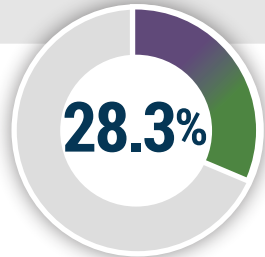
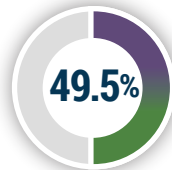


# COMMERCIAL

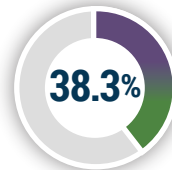
Public and private health plans, managed Medicaid FFS states, and Medicare FFS voluntarily participated in a national effort to measure the use of Alternative Payment Models (APMs) as well as progress towards the LAN's goal of tying 30% of U.S. health care payments to APMs by 2016 and 50% by 2018.



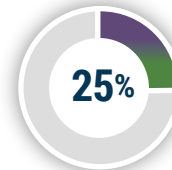
COMMERCIAL



MEDICARE ADVANTAGE



MEDICARE FFS



MEDICAID

**CATEGORY 1: FEE-FOR-SERVICE - NO LINK TO QUALITY & VALUE**

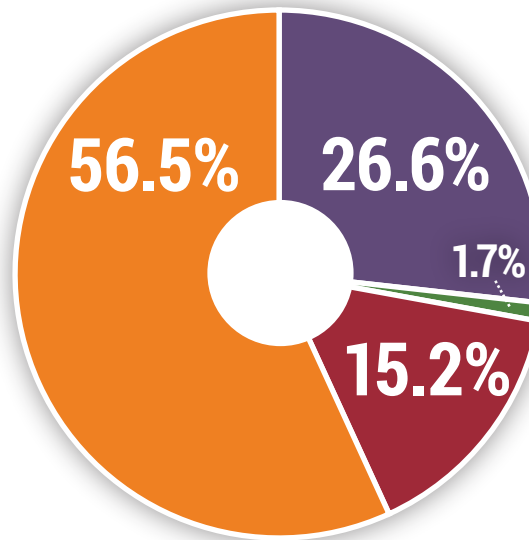
56.5%

**CATEGORY 2: FEE-FOR-SERVICE - LINK TO QUALITY & VALUE**

0.2% Foundational Payments for Infrastructure & Operations

0% Pay for Reporting

15% Pay-for-Performance



Representativeness of covered lives:  
Commercial - 63%

**CATEGORY 3: APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE**

18.4% Upside Rewards for Appropriate Care

8.2% Upside & Downside for Appropriate Care

**CATEGORY 4: POPULATION-BASED PAYMENT**

0.2% Condition-Specific Population-Based Payment

1.4% Comprehensive Population-Based Payment

0.1% Integrated Finance & Delivery Systems