

Page	Line	Action Type	What has been inserted or deleted	Reason for change
1	7	Inserted	Welcome to the QPP All-Payer Submission Form.	Addition to improve instructions.
1	11	Deleted	by State Medicaid programs, Medicare Health Plans (including Medicare Advantage, Medicare-Medicaid Plans, 1876 and 1833 Cost Plans, and Programs of All Inclusive Care for the Elderly (PACE) plans), or commercial or other private payers with payment arrangements in a CMS Multi-Payer Model	Edit to clarify submission process.
1	21	Deleted	Deadlines	Edit to clarify submission process.
			Submission Deadlines are specific to payer type.	Edit to clarify submission process.
			State Medicaid programs	Edit to clarify submission process.
1	24	Inserted	[Title XIX only]	Addition to improve instructions.
			Payment arrangement determination requests for all Medicaid payment models (including Medicaid FFS and Medicaid Managed Care Plans) may only be submitted by State Medicaid Agencies. State Medicaid agencies	Addition to improve instructions.
1	29	Deleted	30	Edit to clarify submission process.
1	29	Inserted	1	Edit to clarify submission process.
1	29	Deleted	All-Payer	Edit to clarify submission process.
1	32	Inserted		
			[Medicare Health Plans only]	Addition to improve instructions.
1	40	Deleted	30	
1	40	Inserted	1	Addition to improve instructions.
1	43	Inserted		
			[All submitters]	Addition to improve instructions.
2	2	Inserted	[	Correction to punctuation.
2	2	Deleted	or	Edit to clarify submission process.
2	2	Inserted	/	Correction to punctuation.
2	2	Inserted	]	Correction to punctuation.
2	3	Inserted	[	Correction to punctuation.
2	3	Deleted	and states	Edit to clarify submission process.
2	3	Inserted	/States]	Addition to improve instructions.

2	10	Inserted	[	Correction to punctuation.
2	10	Deleted	or	Edit to clarify submission process.
2	11	Inserted	/	Correction to punctuation.
2	11	Inserted	]	Correction to punctuation.
2	12	Inserted	[	Correction to punctuation.
2	12	Deleted	or	Edit to clarify submission process.
2	12	Inserted	/	Correction to punctuation.
2	12	Inserted	]	Correction to punctuation.
2	12	Inserted	[	Correction to punctuation.
2	12	Deleted	and states	Edit to clarify submission process.
2	13	Inserted	/States]	Addition to improve instructions.
2	13	Deleted	10	Edit to clarify submission process.
2	13	Inserted	15	Addition to improve instructions.
2	14	Inserted	[	Correction to punctuation.
2	14	Deleted	or	Edit to clarify submission process.
2	14	Inserted	/	Correction to punctuation.
2	14	Inserted	]	Correction to punctuation.
2	21	Inserted	[	Correction to punctuation.
2	21	Deleted	or	Edit to clarify submission process.
2	21	Inserted	/	Correction to punctuation.
2	21	Inserted	]	Correction to punctuation.
2	25	Deleted	Instructions for Completing and Submitting this Form	Edit to clarify submission process.
2	26	Inserted		
			NOTE: Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity.	Edit to clarify submission process.
			A separate submission must be completed for each payment arrangement the [payer/state] is submitting.	Edit to clarify submission process.
			Helpful Links:	Addition to improve instructions.
			- QPP All-Payer Submission Form User Guide	Addition to improve instructions.
			- QPP All-Payer FAQs	Addition to improve instructions.
			- Glossary	
4	27	Inserted	-	Correction to punctuation.
4	27	Deleted	: _____	Edit to clarify submission process.

4	28	Inserted	-	Correction to punctuation.
4	28	Inserted	First	Addition to improve instructions.
4	28	Deleted	: _____	Edit to clarify submission process.
4	29	Inserted	- State Medicaid Director Last Name	Addition to improve instructions.
			.	Correction to punctuation.
4	33	Deleted	Telephone	Edit to clarify submission process.
4	33	Inserted	- Business Phone	Addition to improve instructions.
4	33	Deleted	: ____	Edit to clarify submission process.
4	33	Inserted	- Ext. _	Addition to improve instructions.
4	37	Deleted	/Town	Edit to clarify submission process.
4	39	Inserted	Confirm Email Address: _____	Addition to improve instructions.
5	N/A	Deleted	Middle Initial	Edit to clarify submission process.
5	6	Inserted	Ext: ____	Addition to improve instructions.
5	9	Deleted	/Town	Edit to clarify submission process.
5	11	Inserted	Confirm Email Address: _____	Addition to improve instructions.
			D.	Addition to improve instructions.
			- Are you submitting a form for an Other Payer Advanced APM?	Addition to improve instructions.
			Yes	Addition to improve instructions.
			No	Addition to improve instructions.
5	29	Deleted	[State Name] ACO Model), or terminology used to refer to the payment arrangement: [TEXT BOX]	Edit to clarify submission process.
			Describe the participant eligibility criteria for this payment arrangement.	Edit to clarify submission process.
5	N/A	Deleted	Upload all documents to the Supporting Documents section of this Form, and label each document for reference throughout the Form.	Edit to clarify submission process.
5	N/A	Deleted	CMS will use existing Medicaid documentation in the Payer Initiated Other Payer Advanced APM Determination Process as applicable.	Edit to clarify submission process.
5	40	Deleted	Select the All-Payer QP Performance Period for which this payment arrangement determination is being requested. :	Edit to clarify submission process.
6	43	Deleted	documentation is required to	Edit to clarify submission process.

			support the answers provided above. Please note the attached document(s) and page number(s) that contain this information. [TEXT BOX]	
			Availability of Payment Arrangement	Edit to clarify submission process.
6	7	Deleted	Counties, if not statewide [DROP DOWN LIST]	Edit to clarify submission process.
			Is this payment arrangement available through Medicaid Fee-For-Service? [Y/N]	Edit to clarify submission process.
			Is this payment arrangement available through a Medicaid managed care plan? [Y/N]	Edit to clarify submission process.
6	N/A	Deleted	General	Edit to clarify submission process.
6	N/A	Inserted	Payment Arrangement	Addition to improve instructions.
6	30	Inserted	Note: Please upload all documents that you will reference when completing this submission. All sections of this form require documentation to verify the information provided in those sections. Documentation that will be referenced in any and all sections should be uploaded here.	Addition to improve instructions.
6	37	Deleted	[Y/N]	Edit to clarify submission process.
6	37	Inserted	If so, please paste a link to the location of the document here or upload with other pertinent information [Y/N]	Addition to improve instructions.
6	43	Inserted	]	Correction to punctuation.
7	1	Deleted	If	Edit to clarify submission process.
7	1	Inserted	Coordinated Care ACO Model), , or terminology used to refer to	Addition to improve instructions.
7	2	Deleted	information needed to answer the questions	Edit to clarify submission process.
7	2	Inserted	payment arrangement: [TEXT BOX]	Addition to improve instructions.
			Who participates	Addition to improve instructions.
7	5	Deleted	Sections D and E of	Edit to clarify submission process.

7	5	Inserted	payment arrangement (e.g. primary care physicians, specialty group practices, etc.)? .	Addition to improve instructions.
7	14	Inserted	Select the QP Performance Period for which this payment arrangement determination is being requested.	Addition to improve instructions.
7	17	Deleted	Form is not available in the aforementioned Medicaid	Edit to clarify submission process.
7	18	Deleted	,	Correction to punctuation.
7	18	Inserted	is required to support the answers provided above. Please	Addition to improve instructions.
7	19	Deleted	supporting documentation	Edit to clarify submission process.
7	19	Inserted	document(s)	Addition to improve instructions.
7	19	Deleted	numbers	Edit to clarify submission process.
7	19	Inserted	number(s)	Addition to improve instructions.
7	20	Inserted	.	Correction to punctuation.
7	20	Deleted	].	Correction to punctuation.
7	20	Inserted	]	Correction to punctuation.
			Availability of Payment Arrangement	Addition to improve instructions.
7	27	Inserted	[Medicaid Only] Counties, if not statewide [DROP DOWN LIST]	Addition to improve instructions.
			[Medicaid Only] Is this payment arrangement available through:	Addition to improve instructions.
			- Medicaid Fee-For-Service	Addition to improve instructions.
			- Medicaid Manage Care Plan	Addition to improve instructions.
			- Other [Commercial and Medicare Health Plans] Is this payment arrangement available through other lines of business?	Addition to improve instructions.
			- Yes	Addition to improve instructions.
			- No	Addition to improve instructions.
7	41	Inserted	Medicaid Medical Home Model means a payment arrangement under title XIX that CMS determines by the following characteristics.	Addition to improve instructions.
8	12	Deleted	If yes, list	Edit to clarify submission process.
8	12	Inserted	[If yes] List	Addition to improve instructions.
8	12	Deleted	contain	Edit to clarify submission process.
8	12	Inserted	provide evidence of	Addition to improve instructions.
8	13	Deleted	.	Correction to punctuation.
8	13	Inserted	..	Correction to punctuation.
8	24	Deleted	, and cite the supporting	Edit to clarify submission process.

			document(s) and page number(s) that contain this information regarding each requirement. Briefly explain how each criterion is satisfied in the payment arrangement.	
8	27	Inserted	.	Correction to punctuation.
8	29	Inserted	cite supporting documentation and page numbers.	Addition to improve instructions.
8	42	Deleted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	Edit to clarify submission process.
9	1	Inserted	Medicaid Medical Home Model require that, based on the APM Entity's failure to meet or exceed one or more specified performance standards, at least one of the following occurs:	Addition to improve instructions.
			• -- Payer withholds	Addition to improve instructions.
9	5	Deleted	arrangement require	Edit to clarify submission process.
9	5	Inserted	of services to	Addition to improve instructions.
9	5	Deleted	participating	Edit to clarify submission process.
9	6	Deleted	to bear financial risk if actual aggregate expenditures exceed expected aggregate expenditures (i.e. benchmark amount)? [Y/N]	Edit to clarify submission process.
9	7	Inserted	and/or the APM Entity's eligible clinicians	Addition to improve instructions.
9	8	Deleted		
			If yes, which	Edit to clarify submission process.
9	9	Inserted	• -- Payer requires direct payments by the APM Entity to the payer	Addition to improve instructions.
			• -- Payer reduces payment rates to APM Entity and/or the APM Entity's eligible clinicians	Addition to improve instructions.
			• -- Payer requires the APM Entity to lose the right to all or part of an otherwise guaranteed payment or payments	Addition to improve instructions.
			Yes/No	Addition to improve instructions.
			Which	Addition to improve instructions.
9	9	Inserted	the APM Entity's fails to meet or exceed one or more specified	Addition to improve instructions.

			performance standards	
	9	Deleted	actual aggregate expenditures exceed expected aggregate expenditures	Edit to clarify submission process.
	20	Inserted	the APM Entity's fails to meet or exceed one or more specified performance standards	Addition to improve instructions.
	20	Deleted	actual aggregate expenditures exceed expected aggregate expenditures	Edit to clarify submission process.
9	29	Inserted	Please describe how the amount that an APM entity owes or forgoes is calculated. [text box]	Addition to improve instructions.
			List the attached document(s) and page numbers that provide evidence of the information required in this section.	Addition to improve instructions.
9	38	Deleted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	Edit to clarify submission process.
10	1	Inserted	2. List the attached document(s) and page numbers that provide evidence of the information required in this section. [Text box]	Addition to improve instructions.
10	9	Deleted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	Edit to clarify submission process.
10	21	Inserted	2. List the attached document(s) and page numbers that provide evidence of the information required in this section.	Addition to improve instructions.
10	32	Deleted	apply any	Edit to clarify submission process.
10	32	Inserted	tie payments to one or more	Addition to improve instructions.
10	32	Deleted	that are comparable to MIPS quality measures as required by 42 CFR 414.1420(c)? [Y/N]	Edit to clarify submission process.
			If yes, does at least one quality measure have an evidence-based	Edit to clarify submission process.

			focus, is it reliable and valid, and does it meet	
10	36	Inserted	,	Correction to punctuation.
10	36	Inserted	which meets one or more of	Addition to improve instructions.
10	45	Inserted	(If so, please upload supporting documentation below)	Addition to improve instructions.
11	2	Deleted	A minimum of one quality measure that meets the above criteria and is an outcome measure is required in order to satisfy the Quality Measure Use criterion. Please provide the following information for each quality measure included in the payment arrangement that you wish for CMS to consider for purposes of satisfying this criterion. [TEXT BOX FOR EACH MEASURE]	Edit to clarify submission process.
11	8	Inserted	If the arrangement utilizes any other quality measures, please submit here for CMS to determine if they have an evidence-based focus and are reliable and valid.	Addition to improve instructions.
			Please upload a document using "Upload Document" or provide measure information in the text box below. [Upload document button and text box]	Addition to improve instructions.
			2. Does the arrangement tie payments to one or more quality measures that is an outcome measure?	Addition to improve instructions.
			- Yes	Addition to improve instructions.
			- No	Addition to improve instructions.
			[Button] Add Measure	Addition to improve instructions.
			A.	Addition to improve instructions.
11	22	Inserted	[Text box]	Addition to improve instructions.
11	23	Deleted	MIPS measure identification number (if applicable)	Edit to clarify submission process.
			National Quality Forum (NQF) number (if applicable)	Edit to clarify submission process.
			If the measure is neither a MIPS	Edit to clarify submission process.



			measure nor a currently endorsed NQF measure, cite the scientific evidence and/or clinical practice guidelines that support the use of the measure.	
11	28	Inserted	B.	Addition to improve instructions.
11	28	Inserted	[y/n]	Addition to improve instructions.
11	31	Inserted		
			C.	Addition to improve instructions.
11	43	Deleted		
			Are	Edit to clarify submission process.
12	44	Inserted	Cite the scientific evidence and/or clinical practice guidelines that support the use of the measure in order for CMS to make a determination about the evidence base for this measure. [Text box]	Edit to clarify submission process.
			This is an outcomes measure that does not meet	Addition to improve instructions.
12	1	Deleted	measures outcome measures? [Y/N]	Edit to clarify submission process.
12	2	Inserted	criteria [Checkbox	Addition to improve instructions.
12	7	Inserted	Describe how the measure has an evidence-based focus, is reliable and valid, by meeting criteria selected above. [Text box]	Addition to improve instructions.
			- D. National Quality Forum (NQF) number (if applicable) [Text box]	Addition to improve instructions.
			- E. MIPS measure identification number (if applicable) [Text box]	Addition to improve instructions.
12	20	Deleted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	
				Edit to clarify submission process.
12	40	Deleted	A	Edit to clarify submission process.
12	40	Inserted	For purposes of Other Payer Advanced APM determination, a	Addition to improve instructions.
13	8	Deleted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	Edit to clarify submission process.
12	N/A	Reinserted	List the attached document(s) and page numbers that provide evidence of the information required in this section.	Addition to improve instructions.

14	9	Deleted	Describe the participant eligibility criteria for	Edit to clarify submission process.
14	9	Inserted	Who participates in	Addition to improve instructions.
14	10	Deleted	.	
14	18	Inserted	(e.g. primary care physicians, specialty group practices, etc.)?	Addition to improve instructions.
14	26	Deleted	All-Payer	Edit to clarify submission process.
15	12	Deleted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	Edit to clarify submission process.
15	29	Deleted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	Edit to clarify submission process.
15	32	Deleted	apply any	Edit to clarify submission process.
15	32	Inserted	tie payments to one or more	Addition to improve instructions.
15	32	Deleted	that are comparable to MIPS quality measures as required by 42 CFR 414.1420(c)? [Y/N]	Edit to clarify submission process.
			If yes, does at least one quality measure have an evidence-based focus, is it reliable and valid, and does it meet	Edit to clarify submission process.
15	36	Inserted	,	Correction to punctuation.
15	36	Inserted	which meets one or more of	Addition to improve instructions.
15	45	Inserted	(If so, please upload supporting documentation below)	Addition to improve instructions.
16	1	Deleted	A minimum of one quality measure that meets the above criteria and is an outcome measure is required in order to satisfy the Quality Measure Use criterion. Please provide the following information for each quality measure included in the payment arrangement that you wish for CMS to consider for purposes of satisfying this criterion. [TEXT BOX FOR EACH MEASURE]	Edit to clarify submission process.
			Measure	Edit to clarify submission process.
16	7	Inserted	If the arrangement utilizes any other quality measures, please submit here for CMS to determine if they have an	Addition to improve instructions.

			evidence-based focus and are reliable and valid.	
			Please upload a document using "Upload Document" or provide measure information in the text box below. [Upload document button and text box]	Addition to improve instructions.
			2. Does the arrangement tie payments to one or more quality measures that is an outcome measure?	Addition to improve instructions.
			- Yes	Addition to improve instructions.
			- No	Addition to improve instructions.
			A. Measure	Addition to improve instructions.
16	20	Inserted	[Text box]	Addition to improve instructions.
16	21	Deleted	MIPS measure identification number (if applicable)	Edit to clarify submission process.
			National Quality Forum (NQF) number (if applicable)	Edit to clarify submission process.
			If the measure is neither a MIPS measure nor a currently endorsed NQF measure, cite	Edit to clarify submission process.
16	24	Inserted	B.	Addition to improve instructions.
16	24	Inserted	[y/n]	Addition to improve instructions.
16	28	Inserted	C.	Addition to improve instructions.
16	40	Inserted		
			Cite	Addition to improve instructions.
16	42	Deleted	.	
16	42	Inserted	in order for CMS to make a determination about the evidence base for this measure. [Text box]	Addition to improve instructions.
17	44	Inserted		
			This is an outcomes measure that does not meet any of the above criteria [Checkbox]	Addition to improve instructions.
17	4	Deleted	one the following	Edit to clarify submission process.
17	4	Deleted	:	
17	4	Inserted	selected above. [Text box]	Addition to improve instructions.
17	16	Deleted	Are any of the above measures	

			outcome measures? [Y/N]	Edit to clarify submission process.
17	18	Inserted	- D. National Quality Forum (NQF) number (if applicable) [Text box]	Addition to improve instructions.
			- E. MIPS measure identification number (if applicable) [Text box]	Addition to improve instructions.
17	25	Deleted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	Edit to clarify submission process.
18	1	Inserted	For purposes of Other Payer Advanced APM determination, a	Addition to improve instructions.
18	13	Deleted	A	Edit to clarify submission process.
18	24	Deleted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	Edit to clarify submission process.
19	18	Deleted	Describe the participant eligibility criteria for	Edit to clarify submission process.
19	18	Inserted	Who participates in	Addition to improve instructions.
19	19	Deleted	.	C
19	19	Inserted	(e.g. primary care physicians, specialty group practices, etc.)?	Addition to improve instructions.
19	28	Deleted	All-Payer	Edit to clarify submission process.
19	39	Deleted	Nationwide [Y/N]	Edit to clarify submission process.
16	N/A	Inserted	Is this payment arrangement available through other lines of business? [Y/N]	Addition to improve instructions.
17	N/A	Deleted	Note that CMS will access the payer's CMS Memorandum of Understanding or other relevant documentation for participation in the CMS Multi-Payer Model.	Edit to clarify submission process.
20	11	Inserted	Note: Please upload all documents that you will reference when completing this submission. All sections of this form require documentation to verify the information provided in those sections. Documentation that will be referenced in any and all sections should be uploaded here.	Addition to improve instructions.

20	20	Deleted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	Edit to clarify submission process.
20	31	Inserted	2	Addition to improve instructions.
20	34	Deleted	contain	Edit to clarify submission process.
20	34	Inserted	provide evidence of	Addition to improve instructions.
20	35	Deleted	[TEXT BOX]	Edit to clarify submission process.
20	36	Inserted		
20	41	Deleted	apply any	Edit to clarify submission process.
20	41	Inserted	tie payments to one or more	Addition to improve instructions.
20	41	Deleted	that are comparable to MIPS quality measures as required by 42 CFR 414.1420(c)? [Y/N]	Edit to clarify submission process.
			If yes, does	Edit to clarify submission process.
20	44	Inserted	,	Addition to improve instructions.
20	44	Deleted	quality measure have an evidence-based focus, is it reliable and valid, and does it meet at least one	Edit to clarify submission process.
20	45	Inserted	of which meets one or more	Addition to improve instructions.
21	8	Inserted	(If so, please upload supporting documentation below)	Addition to improve instructions.
21	10	Deleted	A minimum of one	Edit to clarify submission process.
21	10	Inserted	If the arrangement utilizes any other	Addition to improve instructions.
21	10	Inserted	measures, please submit here for CMS to determine if they have an evidence-based focus and are reliable and valid.	Addition to improve instructions.
			Please upload a document using "Upload Document" or provide	Addition to improve instructions.
21	14	Inserted	information in the text box below.	Addition to improve instructions.
			2. Does the arrangement tie payments to one or more quality measures	Addition to improve instructions.
21	17	Deleted	meets the above criteria and	Edit to clarify submission process.
21	18	Deleted	is required in order to satisfy the Quality	Edit to clarify submission process.
21	18	Inserted	?	Addition to improve instructions.
			- Yes	Addition to improve instructions.
			- No	Addition to improve instructions.

			Add	Addition to improve instructions.
21	22	Deleted	Use criterion. Please provide the following information for each quality measure included in	Edit to clarify submission process.
21	23	Inserted	["Add Measure" may be used as many times as	Addition to improve instructions.
21	23	Deleted	payment arrangement that you wish for CMS to consider for purposes of satisfying this criterion. [TEXT BOX FOR EACH MEASURE	Edit to clarify submission process.
21	25	Inserted	submitter wishes	Addition to improve instructions.
21	27	Inserted	A.	Addition to improve instructions.
21	30	Inserted	[Text box]	Addition to improve instructions.
21	31	Deleted	MIPS measure identification number (if applicable)	Edit to clarify submission process.
			National Quality Forum (NQF) number (if applicable)	Edit to clarify submission process.
			If the measure is neither a MIPS measure nor a currently endorsed NQF measure, cite the scientific evidence and/or clinical practice guidelines that support the use of the measure.	Edit to clarify submission process.
21	36	Inserted	B.	Addition to improve instructions.
21	36	Inserted	[y/n]	Addition to improve instructions.
22	4	Deleted	Are any of the above measures outcome measures? [Y/N]	Edit to clarify submission process.
22	9	Inserted	C. Describe how the measure has an evidence-based focus, is reliable and valid, by meeting one the following criteria:	Addition to improve instructions.
			[Checkboxes]	Addition to improve instructions.
22	21	Inserted	Cite the scientific evidence and/or clinical practice guidelines that support the use of the measure in order for CMS to make a determination about the evidence base for this measure. [Text box]	Addition to improve instructions.
			This is an outcomes measure that does not meet any of the above criteria [Checkbox]	Addition to improve instructions.

			Describe how the measure has an evidence-based focus, is reliable and valid, by meeting criteria selected above. [Text box]	Addition to improve instructions.
			- D. National Quality Forum (NQF) number (if applicable) [Text box]	Addition to improve instructions.
			- E. MIPS measure identification number (if applicable) [Text box]	Addition to improve instructions.
22	37	Deleted	List	Edit to clarify submission process.
22	37	Inserted		
			Does	Addition to improve instructions.
22	38	Deleted	attached document	Edit to clarify submission process.
23	38	Inserted	payment arrangement require the participating APM Entity to bear financial risk if actual aggregate expenditures exceed expected aggregate expenditures (i.e. benchmark amount)? [Y/N]	Addition to improve instructions.
			If yes, which of the following actions does the payer take in cases where actual aggregate expenditures exceed expected aggregate expenditures? [CHECK BOX]	Addition to improve instructions.
			Payer withholds payment of services to the APM Entity and/or the APM Entity's eligible clinicians.	Addition to improve instructions.
			Payer reduces payment rates to APM Entity and/or the APM Entity's eligible clinicians.	Addition to improve instructions.
			Payer requires direct payments by the APM Entity to the payer.	Addition to improve instructions.
			Please describe the action	Addition to improve instructions.
23	5	Deleted	and page numbers	Edit to clarify submission process.
23	5	Inserted	checked above	Addition to improve instructions.
23	5	Deleted	contain the information required in this section.	Edit to clarify submission process.
23	6	Inserted	are taken by the payer in cases where actual aggregate expenditures exceed expected aggregate expenditures.	Addition to improve instructions.
23	9	Deleted	Does the payment arrangement	Edit to clarify submission process.

			require the participating APM Entity to bear financial risk if actual aggregate expenditures exceed expected aggregate expenditures (i.e. benchmark amount)? [Y/N]	
			If yes, which of the following actions does the payer take in cases where actual aggregate expenditures exceed expected aggregate expenditures? [CHECK BOX]	Edit to clarify submission process.
			Payer withholds payment of services to the APM Entity and/or the APM Entity's eligible clinicians.	Edit to clarify submission process.
			Payer reduces payment rates to APM Entity and/or the APM Entity's eligible clinicians.	Edit to clarify submission process.
			Payer requires direct payments by the APM Entity to the payer.	Edit to clarify submission process.
			Please describe the action(s) checked above that are taken by the payer in cases where actual aggregate expenditures exceed expected aggregate expenditures. [TEXT BOX]	Edit to clarify submission process.
23	26	Deleted	A	Edit to clarify submission process.
23	26	Inserted	For purposes of Other Payer Advanced APM determination, a	Addition to improve instructions.
23	37	Deleted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	Edit to clarify submission process.
20	N/A	Reinserted	List the attached document(s) and page numbers that contain the information required in this section. [TEXT BOX]	Addition to improve instructions.
21	N/A	Deleted	<b>SECTION 3: Supporting Documentation</b> Please upload all supporting documentation here. Documents should be labeled for reference use throughout the form.	Edit to clarify submission process.
21	N/A	Inserted	I agree [Check box]	Addition to improve instructions.



21	N/A	Deleted	DATE	Edit to clarify submission process.