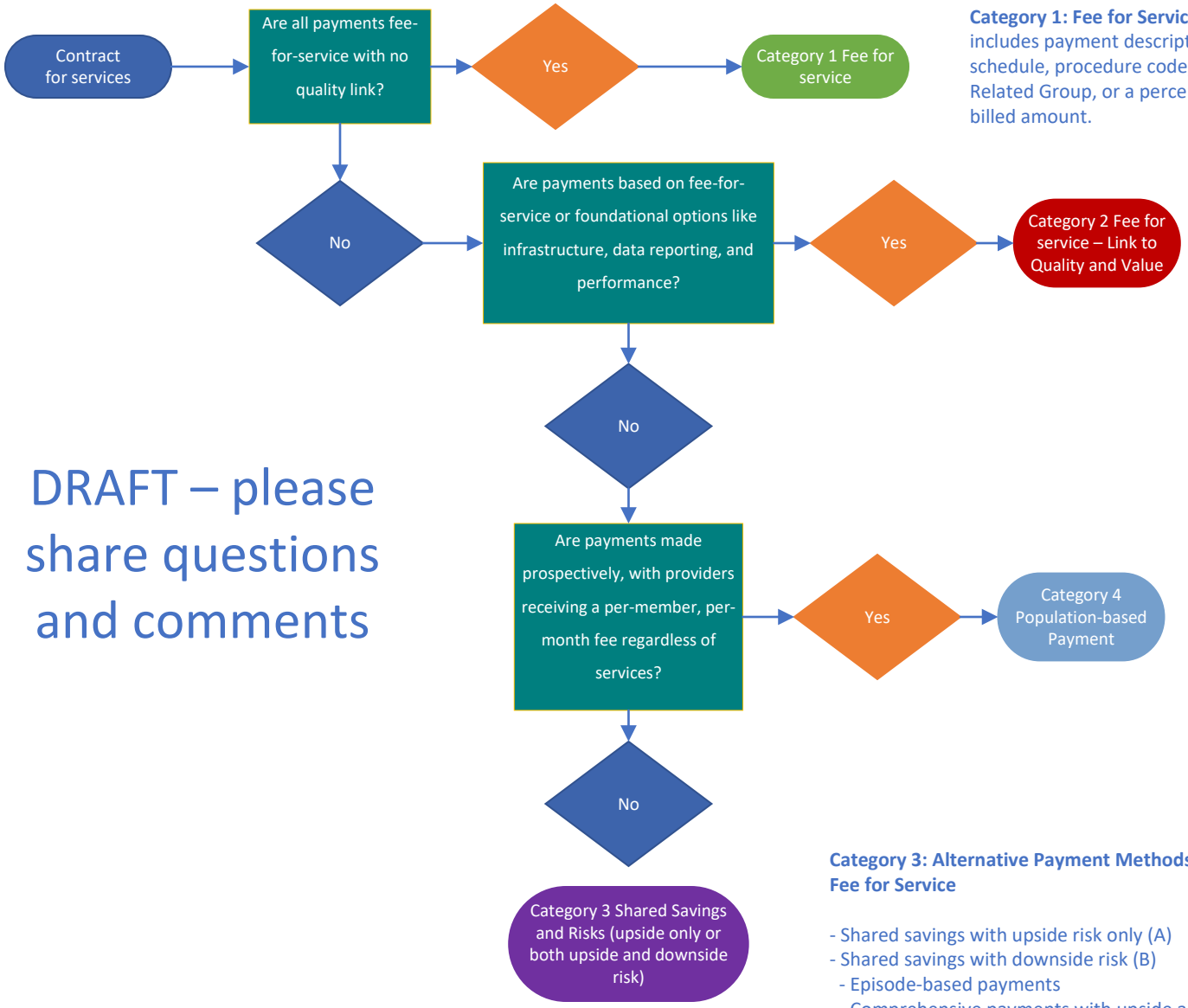

Category 1: Fee for Service (FFS) includes payment descriptions like fee schedule, procedure code, Diagnosis Related Group, or a percentage of billed amount.

Category 2: Traditional fee-for-service with enhanced payments; focuses on reported actions rather than improvements.

- Foundational for infrastructure and operations (A)
- Pay for Reporting (B)
- Pay-for-Performance (C)

DRAFT – please share questions and comments

Category 4: Population-based payment

- Condition-specific (A) like oncology or mental health
- Comprehensive population (B) such as global budget
- Integrated finance and delivery (C) in integrated systems

Capitated payments not linked to quality (N)

Category 3: Alternative Payment Methods (APMs) based on Fee for Service

- Shared savings with upside risk only (A)
- Shared savings with downside risk (B)
  - Episode-based payments
  - Comprehensive payments with upside and downside risk

Risk-based payments not linked to quality (N)