

Alternative Payment Models in the Quality Payment Program as of December 2021

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Overview

The subsequent tables display the Alternative Payment Models (APMs) that CMS currently operates or has announced, as of December 2021. 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
Accountable Health Communities (AHC)	No	No	No	05/01/2017	04/30/2022
ACO Investment Model (AIM)	N/A	N/A	N/A	N/A	N/A
Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)	Yes	Yes	No	10/1/2018	12/31/2023
Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1 - CEHRT) ¹	Yes	Yes	No	01/01/2017	12/31/2024
Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 2 - non-CEHRT)	No	Yes	No	01/01/2017	12/31/2024
Comprehensive ESRD Care (CEC) Model (LDO arrangement)	Yes	Yes	No	01/01/2017	03/31/2021
Comprehensive ESRD Care (CEC) Model (non- LDO two-sided risk arrangement)	Yes	Yes	No	01/01/2017	03/31/2021
Comprehensive ESRD Care (CEC) Model (non- LDO arrangement one-sided risk arrangement)	No	Yes	No	01/01/2017	03/31/2021

¹ Beginning in Performance Year 2021, both Comprehensive Care for Joint Replacement (CJR) Model Tracks 1 and 2 are considered a MIPS APM.

Model Name & Track	Advanced APM	MIPS APM	Medical Home Model	Effective Start	Effective End
Community Health Access and Rural Transformation Model	N/A	N/A	N/A	N/A	N/A
Comprehensive Primary Care Plus (CPC+) Model ^{2,3}	Yes	Yes	Yes	01/01/2017	12/31/2021
Emergency Triage, Treat and Transport (ET3)	N/A	N/A	N/A	N/A	N/A
ESRD Treatment Choices (ETC)	N/A	N/A	N/A	N/A	N/A
Frontier Community Health Integration Project Demonstration (FCHIP) ⁴	No	No	No	01/01/2022	06/30/2026
Global Professional Direct Contracting (GPDC) Model	Yes	Yes	No	04/01/2021	12/31/2026
Home Health Value-Based Purchasing Model (HHVBP)	N/A	N/A	N/A	N/A	N/A
Independence at Home Demonstration (IAH)	No	Yes	No	01/01/2018	12/31/2023
Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents: Phase 2	No	No	No	01/01/2017	09/30/2020
Integrated Care for Kids (InCK) Model	N/A	N/A	N/A	N/A	N/A

² 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.

³ 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.

⁴ Effective date 01/01/2022 reflects the demonstration extension.

Model Name & Track	Advanced APM	MIPS APM	Medical Home Model	Effective Start	Effective End
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Graduated Option Level 1	No	Yes	No	01/01/2022	12/31/2026
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Graduated Option Level 2	Yes	Yes	No	01/01/2022	12/31/2026
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Professional Option	Yes	Yes	No	01/01/2022	12/31/2026
Kidney Care Choices: Comprehensive Kidney Care Contracting (CKCC) Global Option	Yes	Yes	No	01/01/2022	12/31/2026
Kidney Care Choices: Kidney Care First (KCF)	Yes	Yes	No	01/01/2022	12/31/2026
Medicare Patient Intravenous Immunoglobulin (IVIg) Access Demonstration Project	N/A	N/A	N/A	N/A	N/A
Maryland All-Payer Model (Care Redesign Program)	Yes	No	No	01/01/2019	12/31/2026
Maryland Primary Care Program	No	Yes	Yes	01/01/2019	12/31/2026
Medicare Advantage Value-Based Insurance Design (VBID) Model	N/A	N/A	N/A	N/A	N/A
Medicare Care Choices Model (MCCM)	N/A	N/A	N/A	N/A	N/A

Model Name & Track	Advanced APM	MIPS APM	Medical Home Model	Effective Start	Effective End
Medicare-Medicaid Financial Alignment Initiative ⁵	N/A	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	N/A
Medicare Shared Savings Program Accountable Care Organizations – Basic Track E	Yes	Yes	No	01/01/2019	N/A
Medicare Shared Savings Program accountable Care Organizations – Enhanced Track	Yes	Yes	No	01/01/2019	N/A
Medicare Accountable Care Organization (ACO) Track 1+ Model	Yes	Yes	No	01/01/2017	12/31/2021
Medicare Shared Savings Program Accountable Care Organizations — Track 1	No	Yes	No	01/01/2017	12/31/2021
Medicare Shared Savings Program Accountable Care Organizations — Track 2	Yes	Yes	No	01/01/2017	12/31/2021

⁵ 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	Effective End
Medicare Shared Savings Program Accountable Care Organizations — Track 3	Yes	Yes	No	01/01/2017	12/31/2021
Million Hearts: Cardiovascular Disease Risk Reduction Model (MH CVDRR)	No	No	No	01/01/2017	12/31/2021
Maternal Opioid Misuse (MOM) Model	N/A	N/A	N/A	N/A	N/A
Next Generation ACO Model	Yes	Yes	No	01/01/2017	12/31/2021
Oncology Care Model (OCM) (one-sided Risk Arrangement)	No	Yes	No	01/01/2017	06/30/2022
Oncology Care Model (OCM) (two-sided Risk Arrangement)	Yes	Yes	No	01/01/2017	06/30/2022
Part D Enhanced Medication Therapy Management Model	No	No	No	01/01/2017	12/31/2021
Pennsylvania Rural Health Model	No	No	No	01/01/2018	12/31/2024
Primary Care First (PCF) Model ⁶	Yes	Yes	Yes	01/01/2021	12/31/2026
Prior Authorization of Repetitive Scheduled Non-Emergent Ambulance Transport	N/A	N/A	N/A	N/A	N/A
Radiation Oncology (Professional & Technical CEHRT)	Yes	Yes	No	01/01/2023	12/31/2027

⁶ 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	Effective End
Radiation Oncology (Professional non-CEHRT)	No	Yes	No	01/01/2023	12/31/2027
Radiation Oncology (Professional & Technical non-CEHRT)	No	No	No	01/01/2023	12/31/2027
Rural Community Hospital Demonstration	N/A	N/A	N/A	N/A	N/A
Transforming Clinical Practice Initiative (TCPI)	No	No	No	01/01/2017	09/28/2019
Value in Opioid Use Disorder Treatment (ViT) Demonstration Program	No	Yes	No	01/01/2021	12/31/2024
Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)	Yes	Yes	No	01/01/2019	12/31/2022

Other Payer Advanced APMs – QP Performance Period 2022

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	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
	Community Health Plan of Washington Model 2b and 2c	Population-based payment model with shared risk	Through 2025	Statewide
	Coordinated Care – Washington Medicaid Quality Risk Program	Population-based payment model with shared risk	Through 2025	Statewide

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 Health Plan, Inc.; Centene Venture Company Kansas; Silver summit Health Plan, Inc.; Sunflower State Health Plan, Inc.; Peach 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 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, 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	H5521 H3931 H0523 H1100 H2829 H1608 H5302 H1109 H3928 H1609 H2663 H7301 H3959 H5522 H1692 H7149

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State	Contract ID
					H5793 H3597 H3152 R6694 H3312 H4523 H8649
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 2022	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, NJ, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY	

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 Care Network of Michigan / Blue Cross Blue Shield of Michigan	Advanced Risk Arrangement for Commercial HMO	Through 2025	MI
Blue Cross and Blue Shield of Illinois, a division of Health Care Service Corporation, a Mutual Legal Reserve Company	Commercial HMOs of BCBSIL	Through 2022	IL
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
Horizon Blue Cross Blue Shield of New Jersey	Horizon Advanced Primary Care Contracting (APC)	Through 2023	NJ
Horizon Blue Cross Blue Shield of New Jersey	Horizon Alliance Risk-Based Contracting Program	Through 2024	NJ

Entity Name	Payment Arrangement Name	Multiyear Determination	Location
Signify Health	State of Connecticut Episode of Care Program	Through 2024	CT
Washington State HCA	Puget Sound High Value Network LLC	Through 2024	WA
	UW Medicine Accountable Care Network		

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
Oregon	Intercommunity Health Network CCO Pay-for-Performance Alternative Payment Model	Capitated Model with Reconciliation	Through 2021	Benton, Lincoln, and Linn Counties
TennCare	Retrospective Episodes of Care	Episode-based model	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 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(s)	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 Health Plan, Inc.; Centene Venture Company Kansas; Silver summit Health	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(s)	Contract ID
	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, 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	H5521 H3931 H0523 H1100 H2829 H1608 H5302 H1109 H3928 H1609 H2663 H7301 H3959

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State(s)	Contract ID
					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
Healthfirst, Inc.	Healthfirst Health Plan, Inc.	Healthfirst Alternative Payment Model	Through 2024	NY	H5989, H1722, H3359

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State(s)	Contract ID
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, MT, NE, NJ, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY	H2320 H4875
UnitedHealth Group, Inc.	UHC Of California	UHC Medicare Advantage APM Global Capitation Model	Through 2021	CA	H0543

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State(s)	Contract ID
	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
	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, PA, SC	H2406, H8748, H2228

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State(s)	Contract ID
	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
	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

Parent Org	Legal Entity Name	Payment Arrangement Name	Multiyear Determination	State(s)	Contract ID
	Oxford Health Plans	Alternative Payment BCR	Through 2021	NY	H3307
	UnitedHealthcare of New York	Alternative Payment BCR	Through 2021	NY	H3379, H5342
	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	IL
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	MI
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		

Version History

Date	Change Description
4/21/2022	Updated page 5 to reflect “No” under the Advanced APM category for the Maryland Primary Care Program.
1/21/2022	Updated Oncology Care Model (OCM) to reflect model end date in 2022 on page 7.
1/12/2022	<p>Updated Comprehensive Joint Replacement (CJR) Model and Bundled Payments for Care Improvement (BPCI) Advanced Model to reflect Performance Year 2021 policy on page 3.</p> <p>Updated Comprehensive Kidney Care Contracting (CKCC) Model to reflect anticipated start dates on page 5.</p>
12/21/2021	Updated to reflect new Radiation Oncology effective start and end dates on page 8. Removed “Community Health Plan of Washington Model 3 Affiliate” details on page 9.
12/6/2021	Original version.

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