

CMS Multi-Payer Other Payer Advanced APMs in the Quality Payment Program for Performance Year 2019

Under the Quality Payment Program's All-Payer Combination Option, State Medicaid Agencies, Medicare Advantage and other Medicare Health Plans, as well as commercial and private payers participating in CMS-sponsored Multi-Payer payment arrangements (CMS Multi-Payer Models), may submit information to CMS about their payment arrangements with eligible clinicians. CMS will determine whether each submitted payment arrangement constitutes an Other Payer Advanced Alternative Payment Model (APM) for a given Performance Year. If a payer chooses not to (or is not eligible to) submit its arrangements to CMS, eligible clinicians or APM Entities participating in the payment arrangement may do so.

Table 1 below provides a list of payment arrangements with CMS Multi-Payer Models that CMS has determined to be Other Payer Advanced APMs for the Calendar Year (CY) 2019 QP Performance Period, based on submissions from payers made earlier this year through the Payer Initiated Process, and based on the Other Payer Advanced APM criteria in effect.

In addition to this list, we will soon be posting a list of Medicare Advantage payment arrangements that CMS determines to be Other Payer Advanced APMs before the beginning of the CY 2019 QP Performance Period based on submissions through the Payer Initiated Process earlier this year. Both the CMS Multi-Payer and Medicare Advantage lists of Other Payer Advanced APMs will be revised at the end of CY 2019 after we make additional Other Payer Advanced APM determinations based on submissions through the Eligible Clinician Initiated Process by eligible clinicians who participate in other payer payment arrangements.

On September 1, 2018, we posted a list of Medicaid payment arrangements that we determined to be Other Payer Advanced APMs for the CY 2019 QP Performance Period. We will update the Medicaid Other Payer Advanced APM list later this year after we consider the additional payment arrangements for Medicaid Other Payer Advanced APM determinations submitted by November 1 through the Eligible Clinician Initiated Process.

The criteria for payment arrangements to be Other Payer Advanced APMs are similar, but not identical, to the criteria for Advanced APMs under Medicare. To be an Other Payer Advanced APM, for the CY 2019 QP Performance Period, payment arrangements must meet each of the following criteria, as specified in our regulation at 42 CFR 414.1420:

1. **Require use of certified EHR technology (CEHRT).** The other payer payment arrangement must require at least 50 percent of eligible clinicians in each participating APM Entity Group to use CEHRT to document and communicate clinical care information. (Please note that CMS has proposed to increase this criterion to be 75 percent as of January 1, 2020.)
2. **Base payments for covered professional services on quality measures that are comparable to those used in the MIPS Quality performance category.** To be an Other



Payer Advanced APM, at least one of the quality measures used in the payment arrangement must be comparable to measures under the MIPS Quality performance category, have an evidence-based focus, and be reliable and valid. A payment arrangement must also use an outcome measure if there is an applicable outcome measure on the MIPS quality measure list.

3. **Require participants to bear a certain amount of financial risk.** A payment arrangement meets the financial risk criterion if (1) the payment arrangement is a Medicaid Medical Home Model that meets criteria comparable to Medical Home Models expanded under section 1115A(c) of the Social Security Act, or (2) when actual expenditures for which the APM Entity is responsible under the payment arrangement exceed expected expenditures, the payer withholds payment for services, reduces payment rates, or requires direct payment by the APM Entity to the payer. The total amount an APM Entity potentially owes a payer or foregoes under a payment arrangement must be at least eight percent of the total combined revenues from the payer if financial risk is expressly defined in terms of revenue; or, three percent of the expected expenditures for which an APM Entity is responsible under the payment arrangement. In addition, the payment arrangement must include a marginal risk of at least 30 percent and a minimum loss rate of no more than 4 percent.

For more information on CMS’s policies regarding the All-Payer Combination Option and Other Payer Advanced APMs, as well as how to submit information to CMS for an Other Payer Advanced APM determination, see our fact sheets and guidance documents located in the [QPP Resource Library](#).

CMS Multi-Payer Payment Arrangements – Other Payer Advanced APMs QP Performance Period 2019			
Entity Name	Payment Arrangement Name	Advanced APM Alignment	Location
Hawaii Medical Service Association	Payment Transformation program	CPC+	Hawaii
Independence Blue Cross/Keystone Health Plan East	Primary Care Advancement Model - Health Maintenance Organization Track	CPC+	Greater Philadelphia Area