

Alternative Payment Models in the Quality Payment Program as of November 2019

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Overview

The subsequent tables display the Alternative Payment Models (APMs) that CMS currently operates or has announced, as of November 2019. 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 CMS Multi-Payer 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 Participants (QPs), Merit-based Incentive Payment System (MIPS) APMs, and/or Medical Home Models.

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.

To become QPs, receive a 5 percent APM incentive payment, and be excluded from MIPS, Advanced APMs must receive at least 50 percent of Medicare Part B payments or see at least 35 percent of Medicare patients through an advanced APM Entity at one of the determination periods (snapshots). In addition, 75 percent of practices need to be using certified EHR technology within the Advanced APM Entity.

MIPS APMs include MIPS eligible clinicians as participants and hold their participants accountable for the cost and quality of care provided to Medicare beneficiaries. MIPS eligible clinicians in MIPS APMs have special MIPS reporting requirements and are scored using the APM scoring standard. Most Advanced APMs are also MIPS APMs, so if an eligible clinician participating in the Advanced APM does not meet the threshold for payments or patients through an Advanced APM sufficient to become a QP for a year, the MIPS eligible clinician will be scored under MIPS according to the APM Scoring Standard.

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

Alternative Payment Models (APMs)

Model Name & Track	Advanced APM for Qualifying APM Participant Status	MIPS APM Under the APM Scoring Standard	Medical Home Model
Accountable Health Communities (AHC)	No	No	No
ACO Investment Model (AIM)	No	No	No
Bundled Payments for Care Improvement Advanced Model (BPCI Advanced) ^{1, 2}	Yes	Yes	No
Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1 - CEHRT)	Yes	No	No
Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 2 - non-CEHRT)	No	No	No
Comprehensive ESRD Care (CEC) Model (LDO arrangement)	Yes	Yes	No
Comprehensive ESRD Care (CEC) Model (non- LDO two-sided risk arrangement)	Yes	Yes	No

¹ BPCI Advanced began in October 2018, and participants began to achieve QP status or be scored under the APM Scoring Standard for MIPS starting in performance year 2019.

² APM Entities must include at least one MIPS eligible clinician on a Participation List in order to be scored under the APM Scoring Standard. Some BPCI Advanced APM Entities have eligible clinicians that may be Affiliated Practitioners, therefore those eligible clinicians are not scored under the APM Scoring Standard. If those eligible clinicians are not QPs for a year, they may be subject to MIPS reporting requirements and payment adjustments for that year.

Model Name & Track	Advanced APM for Qualifying APM Participant Status	MIPS APM Under the APM Scoring Standard	Medical Home Model
Comprehensive ESRD Care (CEC) Model (non- LDO arrangement one-sided risk arrangement)	No	Yes	No
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Graduated Option 1 ³	No	Yes	No
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Graduated Option Level 2 ³	Yes	Yes	No
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Professional Option	Yes	Yes	No
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Global Option	Yes	Yes	No
Comprehensive Primary Care Plus (CPC+) Model ^{4, 5}	Yes	Yes	Yes
Direct Contracting (DC) Professional PBP Model ⁶	Yes	Yes	No

³ KCC Model will begin January 2020. Level 1 will not meet the Advanced APM criteria. Level 2 is expected to meet the Advanced APM criteria and MIPS APM in 2021.

⁴ Dual participants in CPC+, or the Maryland Primary Care Program and the Medicare Shared Savings Program will have their APM status determined by the Medicare Shared Savings Program track in which they participate, and not by CPC+, or the Maryland Primary Care Program.

⁵ Practices that begin CPC+, or the Maryland Primary Care Program participation in 2018 with more than 50 eligible clinicians in their parent organization will not qualify under the Medical Home Model financial risk standard, and therefore will not be considered to be participating in an Advanced APM.

Model Name & Track	Advanced APM for Qualifying APM Participant Status	MIPS APM Under the APM Scoring Standard	Medical Home Model
Direct Contracting (DC) Global PBP Model ⁶	Yes	Yes	No
Emergency Triage, Treat and Transport (ET3)	No	No	No
ESRD Treatment Choices (ETC)	No	Yes	No
Home Health Value-Based Purchasing Model (HHVBP)	No	No	No
Independence at Home Demonstration (IAH)	No	Yes	No
Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents: Phase 2	No	No	No
Integrated Care for Kids (InCK) Model ⁷	No	No	No
Kidney Care Choices: Kidney Care First (KCF) ⁸	Yes	Yes	No
Medicare Accountable Care Organization (ACO) Track 1+ Model	Yes	Yes	N/A
Medicare Patient Intravenous Immunoglobulin (IVIG) Access Demonstration Project	No	No	No
Maryland All-Payer Model (Care Redesign Program)	Yes	No	No

⁶ DC will begin January 2021.

⁷ InCK will begin January 2020.

⁸ KCF will begin April 2020.

Model Name & Track	Advanced APM for Qualifying APM Participant Status	MIPS APM Under the APM Scoring Standard	Medical Home Model
Maryland Primary Care Program ^{4,5}	Yes	Yes	Yes
Medicare Advantage Value-Based Insurance Design (VBID) Model	No	No	No
Medicare Care Choices Model (MCCM)	No	No	No
Medicare-Medicaid Financial Alignment Initiative ⁹	N/A	N/A	N/A
Medicare Accountable Care Organization (ACO) Track 1+ Model	Yes	Yes	N/A
Medicare Shared Savings Program Accountable Care Organizations — Track 1	No	Yes	N/A
Medicare Shared Savings Program Accountable Care Organizations — Track 2	Yes	Yes	N/A
Medicare Shared Savings Program Accountable Care Organizations — Track 3	Yes	Yes	N/A
Million Hearts: Cardiovascular Disease Risk Reduction Model (MH CVDRR)	No	No	No
Maternal Opioid Misuse (MOM) Model	No	No	No
Next Generation ACO Model	Yes	Yes	No

⁹ The Medicare-Medicaid Financial Alignment Initiative agreements are between CMS and state and health plan participants. For the capitated financial alignment model, CMS will assess agreements between health plans and health care providers as other payer arrangements under the All-Payer Combination Option.

Model Name & Track	Advanced APM for Qualifying APM Participant Status	MIPS APM Under the APM Scoring Standard	Medical Home Model
Oncology Care Model (OCM) (one-sided Risk Arrangement)	No	Yes	No
Oncology Care Model (OCM) (two-sided Risk Arrangement)	Yes	Yes	No
Part D Enhanced Medication Therapy Management Model	No	No	No
Pennsylvania Rural Health Model	No	No	No
Primary Care First (PCF) General Option ¹⁰	Yes	Yes	Yes
Primary Care First (PCF) Seriously Ill Population (SIP) Option	Yes	Yes	Yes
Primary Care First (PCF) Seriously Ill Population (SIP) Option (non-CEHRT)	No	Yes	Yes
Prior Authorization of Repetitive Scheduled Non-Emergent Ambulance Transport	No	No	No
Rural Community Hospital Demonstration	No	No	No
Transforming Clinical Practice Initiative (TCPI)	No	No	No
Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)	Yes	Yes	N/A

¹⁰ PCF will begin January 2021 and qualify as AAPM and MIPS APM in 2021. PCF Control group will be scored under the APM Scoring Standard and not meet the criteria for Advanced APMs.

Other Payer Advanced APMs QP Performance Period 2019

Medicaid Other Payer Advanced APMs

State	Payment Arrangement	Medicaid Fee-for-Service (FFS) or Managed Care	Availability/Location
Massachusetts	Accountable Care Partnership Plan	Managed Care	Statewide
Ohio	Episode-based payments Model	FFS/Managed Care	Statewide
Oregon	Intercommunity Health Network CCO Pay-for-Performance Alternative Payment Model	Managed Care	Benton, Lincoln and Linn counties
Tennessee	Retrospective Episodes of Care Model	Managed Care	Statewide
Washington	Community Health Network of Washington Population-Based Payment Model Option B (ABD)	Managed Care	Statewide
Washington	Community Health Network of Washington Population-Based Payment Model Option B (F/S)	Managed Care	Statewide
Washington	Community Health Network of Washington Population-Based Payment Model Option C (F/S)	Managed Care	Statewide

Medicare Health Plan Payment Arrangements

Parent Organization	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
VA	H2829			
WA	H3312			
WY	H3931			
Centene Corporation	Arkansas Health and	Medicare Model 1 Shared Risk	AR	H9630

Parent Organization	Legal Entity Name	Payment Arrangement Name	State	Contract ID
	Wellness Health Plan, Inc.	Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program		
	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
	Illinicare Health Plan	Medicare Model 1 Shared Risk	IL	H0281

Parent Organization	Legal Entity Name	Payment Arrangement Name	State	Contract ID
		Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program		
	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	Medicare Model 1 Shared Risk	MI	H9287

Parent Organization	Legal Entity Name	Payment Arrangement Name	State	Contract ID
	Solutions of Arizona, Inc.	Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program		
	Home State Health Plan, Inc.	Medicare Model 1 Shared Risk Program; Medicare Model 2 Shared Risk Program; Hybrid Shared Risk Program	MO	H1664
	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;	OH	H0908

Parent Organization	Legal Entity Name	Payment Arrangement Name	State	Contract ID
		Hybrid Shared Risk Program		
	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
	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;	TX	H5294

Parent Organization	Legal Entity Name	Payment Arrangement Name	State	Contract ID
		Hybrid Shared Risk Program		
	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
	Blue Cross and Blue Shield of Florida, Inc.			H5434
Health Care Service Corporation	Blue Cross and Blue Shield 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

Parent Organization	Legal Entity Name	Payment Arrangement Name	State	Contract ID
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
			NJ	H0755
	Oxford Health Plans (NY), Inc.	Alternative Payment BCR Model	NY	H3307
	Unitedhealthcare of Oklahoma, Inc.	Alternative Payment BCR Model	OK	H3749
	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		

Parent Organization	Legal Entity Name	Payment Arrangement Name	State	Contract ID
			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

CMS Multi-Payer Payment Arrangements

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

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