for us to assign them a full score in 2022, MIPS APM participants will not have any need to independently attest to additional activities. In the event that CMS amends the improvement activities scoring or assessment required to reach the maximum score through future rulemaking or if new MIPS APMs are created such that CMS does not assign participants in a MIPS APM full credit in this category, APM Entities may choose to submit additional improvement activities to reach the maximum score.

**Table 1. Improvement Activity Category Scoring for MIPS APMs in Performance Period 2022**

Improvement Activity ID	BPCI Advanced	CJR	GPDC	IAH	KCC (CKCC)	KCC (KCF)	MDPCP	Medicare Shared Savings Program	OCM	PCF	VT ACO	ViT
IA_EPA_1 (High)				✓			✓		✓	✓		
IA_EPA_3 (Medium)	✓	✓	✓				✓	✓	✓	✓	✓	
IA_PM_12 (Medium)			✓		✓	✓	✓	✓	✓	✓	✓	✓
IA_PM_14 (Medium)			✓		✓		✓	✓	✓	✓	✓	
IA_PM_15 (Medium)			✓				✓	✓	✓	✓	✓	✓
IA_CC_9 (Medium)	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
IA_CC_17 (High)				✓					✓			
IA_BE_6 (High)	✓	✓					✓	✓	✓	✓	✓	
IA_BE_15 (Medium)			✓	✓			✓	✓	✓	✓	✓	
IA_PSPA_17 (Medium)	✓	✓		✓	✓	✓	✓	✓	✓			
IA_PSPA_18 (Medium)	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓
IA_BMH_2 (Medium)	✓							✓			✓	

**Table 2. Improvement Activity Category Scoring for MIPS APMs in Performance Period 2022**

	BPCI Advanced	CJR	DC	IAH	KCC (CKCC)	KCC (KCF)	MD TCOC (MDPCP)	Medicare Shared Savings Program	OCM	PCF	VT ACO	ViT
Number of 'medium' weighted Improvement Activities	8	6	16	4	12	12	21	24	25	15	19	8
Number of 'high' weighted Improvement Activities	1	2	0	2	1	1	4	3	7	4	5	4
Total number of Improvement Activities	9	8	16	6	13	13	25	27	32	19	24	12
Subtotal score from Improvement Activities	100	100	160	80	140	140	290	300	390	230	290	160
Base score for being an APM	20	20	20	20	20	20	20	20	20	20	20	20
(a) Total Number of Points Earned by the APM	120	120	180	100	160	160	310	320	410	250	310	180
(b) Total possible points earned	40	40	40	40	40	40	40	40	40	40	40	40
Improvement activities category score [(a)/(b)] x 100% **	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

\*\* Since (a) is capped at (b), the IA category score cannot exceed 100%.

## Improvement Activity Evidence

**Improvement Activity ID:** IA\_EPA\_1 (High)

**Strategy/Activity Name:** Expanded Practice Access: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record

MIPS APM	Improvement Activity Evidence
IAH	Practices must make in-home visits tailored to patient's individual needs; each practice must be available 24/7 to carry out plans of care.
MDPCP	Practices are expected to provide MDPCP Medicare beneficiaries 24/7 access to a care team or practitioner with real-time access to the beneficiary's EHR.
OCM	The Practice is required to provide Medicare beneficiaries that meet the OCM Beneficiary Criteria with 24 /7 access to a clinician who has real-time access to patients' medical records.
PCF	The PCF Practice must provide 24/7 access to a Care Team Practitioner with real-time access to the EHR.

**Improvement Activity ID:** IA\_EPA\_3 (Medium)

**Strategy/Activity Name:** Expanded Practice Access: Collection and use of patient experience and satisfaction data on access

MIPS APM	Improvement Activity Evidence
BPCI Advanced	CMS will administer and analyze a BPCI Advanced Beneficiary experience survey for purposes of conducting the Model Evaluation.
CJR	Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS®) is used for public reporting.
GPDC	The DCE is responsible for procuring a CMS-approved vendor to conduct the CAHPS® or other patient experience surveys.
MDPCP	The State will measure patient experience using the clinical and group CAHPS survey (CG-CAHPS®).
Medicare Shared Savings Program	ACOs must administer the CAHPS® for MIPS survey.
OCM	Mandated quality measure assessing person and caregiver experience and outcomes.
PCF	The PCF Practice shall procure a CMS-approved vendor to conduct the Consumer Assessment of Healthcare Providers & Systems (CAHPS®), also known as the Patient Experience of Care Surveys (PECS).
VT ACO	Model quality measures include CAHPS measures.

**Improvement Activity ID:** IA\_PM\_12 (Medium)**Strategy/Activity Name:** Population Management: Population empanelment

MIPS APM	Improvement Activity Evidence
GPDC	Beneficiaries that received a plurality of qualifying E&M services from participants in the DCE during a historical period will be aligned to the DCE. There will also be a process for beneficiaries to voluntarily align to the DCE by selecting a participant as their primary care provider.
KCC (CKCC)	CKD and ESRD beneficiaries are eligible for alignment and may remain aligned to a KCE or KCF Practice for a performance year if they meet certain criteria.
KCC (KCF)	CKD and ESRD beneficiaries are eligible for alignment and may remain aligned to a KCE or KCF Practice for a performance year if they meet certain criteria.
MDPCP	Each Participant Practice will ensure that all empaneled beneficiaries are risk stratified and receive care management as appropriate.
Medicare Shared Savings Program	ACOs may select either of the following for beneficiary alignment: (i) Preliminary prospective assignment with retrospective reconciliation, or (ii) Prospective assignment.
OCM	The Parties acknowledge that the Practice submitted to CMS a preliminary OCM Practitioner List that included the NPI of each physician and NPP who would be an OCM Practitioner effective on the Start Date. The Practice certified that such list was true, accurate, and complete.
PCF	Provide risk-stratified care management for all empaneled patients.
VT ACO	CMS prospectively aligns beneficiaries to the ACO.
ViT	Participants will create OUD teams—at least one primary care physician, at least one practitioner to provide primary care or addiction treatment services, and practitioners to provide behavioral and mental health care—to provide care to participating beneficiaries.



**Improvement Activity ID:** IA\_PM\_14 (Medium)

**Strategy/Activity Name:** Population Management: Implementation of methodologies for improvements in longitudinal care management for high risk patients

MIPS APM	Improvement Activity Evidence
GPDC	CMS will make available to qualified DCEs a conditional waiver of the requirement for direct supervision to allow for payment for certain home visits that are furnished to eligible beneficiaries proactively and in advance of potential hospitalization.
KCC (CKCC)	KCEs must explain their process for how they will ensure working with partner hospices and other non-hospice providers that an appropriate plan of care will be developed for beneficiaries receiving concurrent care and ensure that the beneficiary is fully informed of what care or services are included in the care plan, what is not, what clinician or organization will be providing which services, how care coordination will be achieved, and whether there are any limitations, including services provided for transitional purposes only.
MDPCP	Each Participant Practice will ensure that all empaneled beneficiaries are risk stratified, receive care management as appropriate, and in track 2, ensure that MDPCP beneficiaries in longitudinal care management are engaged in a personalized care planning process and have access to comprehensive medication management.
Medicare Shared Savings Program	The ACO must define, establish, implement, evaluate, and periodically update processes to promote patient engagement; coordinate care across and among primary care physicians, specialists, and acute and post-acute providers and suppliers; and implement an individualized care program that promotes improved outcomes for, at a minimum, the ACO's high-risk and multiple chronic condition patients.
OCM	The Practice shall document comprehensive Cancer care plans for all Medicare beneficiaries that meet the OCM Beneficiary Criteria in section IX.A.
PCF	Provide risk-stratified care management for all empaneled patients.
VT ACO	The ACO shall implement processes and protocols that relate to: (a) Coordination of Beneficiaries' care and care transitions and (b) Ensuring individualized care for Beneficiaries, such as through personalized care plans.



**Improvement Activity ID:** IA\_PM\_15 (Medium)

**Strategy/Activity Name:** Population Management: Implementation of episodic care management practice improvements

MIPS APM	Improvement Activity Evidence
GPDC	Allowable primary care services include services intended to provide care management, referral, care coordination, home visits, etc. for DCE aligned beneficiaries.
MDPCP	Each Participant Practice will ensure that all empaneled beneficiaries are risk stratified, receive care management as appropriate, and in track 2, ensure that MDPCP beneficiaries in longitudinal care management are engaged in a personalized care planning process and have access to comprehensive medication management.
Medicare Shared Savings Program	The ACO must define, establish, implement, evaluate, and periodically update processes to promote patient engagement; coordinate care across and among primary care physicians, specialists, and acute and post-acute providers and suppliers; and implement an individualized care program that promotes improved outcomes for, at a minimum, the ACO's high-risk and multiple chronic condition patients.
OCM	The Practice must provide functions of patient navigation to all Medicare beneficiaries that meet the OCM Beneficiary Criteria in section IX.A.
PCF	Provide risk-stratified care management for all empaneled patients. Ensure all PCF Beneficiaries receive timely follow-up contact from the PCF Practice after ED visits and hospitalizations.
VT ACO	The ACO shall implement processes and protocols that relate to: (a) Coordination of Beneficiaries' care and care transitions and (b) Ensuring individualized care for Beneficiaries, such as through personalized care plans.
ViT	There are four measures used in the model related to this IA: (1) Use of pharmacotherapy for OUD, (2) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment, (3) Continuity of Pharmacotherapy for OUD, and (4) Emergency Department (ED) Use Due to Opioid Overdose.

**Improvement Activity ID:** IA\_CC\_9 (Medium)

**Strategy/Activity Name:** Care Coordination: Implementation of practices/processes for developing regular individual care plans

MIPS APM	Improvement Activity Evidence
BPCI Advanced	Participants are required to report an Advance Care Plan quality measure.
GPDC	Document and communicate clinical care to their patients or other health care providers.
IAH	Patient preferences documented in the medical record.
KCC (CKCC)	Participants are required to report the following measures: <ul style="list-style-type: none"><li>• ESRD Optimal Starts</li><li>• Gains in Patient Activation (PAM) Scores at 12 Months</li><li>• Depression Response at 12 months - Progress towards Remission.</li></ul>
KCC (KCF)	Participants are required to report the following measures: <ul style="list-style-type: none"><li>• ESRD Optimal Starts</li><li>• Gains in Patient Activation (PAM) Scores at 12 Months</li><li>• Depression Response at 12 months - Progress towards Remission.</li></ul>
MDPCP	Each Participant Practice will ensure that all empaneled beneficiaries are risk stratified, receive care management as appropriate, and in track 2, ensure that MDPCP beneficiaries in longitudinal care management are engaged in a personalized care planning process and have access to comprehensive medication management.
Medicare Shared Savings Program	To be eligible for participation, the ACO must submit a description of its individualized care program, along with a sample individualized care plan and describe additional populations that would benefit from individualized care plans.

MIPS APM	Improvement Activity Evidence
OCM	Document a care plan that contains the 13 components in the Institute of Medicine Care Management Plan. The Practice must provide practice-level certification at intervals no more frequent than quarterly that it completes and documents a care plan for each Medicare beneficiary that meets the OCM Beneficiary Criteria in section IX.A.
PCF	Collaborate with all high-risk PCF Beneficiaries to develop and maintain documented personalized care plans addressing their goals, preferences, and values.
VT ACO	The ACO shall implement processes and protocols that relate to ensuring individualized care for beneficiaries, such as through personalized care plans.

**Improvement Activity ID:** IA\_CC\_17 (High)

**Strategy/Activity Name:** Care Coordination: Patient Navigator Program

MIPS APM	Improvement Activity Evidence
IAH	Contact with beneficiaries within 48 hours upon admission to the hospital, and discharge from the hospital and/or ED.
OCM	The Practice must provide functions of patient navigation to all Medicare beneficiaries that meet the OCM Beneficiary Criteria in section IX.A.

**Improvement Activity ID:** IA\_BE\_6 (High)

**Strategy/Activity Name:** Beneficiary Engagement: Collection and follow-up on patient experience and satisfaction data on beneficiary engagement

<b>MIPS APM</b>	<b>Improvement Activity Evidence</b>
BPCI Advanced	CMS will administer and analyze a BPCI Advanced Beneficiary experience survey for purposes of conducting the Model Evaluation.
CJR	Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS®) is used for public reporting.
MDPCP	Continuously improve the MDPCP Practice's performance on key outcomes, including cost of care, electronic clinical quality measures, beneficiary experience, and utilization measures. Also include quality measure: CG-CAHPS Survey 3.0 - Modified for CPC+.
Medicare Shared Savings Program	The ACO must define, establish, implement, evaluate, and periodically update processes that address compliance with patient experience surveys and a process for evaluating the health needs of the ACO population.
OCM	Quality measures based on patient-reported Experience of Care survey will be administered, analyzed, and reported by a third party that is directly contracted by CMS.
PCF	The PCF Practice shall procure a CMS-approved vendor to conduct the Consumer Assessment of Healthcare Providers & Systems (CAHPS®), also known as the Patient Experience of Care Surveys (PECS).
VT ACO	Model quality measures include CAHPS® measures.

**Improvement Activity ID:** IA\_BE\_15 (Medium)

**Strategy/Activity Name:** Beneficiary Engagement: Engagement of patients, family and caregivers in developing a plan of care

MIPS APM	Improvement Activity Evidence
GPDC	DCE activities include, among other items: promoting evidence-based medicine and patient engagement and communicating clinical knowledge and evidence-based medicine. Additionally, "Patient/Caregiver experience" as one of the measures required for DCEs.
IAH	Patient preferences documented in the medical record.
MDPCP	Participating practices must convene a Patient-Family/ Caregiver Advisory Council (PFAC) at least annually; integrate PFAC recommendations into care and quality improvement activities. In addition, track 2 participants must engage MDPCP Beneficiaries and caregivers in a collaborative process for advance care planning and ensure MDPCP Beneficiaries in longitudinal care management have access to comprehensive medication management.
Medicare Shared Savings Program	To be eligible for participation, as part of the ACO's process to promote beneficiary engagement, it must address beneficiary engagement and shared decision making that considers the beneficiaries' unique needs, preferences, values, and priorities.
OCM	The OCM Participant shall document comprehensive Cancer care plans for all OCM Beneficiaries. Treatment goals are a requirement for the care plans.
PCF	Practices must engage high-risk PCF Beneficiaries in health care planning and ensuring that PCF Beneficiaries receive appropriate services from other health care providers (e.g., DME items and services). Collaborate with all high-risk PCF Beneficiaries to develop and maintain documented personalized care plans addressing their goals, preferences, and values.
VT ACO	The ACO shall implement processes and protocols to ensure individualized care for beneficiaries, such as thorough personalized care plans.

**Improvement Activity ID:** IA\_PSPA\_17 (Medium)

**Strategy/Activity Name:** Patient Safety & Practice Assessment: Implementation of analytic capabilities to manage total cost of care for practice population

MIPS APM	Improvement Activity Evidence
BPCI Advanced	This model operates under a total cost of care concept (possibly with exceptions). Therefore, participants will need to develop analytic capabilities.
CJR	The CJR model holds participant hospitals financially accountable for the quality and cost of a CJR episode of care and incentivizes increased coordination of care among hospitals, physicians, and post-acute care providers.
IAH	This demonstration awards annual shared savings bonuses if practices lower their patients' total cost of care while meeting quality targets.
KCC (CKCC)	All CKCC options are accountable for total cost of care through shared savings and losses with one exception; one-sided CKCC graduated are not liable for shared losses in their first performance year.
KCC (KCF)	Episode-based cost that impacts the Performance Based Adjustment (PBA) applied to model payments.
MDPCP	Continuously improve the MDPCP Practice's performance on key outcomes, including cost of care.
Medicare Shared Savings Program	The ACO must define, establish, implement, evaluate, and periodically update processes to accomplish developing an infrastructure for its ACO participants and ACO providers/suppliers to internally report on quality and cost metrics that enables the ACO to monitor, provide feedback, and evaluate its ACO participants and ACO provider(s)/supplier(s) performance and to use these results to improve care over time.
OCM	Participants are responsible for total cost of care. All Medicare Part A and B expenditures for services furnished to the OCM Beneficiary during the Episode will be included in the total cost of care.

**Improvement Activity ID:** IA\_PSPA\_18 (Medium)

**Strategy/Activity Name:** Patient Safety & Practice Assessment: Measurement and Improvement at the Practice and Panel Level

MIPS APM	Improvement Activity Evidence
BPCI Advanced	CMS will administer and analyze a BPCI Advanced Beneficiary experience survey.
CJR	Quality Measures used for reporting: <ul style="list-style-type: none"><li>• Hospital-level risk-standardized complication rate following elective primary total hip arthroplasty and/or total knee arthroplasty.</li><li>• Hospital Consumer Assessment of Healthcare Providers and Systems Survey.</li></ul>
GPDC	CMS will provide DCEs with operational reports on a regular basis. These reports may include but will not be limited to: Quarterly and Annual Utilization; Monthly Expenditures; Beneficiary Data Sharing Preferences; Monthly Claims Lag; and Beneficiary Alignment reports.
KCC (CKCC)	CKCC options use benchmarking methodology to measure changes in performance.
KCC (KCF)	Establish reporting mechanisms and ensuring compliance with program Model requirements, including but not limited to reporting on quality measures.
Medicare Shared Savings Program	To be eligible for participation, the ACO must develop an infrastructure to...internally report on quality and cost metrics that enables the ACO to monitor, provide feedback, and evaluate its [participants'] performance and to use these results to improve care over time.
OCM	Mandated practice redesign activity of using data to continuously improve its performance and achieve the goals of OCM.
PCF	The PCF Practice shall procure a CMS-approved vendor to conduct the Consumer Assessment of Healthcare Providers & Systems (CAHPS®), also known as the Patient Experience of Care Surveys (PECS).
VT ACO	Model quality measures include CAHPS® measures and other preventative and utilization measures.
ViT	Participants and the Participant's OUD Care Team members must participate in all applicable CMS quality reporting initiatives.



**Improvement Activity ID:** IA\_BMH\_2 (Medium)

**Strategy/Activity Name:** Tobacco use

MIPS APM	Improvement Activity Evidence
BPCI Advanced	Model quality measures include: Preventive Care & Screening - Tobacco Use: Screening and Cessation Intervention (NQF #0028).
Medicare Shared Savings Program	Model quality measures include: Preventive Care & Screening - Tobacco Use: Screening and Cessation Intervention (NQF #0028).
VT ACO	Model quality measures include: Preventive Care and Screening - Tobacco Use: Screening and Cessation Intervention.

## Sources

Documents Reviewed	
BPCI Advanced	Centers for Medicare & Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI). (Updated September 17, 2019). Bundled Payments for Care Improvement Advanced Participation Agreement. Baltimore, MD.
CJR	Comprehensive Care For Joint Replacement Model 42 CFR 510: up to date as of April 25, 2022.
GPDC	Centers for Medicare & Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI). (Last modified December 1, 2021). Global and Professional Direct Contracting Model First Amended and Restated Participation Agreement (2021 starters). Baltimore, MD. Centers for Medicare & Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI). (Last modified December 1, 2021). Global and Professional Direct Contracting Model Performance Period Participation Agreement (2022 starters). Baltimore, MD.
IAH	Centers for Medicare and Medicaid Services (CMS). (N.d.) Independence at Home Demonstration Participation Agreement.
KCC (CKCC)	Centers for Medicare & Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI). (Last Modified November 29, 2021). Kidney Care Choices (KCC) Model Comprehensive Kidney Care Contracting (CKCC) Options. Baltimore, MD.
KCC (KCF)	Centers for Medicare & Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI). (n.d.). Kidney Care Choices Model CMS Kidney Care First Option (KCF) Participation Agreement. Baltimore, MD.
MDPCP	Centers for Medicare & Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI). (n.d.). Maryland Total Cost of Care Model Maryland Primary Care Program First Amended and Restated MDPCP Practice Participation Agreement. Baltimore, MD.
Medicare Shared Savings Program	Medicare Shared Savings Program. 42 CFR Part 425 (up to date as of 6/07/2022). Federal Register Vol. 85, No.248, December 28, 2020

Documents Reviewed	
OCM	Centers for Medicare & Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI). (N.d.). COVID Amendment Edit Tracking for: First Restated and Amended Oncology Care Model Participation Agreement. Baltimore, MD.
PCF	Centers for Medicare & Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI). (Last Modified August 31, 2021) Primary Care First (PCF) Model PCF Component Amended and Restated PCF Practice Participation Agreement (Cohort 1). Baltimore, MD. Centers for Medicare & Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI). (Last Modified August 9, 2021) Primary Care First (PCF) Model PCF Component Practice Participation Agreement (Cohort 2). Baltimore, MD.
VT ACO	Centers for Medicare & Medicaid Services (CMS) and the State of Vermont. (2018). Vermont All-Payer Accountable Care Organization Model Agreement.
ViT	Centers for Medicare & Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI). (Last updated March 25, 2021). Value in Treatment. Baltimore, MD.



## Version History

Date	Change Description
12/8/2022	Original Version