



Alternative Payment Models in the Quality Payment Program

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Overview

The subsequent tables display the Alternative Payment Models (APMs) that CMS currently operates or has announced, as of December 2025. In the three tables, we identify which of those APMs CMS has determined to be Advanced APMs, Merit Based Incentive Program (MIPs) APMs, and Other Payer Advanced APMs (including Medicaid Other Payer Advanced APMs, Medicare Health Plan Payment Arrangements, and Commercial Payment Arrangements). The information presented in the tables reflects our application of the APM criteria adopted in Quality Payment Program regulations to the current design of the listed APMs. We will modify this list based on changes in the designs of APMs or the announcement of new APMs.

The tables below identify which APMs are Advanced APMs, eligible for [Qualifying APM Participation \(QP\) status](#), and which APMs are Merit-based Incentive Payment System (MIPS) APMs.

Advanced APMs must require participants to (1) use certified EHR technology, (2) provide payment for covered professional services based on quality measures comparable to those used in the MIPS Quality performance category, and (3) either be a Medical Home Model expanded under CMS Innovation Center authority or require participants to bear a significant financial risk.

We revised the requirement at § 414.1415(b)(3) that the quality measures upon which an Advanced APM bases payment must include at least one outcome measure (unless there are no available or applicable outcome measures) to provide, effective January 1, 2020, that at least one such outcome measure must either be finalized on the MIPS final list of measures as described in § 414.1330; endorsed by a consensus-based entity; or determined by CMS to be evidence-based, reliable, and valid.

MIPS APMs hold their participants accountable for the cost and quality of care provided to Medicare beneficiaries. Most Advanced APMs are also MIPS APMs, so if a MIPS eligible clinician participating in the Advanced APM does not meet the threshold for payments or patients through an Advanced APM sufficient to become a Qualifying APM Participant (QP) for a year, they will be scored according to the MIPS requirements.

Medical Home Models are Entities within an APM that include primary care or multispecialty practices with primary care physicians and offer primary care services. They must also assign each patient to a primary clinician. Entities designated as Medical Home Models meet the third criteria for becoming an Advanced APM.

Important Links

Use the links below to learn more about the Quality Payment Program, Alternative Payment Models, and the Shared Savings Programs.

Website Links	Description
Quality Payment Program	Overview of Alternative Payment Models
Innovation Center Models	Alternative Payment Model Specific Information
Shared Savings Program Models	Shared Savings Program Information
QP Status	Overview of Qualifying APM Participant (QP) Determination

Alternative Payment Models (APMs)

Model Name & Track	Advanced APM	MIPS APM	Medical Home Model	Effective Start	Effective End
ACO Primary Care (PC) Flex	Shared Savings Program Track Dependent	Yes	No	01/01/2025	12/31/2029
Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model: Maryland Primary Care Program (PCP), Track 2	No	Yes	Yes	01/01/2026	12/31/2035
Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model: Maryland Care Redesign Program	Yes	Yes	No	01/01/2026	12/31/2035
ACO Realizing Equity Access and Community Health (REACH)	Yes	Yes	No	04/01/2021	12/31/2026
Ambulatory Specialty Model	No	No	No	01/01/2027	12/31/2031
Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)	Yes	Yes	No	10/01/2018	12/31/2025
Cell and Gene Therapy CGT) Access Model	N/A	N/A	N/A	01/01/2025	12/31/2035
Guiding an Improved Dementia Experience (GUIDE) Model	No	Yes	No	07/01/2024	06/30/2032
Enhancing Oncology Model (EOM) – Risk Arrangement 1	No	Yes	No	07/01/2023	06/30/2030
Enhancing Oncology Model (EOM) – Risk Arrangement 2	Yes	Yes	No	07/01/2023	06/30/2030

Model Name & Track	Advanced APM	MIPS APM	Medical Home Model	Effective Start	Effective End
ESRD Treatment Choices (ETC)	N/A	N/A	N/A	01/01/2021	12/31/2025
Frontier Community Health Integration Project Demonstration (FCHIP)	N/A	N/A	N/A	01/01/2022	06/30/2026
Increasing Organ Transplant Access (IOTA) Model	No	Yes	No	07/01/2025	6/30/2031
Innovation in Behavioral Health (IBH) Model – Medicare Practice Participants	No	Yes	No	01/01/2028	12/31/2032
Innovation in Behavioral Health (IBH) Model – Medicaid (State Awardees)	N/A	N/A	N/A	01/01/2028	12/31/2032
Integrated Care for Kids (InCK) Model	N/A	N/A	N/A	01/01/2020	12/31/2026
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Graduated Option Level 1	No	Yes	No	01/01/2022	12/31/2027
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Graduated Option Level 2	Yes	Yes	No	01/01/2022	12/31/2027
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Professional Option	Yes	Yes	No	01/01/2022	12/31/2027
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Global Option	Yes	Yes	No	01/01/2022	12/31/2027
Kidney Care Choices: Kidney Care First (KCF)	Yes	Yes	No	01/01/2022	12/31/2025

Model Name & Track	Advanced APM	MIPS APM	Medical Home Model	Effective Start	Effective End
Making Care Primary (MCP) Track 1	No	Yes	Yes	07/01/2024	06/30/2025
Making Care Primary (MCP) Track 2 ¹	Yes	Yes	Yes	07/01/2024	06/30/2025
Making Care Primary (MCP) Track 3 ²	Yes	Yes	Yes	07/01/2024	06/30/2025
Maryland Total Cost of Care (TCOC) Model – Care Redesign Program	Yes	Yes	No	01/01/2019	12/31/2025
Maryland TCOC – Primary Care Program Track 2	No	Yes	Yes	01/01/2019	12/31/2025
Maryland TCOC – Primary Care Program Track 3	Yes	Yes	Yes	01/01/2023	12/31/2025
Medicare Advantage Value-Based Insurance Design (VBID) Model	N/A	N/A	N/A	01/01/2017	12/31/2025
Medicare Shared Savings Program Accountable Care Organizations – Basic Level Track A, B, C, and D	No	Yes	No	07/01/2019	N/A

¹ MCP Participant Organizations with more than 50 eligible clinicians in the APM Entity will not qualify under the Medical Home Model financial risk standard, and therefore will not be participating in an Advanced APM.

² MCP Participant Organizations with more than 50 eligible clinicians in the APM Entity will not qualify under the Medical Home Model financial risk standard, and therefore will not be participating in an Advanced APM.

Model Name & Track	Advanced APM	MIPS APM	Medical Home Model	Effective Start	Effective End
Medicare Shared Savings Program Accountable Care Organizations – Basic Level Track E	Yes	Yes	No	07/01/2019	N/A
Medicare Shared Savings Program Accountable Care Organizations – Enhanced Track	Yes	Yes	No	07/01/2019	N/A
Maternal Opioid Misuse (MOM) Model	N/A	N/A	N/A	09/01/2019	11/30/2025
Primary Care First (PCF) Model3	Yes	Yes	Yes	01/01/2021	12/31/2025
Transforming Episode Accountability Model (TEAM) Track 1 ⁴	No	Yes	No	01/01/2026	12/31/2026
Transforming Episode Accountability Model (TEAM) Track 2 – Advanced APM option	Yes	Yes	No	01/01/2027	12/31/2030
Transforming Episode Accountability Model (TEAM) Track 2 – Non-Advanced APM option	No	Yes	No	01/01/2027	12/31/2030
Transforming Episode Accountability Model (TEAM) Track 3 – Advanced APM option	Yes	Yes	No	01/01/2026	12/31/2030
Transforming Episode Accountability Model (TEAM) Track 3 – Non-Advanced APM option	No	Yes	No	01/01/2026	12/31/2030

³ PCF Practices with more than 50 eligible clinicians in the APM Entity will not qualify under the Medical Home Model financial risk standard, and therefore will not be participating in an Advanced APM.

⁴ Only Safety-Net hospitals may participate in TEAM Track 1 for the first three years of the model (i.e., 1/1/2026-12/31/2028).

Model Name & Track	Advanced APM	MIPS APM	Medical Home Model	Effective Start	Effective End
Transforming Maternal Health (TMaH)	N/A	N/A	N/A	01/01/2028	10/31/2034
Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)	Yes	Yes	No	01/01/2019	12/31/2025
Wasteful and Inappropriate Service Reduction Model (WISeR)	N/A	N/A	N/A	01/01/2026	12/31/2031

Other Payer Advanced APMs – QP Performance Period 2025 and 2026

Medicaid Other Payer Advanced APMs

State	Payment Arrangement Name	Medicaid FFS or Managed Care	Multiyear Determination	Availability/Location
Ohio Department of Medicaid	Ohio Episode-Based Payment Model	Episode-based model	Through 2025	Statewide
TennCare	Retrospective Episodes of Care	Episode-based model	Through 2025	Statewide
Washington State Health Care Authority	Community Health Plan of Washington Family Individual Community Health Center Risk Model 1b	Population-based payment model with shared risk	Through 2025	Statewide
Washington State Health Care Authority	Community Health Plan of Washington Model 2b and 2c	Population-based payment model with shared risk	Through 2025	Statewide
Washington State Health Care Authority	Community Health Plan of Washington Model 3 Affiliate	Population-based payment model with shared risk	Through 2025	Counties of Adams, Asotin, Benton, Clark, Columbia, Ferry, Franklin, Garfield Island, King, Kittitas, Klickitat; Lincoln; Pend Oreille, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Walla Walla, Whatcom, Whitman, and Yakima
Washington State Health Care Authority	Coordinated Care – Washington Medicaid Quality Risk Program	Population-based payment model with shared risk	Through 2025	Statewide

Commercial Payment Arrangements

Entity Name	Payment Arrangement Name	Multiyear Determination	Location
Anthem	Anthem, Inc., Cooperative Care (CC) Contract	Through 2025	CA, CO, CT, GA, IN, KY, MA, ME, MO, NH, NY, OH, VI, WI
Blue Care Network of Michigan / Blue Cross Blue Shield of Michigan	Advanced Risk Arrangement for Commercial HMO	Through 2025	MI
BlueCross BlueShield of South Carolina	PCMH+; Track 2	Through 2026	SC
Health 2 Business, Inc.	Direct Corporate Health Partnership Other Payor Advanced APM	Through 2025	Nationwide

Version History

Date	Change Description
2/11/2026	Original version.