Preliminary Comments Development Team (PCDT) Presentation:

Improving Multi-Payer Alignment in Value-Based Care

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Agenda

Meeting Objectives and Context

Vision and Value of Multi-Payer Models

Multi-Payer Model Alignment Components & Challenges

Multi-Payer Alignment Initiatives

Preview of Upcoming Expert Sessions

Objectives of This Theme-Based Meeting

- Identify successful approaches and solutions for overcoming barriers to multi-payer alignment in value-based care:
  - within federal or state models
  - across public and private payers
- Determine concrete, short-run steps toward achieving multi-payer alignment
- Describe long-term aspirational goals for multi-payer alignment and how these could be accomplished

Context for This Theme-Based Meeting

- PTAC has received 36 proposals for physician-focused payment models (PFPMs), including 28 proposals that PTAC has deliberated on during public meetings.

- Committee members found that 14 of the 28 proposals included potential approaches to multi-payer alignment.

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PTAC Working Definition of Multi-Payer Alignment

- PTAC is using the following working definition of multi-payer alignment:
  - *Agreement among payer programs and products—including those offered through Traditional Medicare, Medicare Advantage, Medicaid Fee-For-Service, Medicaid Managed Care, commercial insurers, and employers—on model alignment areas necessary to promote value-based care.*
  - *Model alignment areas include but are not limited to goals and strategies, care delivery, financial incentives, quality measures, and data sharing.*
- This definition will likely continue to evolve as the Committee collects additional information from stakeholders.

Why Multi-Payer Alignment?

- Value-based care (VBC) can help improve population health and reduce spending growth

- However:
  - The health care financing landscape remains a mix of fee-for-service (FFS) and VBC
  - VBC implementation varies by program and payer

- Multi-payer alignment is needed to address these issues

Multi-Payer Alignment Can Offer Multiple Benefits

- More collaborative work between providers and multiple payers to serve a wider range of patients through:
  - Stronger care pathways for disease prevention and management
  - More time to focus effort on care transformation
  - Greater data sharing and more informed clinical decisions
  - Lower cost for investing in capabilities to improve care
  - Less administrative burden and costs

Characteristics of Multi-Payer Alignment

- Types of Alignment
  - Alignment within payer (across programs)
  - Alignment across payers
- Extent of Alignment
  - Number of programs or payers involved
  - Level of payer involvement (e.g., number of staff involved, length of time payer is engaged)
  - Geographic spread of payer's patient populations (e.g., national, regional, local)
- Degree of Alignment
  - Exact alignment: agreement on specific details of model alignment areas
    - Time-consuming and difficult for payers to achieve but less burdensome for providers
  - Directional alignment: agreement on general model alignment areas but can vary on specific details
    - Easier for payers to achieve and promotes flexibility but more burdensome for providers

Multi-Payer Alignment Conceptual Diagram

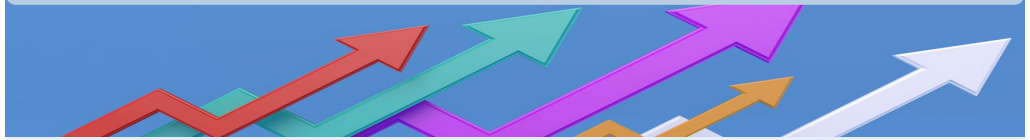
Payers

- Medicare fee-for-service
- Medicare Advantage
- Medicaid
- Commercial plans
- Direct-to-employer (DTE) contracting

Other Stakeholders

- Patients
- Providers
- Purchasers (e.g., employer-to-plan contracting)
- Convener organizations

Model Alignment Areas



- Goals and strategies
- Care delivery
- Payment methodology & financial incentives
- Quality/performance measures and reporting
- Attribution, benchmarking, and risk-adjustment methods
- Data interoperability and sharing

Influencing Factors

- Stakeholder engagement
- Market circumstances (e.g., patient populations, local insurance market)
- Payer competition and trust
- Facilitator involvement
- Antitrust laws and waivers
- Use of technical assistance

Outcomes

- Shift to value-based care
- Improved population health
- Reduced provider administrative burden

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Components of Successful Multi-Payer Alignment Models

- Broad representation of **stakeholders**—payers, providers, purchasers, patients, and state agencies—in the collaborative design, implementation, and evaluation of multi-payer models
- A **governing body** to oversee a multi-payer model's activities and promote transparency and accountability
- A trusted **facilitator** (e.g., convener), such as a state entity, to align competing interests, manage expectations, and facilitate collaboration among payers
- **Measurable goals** to monitor progress and ensure sustained stakeholder engagement

Components of Successful Multi-Payer Alignment Models, Continued

- **Technical assistance** for states and payers to support engagement and help to establish and meet shared goals
  - For example, CMS supporting and facilitating learning collaboratives to share best practices and tools, promoting clear communication among payers, sharing evidence-based practices
- Consideration of the characteristics and needs of **different patient populations and providers** as these can influence a payer's goals, payment methods, and reporting requirements in a value-based care model
- A **common payment model** with standardized rates to enhance payer transparency and reduce provider burden
  - For example, hospital global budget, episode-based payments

Components of Successful Multi-Payer Alignment Models, Continued

- **Flexibility in structuring payments** to accommodate different payer and provider needs
  - For example, payment amount, risk level
- **Performance/quality measure alignment** to establish a single set of expectations among payers, improve monitoring, and reduce administrative burden for providers
- Alignment of **attribution, benchmarking, and risk-adjustment methods** to decrease administrative burden and increase the effectiveness of financial incentives
- Use of **health information exchanges (HIEs)** to facilitate data access across payers

Challenges to Aligning Multiple Payers: Differing Goals and Patient Population Needs

- Payers may have **different goals for payment models**, such as improving affordability and quality of care, improving population health, reducing health disparities, and reducing provider burden
  - For example, Medicare, with high patient retention rates, may emphasize long-term health care goals whereas Medicaid and commercial insurers, with more patient churn, may focus more on short-term improvement goals
- Achieving exact alignment on all model areas can be challenging given **differing payer patient populations and organizational priorities**
  - Directional alignment can allow tailoring of care delivery approaches within a payment model while allowing flexibility to accommodate payer differences
  - Variation in attribution, benchmarking, and risk-adjustment methods may be needed across payers to meet the needs of different patient populations and reflect payers' and providers' goals and capabilities in implementing models

Challenges to Aligning Multiple Payers: Financial and Technical Barriers

- Significant **financial and technical barriers** may exist for payers and providers:
  - Individual payers and providers typically bear the responsibility to develop **solutions for data sharing**
  - Payers' **measure sets may be proprietary**, inhibiting broad use, and providers may be invested in using their own performance measures
  - Providers' **existing billing systems may be difficult to adapt**, which could influence financial incentive arrangements and require upfront investments
  - **Workforce shortages** and churn can make it challenging for providers to navigate the process of combining payments from different payer sources in multi-payer initiatives

Challenges to Aligning Multiple Payers: Market Circumstances

- Regions with **competitive market conditions** may have lower payer collaboration due to payers' lack of trust and concerns about competitive advantage
- Commercial payers may find it impractical to customize a value-based payment model for a **small market area**, such as a single state
- A payer's willingness to participate in a multi-payer initiative may be influenced by their **market share**:
  - Payers with a dominant market presence are more likely to steer decision-making, which may hinder smaller payers from participating
  - Payers without a dominant market presence are less likely to benefit from improvements in its local delivery system and have fewer incentives to engage

Challenges to Aligning Multiple Payers: Laws and Regulations

- **Federal antitrust laws** restrict collaboration among health care payers to set specific prices and payment levels – this can impede payers from coordinating in multi-payer models
  - State-led initiatives may be eligible for immunity of antirust laws under the state-action doctrine
  - Non-state-led initiatives may need to focus on aligning other model design components but allow payers to set payment rates independently
- The **Anti-Kickback Statute** and **Stark Law** prevent health care referrals from involving kick-backs or financial benefit to providers – these may impede the types of patient referrals in value-based care models
  - **Safe-harbor waivers** provide regulatory flexibility to these fraud and abuse prevention barriers in value-based arrangements to allow payers to collaborate in Alternative Payment Models

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CMS-Led Multi-State Multi-Payer Models & Initiatives

CMS Model*	Years	States/ Regions	Payer Participants		
			Medicare	Medicaid	Commercial
Achieving Healthcare Efficiency through Accountable Design (AHEAD)	2026–2035	CT, HI, MD, NY, RI, VT	X	X	X
State Transformation Collaboratives (STCs)	2023–present	AR, CA, CO, NC	X	X	X
Making Care Primary (MCP)	2024–2025	CO, MA, MN, NC, NJ, NM, NY, WA	X	X	X
Primary Care First (PCF)	2021–2025	26 states or regions	X	X (only LA, ME, & OH)	X
Comprehensive Primary Care Plus (CPC+)	2017–2021	18 states or regions	X	X	X
State Innovation Models (SIM) Initiative	2013–2020	35 states + DC	X	X	X
Comprehensive Primary Care (CPC)	2012–2016	AR, CO, NJ, NY^, OH/KY^, OK^, OR	X	X (except NJ & NY)	X
Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration	2011–2014	ME, MI, MN, NC, NY, PA, RI, VT	X	X	X

*CMS also promotes the Enhancing Oncology Model (EOM) as a multi-payer model; however, because specific details regarding alignment efforts are not provided and only one local commercial payer currently participates (BCBS of SC), EOM was not included in this table.
^Only regions participated in these states (NY: North Hudson-Capital Region; OH/KY: Cincinnati-Dayton Region; OK: Greater Tulsa Region).

CMS-Led Multi-State Multi-Payer Models & Initiatives: Lessons Learned

CMS Model	Key Accomplishments/Lessons Learned
AHEAD	• TBD (2026 model launch)
STCs	• HCPLAN compiled a **multi-payer alignment blueprint** based on approaches taken by the STC states
MCP	• None reported; CMS **ended the model after less than two years** (citing limited uptake, administrative burden, and duplicative efforts with other models)
PCF	• It was helpful for **private payers to collaborate with CMS and Innovation Center models** • **Limited payer participation and alignment** hindered the model (only 3 state Medicaid agencies and 17 commercial payers participated across 26 states/regions)
CPC+	• **Broad participation** from public and private payers is key • It is important for payers to include **all lines of business** so multi-payer efforts can be most effective • Having a **neutral convener to facilitate data aggregation** among payers is important • Payers in 12 states/regions **aggregated data with Medicare FFS data into a single tool**

CMS-Led Multi-State Multi-Payer Models & Initiatives: Lessons Learned, Continued

CMS Model	Key Accomplishments/Lessons Learned
SIM Initiative	• Out of the 35 states and DC that participated in the initiative, **only 3 states (AR, OH, and VT) actually aligned payment models** across multiple payers • States' planning and implementation efforts resulted in the **development of relationships that would serve as a starting point** for future state multi-payer initiatives
CPC	• To aid in collaboration, it was important for payers to establish **valuable relationships** with each other in their respective state/region • Payers in CO and the OH/KY and OK regions were able to create **a single tool to aggregate data across payers** • Payers in AR and OR **aligned cost and utilization measures** in payer feedback reports • CMS's dual role as convener and participating payer made **collaboration and trust-building difficult** • CPC administrative reporting was **burdensome to providers**
MAPCP Demonstration	• It is important that practices receive data by states and payers in a **timely manner** • Multi-payer alignment is **complex and takes substantial time to see progress**; participants felt that they were just getting started when the demonstration ended

Results from CMS-Led Multi-State Multi-Payer Models & Initiatives

CMS Model	Years	Results
MAPCP Demonstration	2011–2014	• **Minimal impact** on reductions in utilization rates • **Reduced** Medicare expenditures compared with PCMH comparison group, although Medicare expenditures increased compared with non-PCMH comparison group
CPC	2012–2016	• **Reduced** hospitalizations and ED visits • **Lower** Medicare expenditures compared with comparison group (although Medicare expenditures increased overall) • Generated savings **did not cover** CPC care management fees • **Minimal impact** on beneficiary experience of care
SIM Initiative	2013–2020	• Only **VT** ACO Shared Savings Program reported significantly **slower increase** in Medicaid expenditures • **AR, ME, MN,** & **VT** had **reduced ED visits** and **ME** & **VT** had **lower inpatient admissions**
CPC+	2017–2021	• **Reduced** acute hospitalizations and ED visits • **Did not reduce** Medicare expenditures and **increased** expenditures with enhanced payments option • **Minimal impact** on beneficiary experience of care
PCF	2021–2025	• **Did not reduce** acute hospitalization rates • **Increased** Medicare expenditures

Note: The AHEAD, STC, and MCP models/initiatives are not included in this table because results for these models have not been reported.
Abbreviation: PCMH, patient-centered medical home

Support for State-Based Multi-Payer Initiatives

- Many state models/initiatives have been supported by CMS
  - CMS Innovation Center Models
    - Three Innovation Center models were state efforts to achieve state-wide multi-payer alignment (MD, PA, VT)
  - State Innovation Model (SIM) Awards
    - 35 states and DC received SIM grants from CMS, which jump-started many states' multi-payer alignment efforts
  - State Transformation Collaboratives (STCs)
    - HCPLAN and CMS jointly support and provide funding to four states (AR, CA, CO, NC) to test approaches to multi-payer alignment
- While many states have received CMS support or established multi-payer task forces/stakeholder groups, the subsequent slides focus on nine states that have undertaken substantial work implementing a specific multi-payer model or initiative
  - AR, CA, CO, MD, MN, PA, RI, VT, WA

State-Based Multi-Payer Models & Initiatives

State Model/Initiative	Years	Payer Participants			
		Medicare	Medicaid FFS	Medicaid Managed Care	Commercial
Arkansas Health Care Payment Improvement Initiative (HCPII)	2012–present	X*	X	X	X
California Advanced Primary Care Initiative	2022–present	X	X	X	X
Colorado APM Alignment Initiative	2021–present	X	X	X	X
Maryland TCOC Model	2019–2026	X	X	X	X
Minnesota Accountable Health Model	2013–2017	X	X	X	
Pennsylvania Rural Health Model	2017–2024	X	X	X	X
Rhode Island Chronic Care Sustainability Initiative (CSI-RI)	2008–2014	X^	X	X	X
Vermont All-Payer ACO Model	2017–2025	X	X	X	X
Washington Multi-Payer Collaborative Primary Care Transformation Initiative (PCTI)	2019–present	X	X	X	X

*Involves Medicare but the initiative is primarily focused on Medicaid and commercial payers
^Medicare was a payer when the RI model participated in the CMS MAPCP demonstration from 2011–2014

State-Based Multi-Payer Models & Initiatives: Lessons Learned

State Model/ Initiative	Key Accomplishments/Lessons Learned
Arkansas Health Care Payment Improvement Initiative	• Being a **CPC participant** was critical for AR's development of this initiative • To gain traction, it is important to have **leadership stemming from the AR governor as well as buy-in from AR's largest private employer (Walmart)** • Having **stakeholder consensus on key model design components** helps build trust and aid in alignment • AR's commercial insurance market is **consolidated to a few carriers which helped simplify design process** • To increase effectiveness, it may be necessary for private payers to **participate in every care episode** (and not just some)
California Advanced Primary Care Initiative	• **Inclusion of independent practices** in the initiative is key since they constitute a substantial portion of PCPs in California
Colorado APM Alignment Initiative	• The formation of an APM alignment advisory group and two sub-groups (focused on primary and maternity care) aided in representing a **broad range of stakeholders** to develop consensus-based recommendations • Stakeholders recognized that it is **hard to align across national health plans** that want consistency across their markets

State-Based Multi-Payer Models & Initiatives: Lessons Learned, Continued

State Model/ Initiative	Key Accomplishments/Lessons Learned
Maryland TCOC Model	• The model helped **set the groundwork** for healthcare delivery system transformations and **established key community partnerships** • Initially, the all-payer rate system created the perverse incentive to increase volume of services; Maryland introduced **global budgets** to negate this incentive • **Budgets should be determined locally and consider local cost of living**
Minnesota Accountable Health Model	• **Lack of clear goals and the competitive nature of plans** stalled progress to align payment methodologies and performance measures • It was important to engage a **broad stakeholder group**
Pennsylvania Rural Health Model	• The model provided necessary **technical assistance to rural hospital participants** and led to improved quality outcomes • Commercial payers expressed concerns about the **sustainability and administrative burden** of the model • **Difficulty predicting global budgets** due to factors such as unexpected changes in market competition and clinician turnover, as well as complex reconciliation methodology, resulted in hospitals and payers having to repay Medicare at end-of-year reconciliation

State-Based Multi-Payer Models & Initiatives, Lessons Learned, Continued

State Model/ Initiative	Key Accomplishments/Lessons Learned
Rhode Island Chronic Care Sustainability Initiative	• **Engaged leadership** of key stakeholders and the RI health insurance commissioner helped build traction • **Mandatory participation** was critical to ensure all commercial plans in the state participated
Vermont All-Payer ACO Model	• It is important to have **most payers and providers participating** in the model for it to succeed • Key health reform activities, such as integration of clinical and claims data, need an **overarching agency/organization to lead efforts** • **Collaboration** among stakeholders is key • The model led to **improved population health and quality outcomes**
Washington Multi-Payer Collaborative Primary Care Transformation Initiative	• **Clear and attainable goals** should be made to enhance model effectiveness • **Federal or external funding** is necessary to operate an effective multi-payer initiative • WA was able to form a **multi-payer collaborative learning cohort** involving primary care practices and payers and to develop **Memorandum of Understandings (MOUs)** for participating payers • **Collaboration** among agencies and different stakeholders can be **time and resource intensive**

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PTAC Public Meeting Focus Areas

- Perspectives on Multi-Payer Alignment Across Programs Within Medicare
- Lessons Learned from State Value-Based Care Models That Have Implemented Multi-Payer Alignment: Part 1
- Lessons Learned from State Value-Based Care Models That Have Implemented Multi-Payer Alignment: Part 2
- Addressing Challenges to Advance Multi-Payer Alignment

Appendix A
Additional Information About Improving Multi-Payer Alignment in Value-Based Care

Approaches to Multi-Payer Alignment for CMS-Led Multi-State Multi-Payer Models & Initiatives

CMS Model	Approaches to Multi-Payer Alignment
Achieving Healthcare Efficiency through Accountable Design (AHEAD)	• Builds upon Maryland TCOC and Vermont All-Payer ACO Models • Aligns Medicaid and commercial payers with Medicare
State Transformation Collaboratives (STCs)	• Collaboratives within each state to test approaches to multi-payer alignment focused on specific needs of each state • Stakeholder convenings and work groups that connect large groups of stakeholders for each state
Making Care Primary (MCP)	• Gradual implementation of prospective, population-based payments • Directional alignment on primary care payment, performance measures, financial incentives, data aggregation, and learning systems
Primary Care First (PCF)	• Aligned payment methodology, performance measurements, and data sharing approach • Flat primary care visit fee, a population-based payment, and performance-based adjustment
Comprehensive Primary Care Plus (CPC+)	• Population-based care management fees and performance payments provided by Medicare and other payers

Approaches to Multi-Payer Alignment for CMS-Led Multi-State Multi-Payer Models & Initiatives, Continued

CMS Model	Approaches to Multi-Payer Alignment
State Innovation Models (SIM) Initiative	• Engaged public and commercial payers, providers, and patients to develop or implement a state innovation plan • States were provided flexibility to use CMS funds to build their state innovation plan to meet the needs of their states
Comprehensive Primary Care (CPC)	• Population-based care management fees provided by Medicare and other payers • Payers collaborated on an approach to align goals, financial incentives, and performance measures
Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration	• CMS joined state-sponsored multi-payer initiatives involving patient-centered medical homes (PCMH)

Approaches to Multi-Payer Alignment for Single State Multi-Payer Models & Initiatives

State Model/ Initiative	Approaches to Multi-Payer Alignment
Arkansas Health Care Payment Improvement Initiative	• Aligned on design elements and implementation strategy • Standardized reporting tools and targets for quality outcomes • Do not align/share cost targets among payers to avoid antitrust issues
California Advanced Primary Care Initiative	• Involvement of Purchaser Business Group on Health's California Quality Collaborative (CQC), Integrated Healthcare Association (IHA), and health plans in designing payment model(s), developing performance metrics, and developing/executing implementation strategy • Shared platform/reporting system across payers so practices have a complete view of patient information
Colorado APM Alignment Initiative	• Flexibility to providers and payers to implement any APM on the HCPLAN APM continuum • Prospective payment methodology is encouraged • Standardized quality measures across payers
Maryland TCOC Model	• All-payer global budget pays hospitals an annual fixed amount • Used a waiver to establish shared hospital payment rates where all payers in Maryland pay hospitals based on same/similar rates • Standardized billing and reporting requirements across payers • Standardized quality measures across payers

Approaches to Multi-Payer Alignment for Single State Multi-Payer Models & Initiatives, Continued

State Model/ Initiative	Approaches to Multi-Payer Alignment
Minnesota Accountable Health Model	• Aligned risk adjustment, attribution, financial incentives, and ACO contract requirements • Standardized performance measures across payers • Standardized data analytics content and format
Pennsylvania Rural Health Model	• All-payer global budget payments for rural hospitals • Independent entity (PA Rural Health Redesign Center Authority [RHRCA]) to administer the model
Rhode Island Chronic Care Sustainability Initiative	• Patient-centered medical home (PCMH) model • Medicaid and commercial payers used a common contract that listed standard practice requirements and performance measures • Commercial payers required to invest increasingly more of their total spend on primary care and non-FFS payments as years progress
Vermont All-Payer ACO Model	• Prospective value-based reimbursement system • Aligned incentives across payers • Standardized quality measures across payers • Creation of an independent regulatory board (Green Mountain Care Board) to develop the model framework and targets
Washington Multi-Payer Collaborative Primary Care Transformation Initiative	• Aligned payment methodologies • Standardized performance measures across payers • Expectation to gradually transition from FFS to prospective payments

Appendix B
Value-Based Care Components of PTAC Proposals That Describe Multi-Payer Alignment Approaches

Value-Based Care Components of PTAC Proposals That Describe Multi-Payer Alignment Approaches

PTAC has received 36 proposals for physician-focused payment models (PFPMs), including 28 proposals that PTAC has deliberated on during public meetings. Committee members found that 14 of the 28 proposals included potential approaches to multi-payer alignment.

Model Name	Clinical Focus	Value-Based Care Components
American Academy of Family Physicians (AAFP) (Provider association and specialty society) Advanced Primary Care: A Foundational Alternative Payment Model (APC-APM) for Delivering Patient Centered, Longitudinal, and Coordinated Care Recommended for limited-scale testing, 12/19/2017	Primary Care	**Overall Model Design Features:** APC-APM builds on concepts tested through CPC and CPC+ models. Primary care medical homes work closely with patients' other health care providers to coordinate and manage care transitions, referrals, and information exchange. **Approaches to Incorporate Multi-Payer Alignment:** APC-APM is intended to be a multi-payer model that adds to the design of the multi-payer CPC and CPC+ models, which promote longitudinal, comprehensive, and coordinated care with primary care teams.
American College of Physicians-National Committee for Quality Assurance (ACP-NCQA) *(Provider association and specialty society/other)* The "Medical Neighborhood" Advanced Alternative Payment Model (AAPM) (Revised Version) Recommended for testing to inform payment model development, 09/15/2020	Improved coordination in primary and specialty care practices	**Overall Model Design Features**: The model builds on the CPC+, Patient-Centered Medical Homes (PCMHs), and Patient-Centered Specialty Practice (PCSP) concepts. **Approaches to Incorporate Multi-Payer Alignment**: Medical Neighborhood is a multi-payer initiative that aims to achieve better coordination between primary and specialty care practices. The model intends to align performance measures, payment criteria, and incentives across payers.
The American College of Surgeons (ACS) *(Provider association/specialty society)* The ACS–Brandeis Advanced Alternative Payment Model Recommended for limited-scale testing, 4/11/2017	Cross-clinical focus with sets of procedural episodes of care	**Overall Model Design Features**: Focused on procedural episodes, leveraging the Episode Grouper for Medicare (EGM) software developed by CMS and Brandeis University, the model is based on shared accountability, integration, and care coordination. **Approaches to Incorporate Multi-Payer Alignment**: This advanced APM is a multi-payer model that nests acute condition episodes within chronic condition episodes and clusters episodes in an advanced APM (rather than a single episode comprising the APM) to facilitate business efficiencies in a multi-payer system.

Value-Based Care Components of PTAC Proposals That Describe Multi-Payer Alignment Approaches, Continued

Model Name	Clinical Focus	Value-Based Care Components
American Society of Clinical Oncology (ASCO) *(Provider association/specialty society)* Patient-Centered Oncology Payment Model (PCOP) Recommended for testing to inform payment model development, 9/15/2020	Oncology	**Overall Model Design Features**: The model proposes to create PCOP communities that include several providers, payers, and other entities to provide high-quality, coordinated care. **Approaches to Incorporate Multi-Payer Alignment**: PCOP is a multi-payer model that aims to align on payment incentives, performance measures, and clinical treatment pathways. The model proposes the formation of a group of stakeholders that would include all payers, providers, and employers to collaborate on the development and implementation of methodologies.
Coalition to Transform Advanced Care (C-TAC) (*Coalition*) Advanced Care Model (ACM) Service Delivery and Advanced Alternative Payment Model Recommended for limited-scale testing, 3/26/2018	Advanced illness, palliative care, end-of-life care	**Overall Model Design Features**: An interdisciplinary care team implements the ACM care delivery services. **Approaches to Incorporate Multi-Payer Alignment**: The ACM proposes multiple payers to participate and align on payment model design.
Dr. Jean Antonucci, MD *(Independent individual)* An Innovative Model for Primary Care Office Payment Recommended for limited-scale testing, 9/6/2018	Primary care	**Overall Model Design Features**: The model aims to provide office-based primary care with a capitated payment structure and proposes to use a HowsYourHealth (HYH) tool to ascertain risk and quality. **Approaches to Incorporate Multi-Payer Alignment:** The model includes all payers that choose to participate.
Illinois Gastroenterology Group and SonarMD, LLC (IGG/SonarMD) *(Regional/local single specialty practice; Device/technology company)* Project Sonar Recommended for limited-scale testing, 4/10/2017	Chronic disease (Crohn's disease)	**Overall Model Design Features**: The model integrates evidence-based medicine with proactive patient engagement. It allows physicians to participate in chronic disease management that is not triggered by a surgical procedure or on an inpatient or outpatient basis. **Approaches to Incorporate Multi-Payer Alignment**: BCBS of Illinois is already using the model.

Value-Based Care Components of PTAC Proposals That Describe Multi-Payer Alignment Approaches, Continued

Model Name	Clinical Focus	Value-Based Care Components
Innovative Oncology Business Solutions, Inc. (IOBS) *(For-profit corporation)* Making Accountable Sustainable Oncology Networks (MASON) Referred for further development and implementation, 12/10/2018	Oncology	**Overall Model Design Features**: Builds off the Community Oncology Medical Home (COME HOME) CMMI project. **Approaches to Incorporate Multi-Payer Alignment**: This model could be adopted by other payers without requiring substantial process changes.
Icahn School of Medicine at Mount Sinai (Mount Sinai) (*Academic institution*) "HaH-Plus" (Hospital at Home-Plus): Provider-Focused Payment Model Recommended for implementation, 9/17/2017	Inpatient services in the home setting	**Overall Model Design Features**: Multidisciplinary care around an acute care event to reduce complications and readmissions. **Approaches to Incorporate Multi-Payer Alignment**: Submitters worked to adapt the payment model to other payers. Medicare Advantage and Medicaid managed care plans expressed interest, and the model was implemented at the VA.
Large Urology Group Practice Association (LUGPA) *(Provider association and specialty society)* LUGPA APM for Initial Therapy of Newly Diagnosed Patients with Organ-Confined Prostate Cancer Not recommended, 2/28/18	Urology/Oncology (treatment of prostate cancer)	**Overall Model Design Features**: The model aims to identify those newly diagnosed prostate cancer patients with low-risk localized disease to receive active surveillance rather than active intervention. **Approaches to Incorporate Multi-Payer Alignment:** Submitters worked with other payers to implement the model beyond the Medicare population.
Pulmonary Medicine, Infectious Disease and Critical Care Consultants Medical Group Inc. (PMA) (*Regional/local single specialty practice*) The COPD and Asthma Monitoring Project (CAMP) Not recommended, 4/11/2017	COPD and/or asthma	**Overall Model Design Features**: The model proposes remote interactive monitoring for patients with COPD, asthma, and other chronic lung diseases. **Approaches to Incorporate Multi-Payer Alignment:** The model involved other payers beyond Medicare and looked to align payers on goals and performance measures.

Value-Based Care Components of PTAC Proposals That Describe Multi-Payer Alignment Approaches, Continued

Model Name	Clinical Focus	Value-Based Care Components
Personalized Recovery Care (PRC) (*Regional/local single specialty practice*) Home Hospitalization: An Alternative Payment Model for Delivering Acute Care in the Home Recommended for implementation, 3/26/2018	Inpatient services in the home setting or skilled nursing facility	**Overall Model Design Features**: This is a home hospitalization care model that proposes to provide inpatient hospitalization-level care and personalized recovery care (PRC) at home or a skilled nursing facility for patients with certain conditions through an episodic payment arrangement. **Approaches to Incorporate Multi-Payer Alignment**: PRC is currently available in commercial and Medicare Advantage plans, and submitters considered including other payers, such as Medicaid managed care.
The University of Massachusetts Medical School (UMass) (*Academic institution)* Eye Care Emergency Department Avoidance Not recommended, 11/8/2019	Eye care	**Overall Model Design Features**: The model aims to reduce ED utilization for ED-avoidable eye conditions and provide incentives for optometrists and ophthalmologists to increase urgent care access for these conditions. **Approaches to Incorporate Multi-Payer Alignment:** The model is open to Medicare, Medicaid, and private payers. Payers would work to establish goals for participating providers.
The University of New Mexico Health Sciences Center (UNMHSC) (*Academic institution*) ACCESS Telemedicine: An Alternative Healthcare Delivery Model for Rural Emergencies Recommended for implementation, 9/16/2019	Cerebral emergency care; telemedicine	**Overall Model Design Features**: Rural EDs can consult neurologists via teleconsultation and assess patients' condition when they present at the hospital ED. The model aims to reduce costs in hospital transfers and ambulatory medicine. **Approaches to Incorporate Multi-Payer Alignment**: The model is available for Medicare and other payers to use a new bundled code for telemedicine consultations. Performance measures are shared between payers to provide transparency.

Appendix C
References

References

Slide 7 – Multi-Payer Alignment Can Offer Multiple Benefits

- Japinga M, Pokam Tchuisseu Y, Saunders R, & McClellan M. (2022). A Path Forward for Multipayer Alignment to Achieve Comprehensive, Equitable, and Affordable Care. Duke-Margolis Center for Health Policy. https://healthpolicy.duke.edu/sites/default/files/202212/A%20Path%20Forward%20for%20Multipayer%20Alignment%202.pdf
- Physician-Focused Payment Model Technical Advisory Committee (PTAC). Report to the Secretary: optimizing population-based total cost of care (PB-TCOC) models in the context of alternative payment models (APMs) and physician-focused payment models (PFPMs). Published 2023. Accessed October 13, 2025. https://www.aspe.hhs.gov/sites/default/files/documents/4b65476c58e363735aa9065a82a35df4/PTAC-TCOC-RTS.pdf
- Bailit MH, Flahert G, Hwang A. Adopting Multipayer Value-Based Payment Models. The Commonwealth Fund. January 2023. https://www.commonwealthfund.org/sites/default/files/202301/Bailit_implementation_guide_multipayer_VBP.pdf
- Centers for Medicare & Medicaid Services. Multi-Payer Alignment. 2025. https://www.cms.gov/priorities/innovation/key-concepts/multi-payer-alignment

References

Slide 8 – Characteristics of Multi-Payer Alignment

- Stremikis S. All Aboard: Engaging Self-Insured Employers in Multi-Payer Reform. Milbank Memorial Fund. February 17, 2015. https://www.pbgh.org/wp-content/uploads/2021/01/Milbank_-_PBGH_Report_FINAL_2_17_15.pdf
- Takach M, Townley C, Yalowich R, Kinsler S. Making multipayer reform work: what can be learned from medical home initiatives. *Health Affairs*. 2015 Apr 1;34(4):662-72. https://doi.org/10.1377/hlthaff.2014.1083

References

Slide 11 – Components of Successful Multi-Payer Alignment Models

- Chua, P. S., J. Lee, and A. Anise, rapporteurs. 2022. Multi-Payer Alignment on Value-Based Care. Discussion Proceedings, National Academy of Medicine, Washington, DC. https://nam.edu/wp-content/uploads/2022/06/Multi-Payer-Alignment-on-Value-Based-Care-discussion-proceedings.pdf
- Bailit MH, Flahert G, Hwang A. Adopting Multipayer Value-Based Payment Models. The Commonwealth Fund. January 2023. https://www.commonwealthfund.org/sites/default/files/2023-01/Bailit_implementation_guide_multipayer_VBP.pdf
- Conrad DA, Grembowski D, Hernandez SE, Lau B, MARCUS-SMITH MI. Emerging lessons from regional and state innovation in value-based payment reform: balancing collaboration and disruptive innovation. *The Milbank Quarterly*. 2014 Sep;92(3):568-623. https://doi.org/10.1111/1468-0009.12078
- Japinga M, Pokam Tchuisseu Y, Saunders R, & McClellan M. (2022). A Path Forward for Multipayer Alignment to Achieve Comprehensive, Equitable, and Affordable Care. Duke-Margolis Center for Health Policy. https://healthpolicy.duke.edu/sites/default/files/2022-12/A%20Path%20Forward%20for%20Multipayer%20Alignment%202.pdf

References

Slide 12 – Components of Successful Multi-Payer Alignment Areas, Continued

- Multi-Payer Alignment Blueprint. Health Care Payment Learning & Action Network. July 2023.
- Japinga M, Pokam Tchuisseu Y, Saunders R, & McClellan M. (2022). A Path Forward for Multipayer Alignment to Achieve Comprehensive, Equitable, and Affordable Care. Duke-Margolis Center for Health Policy. https://healthpolicy.duke.edu/sites/default/files/2022-12/A%20Path%20Forward%20for%20Multipayer%20Alignment%202.pdf
- Centers for Medicare & Medicaid Services. Multi-Payer Alignment. October 18, 2024. https://www.cms.gov/priorities/innovation/key-concepts/multi-payer-alignment
- Takach M, Townley C, Yalowich R, Kinsler S. Making multipayer reform work: what can be learned from medical home initiatives. Health Affairs. 2015 Apr 1;34(4):662-72. https://doi.org/10.1377/hlthaff.2014.1083
- Bailit MH, Flahert G, Hwang A. Adopting Multipayer Value-Based Payment Models. The Commonwealth Fund. January 2023. https://www.commonwealthfund.org/sites/default/files/2023-01/Bailit_implementation_guide_multipayer_VBP.pdf

References

Slide 13 – Components of Successful Multi-Payer Alignment Areas, Continued

- Takach M, Townley C, Yalowich R, Kinsler S. Making multipayer reform work: what can be learned from medical home initiatives. Health Affairs. 2015 Apr 1;34(4):662-72. https://doi.org/10.1377/hlthaff.2014.1083
- Bailit MH, Flahert G, Hwang A. Adopting Multipayer Value-Based Payment Models. The Commonwealth Fund. January 2023. https://www.commonwealthfund.org/sites/default/files/2023-01/Bailit_implementation_guide_multipayer_VBP.pdf
- Health Care Payment Learning Action Network. Enabling Aligned Action: Multi-Payer Alignment Strategies and Impact. October 30, 2023. https://youtu.be/4eovR7yP6Fc?si=gRRoYC8Gi0Z27ZLb
- Japinga M, Pokam Tchuisseu Y, Saunders R, & McClellan M. (2022). A Path Forward for Multipayer Alignment to Achieve Comprehensive, Equitable, and Affordable Care. Duke-Margolis Center for Health Policy. https://healthpolicy.duke.edu/sites/default/files/2022-12/A%20Path%20Forward%20for%20Multipayer%20Alignment%202.pdf
- Kissam SM, Beil H, Cousart C, Greenwald LM, Lloyd JT. States encouraging value-based payment: lessons from CMS's State Innovation Models Initiative. *The Milbank Quarterly*. 2019 Jun;97(2):506-42. https://doi.org/10.1111/1468-0009.12380
- Kilaru AS, Crider CR, Chiang J, Fassas E, Sapra KJ. Health care leaders' perspectives on the Maryland All-Payer Model. *JAMA Health Forum*. 2022 Feb 4;3(2):e214920. doi:10.1001/jamahealthforum.2021.4920

References

Slide 14 – Challenges to Aligning Multiple Payers: Differing Goals and Patient Population Needs

- Bailit MH, Flahert G, Hwang A. Adopting Multipayer Value-Based Payment Models. The Commonwealth Fund. January 2023. https://www.commonwealthfund.org/sites/default/files/2023-01/Bailit_implementation_guide_multipayer_VBP.pdf
- Anglin G, Tu HA, Liao K, Sessums L, Taylor EF. Strengthening multipayer collaboration: lessons from the comprehensive primary care initiative. *The Milbank Quarterly*. 2017 Sep;95(3):602-33.
- Japinga M, Pokam Tchuisseu Y, Saunders R, & McClellan M. (2022). A Path Forward for Multipayer Alignment to Achieve Comprehensive, Equitable, and Affordable Care. Duke-Margolis Center for Health Policy. https://healthpolicy.duke.edu/sites/default/files/2022-12/A%20Path%20Forward%20for%20Multipayer%20Alignment%202.pdf
- Health Care Payment Learning Action Network. Enabling Aligned Action: Multi-Payer Alignment Strategies and Impact. October 30, 2023. https://youtu.be/4eovR7yP6Fc?si=gRRoYC8Gi0Z27ZLb
- Takach M, Townley C, Yalowich R, Kinsler S. Making multipayer reform work: what can be learned from medical home initiatives. *Health Affairs*. 2015 Apr 1;34(4):662-72. https://doi.org/10.1377/hlthaff.2014.1083

References

Slide 15 – Challenges to Aligning Multiple Payers: Financial and Technical Barriers

- Bailit MH, Flahert G, Hwang A. Adopting Multipayer Value-Based Payment Models. The Commonwealth Fund. January 2023. https://www.commonwealthfund.org/sites/default/files/2023-01/Bailit_implementation_guide_multipayer_VBP.pdf
- Kissam SM, Beil H, Cousart C, Greenwald LM, Lloyd JT. States encouraging value-based payment: lessons from CMS's State Innovation Models Initiative. *The Milbank Quarterly*. 2019 Jun;97(2):506-42. https://doi.org/10.1111/1468-0009.12380
- Kilaru AS, Crider CR, Chiang J, Fassas E, Sapra KJ. Health care leaders' perspectives on the Maryland All-Payer Model. *JAMA Health Forum*. 2022 Feb 4;3(2):e214920. doi:10.1001/jamahealthforum.2021.4920
- Takach M, Townley C, Yalowich R, Kinsler S. Making multipayer reform work: what can be learned from medical home initiatives. Health Affairs. 2015 Apr 1;34(4):662-72. https://doi.org/10.1377/hlthaff.2014.1083
- Health Care Payment Learning Action Network. Enabling Aligned Action: Multi-Payer Alignment Strategies and Impact. October 30, 2023. https://youtu.be/4eovR7yP6Fc?si=gRRoYC8Gi0Z27ZLb
- Japinga M, Pokam Tchuisseu Y, Saunders R, & McClellan M. (2022). A Path Forward for Multipayer Alignment to Achieve Comprehensive, Equitable, and Affordable Care. Duke-Margolis Center for Health Policy. https://healthpolicy.duke.edu/sites/default/files/2022-12/A%20Path%20Forward%20for%20Multipayer%20Alignment%202.pdf

References

Slide 15 – Challenges to Aligning Multiple Payers: Financial and Technical Barriers (continued)

- MedCentral. Value-Based Care Is Coming: How to Implement New Models Amid a Workforce Shortage. September 21, 2023. https://www.medcentral.com/biz-policy/value-based-care-is-coming-how-to-implement-new-models-amid-a-workforce-shortage
- The Commonwealth Fund. Why Primary Care Practitioners Aren't Joining Value-Based Payment Models: Reasons and Potential Solutions. July 17, 2024. https://www.commonwealthfund.org/publications/issue-briefs/2024/jul/why-primary-care-practitioners-arent-joining-value-based-payment#:~:text=Key%20Findings%20and%20Conclusion:%20PCPs%27%20enthusiasm%20for,PCPs%2C%20and%20investing%20in%20primary%20care%20trainees

Slide 16 – Challenges to Aligning Multiple Payers: Market Circumstances

- Centers for Medicare & Medicaid Services. Multi-Payer Alignment. October 18, 2024. https://www.cms.gov/priorities/innovation/key-concepts/multi-payer-alignment
- Stremikis S. All Aboard: Engaging Self-Insured Employers in Multi-Payer Reform. Milbank Memorial Fund. February 17, 2015. https://www.pbgh.org/wp-content/uploads/2021/01/Milbank_-_PBGH_Report_FINAL_2_17_15.pdf
- Kissam SM, Beil H, Cousart C, Greenwald LM, Lloyd JT. States encouraging value-based payment: lessons from CMS's State Innovation Models Initiative. *The Milbank Quarterly*. 2019 Jun;97(2):506-42. https://doi.org/10.1111/1468-0009.12380

References

Slide 16 – Challenges to Aligning Multiple Payers: Market Circumstances (continued)

- Anglin G, Tu HA, Liao K, Sessums L, Taylor EF. Strengthening multipayer collaboration: lessons from the comprehensive primary care initiative. T*he Milbank Quarterly*. 2017;95(3):602-633. https://doi.org/10.1111/1468-0009.12280

Slide 17 – Challenges to Aligning Multiple Payers: Laws and Regulations

- Stremikis S. All Aboard: Engaging Self-Insured Employers in Multi-Payer Reform. Milbank Memorial Fund. February 17, 2015. https://www.pbgh.org/wp-content/uploads/2021/01/Milbank_-_PBGH_Report_FINAL_2_17_15.pdf
- Takach M, Townley C, Yalowich R, Kinsler S. Making multipayer reform work: what can be learned from medical home initiatives. *Health Affairs*. 2015 Apr 1;34(4):662-72. https://doi.org/10.1377/hlthaff.2014.1083
- Anglin G, Tu HA, Liao K, Sessums L, Taylor EF. Strengthening multipayer collaboration: lessons from the comprehensive primary care initiative. *The Milbank Quarterly*. 2017 Sep;95(3):602-33. https://doi.org/10.1111/1468-0009.12280
- Wirth B, Takach M. State strategies to avoid antitrust concerns in multipayer medical home initiatives. *The Commonwealth Fund*. 2013.
- Cherian LT, Scott GT. Value-based safe harbors and exceptions to the anti-kickback statue and stark law. K&L Gates Hub. February 24, 2021. https://www.klgates.com/White-Paper-Value-Based-Safe-Harbors-and-Exceptions-to-the-Anti-Kickback-Statute-and-Stark-Law-2-24-2021

References

Slides 19-21 – CMS-Led Multi-State Multi-Payer Models & Initiatives

- AHEAD (Achieving Healthcare Efficiency through Accountable Design) Model. Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/innovation/innovation-models/ahead
- Comprehensive Primary Care Initiative. Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/innovation/innovation-models/comprehensive-primary-care-initiative
- Evaluation of the Comprehensive Primary Care Initiative. Fourth Annual Report. Mathematica Policy Research. May 2018. https://downloads.cms.gov/files/cmmi/CPC-initiative-fourth-annual-report.pdf
- Comprehensive Primary Care Plus. Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/innovation/innovation-models/comprehensive-primary-care-plus
- Independent Evaluation of Comprehensive Primary Care Plus (CPC+): Final Report. Mathematica Policy Research. December 2023. https://www.cms.gov/priorities/innovation/data-and-reports/2023/cpc-plus-fifth-annual-eval-report
- Centers for Medicare & Medicaid Services. Comprehensive Primary Care Plus (CPC+) Model: Evaluation of the Fifth Year (2021). Findings at a Glance. https://www.cms.gov/priorities/innovation/data-and-reports/2023/cpc-plus-fg-fifth-annual-eval-report

References

Slides 19-21 – CMS-Led Multi-State Multi-Payer Models & Initiatives (Continued)

- Making Care Primary (MCP) Model. Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/innovation/innovation-models/making-care-primary
- Centers for Medicare & Medicaid Services. Making Care Primary (MCP) Guide to Alignment for Payer Partners. https://www.cms.gov/files/document/mcp-payer-partners-alignment-guide.pdf
- Multi-Payer Advanced Primary Care Practice Demonstration. Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/innovation/innovation-models/multi-payer-advanced-primary-care-practice
- Evaluation of the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration Final Report. RTI International. June 2017. https://downloads.cms.gov/files/cmmi/mapcp-finalevalrpt.pdf
- Primary Care First (PCF). Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/innovation/innovation-models/primary-care-first-model-options
- Primary Care First (PCF) Participating Payers. Centers for Medicare & Medicaid Services. Updated January 2024. https://www.cms.gov/priorities/innovation/media/document/pcf-participating-regions-payers

References

Slides 19-21 – CMS-Led Multi-State Multi-Payer Models & Initiatives (Continued)

- Evaluation of Primary Care First: Third Annual Report. Mathematica Policy Research. May 2025. https://www.cms.gov/priorities/innovation/data-and-reports/2025/pcf-third-eval-rpt
- State Innovation Models Initiative: General Information. Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/innovation/innovation-models/state-innovations
- Medicare Participation in State-Sponsored Payment and Service Delivery Models Proposed under the State Innovation Models Initiative. Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/innovation/files/x/sim-guidance-statesponsored.pdf
- State Innovation Models (SIM) Initiative Evaluation Model Test Year Five Annual Report. RTI International. December 2018. https://downloads.cms.gov/files/cmmi/sim-rd1-mt-fifthannrpt.pdf
- Past HCP-LAN Initiatives. Health Care Payment Learning & Action Network (HCP-LAN). https://hcp-lan.org/past-initiatives/
- Multi-Payer Alignment Blueprint. Health Care Payment Learning & Action Network. July 2023

References

Slide 22 - Results from CMS-Led Multi-State Multi-Payer Models & Initiatives

- Evaluation of the Comprehensive Primary Care Initiative. Fourth Annual Report. Mathematica Policy Research. May 2018. https://downloads.cms.gov/files/cmmi/CPC-initiative-fourth-annual-report.pdf
- Independent Evaluation of Comprehensive Primary Care Plus (CPC+): Final Report. Mathematica Policy Research. December 2023. https://www.cms.gov/priorities/innovation/data-and-reports/2023/cpc-plus-fifth-annual-eval-report
- Evaluation of the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration Final Report. RTI International. June 2017. https://downloads.cms.gov/files/cmmi/mapcp-finalevalrpt.pdf
- Evaluation of Primary Care First: Third Annual Report. Mathematica Policy Research. May 2025. https://www.cms.gov/priorities/innovation/data-and-reports/2025/pcf-third-eval-rpt
- State Innovation Models (SIM) Initiative Evaluation Model Test Year Five Annual Report. RTI International. December 2018. https://downloads.cms.gov/files/cmmi/sim-rd1-mt-fifthannrpt.pdf

References

Slides 24-27 – State-Based Multi-Payer Models & Initiatives

- Thompson J, Golden W, Motley M, Fendrick A, Mathis C, Chernew M. Arkansas Payment Improvement Initiative: Private Carriers Participation in Design and Implementation. October 2014. https://www.healthaffairs.org/content/forefront/arkansas-payment-improvement-initiative-private-carriers-participation-design-and
- Golden W, Thompson J, Olsen S, Hill R, Fendrick A, Mathis C, Chernew, M. Patient Centered Medical Homes In Arkansas. May 2014. https://www.healthaffairs.org/content/forefront/patient-centered-medical-homes-arkansas
- Arkansas Center for Health Improvement. Report: Arkansas Health Care Payment Improvement Initiative Improving Quality, Efficiency. September 13, 2019. https://achi.net/newsroom/report-ahcpii-improving-quality-efficiency/
- Bachrach D, du Pont L, Lipson Manatt M, Phelps & Phillips LLP. Arkansas: A Leading Laboratory for Health Care Payment and Delivery System Reform. The Commonwealth Fund. August 2014. https://www.commonwealthfund.org/publications/issue-briefs/2014/aug/arkansas-leading-laboratory-health-care-payment-and-delivery
- Emerson J. “Pay attention to what we’re doing here’: 3 payers come together on new payment model in California. Becker’s Payer Issues. February 2025. https://www.beckerspayer.com/payer/pay-attention-to-what-were-doing-here-3-payers-come-together-on-new-payment-model-in-california/

References

Slides 24-27 – State-Based Multi-Payer Models & Initiatives (Continued)

- Tong N. California insurers join forces on value-based primary care model. Fierce Healthcare. February 2025. https://www.fiercehealthcare.com/payers/california-insurers-join-forces-value-based-primary-care-model
- California Advanced Primary Care Initiative. Purchaser Business Group on Health California Quality Collaborative. https://www.calquality.org/initiative/ca-advanced-primary-care-initiative/
- Advanced Primary Care: Measurement Pilot. Purchaser Business Group on Health California Quality Collaborative. November 2022. https://www.calquality.org/wp-content/uploads/2023/01/Advanced-Primary-Care-Measurement-Pilot.pdf
- Colorado Alternative Payment Model (APM) Alignment Initiative. Bailit Health. June 2022. https://doi.colorado.gov/sites/doi/files/documents/Colorado-Alternative-Payment-Model-Alignment-Initiative-Final-Report-June-2022.pdf
- Centers for Medicare & Medicaid Services. Maryland Total Cost of Care Model. https://www.cms.gov/priorities/innovation/innovation-models/md-tccm
- Maryland's Total Cost of Care Background and Summary. Maryland Health Services Cost Review Commission. May 2018. https://hscrc.maryland.gov/documents/modernization/tcoc%20background%20and%20summary%20_5_23_18%20.pdf

References

Slides 24-27 – State-Based Multi-Payer Models & Initiatives (Continued)

- Payer Alignment Workgroup Written Recommendation Report. Maryland Total Cost of Care Model. May 2023. https://hscrc.maryland.gov/Documents/Modernization/Progression/2023-04-07_Payer%20Alignment_DRAFT%20Workgroup%20Report%20v0.pdf
- Hospital Rate Setting: Successful in Maryland, but Challenging to Replicate. Altarum Healthcare Value Hub. May 2020. https://healthcarevaluehub.org/wp-content/uploads/2020_Update_Altarum-Hub_RB_1_-_Hospital_Rate_Setting_Final.pdf
- Evaluating Accountability for Statewide Health Cost and Quality Outcomes: The Maryland Total Cost of Care Model. Mathematica. December 2022. https://www.mathematica.org/publications/evaluation-of-the-maryland-total-cost-of-care-model-quantitative-only-report-for-the-models-first
- Jones R. Total Cost of Care: Lessons from the Maryland Model. Ascendient. https://www.ascendient.com/higher-thinking/total-cost-of-care-lessons-from-the-maryland-model
- Multi-Payer Alignment Task Force. Minnesota Accountable Health Model. https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=sim_task_forces_multi_payer
- Evaluation of the Minnesota Accountable Health Model. State Health Access Data Assistance Center (SHADAC). September 2017. https://www.leg.mn.gov/docs/2018/other/180336.pdf

References

Slides 24-27 – State-Based Multi-Payer Models & Initiatives (Continued)

- Minnesota Health Care Homes Fact Sheet. October 2022. https://www.health.state.mn.us/facilities/hchomes/documents/hchfactsheet.pdf
- Minnesota Health Care Homes. Primary Care Collaborative. https://archive.thepcc.org/initiative/minnesota-health-care-homes/2
- Pennsylvania Rural Health Model. Commonwealth of Pennsylvania. https://www.pa.gov/agencies/health/facilities/in-patient-healthcare-facilities/hospitals/rural-health-model
- Rural Health Redesign Center. A Snapshot of the Pennsylvania Rural Health Model (PARHM). July 2024. https://rhrco.org/a-snapshot-of-the-pennsylvania-rural-health-model-parhm/
- Rural Health Redesign Center. PARHM and AHEAD Models: A Comparison of Programs and Lessons Learned from the PA Implementation Experience (part 1 of 2). August 14, 2024. https://rhrco.org/event/parhm-and-ahead-models-a-comparison-of-programs-and-lessons-learned-from-the-pa-implementation-experience-part-1-of-2/
- The Pennsylvania Rural Health Model (PARHM) Second Annual Evaluation Report. NORC at the University of Chicago. June 2022. https://www.norc.org/content/dam/norc-org/pdf2024/PARHM-SecondAnnualReport.pdf

References

Slides 24-27 – State-Based Multi-Payer Models & Initiatives (Continued)

- The Pennsylvania Rural Health Model (PARHM) Fourth Evaluation Report. NORC at the University of Chicago. December 2024. https://www.norc.org/content/dam/norc-org/pdf2024/parhm-fourthannualreport_12_19_24.pdf
- The Rhode Island Chronic Care Sustainability Initiative (CSI-RI). Fact Sheet. April 2013. https://ohic.ri.gov/sites/g/files/xkgbur736/files/documents/HIAC-CSI-Fact-Sheet-April-2013.pdf
- Multi-Payer Investments in Primary Care: Policy and Measurement Strategies. Center for Health Care Strategies & State Health Access Data Assistance Center. July 2014. https://www.dhs.state.mn.us/main/groups/sim/documents/pub/dhs16_185230.pdf
- Paradise J, Gold M, Wang W. Leveraging Medicaid in a Multi-Payer Medical Home Program: Spotlight on Rhode Island's Chronic Care Sustainability Initiative. Kaiser Family Foundation. November 2013.
- https://www.kff.org/medicaid/leveraging-medicaid-in-a-multi-payer-medical-home-program-spotlight-on-rhode-islands-chronic-care-sustainability-initiative/
- The Rhode Island Chronic Care Sustainability Initiative: Building an Advanced Medical Home Pilot in Rhode Island Presentation. Quality Partners of Rhode Island. Slides 22-34. July 2007. https://www.chcs.org/media/Redesigning_Chronic_Care_at_the_Practice_Level.pdf

References

Slides 24-27 – State-Based Multi-Payer Models & Initiatives (Continued)

- Green Mountain Care Board. Vermont's All-Payer Model. February 2023. https://gmcboard.vermont.gov/sites/gmcb/files/documents/APM_Summary_20230201.pdf
- Backus E, Gobielle A, Hogan C, Holmes J, Rambur B. The All-Payer Accountable Care Organization Model: An Opportunity For Vermont And An Exemplar For The Nation. Health Affairs. November 2016. https://www.healthaffairs.org/content/forefront/all-payer-accountable-care-organization-model-opportunity-vermont-and-exemplar-nation
- Green Mountain Care Board. Implementation Improvement Plan: Vermont All-Payer Accountable Care Organization Model Agreement. November 2020. https://gmcboard.vermont.gov/sites/gmcb/files/documents/APM%20Implementation%20Improvement%20Plan%20Final%2011.19.20.pdf
- Evaluation of the Vermont All-Payer Accountable Care Organization Model. NORC at the University of Chicago. December 2022. https://www.norc.org/content/dam/norc-org/pdf2024/VermontAllPayerModel-SecondEvalReportv2_1_4_23.pdf
- Washington State Health Care Authority. Primary Care Transformation. https://www.hca.wa.gov/about-hca/programs-and-initiatives/value-based-purchasing/primary-care-transformation

References

Slides 24-27 – State-Based Multi-Payer Models & Initiatives (Continued)

- Eight Washington Health Plans Align to Transform Primary Care. Milbank Memorial Fund. https://www.milbank.org/news/eight-washington-health-plans-align-to-transform-primary-care/
- MEMORANDUM OF UNDERSTANDING AMONG WASHINGTON STATE HEALTH PLANS IN SUPPORT OF MULTI-PAYER COLLABORATIVE PRIMARY CARE REFORM WORK. Washington Multi-Payer Collaborative. July 2024. https://www.hca.wa.gov/assets/program/primary-care-transformation-mou-with-signatures-2024.pdf
- Eisenstein J, Chang D. Case Study: Improving Population and Individual Health Through Health System Transformation in Washington State. National Academy of Medicine. April 2017. https://nam.edu/perspectives/case-study-improving-population-and-individual-health-through-health-system-transformation-in-washington-state/

Slides 31-34 – Appendix A slides

- See references for CMS-Led Multi-State Multi-Payer Models & Initiatives (reference slides 50-53)
- See references for State-Based Multi-Payer Models & Initiatives (reference slides 54-60)