

Alternative Payment Models in the Quality Payment Program as of November 2020

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Overview

The subsequent tables display the Alternative Payment Models (APMs) that CMS currently operates or has announced, as of November 2020. 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
Accountable Health Communities (AHC)	No	No	No	05/01/2017
ACO Investment Model (AIM)	N/A	N/A	N/A	N/A
Bundled Payments for Care Improvement Advanced Model (BPCI Advanced) ¹	Yes	Yes	No	10/1/2018
Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1 - CEHRT) ²	Yes	No	No	01/01/2017
Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 2 - non-CEHRT)	No	No	No	01/01/2017
Comprehensive ESRD Care (CEC) Model (LDO arrangement)	Yes	Yes	No	01/01/2017
Comprehensive ESRD Care (CEC) Model (non-LDO two-sided risk arrangement)	Yes	Yes	No	01/01/2017
Comprehensive ESRD Care (CEC) Model (non-LDO arrangement one-sided risk arrangement)	No	Yes	No	01/01/2017
Community Health Access and Rural Transformation Model	N/A	N/A	N/A	07/01/2021

¹ 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.

² If finalized, we anticipate that both tracks 1 and 2 of the Comprehensive Care for Joint Replacement (CJR) Payment Model will be considered a MIPS APM in 2021.

Model Name & Track	Advanced APM	MIPS APM	Medical Home Model	Effective Start
Comprehensive Primary Care Plus (CPC+) Model ^{3,4}	Yes	Yes	Yes	01/01/2017
Direct Contracting (DC) Professional PBP Model	Yes	Yes	No	04/01/2021
Direct Contracting (DC) Global PBP Model	Yes	Yes	No	04/01/2021
Emergency Triage, Treat and Transport (ET3)	N/A	N/A	N/A	N/A
ESRD Treatment Choices (ETC)	N/A	N/A	N/A	N/A
Home Health Value-Based Purchasing Model (HHVBP)	N/A	N/A	N/A	N/A
Independence at Home Demonstration (IAH)	No	Yes	No	01/01/2018
Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents: Phase 2	No	No	No	01/01/2017
Integrated Care for Kids (InCK) Model	N/A	N/A	N/A	N/A
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Graduated Option 1 ⁵	No	Yes	No	04/01/2021
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Graduated Option Level 2 ⁶	Yes	Yes	No	04/01/2021
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Professional Option	Yes	Yes	No	04/01/2021

³ 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.

⁴ 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.

⁵ KCC Model will begin in April 2021. Level 1 will not meet the Advanced APM criteria. Level 2 is expected to meet the Advanced APM criteria and MIPS APM in 2021.

Model Name & Track	Advanced APM	MIPS APM	Medical Home Model	Effective Start
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Global Option	Yes	Yes	No	04/01/2021
Kidney Care Choices: Kidney Care First (KCF)	Yes	Yes	No	04/01/2021
Medicare Patient Intravenous Immunoglobulin (IVIg) Access Demonstration Project	N/A	N/A	N/A	N/A
Maryland All-Payer Model (Care Redesign Program)	Yes	No	No	01/01/2019
Maryland Primary Care Program ^{4,5}	Yes	Yes	Yes	01/01/2019
Medicare Advantage Value-Based Insurance Design (VBID) Model	N/A	N/A	N/A	N/A
Medicare Care Choices Model (MCCM)	N/A	N/A	N/A	N/A
Medicare-Medicaid Financial Alignment Initiative ⁶	N/A	N/A	N/A	N/A
Medicare Shared Savings Program Accountable Care Organizations – Basic Track A, B, C, and D	No	Yes	No	01/01/2019
Medicare Shared Savings Program Accountable Care Organizations – Basic Track E	Yes	Yes	No	01/01/2019
Medicare Shared Savings Program accountable Care Organizations – Enhanced Track	Yes	Yes	No	01/01/2019
Medicare Accountable Care Organization (ACO) Track 1+ Model	Yes	Yes	No	01/01/2017
Medicare Shared Savings Program Accountable Care Organizations — Track 1	No	Yes	No	01/01/2017

⁶ 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	MIPS APM	Medical Home Model	Effective Start
Medicare Shared Savings Program Accountable Care Organizations — Track 2	Yes	Yes	No	01/01/2017
Medicare Shared Savings Program Accountable Care Organizations — Track 3	Yes	Yes	No	01/01/2017
Million Hearts: Cardiovascular Disease Risk Reduction Model (MH CVDRR)	No	No	No	01/01/2017
Maternal Opioid Misuse (MOM) Model	N/A	N/A	N/A	N/A
Next Generation ACO Model	Yes	Yes	No	01/01/2017
Oncology Care Model (OCM) (one-sided Risk Arrangement)	No	Yes	No	01/01/2017
Oncology Care Model (OCM) (two-sided Risk Arrangement)	Yes	Yes	No	01/01/2017
Part D Enhanced Medication Therapy Management Model	No	No	No	01/01/2017
Pennsylvania Rural Health Model	No	No	No	01/01/2018
Primary Care First (PCF) General Option ⁷	Yes	Yes	Yes	01/01/2021
Primary Care First (PCF) Seriously Ill Population (SIP) Option	Yes	Yes	Yes	04/01/2021
Primary Care First (PCF) Seriously Ill Population (SIP) Option (non-CEHRT)	No	Yes	Yes	04/01/2021
Prior Authorization of Repetitive Scheduled Non-Emergent Ambulance Transport	N/A	N/A	N/A	N/A

⁷ Dual participants in PCF 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 PCF. PCF Practices 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	MIPS APM	Medical Home Model	Effective Start
Radiation Oncology ⁸	No	No	No	07/01/2021
Radiation Oncology (non-CEHRT)	No	No	No	07/01/2021
Rural Community Hospital Demonstration	N/A	N/A	N/A	N/A
Transforming Clinical Practice Initiative (TCPI)	No	No	No	01/01/2017
Value in Opioid Use Disorder Treatment (ViT) Demonstration Program	No	Yes	No	01/01/2021
Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)	Yes	Yes	No	01/01/2019

⁸ CMS intends to delay the RO Model start date to July 1, 2021, if finalized the model would not be an Advanced APM or MIPS APM until the first performance year, which is expected to begin 01/01/2022.

Other Payer Advanced APMs – QP Performance Period 2021

Medicaid Other Payer Advanced APMs

State	Payment Arrangement Name	Medicaid FFS or Managed Care	Multiyear Determination	Availability/Location
Massachusetts EOHHS	Accountable Care Organization Partnership Plan	Capitated Model with Reconciliation	Through 2022	Statewide
	Primary Care ACO	Population-based payment model with shared risk		
Ohio Department of Medicaid	Ohio Episode-Based Payment Model	Episode-based model	2022-2025	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 2021	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
	Community Health Plan of Washington Model 2b and 2c	Population-based payment model with shared risk	Through 2021	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
	Community Health Plan of Washington Model 3 Affiliate	Population-based payment model with shared risk	Through 2021	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
	Coordinated Care – Washington Medicaid Quality Risk Program	Population-based payment model with shared risk	Through 2025	Statewide
	Molina Healthcare of Washington, Inc	Population-based payment model with shared risk	Through 2021	Counties of Adams, Benton, Clallam, Clark, Cowlitz, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, and Yakima

Medicare Health Plan Payment Arrangements

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
Centene	Health Net (California and Oregon) and Health Net Community Solution.	Health Net Medicare Quality Performance Program	Through 2024	CA, OR	H0562 H3561 H6815
	Superior Health Plan	Medicare Value Based Physician Incentive Program	Through 2024	TX	H0062 H6870
	Absolute Total Care, Inc.; Buckeye Community Health Plan, Inc.; Coordinated Care of Washington, Inc.; Illinicare Health Plan; Health Net Of Arizona, Inc.; Buckeye Health Plan Community Solutions; Home State Health Plan, Inc.; Western Sky Community Care, Inc.; Trillium Community Health Plan; Pennsylvania Health & Wellness, Inc.; Coordinated Care Corporation; Louisiana Healthcare Connections,	Medicare Model 1 Shared Risk Program	Through 2024	AR, AZ, FL, GA, IL, IN, KS, LA, MI, MO, MS, NM, OH, OR, PA, SC, TX, WI	H0022, H0029, H0062, H0281, H0351, H0724, H0908, H1436, H1475, H1664, H1723, H2134, H2174, H2915, H3499, H5117, H5190, H5294, H5590, H6348, H6550, H6870, H7173, H8189, H9276, H9287, H9487, H9630, H9811

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
	Inc.; Sunshine State Health Plan, Inc.; Centene Venture Company Kansas; Silver summit Health Plan, Inc.; Sunflower State Health Plan, Inc.; Peach State Health Plan, Inc.; Centene Venture Company Illinois; Managed Health Services, Wisconsin; Centene Venture Company Of Florida; Sunshine Health Community Solutions, Inc.; Health Net Community Solutions Of Arizona, Inc.; Michigan Complete Health, Inc.; Arkansas Health and Wellness Health Plan, Inc; and Magnolia Health Plan, Inc.				
CVS Health Corporation	AETNA Life Insurance Company	AETNA Life Insurance Company Medicare Health Plan	Through 2022	AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL,	H5521 H3931 H0523 H1100 H2829 H1608 H5302

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
				IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO ,MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT VT, VA, WA WV, WI, WY	H1109 H3928 H1609 H2663 H7301 H3959 H5522 H1692 H7149 H5793 H3597 H3152 R6694 H3312 H4523 H8649
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 HMO	Through 2021	IL	H3822

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
Healthfirst, Inc.	Healthfirst Health Plan, Inc.	Healthfirst Alternative Payment Model	Through 2024	NY	H5989, H1722, H3359
Lifetime Healthcare, Inc.	Excellus Health Plan, Inc.	Accountable Cost and Quality Agreement	Through 2021	NY	H3335, H3351
Spectrum Health System	Priority Health	Medicare Advantage Total Cost of Care Model	2024	AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO	H2320 H4875

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
				,MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, NJ	
UnitedHealth Group, Inc.	UHC Of California	UHC Medicare Advantage APM Global Capitation Model	Through 2021	CA	H0543
	PacifiCare of Colorado	Global Cap & Alternative Payment BCR	Through 2021	AZ, CO	H0609
	UnitedHealthcare Of Wisconsin, Inc.	Global Cap & Alternative Payment BCR, Retrospective Episodes of Care	Through 2021	AZ, IA, IL, KY, NC, OH, TN, VA, WI	H5253, H2802

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
	UnitedHealthcare Of Colorado, Inc.	Global Cap & Retrospective Episodes of Care	Through 2021	CO, NV	H6706, H0609
	Preferred Care Partners	Global Cap & Retrospective Episodes of Care	Through 2021	FL	H1045
	UnitedHealthcare Insurance Co.	Global Cap, Alternative Payment BCR, Retrospective Episodes of Care	Through 2021	FL, GA, ID, IN, SC, PA	H2406, H8748, H2228,
	Medica Healthcare Plan	Global Cap	Through 2021	FL	H5420
	UnitedHealthcare of Utah	Global Cap, Alternative Payment BCR, Retrospective Episodes of Care	Through 2021	ID, UT	H2228, H4604

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
	UnitedHealthcare of River Valley	Global Cap, Alternative Payment BCR, Retrospective Episodes of Care	Through 2021	IA, IL	H8768
	UnitedHealthcare of the Midlands	Global Cap, Alternative Payment BCR, Retrospective Episodes of Care	Through 2021	IN, MO	H2802
	UnitedHealthcare of New England	Alternative Payment BCR	Through 2021	MA, PA, RI, VT	H1944
	Oxford Health Plans	Alternative Payment BCR	Through 2021	NY	H3307
	UnitedHealthcare of New York	Alternative Payment BCR	Through 2021	NY	H3379, H5342

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
	Harken Health Insurance Co	Global Cap	Through 2021	TX	H1278
	Physicians Health Choice of Tx	Global Cap & Retrospective Episodes of Care	Through 2021	TX	H4527
	UnitedHealthcare Benefits of Tx	Global Cap & Retrospective Episodes of Care	Through 2021	TX	H4590
	UnitedHealthcare of Oregon	Global Cap, Alternative Payment BCR, Retrospective Episodes of Care	Through 2021	WA	H3805

Commercial Payment Arrangements

Entity Name	Payment Arrangement Name	Multiyear Determination	Location
Aetna	Accountable Care Organization Attribution Model	Through 2024	Nationwide
Anthem	Anthem, Inc., Cooperative Care (CC) Contract	Through 2025	CA, CO, CT, GA, IN, KY, MA, ME, MO, NH, NY, OH, VI, WI
Blue Cross and Blue Shield of Illinois, a division of Health Care Service Corporation, a Mutual Legal Reserve Company	Aligned Other Payer Medical Home Model (CPC+)	Through 2021	Illinois
BCBS of KC	Aligned Other Payer Medical Home Model (CPC+)	Through 2021	KS, MO
Blue Care Network of Michigan / Blue Cross Blue Shield of Michigan	Advanced Risk Arrangement for Commercial HMO	Through 2025	Michigan
Health 2 Business, Inc.	Direct Corporate Health Partnership Other Payor Advanced APM	Through 2025	Nationwide
Washington State HCA	Puget Sound High Value Network LLC	Through 2024	WA
	UW Medicine Accountable Care Network		

Other Payer Advanced APMs – QP Performance Period 2020

Medicaid Other Payer Advanced APMs

State	Payment Arrangement Name	Medicaid FFS or Managed Care	Multiyear Determination	Availability/Location
Massachusetts EOHHS	Accountable Care Organization Partnership Plan	Capitated Model with Reconciliation	Through 2022	Statewide
Ohio Department of Medicaid	Ohio Episode-Based Payment Model	Episode-based model	Through 2025	Statewide
Oregon	Intercommunity Health Network CCO Pay-for-Performance Alternative Payment Model	Capitated Model with Reconciliation	Through 2020	Benton, Lincoln and Linn Counties
TennCare	Retrospective Episodes of Care	Episode-based model	Through 2025	Statewide
Washington State Health Care Authority	Community Health Partnership of Washington Model 1	Population-based payment model with shared risk	Through 2020	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

State	Payment Arrangement Name	Medicaid FFS or Managed Care	Multiyear Determination	Availability/Location
	Community Health Partnership of Washington Model 2	Population-based payment model with shared risk	Through 2020	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
	Community Health Partnership of Washington Model 3.2	Population-based payment model with shared risk	Through 2020	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
	Coordinated Care – Washington Medicaid Quality Risk Program	Population-based payment model with shared risk	Through 2025	Statewide
	Molina Healthcare of Washington, Inc	Population-based payment model with shared risk	Through 2021	Counties of Adams, Benton, Clallam, Clark, Cowlitz, Franklin, Grant, Grays Harbor, Island, King, Kitsap, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, and Yakima

Medicare Health Plan Payment Arrangements

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
Centene	Health Net (California and Oregon) and Health Net Community Solution.	Health Net Medicare Quality Performance Program	Through 2024	CA, OR	H0562 H3561 H6815
	Superior Health Plan	Medicare Value Based Physician Incentive Program	Through 2024	TX	H0062 H6870
	Absolute Total Care, Inc.; Buckeye Community Health Plan, Inc.; Coordinated Care of Washington, Inc.; Illinicare Health Plan; Health Net Of Arizona, Inc.; Buckeye Health Plan Community Solutions; Home State Health Plan, Inc.; Western Sky Community Care, Inc.; Trillium Community Health Plan; Pennsylvania Health & Wellness, Inc.; Coordinated Care Corporation; Louisiana Healthcare Connections, Inc.; Sunshine State	Medicare Model 1 Shared Risk Program	Through 2024	AR, AZ, FL, GA, IL, IN, KS, LA, MI, MO, MS, NM, OH, OR, PA, SC, TX, WI	H0022, H0029, H0062, H0281, H0351, H0724, H0908, H1436, H1475, H1664, H1723, H2134, H2174, H2915, H3499, H5117, H5190, H5294, H5590, H6348, H6550, H6870, H7173, H8189, H9276, H9287, H9487, H9630, H9811

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
	Health Plan, Inc.; Centene Venture Company Kansas; Silver summit Health Plan, Inc.; Sunflower State Health Plan, Inc.; Peach State Health Plan, Inc.; Centene Venture Company Illinois; Managed Health Services, Wisconsin; Centene Venture Company Of Florida; Sunshine Health Community Solutions, Inc.; Health Net Community Solutions Of Arizona, Inc.; Michigan Complete Health, Inc.; Arkansas Health and Wellness Health Plan, Inc; and Magnolia Health Plan, Inc.				
CVS Health Corporation	AETNA Life Insurance Company	AETNA Life Insurance Company Medicare Health Plan	Through 2022	AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID,	H5521 H3931 H0523 H1100 H2829 H1608

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
				IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO ,MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT VT, VA, WA WV, WI, WY	H5302 H1109 H3928 H1609 H2663 H7301 H3959 H5522 H1692 H7149 H5793 H3597 H3152 R6694 H3312 H4523 H8649
Health Care Service Corporation	Health Care Service Corporation/Blue Cross Blue Shield of Illinois	Medicare Advantage HMO, Medicare Advantage HMO FFV, Medicare Advantage HMO FFV Primary Care Physician, Medicare Advantage PPO	Through 2020	AL, AK, AZ, AR,CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY,	H3822 H3251 H3979 H8133 H8554 H9706 H3979 H0107

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
		FFV, and an unknown payer name submission		LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VI, VT, VA, WA, WV, WI, WY, MP, GU	H1666 H8634
Spectrum Health System	Priority Health	Medicare Advantage Total Cost of Care Model	2024	AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME,	H2320 H4875

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
				MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, NJ	
United Health Group, Inc.	UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of The Midlands, Inc.; UnitedHealthcare of Arkansas, Inc.; Symphonix Health Insurance, Inc.; Health Insurance, Inc.; Pacificare of Colorado, Inc.; Sierra	Alternative Payment BCR (Benefit Cost Ratio)	Through 2020	AK, AL, AR, AS, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME,	H0432-001-000 H0432-002-000 H0432-003-000 H0432-004-000 H2802-041-000 H3464-004-000 H0271-008-000 H0609-025-000 H0609-026-000 H0609-027-000 H0710-005-000

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
	Health and Life Insurance Company, Inc.; UnitedHealthcare of Wisconsin, Inc.; Pacificare of Colorado, Inc.; Oxford Health Plans (CT), Inc.			MI, MN, MO, MP, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SFD, TN, TX, UT, VA, VY, WA, WI, WV, WY	H5253-035-000 H5253-036-000 H0609-007-000 H0609-012-000 H0609-018-000 H0755-030 H0755-032-000
	Symphonix Health Insurance, Inc.; Sierra Health and Life Insurance Company, Inc.; UnitedHealthcare of Wisconsin, Inc.; UHC of California Pacificare of Colorado, Inc	UHC Global Capitation Model	Through 2020	AK, AL, AR, AS, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD,	H0271-008-000 H0609-025-000 H0609-026-000 H0609-027-000 H0710-005-000 H5253-035-000 H5253-036-000 H0543-001-000 H0543-013 H0543-019 H0543-022

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
				ME, MI,	H0543-028
				MN, MO,	H0543-029
				MP, MS,	H0543-032
				MT, NC,	H0543-035
				ND, NE,	H0543-036
				NH, NJ,	H0543-060
				NM,	H0543-070
				NV, NY,	H0543-086
				OH, OK,	H0543-089
				OR, PA,	H0543-121
				PR, RI,	H0543-138
				SC, SD,	H0543-140
				TN, TX,	H0543-144
				UT, VA,	H0543-145
				VI, VT,	H0543-146
				WA, WI,	H0543-147
				WV, WY	H0543-148
					H0543-151
					H0543-152
					H0543-153
					H0543-158
					H0543-163
					H0543-164
					H0543-165
					H0543-166
					H0543-167
					H0609-007-000

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
					H0609-012-000 H0609-018-000
	UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of The Midlands, Inc.; UnitedHealthcare of Arkansas, Inc.; Symphonix Health Insurance, Inc.; Pacificare of Colorado, Inc; Sierra Health and Life Insurance Company, Inc.; UnitedHealthcare of Wisconsin, Inc.; UHC of California; Oxford Health Plans (CT), INC.	UHC Medicare Advantage Retrospective Bundles Model	Through 2020	AK, AL, AR, AS, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MP, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA,	H0432-001-000 H0432-002-000 H0432-003-000 H0432-004-000 H0432-005-000 H0432-006-000 H0432-007-000 H0432-008-000 H2802-041-000 H3464-003-000 H3464-004-000 H0271-008-000 H0609-025-000 H0609-026-000 H0609-027-000 H0710-005-000 H5253-035-000 H5253-036-000 H0543-028-000 H0543-029-000 H0543-036-000 H0543-070-000 H0543-086-000 H0543-089-000 H0543-140-000

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
				WI, WV, WY	H0543-146-000 H0543-147-000 H0543-148-000 H0543-158-000 H0543-163-000 H0543-175-000 H0543-176-000 H0543-177-000 H0543-178-000 H0543-179-000 H0543-180-000 H0543-182-000 H0543-183-000 H0543-184-000 H0543-185-000 H0543-186-000 H0543-187-000 H0755-030-000 H0755-031-000 H0755-032-000

Commercial Payment Arrangements

Entity Name	Payment Arrangement Name	Multiyear Determination	Location
Aetna	Accountable Care Organization Attribution Model	Through 2024	Nationwide
Anthem	Anthem, Inc., Cooperative Care (CC) Contract	Through 2025	CA, CO, CT, GA, IN, KY, MA, ME, MO, NH, NY, OH, VI, WI
Blue Cross and Blue Shield of Illinois, a division of Health Care Service Corporation, a Mutual Legal Reserve Company	Commercial HMOs of BCBSIL	Through 2020	Illinois
Blue Care Network of Michigan / Blue Cross Blue Shield of Michigan	Advanced Risk Arrangement for Commercial HMO	Through 2025	Michigan
Health 2 Business, Inc.	Direct Corporate Health Partnership Other Payor Advanced APM	Through 2025	Nationwide

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