

## Supplementary Online Content

Pham HH, Cohen M, Conway PH. The Pioneer Accountable Care Organization Model: improving quality and lowering costs. *JAMA*. doi:10.1001/jama.2014.13109

**eTable.** Current Medicare ACO Initiatives

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

**eTable. Current Medicare ACO Initiatives**

<b>Program Elements</b>	<b>Medicare Shared Savings Program (MSSP)</b>	<b>Pioneer ACO Model</b>	<b>Advance Payment Model</b>	<b>Comprehensive End Stage Renal Disease (ESRD) Care Initiative</b>
Participants	338 ACOs  Majority are physician organizations	32 ACOs in year 1, 23 ACOs in year 2  Majority are hospital/physician organizations	36 ACOs in the Medicare Shared Savings Program	15-20 ESRD Seamless Care Organizations (ESCO)  Includes dialysis facilities, nephrologists, and other clinicians
Number of Beneficiaries Attributed	4.9 million beneficiaries	607,945 beneficiaries (2013)	275,000 beneficiaries	To be determined (TBD)
Start date	January 2012	April 2012	April 2012	January 2015
Financial Risk Arrangements	Shared savings, or Shared savings and losses	Shared savings and losses, or full risk for all Medicare Part A&B expenditures	NA (Advance Payment ACOs select risk arrangements as part of their participation in the MSSP)	Shared savings for ESCOs with small dialysis organizations. Shared savings and losses for large dialysis organizations
Payment flows	Fee-for-service reimbursement, payment of shared savings at end of year, or recoupment of shared losses	Fee-for-service reimbursement, payment of shared savings at end of year, or recoupment of shared losses.  ACOs can opt to have a portion of fee-for-service reimbursements reduced and converted to monthly population-based payments	Up front fixed and variable payments, plus monthly variable payment of \$8 per beneficiary  Recoupment of advance payments from the earned shared savings of the ACO. No recoupment if the ACO does not earn shared savings.	Fee-for-service reimbursement, payment of shared savings at end of year, or recoupment of shared losses
Beneficiary attribution	Annual, preliminary prospective with end-of-year update, claims based	Annual, prospective, claims based, with voluntary alignment	Performed as part of MSSP	Continuous, prospective, claims based
Quality measures	33 claims based, clinical, and patient experience measures	33 claims based, clinical, and patient experience measures	Performed as part of MSSP	TBD. To include a combination of MSSP quality measures and other measures specific to the ESRD population
Waivers of Medicare payment rules	Not applicable (NA)	Waiver of the 3-day hospitalization rule for coverage of skilled nursing facility services	NA	NA