


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 for Performance Year 2019. 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 after the Qualifying APM Participant (QP) Performance Period.

Table 1 below provides a list of payment arrangements with Medicare Health Plans 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 for CY 2019.

In addition to this list, we recently posted a list of CMS Multi-Payer Models that CMS determined 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 Health Plans 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 the minimum percentage required to meet this criterion will increase to 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](#).

**Medicare Health Plan Payment Arrangements – Other Payer Advanced APMs
QP Performance Period 2019**

Parent Org	Legal Entity Name	Payment Arrangement Name	STATE	Contract ID
Aetna	Aetna Health Inc	Aetna AAPM Template - Medicare Collaboration Addendum	AL	H3597
			AL	H0523
			AL	H1608
			AL	H5302
			AL	H1109
			AL	H3928
			AL	H2663
			AL	H1692
			AL	H5793
			AL	H3152
			AL	H4523
			AL	H8649
			CA	H7149
			GA	H7301
			MO	H5521
			MO	H5522
			NJ, OH	R6694
			NM	H3959
UT	H1609			
VA	H1100			

Parent Org	Legal Entity Name	Payment Arrangement Name	STATE	Contract ID
			VA	H2829
			WA	H3312
			WY	H3931
Centene Corporation	ARKANSAS HEALTH AND WELLNESS HEALTH PLAN, INC	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	AR	H9630
	HEALTH NET OF ARIZONA, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	AZ	H0351
	HEALTH NET COMMUNITY SOLUTIONS OF ARIZONA, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	AZ	H9287
	HEALTH NET OF CALIFORNIA, INC.	Medicare Quality Performance Program	CA	H0562
	HEALTH NET COMMUNITY SOLUTIONS, INC.	Medicare Quality Performance Program	CA	H3561
	SUNSHINE STATE HEALTH PLAN, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	FL	H5190
	SUNSHINE HEALTH COMMUNITY SOLUTIONS, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	FL	H9276
	PEACH STATE HEALTH PLAN, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	GA	H7173

Parent Org	Legal Entity Name	Payment Arrangement Name	STATE	Contract ID
	ILLINICARE HEALTH PLAN	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	IL	H0281
	ILLINICARE HEALTH PLAN	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	IL	H1475
	COORDINATED CARE CORPORATION	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	IN	H3499
	COORDINATED CARE CORPORATION	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	IN	H6348
	SUNFLOWER STATE HEALTH PLAN, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	KS	H6550
	LOUISIANA HEALTHCARE CONNECTIONS, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	LA	H5117
	MICHIGAN COMPLETE HEALTH, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	MI	H9487
	HEALTH NET COMMUNITY SOLUTIONS OF ARIZONA, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	MI	H9287
	HOME STATE HEALTH PLAN, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	MO	H1664

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	MAGNOLIA HEALTH PLAN, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	MS	H9811
	WESTERN SKY COMMUNITY CARE, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	NM	H2134
	BUCKEYE COMMUNITY HEALTH PLAN, INC.	Medicare Model 1 Shared Risk Program	OH	H0022
	BUCKEYE HEALTH PLAN COMMUNITY SOLUTIONS	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	OH	H0724
	BUCKEYE COMMUNITY HEALTH PLAN, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	OH	H0908
	BUCKEYE COMMUNITY HEALTH PLAN, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	OH	H0908
	TRILLIUM COMMUNITY HEALTH PLAN	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	OR	H2174
	HEALTH NET HEALTH PLAN OF OREGON	Medicare Quality Performance Program	OR	H6815
	PENNSYLVANIA HEALTH & WELLNESS, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	PA	H2915
	ABSOLUTE TOTAL CARE, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	SC	H1436

Parent Org	Legal Entity Name	Payment Arrangement Name	STATE	Contract ID
	ABSOLUTE TOTAL CARE, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	SC	H1723
	SUPERIOR HEALTHPLAN COMMUNITY SOLUTIONS, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	TX	H0062
	SUPERIOR HEALTHPLAN COMMUNITY SOLUTIONS, INC.	Medicare Value Based Physician Incentive Program	TX	H0062
	SUPERIOR HEALTH PLAN, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	TX	H5294
	SUPERIOR HEALTH PLAN, INC.	Medicare Value Based Physician Incentive Program	TX	H5294
	SUPERIOR HEALTH PLAN, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	TX	H6870
	COORDINATED CARE OF WASHINGTON, INC.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	WA	H0029
	MANAGED HEALTH SERVICES, WISCONSIN	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	WI	H8189
Guidewell Mutual Holding Corporation	HEALTH OPTIONS, INC.	Florida Blue Advanced Alternative Payment Model	FL	H1035
	BEHEALTHY FLORIDA, INC.			H2758

Parent Org	Legal Entity Name	Payment Arrangement Name	STATE	Contract ID
	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.			H5434
Health Care Service Corporation	BLUE CROSS AND BLUE SHEILD OF ILLINOIS, a DIVISION OF HEALTH CARE SERVICE CORPORATION, a MUTUAL LEGAL RESERVE COMPANY	Medicare Advantage Basic (HMO)	IL	H3822
		Medicare Advantage Basic Plus (HMO-POS)		H3822
		Medicare Advantage Premier Plus (HMO-POS)		H3822
		Medicare Advantage Elite (HMO-POS)		H3822
		Medicare Advantage Select (HMO)		H3822
Spectrum Health System	PRIORITY HEALTH	Priority Health-MA Total Cost of Care Model	MI	H2320
UnitedHealth Group, Inc.	PACIFICARE OF COLORADO, INC	Alternative Payment BCR Model	AZ	H0609
	UHC OF CALIFORNIA	UnitedHealthcare Medicare Advantage Global	CA	H0543
	PREFERRED CARE PARTNERS, INC.	Alternative Payment BCR Model	FL	H1045
		UnitedHealthcare Medicare Advantage Global	FL	H1045
	UNITEDHEALTHCARE OF GEORGIA, INC.	Alternative Payment BCR Model	GA	H1111
	UNITEDHEALTHCARE OF THE MIDLANDS, INC.	Alternative Payment BCR Model	IL	H2802
			MO	
	OXFORD HEALTH PLANS (CT), INC.	Alternative Payment BCR Model	CT	H0755 H0755
NJ				
OXFORD HEALTH PLANS (NY), INC.	Alternative Payment BCR Model	NY	H3307	
UNITEDHEALTHCARE OF OKLAHOMA, INC.	Alternative Payment BCR Model	OK	H3749	

Parent Org	Legal Entity Name	Payment Arrangement Name	STATE	Contract ID
	UNITEDHEALTHCARE OF OREGON, INC.	Alternative Payment BCR Model	OR	H3805
	UNITEDHEALTHCARE OF NEW ENGLAND, INC.	Alternative Payment BCR Model	RI	H1944
	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.	UnitedHealthcare Medicare Advantage Global	TX	H4590
	UNITEDHEALTHCARE OF WISCONSIN, INC.	Alternative Payment BCR Model	TN	H5253
			NC	
			VA	
			WI	
UPMC	UPMC Health Plan Inc.	UPMC Health Plan Medicare Value Program	PA	H3907
			OH	
			WV	
	UPMC For You, Inc.	UPMC Health Plan Medicare Value Program	PA	H4279
UPMC Health Network, Inc.	UPMC Health Plan Medicare Value Program	PA	H5533	