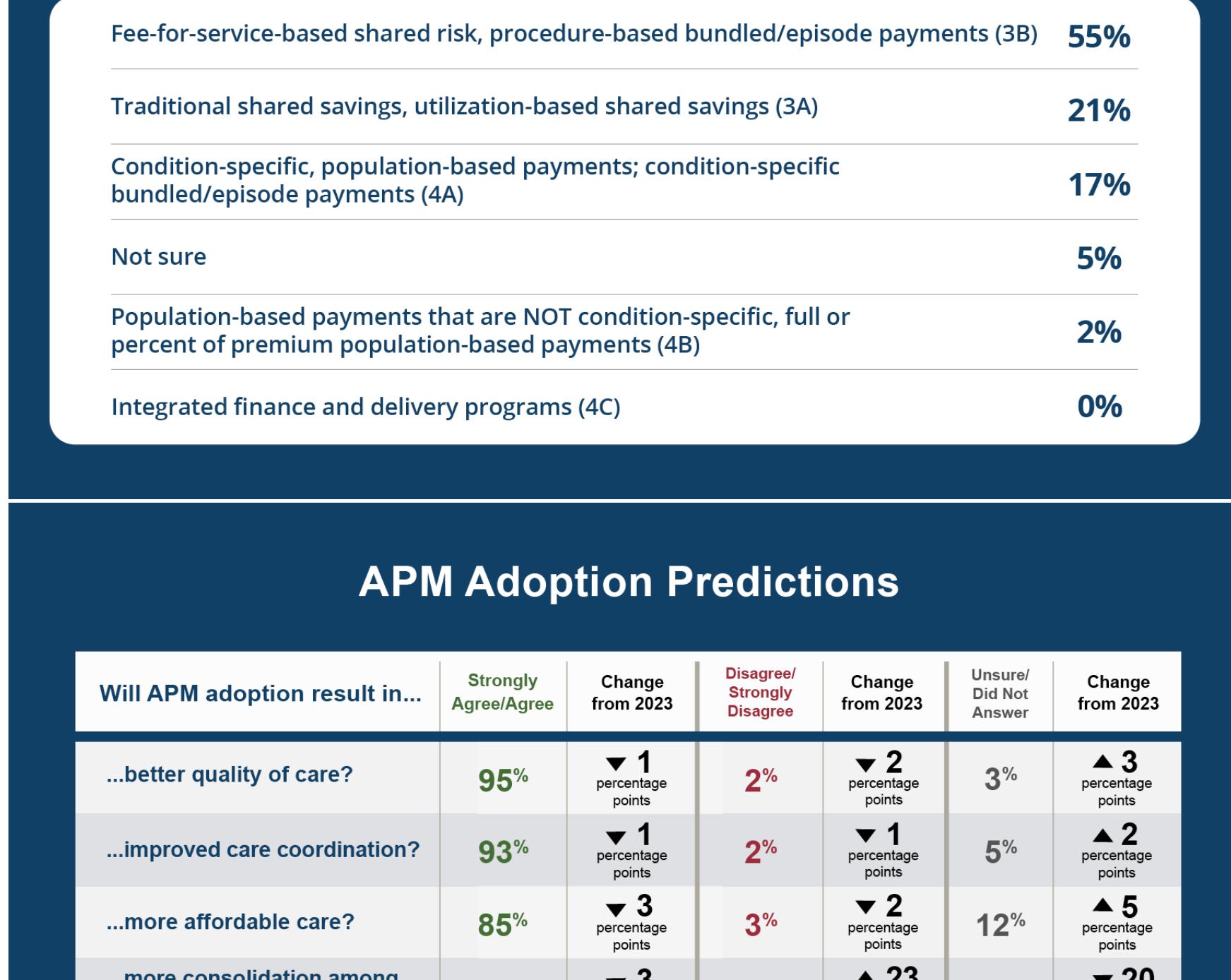
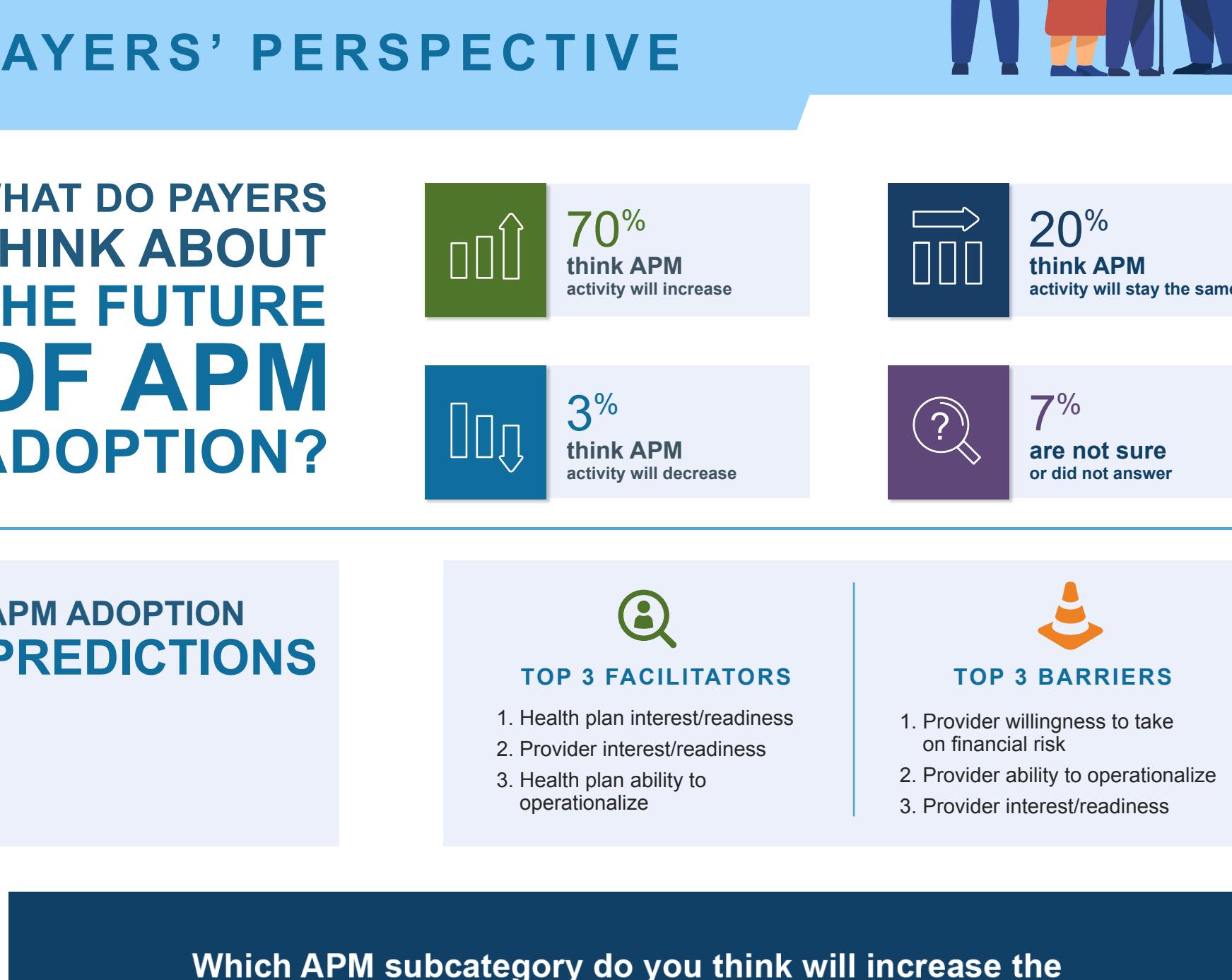
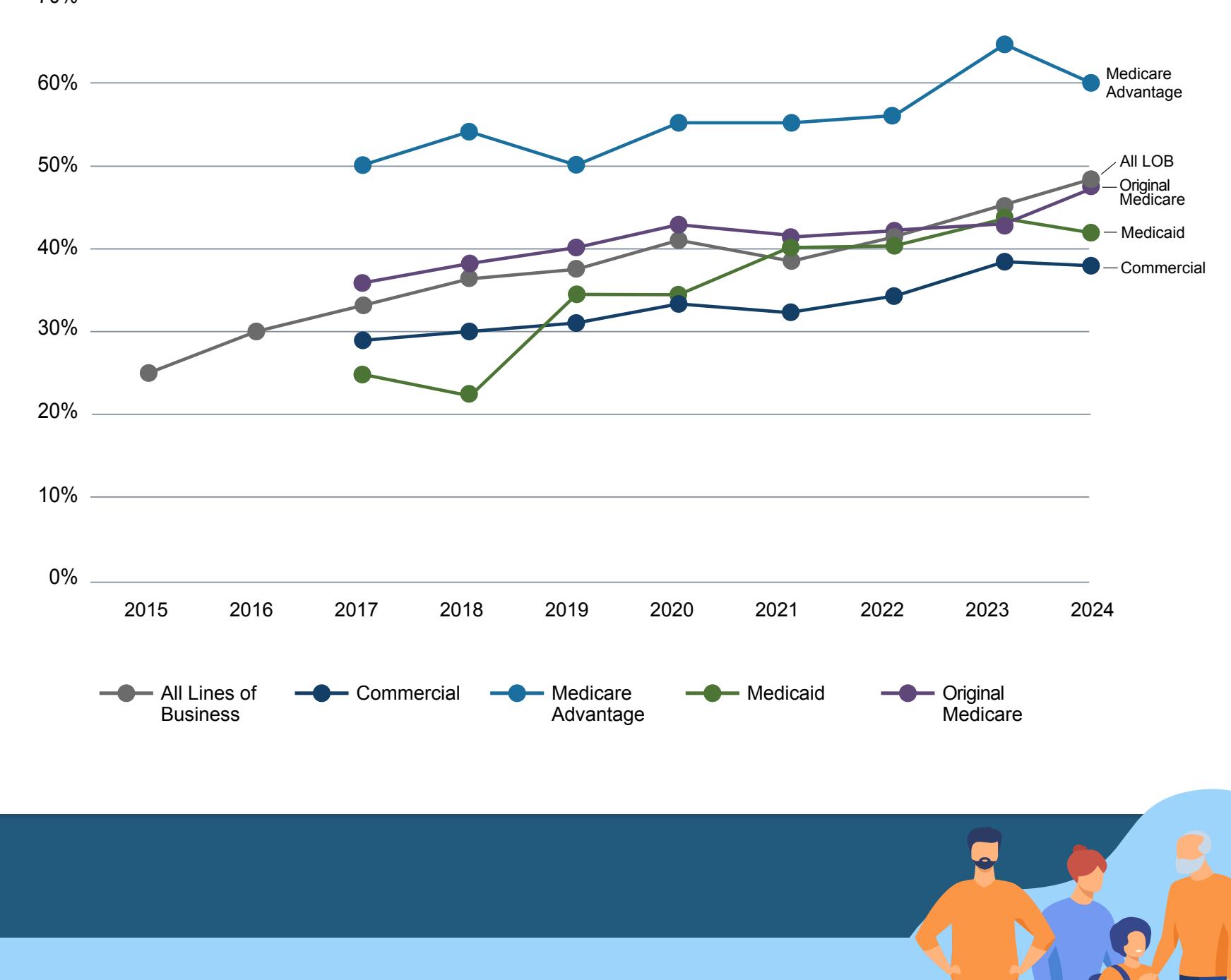
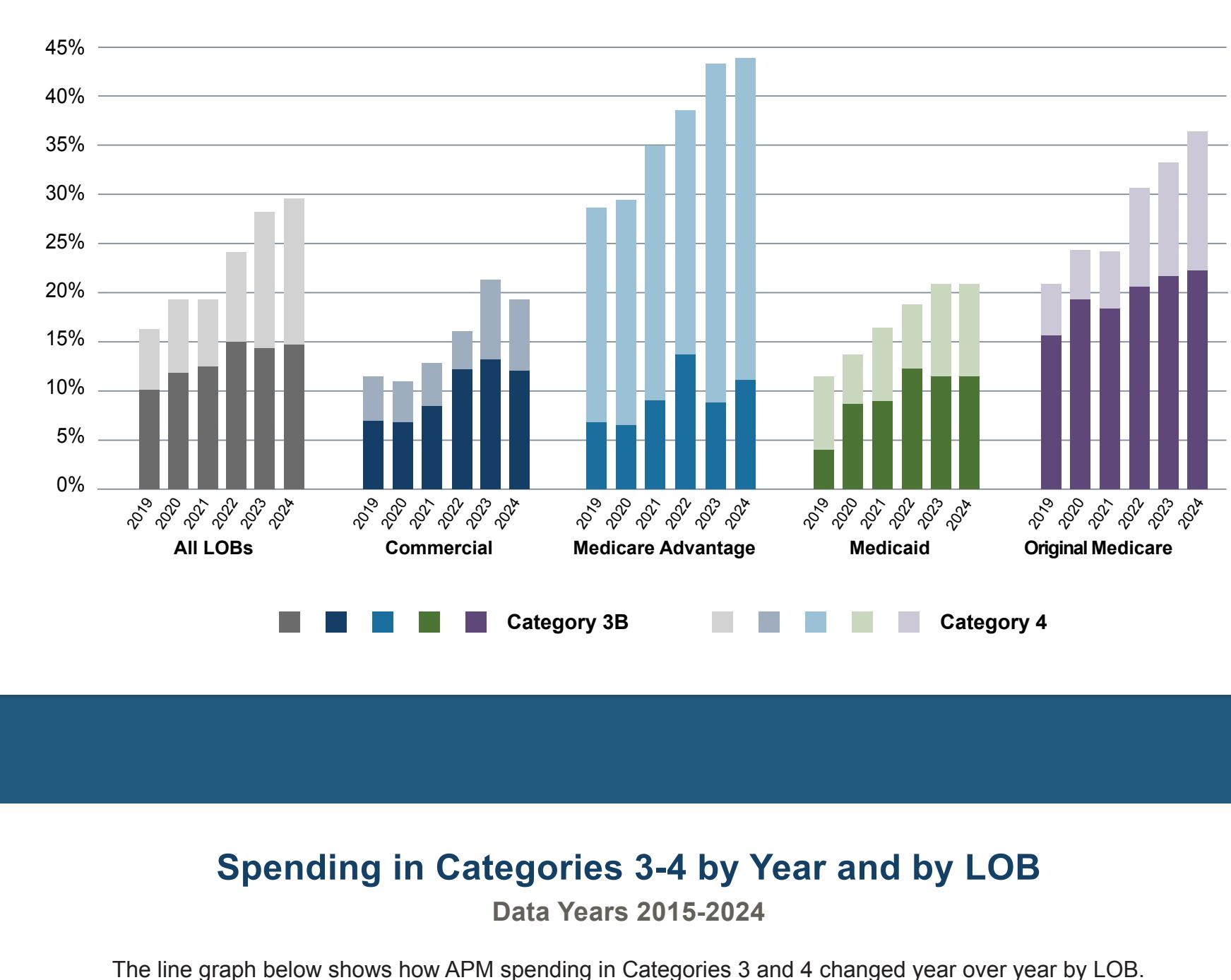
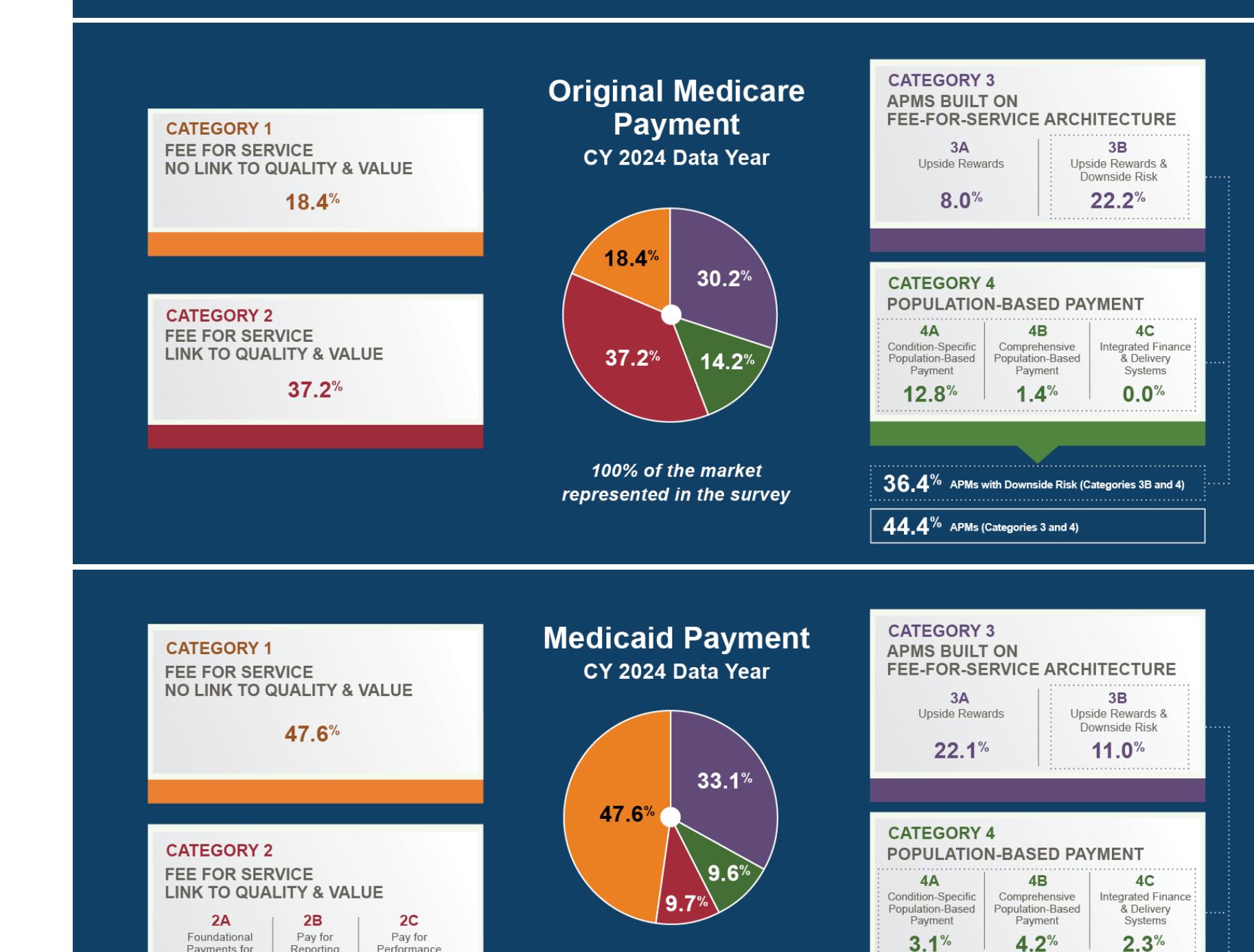
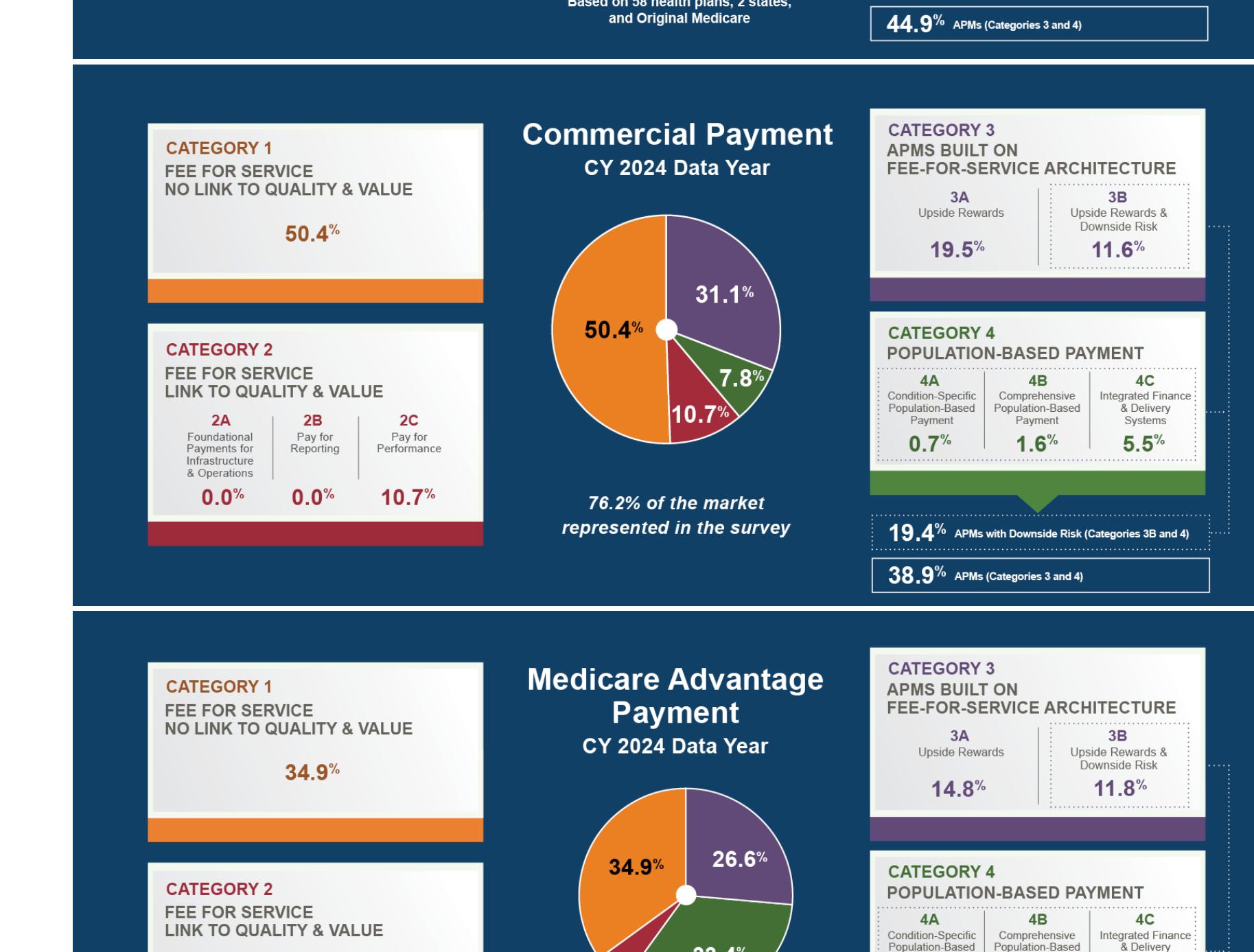


# 2025 MEASUREMENT EFFORT

The Health Care Payment Learning & Action Network (HCPLAN) initially led the national Alternative Payment Model (APM) Measurement Effort ("Measurement Effort" or "survey"), starting in 2016, to evaluate adoption of APMs across lines of business, assess general market trends and track the pace of progress toward APM adoption across commercial health plans, state Medicaid agencies, Medicaid managed care organizations, Medicare Advantage plans, and Original Medicare. Under the HCPLAN's leadership, the Centers for Medicare & Medicaid Services (CMS), AHIP, and the Blue Cross Blue Shield Association (BCBSA) served as survey partners. Beginning in 2025, AHIP assumed leadership of this work, continuing the partnership with CMS and BCBSA. This transition maintained the same measurement framework, data integrity, and partner collaboration established under the HCPLAN, reflecting a seamless shift from federal to industry stewardship and a shared commitment to tracking progress toward value-based care. For the full 2025 Measurement Effort results, review the [2025 Methodology and Results Report](#).

In 2024, across all lines of business (LOBs), 44.9% of U.S. health care payments flowed through an APM contract (Categories 3-4) and 28.7% flowed through a downside risk APM contract.

## Percentage of U.S. Health Care Payments in Categories 3-4 and Categories 3B-4 by LOB



## PAYERS' PERSPECTIVE



### TOP 3 FACILITATORS

1. Health plan interest/readiness
2. Provider interest/readiness
3. Health plan ability to

### TOP 3 BARRIERS

1. Provider willingness to take on financial risk
2. Provider ability to operationalize
3. Provider interest/readiness

### Which APM subcategory do you think will increase the most in activity over the next 24 months?

Fee-for-service-based shared risk, procedure-based bundled/episode payments (3B) 55%

Traditional shared savings, utilization-based shared savings (3A) 21%

Condition-specific, population-based payments: condition-specific bundled/episode payments (4A) 17%

Not sure 5%

Population-based payments that have NOT condition-specific, full or percent or premium population-based payments (4B) 2%

Integrated finance and delivery programs (4C) 0%

### APM Adoption Predictions

Will APM adoption result in...	Strongly Agree/Agree	Change from 2023	Disagree/Disagree	Change from 2023	Unsure/Don't Answer	Change from 2023
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...better quality of care? 95% ▼ 1 percentage point 2% ▼ 2 percentage points 3% ▲ 3 percentage points 3% ▲ 3 percentage points

...improved care coordination? 93% ▼ 1 percentage point 2% ▼ 1 percentage point 3% ▲ 2 percentage points 3% ▲ 2 percentage points

...more affordable care? 85% ▼ 3 percentage points 3% ▲ 3 percentage points 4% ▲ 4 percentage points 4% ▲ 4 percentage points

...more consolidation among health care providers? 28% ▲ 2 percentage points 47% ▲ 7 percentage points 25% ▲ 5 percentage points 20% ▲ 2 percentage points

...discrete unit prices for discrete unit services? 14% ▲ 18 percentage points 47% ▲ 47 percentage points 39% ▲ 3 percentage points 3% ▲ 3 percentage points