

# Next Generation ACO Model



*Open Door Forum:  
Next Generation ACO  
Application Overview*

*March 29, 2016*

# Agenda

- Model Overview
- Application and Selection Timeline
- Letter of Intent
- Application Overview

# Next Generation ACO Model Overview

- The Next Generation ACO Model is an initiative for ACOs that are experienced in coordinating care for populations of patients.
- It is a new opportunity in accountable care, differentiated from other models by:
  - More predictable financial targets;
  - Greater opportunities to coordinate care; and
  - High quality standards consistent with other Medicare programs and models.
- It seeks to test whether strong financial incentives for ACOs can improve health outcomes and reduce expenditures for original Medicare beneficiaries.

# Model Principles

There are six basic principles of the Next Generation ACO Model:

- Protect Medicare Fee-for-Service (FFS) beneficiaries' freedom of choice;
- Allow beneficiaries a choice in their alignment with the ACO;
- Create a financial model with long-term sustainability;
- Use a prospectively-set benchmark;
- Offer benefit enhancements that directly improve the patient experience and support coordinated care; and
- Smooth ACO cash flow and improve investment capabilities through alternative payment mechanisms.

# Additional Information

Additional information about Next Generation ACO Model can be found on the website: <https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>

## General Model Information

- Model Benchmark Methodology
- Model Factsheet
- Benefit Enhancement Information

## Application Resources

- Request for Applications (RFA)
- Letter of Intent (LOI) & Checklist
- Open Door Forum Presentations

# Contents

- Model Overview
- **Application and Selection Timeline**
- Letter of Intent
- Application Overview

# Preliminary Round Two Application and Selection Timeline

Milestone	Date
Application Open	March 23, 2016
LOI Due Date	May 2, 2016
Application Due	May 25, 2016
Next Generation Participant List Due	June 3, 2016
Finalists Identified	August 2016
Agreements Signed	Fall 2016
Start of Performance Year	January 1, 2017

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# Letter of Intent

**CMS.gov**

Centers for Medicare & Medicaid Services

## Next Generation ACO Model Letter of Intent



Organizations interested in applying to the Next Generation ACO Model must submit a Letter of Intent (LOI). LOIs will be used only for planning purposes, and the content of the LOI will not be binding. CMS will not consider applications from organizations that do not submit a timely LOI.

**⚠ DO NOT use your browser's back page function or navigate away from this page while completing your LOI. Doing so will cause you to lose information that you have entered into your LOI. If you navigate away from this page, all information that you entered will be lost.**

Questions about the LOI should be directed to [NextGenerationACOModel@cms.hhs.gov](mailto:NextGenerationACOModel@cms.hhs.gov).

All applicants, including those who completed the 2016 application process and deferred participation to 2017, must submit an LOI and application if they wish to apply to participate in the Next Generation ACO Model beginning in 2017.

- In order to apply for the Next Generation ACO Model, interested organizations must first submit a [Letter of Intent](#) (LOI).
- The LOI will take about 10-15 minutes to complete.
- Contents of the LOI are not binding and will only be used for planning purposes.

# Letter of Intent

- The LOI cannot be saved while in progress—do not press the back button or navigate away from a page.
  - Applicants should have all information and supporting documents ready before starting the LOI.
  - Download the [Signature Certification PDF](#) prior to beginning the LOI.
- Once the LOI has been submitted, the primary contact will receive a confirmation e-mail with a unique LOI number.
- The LOI number can be used to access the full application.

# Sections of the LOI

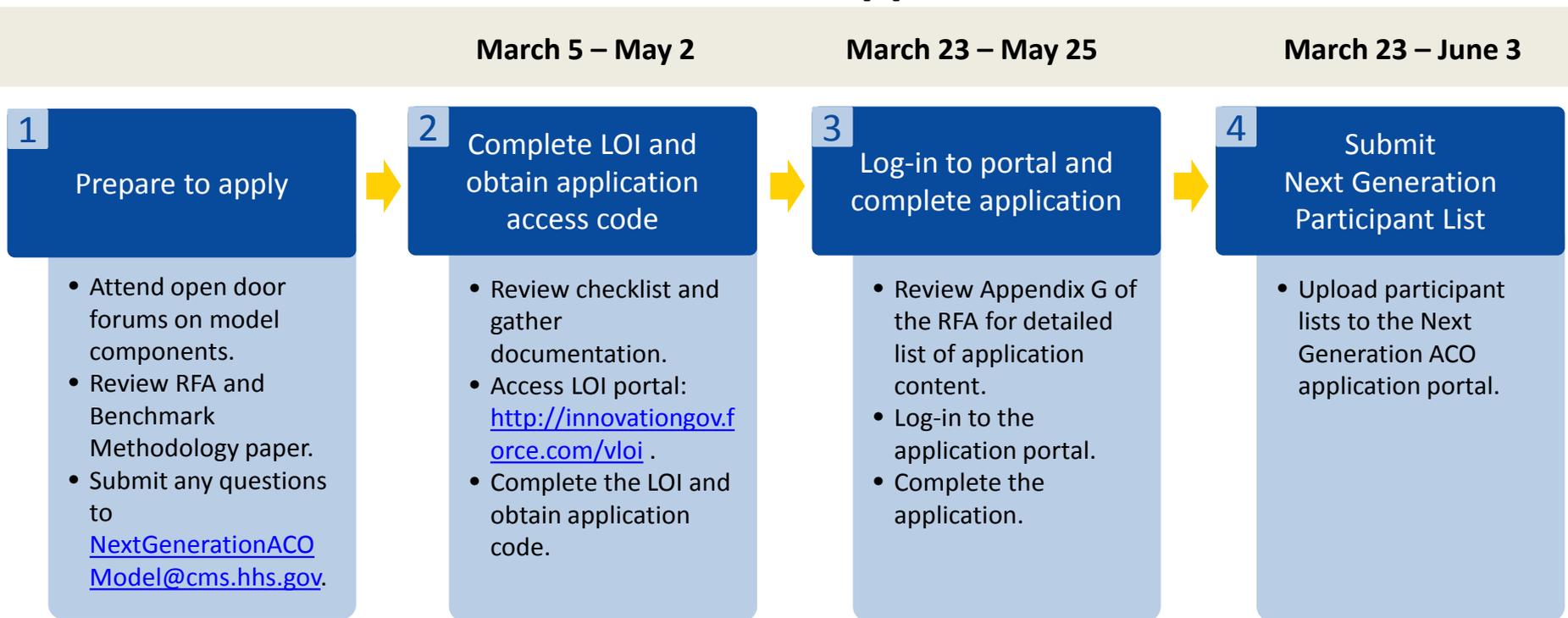
- Section A. Organization and Contact Information
- Section B. Letter of Intent
- Section C. Supplemental Survey (Optional)
- Section D. [Signature Certification](#) and Submission

# Contents

- Model Overview
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- **Application Overview**

# Overall Application Process

## Next Generation ACO Application Process



Applicants who completed the 2016 application process and deferred participation to 2017 will complete an abbreviated version of the application. More information can be found in Appendix G of the [RFA](#).

# Accessing the Application

**CMS.gov**  
Centers for Medicare & Medicare Services

Next Generation ACO Model Login

Username  
Email

Password  
Password

Login

[Forgot Password?](#)

[Request for Application Access](#)

- Access the application portal via Next Generation's [website](#).
- Select 'Request for Application Access' if it's the first time logging in.

**CMS.gov**  
Centers for Medicare & Medicare Services

Next Generation ACO Model Login

Request for Application

LOI Confirmation #  
NG-XXX

Email  
Email

Submit

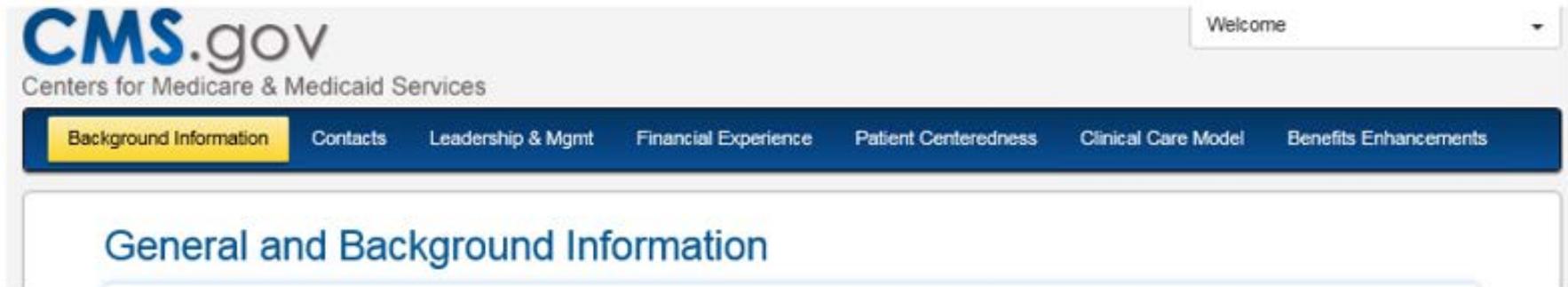
- Enter the LOI confirmation number and the primary contact's email address used to submit the LOI.
- The primary POC should have received a LOI submission confirmation email.
- Create a unique username and password.

# Application Home Screen

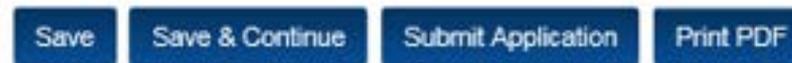
The screenshot shows the CMS.gov website header with the logo and "Centers for Medicare & Medicaid Services". A user dropdown menu shows "Welcome". The main heading is "Application for the Next Generation ACO Model". A red box highlights the "Application Status: In Progress" text. To the right, a box displays "Next Generation ID: NG-427". Below this is a paragraph of instructions: "Welcome to the Next Generation ACO Model online application. The Next Generation ACO Model application is due in two parts: The first part, the narrative portion, must be submitted electronically no later than 11:59 p.m. EDT on June 3, 2016. The second part, the provider list and the geographic service areas, must be submitted electronically no later than 11:59 p.m. EDT on June 3, 2016." A second paragraph follows: "To enter your responses, please select the 'Go to Application' button below. Once you have entered your responses, click Save. You may enter responses into the application, save your answers, and come back to complete it at a later date. Your application will not be considered complete until the Submit Application button has been selected. Once an application has been completed you will not be allowed to change your responses. Upon submission of the application you will receive a confirmation number. Please retain this for your records." A blue link says "Click on the button below to access your application." Below that is a blue button labeled "Go to Application". A red arrow points from the left towards the "Go to Application" button.

- The home screen includes current application status and instructions.
- Applicants can enter and save responses, and return to complete the application at a later date.
- The application is not considered complete until it is submitted. Once submitted, applicants may not make additional changes to the application.

# Navigating Through the Application



- Applicants can toggle between the seven application sections using the navigation banner at the top of the screen.



- At the end of each section, responses can be saved
- These actions are available at the end of each section.

# General Background Information

## General and Background Information

### A. ACO Organization Information

All fields are required unless noted as optional

1. Organization Name	2. Organization TIN/EIN	
<input type="text" value="sdfljkl"/>	<input type="text" value="388738393"/>	
3. Street Address	4. City	5. State
<input type="text" value="sdfj"/>	<input type="text" value="io"/>	<input type="text" value="Alabama"/>
6. Zip Code	7. Website, if applicable (Optional)	
<input type="text" value="87898"/>	<input type="text"/>	

### B. ACO Organization Profile

All fields are required unless noted as optional

1. Type of Applicant ACO. Please select one:

2. Does the Applicant ACO include any of the following providers or facilities? Please select all that apply.  
Available:  
Cancer or specialty hospitals  
Psychiatric hospital or other mental or behavioral health facility  
Hospital(s) receiving disproportionate share (DSH) payments or uncompensated care payments from Medicare or Medicaid  
Critical Access Hospital (CAH)  
Other rural hospital  
Federally Qualified Health Center (FQHC)  
Other community health centers  
Skilled nursing facility (SNF)  
Inpatient rehabilitation facility (IRF)  
Home Health Agency (HHA)  
Other post-acute care facility

↓ ↑  
Chosen:

3. Is the Applicant ACO or any of its proposed Next Generation Participants currently participating in a Medicare shared savings initiative?  
Please select all that apply. Available:  
Care Management for High-Cost Beneficiaries Demonstration  
Comprehensive ESRD Care Initiative (CEC)  
Comprehensive Primary Care Initiative (CPCI)  
Independence at Home Medical Practice Demonstration (IAH)  
Medicare Health Care Quality Demonstration Programs (including Indiana Health Information Exchange and North Carolina Community Care Network)  
Multi-payer Advanced Primary Care Practice Demonstration with a shared savings arrangement (MAPCP)  
Physician Group Practice Transition Demonstration (PGP)  
Pioneer ACO Model  
Medicare Shared Savings Program (MSSP)

## Provide the following information:

- Organization address and contact information.
- Type of ACO.
- Types of participating providers and facilities.
  - If not applicable, select “Other” and write “N/A” in the text box below.
- Participation in other CMS Medicare shared savings initiatives.
- Description of organizational composition.
- Certificate of incorporation.
- Service area information.
- Signed data request and attestation form.

# Organization Points of Contact

Applicants should include information for three main points of contact:

- Primary/secondary POC
- ACO executive contact
- IT/ technical Contact

For each individual, please provide:

- Name and title
- Phone number
- Email
- Address

If any edits are necessary to the pre-populated fields, please email Technical Support: [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov)

**CMS.gov**  
Centers for Medicare & Medicaid Services

Welcome sdk jkl

Background Information **Contacts** Leadership & Mgmt Financial Experience Patient Centeredness Clinical Care Model Benefits Enhancements

### Contact Information

**A. Application Contact(s)**  
*All fields are required unless noted as optional*

1. First Name sdk	2. Last Name jkl	3. Title/Position (Optional) sdf	
4. Business Phone Number 3139303738	5. Business Phone Number Ext (Optional)	6. Alternative Phone Number (Optional)	
7. E-mail Address ahsfide-testnrgfa@gmail.com			
8. Street Address sdfi	9. City io	10. State Alabama	11. Zip Code 87898

Secondary Contact?  
Yes

*All fields are required unless noted as optional*

1. First Name sdfjk	2. Last Name jkl	3. Title/Position (Optional) jkl	
4. Business Phone Number 3233839383	5. Business Phone Number Ext (Optional)	6. Alternative Phone Number (Optional)	
7. E-mail Address i@test.com			
8. Street Address sdfi	9. City io	10. State Alabama	11. Zip Code 87898

**B. ACO Executive Contact**  
*All fields are required unless noted as optional*

1. First Name	2. Last Name	3. Title/Position (Optional)
4. Business Phone Number	5. Business Phone Number Ext (Optional)	6. Alternative Phone Number (Optional)

# Leadership and Management Leadership Team

**CMS.gov**  
Centers for Medicare & Medicaid Services

Welcome sdkj jkl

Background Information   Contacts   **Leadership & Mgmt**   Financial Experience   Patient Centeredness   Clinical Care Model   Benefits Enhancements

## Leadership and Management

### A. Leadership Team

*All fields are required unless noted as optional*

1. Please provide a proposed organizational chart for the Applicant ACO. The proposed organizational chart should depict the legal structure, the proposed composition of the ACO (e.g., all of the TINs and organizations composing the ACO), and any relevant committees.

[Upload File](#)

2. Please describe the contractual and/or employment relationships between and among the Applicant ACO and proposed Next Generation Participants, as well as any contractual and/or employment relationships with other partners or entities that will provide services to the ACO.

3. Please upload:

i. A sample contract or an amendment or addendum to a current contract between the ACO and proposed Next Generation Participants; and

[Upload File](#)

ii. A sample contract or an amendment or addendum to a current contract between the ACO and any other partners or entities that will provide services to the ACO (if applicable).

[Upload File](#)

4. For providers participating in your ACO, please report the following. The term "primary employer" below refers to the employer for whom the physician delivers health services (not just Medicare patients) and that the physician considers to be their primary place of employment (e.g. accounts for the majority of the physician's income).

i. The total number of physicians participating in your ACO:

ii. The total number of ACO participating physicians for whom the ACO is their primary employer. Physicians whose primary employer is a hospital or group practice directly owned by the ACO or one of its subsidiaries should be treated as physicians whose primary employer is the ACO.

iii. The total number of ACO participating physicians for whom a non-ACO hospital (e.g. hospital that is not directly owned by the ACO or one of its subsidiaries) is their primary employer.

iv. The total number of ACO participating physicians whose primary employer is a non-ACO group practice (e.g. group practice that is not directly owned by the ACO or one of its subsidiaries) with 10 or more physicians.

v. The total number of ACO participating physicians whose primary employer is a non-ACO group practice (e.g. group practice that is not directly owned by the ACO or one of its subsidiaries) with less than 10 physicians.

## Provide the following information:

- Organizational chart with legal structure and ACO composition.
- Sample contractual agreement for ACO participants and partners.
- Description of contractual and employment relationships with participants.
- Information about the number of physicians participating in the ACO.
- Description of ACO history and its major organizations (relationships and collaboration).
- Exclusivity of ACO leadership team.

# Leadership and Management Governing Body

## B. Legal Entity and Governing Body

All fields are required unless noted as optional

1. For Next Generation ACOs that are formed by two or more Next Generation Participants, the ACO shall be a legal entity separate from the legal entity of any of its Next Generation of Participants or Preferred Providers. If, however, the Next Generation ACO was a Pioneer ACO pursuant to Pioneer ACO Model Innovation Agreement or was a Medicare Shared Savings Program ACO, then the ACO legal entity may be the same as that of the existing legal entity, provided all other requirements are met.

Please select one:

2. Please complete the table below with information specific to the Applicant ACO's proposed governing body.

Add Governing Body

No Data Found.

3. Please describe how responsibilities and accountability will be shared across the leadership team and governing body structures in the Applicant ACO.

4. Please describe how the governing body will ensure that the interests of both beneficiaries and providers will be adequately represented. Specifically, explain the following:

- The role of the independent Medicare beneficiary and the independent consumer advocate who will participate in the governing body.
- The rationale of the proposed or existing composition of the governing body and voting power distribution.

5. Please provide a narrative explanation of why the Applicant ACO wishes to participate in the Next Generation Model and how participation in the Model will help CMS and the Applicant ACO's proposed Next Generation Participants achieve the goals of better health and better care for Medicare beneficiaries.

6. Please upload the compliance plan intended for use by the Applicant ACO.

Upload File

## Provide the following information:

- If the governing body is different from the MSSP or Pioneer governing body.
- Description of the responsibilities and accountability of the governing body and leadership team.
- Description of how beneficiary interests will be represented.
- Explanation of why the applicant wants to participate in the Next Generation ACO Model.

# Financial and Risk Sharing Experience

## Provide the following information:

- Distribution of clinical revenues across various services (Medicare FFS, MA, Medicaid, self-pay, etc.).
- Description of performance under performance based contracts.
- Percent of clinical revenues from outcomes based contracts, and methodology for calculating.
- Description of business model and process to transition from FFS to outcomes based contracts.
- Description of relationship to other health care entities in the same area.
- Description of history of collaboration among major stakeholders and communities being served.

The screenshot shows the CMS.gov website interface for the "Financial Experience and Information" section. The header includes the CMS.gov logo, "Centers for Medicare & Medicaid Services", and a user login "Welcome sdkj jkl". A navigation bar contains tabs for "Background Information", "Contacts", "Leadership & Mgmt", "Financial Experience" (which is highlighted), "Patient Centeredness", "Clinical Care Model", and "Benefits Enhancements".

The main content area is titled "Financial Experience and Information" and contains two sections:

**A. Financial Experience and Information**  
*All fields are required unless noted as optional*

1. What percentage of the Applicant ACO's total clinical revenues in the last fiscal year was derived from the following sources? Applicants may approximate this through summation of the revenue received by all proposed Next Generation Participants for clinical services (e.g., fee-for-service, per-member per-year, per-member per-month, per-episode).

- i. Medicare fee-for-service
- ii. Medicare Advantage
- iii. Other Medicare health plans (e.g., PACE plans, Medicare cost plans):
- iv. Commercial health plans
- v. Medicaid
- vi. Self-pay patients
- vii. Patients who are dually eligible for Medicare and Medicaid
- viii. Other (e.g., local uncompensated care funds):
- ix. Please describe any additional sources of funding

**B. Risk Sharing Experience**  
*All fields are required unless noted as optional*

1. Please describe the Applicant ACO's performance under prior or current outcomes-based contracts, if any. Outcomes-based contracts must include: (1) financial accountability; (2) evaluation of patient experiences of care; and (3) substantial quality performance incentives. If applicable, please include performance under CMS programs and demonstrations that meet the definition of outcomes-based contracts. Check N/A if no prior or current risk sharing arrangements. Please also indicate the number of covered lives in outcomes-based contracts with any of the Applicant ACO's proposed Next Generation Participants.

# Financial Plan

## Provide the following information:

- Attestation that the ACO has been licensed by the state in which it is located and a copy of the license if applicable.
- Description of how the applicant intends to fund ACO activity specifically how it will ensure payments to Medicare.
- Description of how the applicant plans to manage Part D utilization expenditures.
- Risk arrangement and payment mechanisms.
- Interest in all inclusive population based payments (AIPBP) – formerly capitation.

### C. Financial Plan if Selected for Next Generation ACO Model

All fields are required unless noted as optional

1. Please attest that the Applicant ACO has been licensed by the state(s) in which it is located as a risk-bearing entity or that it is exempt from such licensure or other related licensure requirements.

Applicant ACO has been licensed as a risk-bearing entity in state(s) in which it will operate

Please upload Applicant License certification/document.

2. Funding Ongoing ACO Activity:

- Please describe how the Applicant ACO intends to fund ongoing ACO activity. Indicate how the funding plan supports the three-part aim of better health, better health care, and lower per-capita costs and how it ties individual providers into the overall outcomes-based revenue strategy. To the extent applicable, please describe how savings or losses will be distributed among participants and other entities.
- Please describe how the Applicant ACO plans to ensure payment to Medicare of its share of losses relative to the benchmark.

3. Please explain any plans the Applicant ACO has to better manage Part D utilization and expenditures. Please include any plans the ACO has to partner with Part D Plans while preserving beneficiary choice. Please include information on the types of activities that would fall under a Part D partnership, such as data sharing or medication reconciliation.

4. Please indicate the intended risk arrangement:

Please Select One

5. Please indicate the intended payment mechanism. Payment mechanism is separate from risk arrangement. It dictates the method of payment for proposed Next Generation Participant claims and affords the ACO the option of receiving monthly payments. Please select one.

- Normal FFS [No changes to FFS claims payment.]
- Normal FFS with monthly infrastructure payments [ACO participants and all other Medicare providers that care for ACO beneficiaries will have claims reimbursed by CMS through FFS. The ACO may elect to receive monthly payments at an amount no greater than \$6 PBPM. Monthly payments are reconciled and recouped (against both savings and losses) in the final financial reconciliation calculation.]
- Population-based payments(PBP) [If an ACO elects population-based payments(PBP), ACO participants will have FFS claims payments reduced by an agreed upon percentage. The ACO will receive a monthly payment commensurate with percentage taken out of participants' FFS payments.]

Please Select One

# Patient Centeredness Beneficiary Engagement

## Provide the following information:

- Description of ability to accomplish goals and objectives related to beneficiary engagement as outlined in the RFA.
- Description of existing or planned beneficiary outreach approach.
- Description of existing or planned approach for evaluating beneficiary satisfaction.

The screenshot shows the CMS.gov website interface for the Patient Centeredness and Beneficiary Engagement application. The header includes the CMS.gov logo, the text "Centers for Medicare & Medicaid Services", and a user greeting "Welcome sdk jkl". A navigation bar contains links for "Background Information", "Contacts", "Leadership & Mgmt", "Financial Experience", "Patient Centeredness" (which is highlighted), "Clinical Care Model", and "Benefits Enhancements".

The main content area is titled "Patient Centeredness and Beneficiary Engagement". It is divided into two sections:

- A. Goals and Objectives**  
*All fields are required unless noted as optional*  
1. Please describe the Applicant ACO's ability to accomplish the items below. The narrative should include the ability to achieve the goals and objectives of the Next Generation ACO Model as it relates to patient centeredness:
  - i. Promotion of evidence-based medicine, such as through the establishment and implementation of evidence based guidelines at the organizational or institutional level. A genuine evidence-based approach would also regularly assess and update such guidelines.
  - ii. Process to ensure patient/caregiver engagement, and shared decision making processes employed by Next Generation Participants that takes into account beneficiaries' unique needs, preferences, values, and priorities. Measures for promoting patient engagement include, but are not limited to, the use of decision support tools and shared decision making methods with which the patient can assess the merits of various treatment options in the context of his or her values and convictions. Patient engagement also includes methods for fostering what might be termed "health literacy" in patients and their families.
  - iii. Coordination of care and care transitions (e.g., sharing of electronic summary records across providers, telehealth, remote patient monitoring, other enabling technologies).
  - iv. Providing beneficiaries access to their own medical records and to clinical knowledge so that they may make informed choices about their care.
  - v. Ensuring individualized care, such as through personalized care plans.
  - vi. Routine assessment and improvement of beneficiary and caregiver and/or family experience of care and seek to improve where possible.
  - vii. Providing care that is integrated with community resources that beneficiaries require.

Below this section is a large text input field.

- B. Beneficiary Engagement**  
*All fields are required unless noted as optional*  
1. Please describe the existing or planned approach that the Applicant ACO will use to conduct beneficiary outreach.  
2. Please describe the Applicant ACO's existing or planned approach for evaluating beneficiary satisfaction in addition to CMS required beneficiary experience surveys and how the ACO intends to use such information to improve its care management and coordination processes.

At the bottom of the form are four buttons: "Save", "Save & Continue", "Submit Application", and "Print PDF".

# Clinical Care Model

## Provide the following information:

- Description of applicant's ability to achieve better health, care, and lower cost through integrated and coordinated care interventions.
- Percent of eligible professionals that attest to EHR meaningful use.
- Whether the ACO is physician-based or hospital-based.
- Description of how participants will use EHR for better, more coordinated care.
- Description of experience establishing and reporting clinical and patient satisfaction quality measures.
- Description of experience designing, implementing, and assessing specific care improvement interventions.

The screenshot shows the CMS.gov website interface for the Clinical Care Model application. The header includes the CMS.gov logo and navigation tabs for Background Information, Contacts, Leadership & Mgmt, Financial Experience, Patient Centeredness, Clinical Care Model (highlighted), and Benefits Enhancements. The main content area is titled "Clinical Care Model" and contains section "A. Care Coordination and Health IT Capability".

**A. Care Coordination and Health IT Capability**  
*All fields are required unless noted as optional*

1. Please describe the Applicant ACO's plan to achieve better health, better care, and lower costs through integrated and coordinated care interventions. Please address the following in your narrative:

- The Applicant ACO's use of interdisciplinary care teams to coordinate care for patients.
- The Applicant ACO's methods and processes to coordinate care throughout an episode of care and during care transitions, such as discharge from a hospital or transfer of care between providers (both inside and outside the ACO).
- The Applicant ACO's use of health information technology.
- The Applicant ACO's strategies for improving beneficiary access to care.
- The Applicant ACO's development and use of population health management tools.
- The Applicant ACO's plan to incorporate medication management into its care coordination approach; and,
- Additional specific care interventions and tools.

2. Please provide the anticipated percentage of eligible professionals in the Applicant ACO that will have attested to Electronic Health Record (EHR) Stage 2 Meaningful Use Criteria by December 31, 2015:

3. Please provide any additional information regarding the Applicant ACO's ability to meet the Meaningful Use requirements.

*Please answer the following questions which describe the proposed providers/suppliers ability to electronically conduct the following activities using the currently implemented EHR or platform planned to be implemented.*

3. Is the ACO a physician-based organization (e.g., convening entity is either a physician independent practice association (IPA), a physician practice management association, an individual physician group, or collection of physician groups)?

Please Select One

4. Is the ACO hospital-based (e.g. convening entity is a physician hospital organizations (PHO) or management service organizations (MSO) that includes hospitals)?

Please Select One

5. Please describe the ability of the Applicant ACO and proposed Next Generation Participants to use EHR data and electronic tools to understand patient risk, risk stratify, and use this information for decision making.

# Benefit Enhancements

## Provide the following information:

- Interest in different benefit enhancements: 3-Day SNF Rule, Post-Discharge Home Visits, and Telehealth.
- Description of how coordinated care reward payments will help improve care integration, quality assurance, and patient safety while reducing total Medicare expenditures.
- Description of how the network of preferred providers using selected benefit enhancements will be identified.

The screenshot shows the CMS.gov website interface for the 'Benefit Enhancements Implementation' form. The page title is 'Benefit Enhancements Implementation' and the CMS logo is at the top left. A navigation bar includes links for 'Background Information', 'Contacts', 'Leadership & Mgmt', 'Financial Experience', 'Patient Centeredness', 'Clinical Care Model', and 'Benefits Enhancements'. The form content includes a header section with a blue title and a paragraph of introductory text. Below this are four sections, each with a blue title and a question:

- A. 3-Day SNF Rule**  
All fields are required unless noted as optional.  
1. Please indicate if the Applicant ACO would be interested in implementing a waiver of the policy requiring a three-day inpatient stay prior to SNF admission.  
Please Select One
- B. Post-Discharge Home Visits**  
All fields are required unless noted as optional.  
1. Please indicate if Applicant ACO would be interested in billing for post-discharge home visits  
Please Select One
- C. Telehealth**  
All fields are required unless noted as optional.  
1. Please indicate if the Applicant ACO would be interested in greater flexibility in performing telehealth services:  
Please Select One
- D. Beneficiary Coordinated Care Reward**  
All fields are required unless noted as optional.  
1. Please describe how the CMS-funded coordinated care reward to beneficiaries will help the Applicant ACO reduce total Medicare expenditures and improve care integration, quality assurance and patient safety.  
  
2. Please describe how the Applicant ACO will identify a network of Preferred Providers for using the benefit enhancements above. Specifically,

# Review and Submit

- At the bottom of the Benefit Enhancements Page there are three options:

By checking "I Agree" below and clicking submit, I acknowledge that my application is final and that it has been completed to the best of my knowledge.

I Agree

Save

Submit Application

Print PDF

- Save, Submit Application, and Print PDF
- CMS recommends you save, review, and print your application before submitting.
- You must submit your application before 11:59 PM ET on May 25.
- You will not be able to make any additional changes after the application is submitted. You will only be able to upload the Next Generation Participant Lists required in the 'Background Information' section, which is due June 3, 2016. Consider saving your login and password information.
- After you submit your application, you will still able to print the final application.

# Questions?

## Future Open Door Forum Dates

Open Door Forum Topic	Date and Time
2017 Financial Methodology	April 5, 2016 4:00-5:30 PM ET
2017 Participant List	April 12, 2016 4:00-5:30 PM ET
2017 Benefit Enhancements	April 19, 2016 4:00-5:00 PM ET

Next Generation ACO Model Webpage:

<http://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>

E-mail: [NextGenerationACOModel@cms.hhs.gov](mailto:NextGenerationACOModel@cms.hhs.gov)

Technical Support: [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov)