Beneficiary Engagement and Incentives (BEI) Models—Shared Decision Making (SDM) Model

Frequently Asked Questions Posted September 26, 2017

Which fraud and abuse waivers may apply to arrangements under the Shared Decision Making (SDM) Model?

The Centers for Medicare & Medicaid Services (CMS) is testing the SDM Model under section 1115A of the Social Security Act (Act). In accordance with section 1115A(d)(1) of the Act, the Secretary of Health and Human Services may waive certain fraud and abuse provisions in sections 1128A, 1128B, and 1877 of the Act as may be necessary solely for purposes of testing the model. No fraud and abuse waivers specific to the SDM Model are being issued under this authority; however, other existing fraud and abuse waivers are potentially applicable.

Participation in the SDM Model is limited to accountable care organizations participating in the Medicare Shared Savings Program (Shared Savings Program) or the Next Generation Accountable Care Organization Model (NGACO Model), each of which operate with various waivers of the fraud and abuse laws.[1] Of these waivers, the participation waivers may potentially be used to protect certain arrangements related to *SDM Activities* and *SDM Services* that are necessary to test the SDM Model. Specifically, *SDM Activities* and *SDM Services*, as defined in the SDM Model Participation Agreement,[2] align with the following terms in the participation waivers: (1) the *purposes of the Shared Savings Program*, as defined in the

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[1] See Medicare Program: Final Waivers in Connection with the Shared Savings Program (80 FR 66726 (Oct. 29, 2015)); see also Notice of Waivers of Certain Fraud and Abuse Laws in Connection with the NGACO Model, available at https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Fraud-and-Abuse-Waivers.html.

[2] *SDM Activities* means the activities that the SDM ACO must complete, in accordance with the SDM Participation Agreement, including (1) identification of Eligible Beneficiaries for participation in the SDM Model; (2) ensuring distribution of PDAs to SDM Beneficiaries; and (3) submission of quarterly and monthly reports to CMS.

The term *"SDM Service"* means the following activities:

i. An in-person discussion with an SDM Beneficiary during which the SDM Practitioner: (1) considers available treatment options together with the SDM Beneficiary; (2) describes the pros and cons of available treatment options to the SDM Beneficiary using a CMS-approved PDA; (3) helps the SDM Beneficiary form personal preferences related to available treatment options; and (4) listens to, and answers questions regarding, the SDM Beneficiary's treatment decision (collectively, the "SDM Consultation");

ii. Offering the SDM Beneficiary the Beneficiary Questionnaire immediately after the SDM Consultation is complete;

iii. Documenting in the SDM Beneficiary's EMR: (1) the SDM Consultation, including that the PDA was administered; and (2) that the Beneficiary Questionnaire was offered; and

iv. Reporting to the SDM ACO information necessary for the SDM ACO to complete its monthly report to CMS in accordance with section 8.2 [of the SDM Model Participation Agreement].

Medicare Program: Final Waivers in Connection with the Shared Savings Program,[3] and (2) *ACO Activities*, as defined in the NGACO Model Participation Agreement and incorporated into the Notice of Waiver of Certain Fraud and Abuse Laws in Connection with the NGACO Model.[4] Thus, arrangements related to *SDM Activities* and *SDM Services* can be structured to fit within existing participation waivers for Shared Savings Program and the NGACO Model, as applicable, and it is not necessary to issue a separate waiver of the fraud and abuse laws under section 1115A(d)(1) of the Act for the SDM Model.

CMMI is not authorized to opine on, interpret, or provide guidance regarding fraud and abuse waivers. We encourage individuals and entities to consult with legal counsel as necessary to ensure compliance with the terms of the applicable participation waiver, each of which outline specific conditions regarding bona fide governing body determinations, timely documentation, and other safeguards. Parties must meet all conditions of the applicable Shared Savings Program or NGACO Model participation waivers in order to ensure protection for their arrangements.

Frequently Asked Questions Posted March 13, 2017

Please provide clarification on the data requested in the Letter of Intent (LOI) and Request for Application (RFA) regarding practices, practitioners, and Medicare fee-for-service (FFS) visits in CY2015.
CMS requests that applicants provide **estimates** to gain an understanding of the general makeup of the ACOs applying to the SDM Model. **CMS will not use these estimates to give preference to applicants.**

With regards to specific questions on the RFA, CMS is providing the following guidance:
Question 6 of the Application asks for two pieces of information: 1) the total number of visits by all Medicare FFS beneficiaries (assigned and not assigned) to all applicable ACO "professionals" and 2) the number of unique Medicare FFS beneficiaries served by these professionals. **If this information is not available, please provide an estimate of the unique Medicare FFS beneficiaries served by the ACO and its participating providers.**

Please do not include information from practices that are participating Comprehensive Primary Care Plus (CPC+), Oncology Care, and Million Hearts Cardiovascular Disease Risk Reduction Models. Practices in these models are not eligible to also participate in the SDM Model.

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[3] *Purposes of the Shared Savings Program* means one or more of the following purposes consistent with section 1899(a) and (b) of the Act: Promoting accountability for the quality, cost, and overall care for a Medicare patient population as described in the Shared Savings Program, managing and coordinating care for Medicare fee-for-service beneficiaries through an ACO, or encouraging investment in infrastructure and redesigned care processes for high quality and efficient service delivery for patients, including Medicare beneficiaries.

[4] *ACO Activities* means activities related to promoting accountability for the quality, cost, and overall care for a patient population of aligned Medicare fee-for-services Beneficiaries, including managing and coordinating care for Next Generation Beneficiaries; encouraging investment in infrastructure and redesigned care processes for high quality and efficient service delivery; or carrying out any other obligation or duty of the ACO under [the NGACO Model Participation] Agreement.

Question 9 of the Application asks for information by specialty on the number of practices, practitioners, total Medicare FFS visits, and Medicare FFS visits for preference-sensitive conditions (PSC) in CY2015 (**if this information is not available please provide an estimate)**. This data should be for practices and practitioners included on your ACO participation list. For Medicare FFS visits with a PSC, please use the guidance posted on the CMMI SDM Model Web Page to provide estimates that are based on your claims and billing information (SDM Website).

Frequently Asked Questions Posted March 6, 2017

How do ACOs identify patients eligible for SDM services during the pre-implementation period?
Prior to the start of the SDM Model, participating ACOs will be responsible for developing the inclusion/exclusion criteria used to identify eligible beneficiaries with one of the preference-sensitive conditions for the SDM Model. The Implementation and Monitoring Contractor (IMC) will support participating ACOs in the development of these criteria.

Many beneficiaries have multiple preference-sensitive conditions. How many SDM services can be billed per encounter and per year?
The beneficiary may receive one SDM Service for each preference-sensitive condition that they are eligible for. However, the beneficiary may not receive an SDM Service for the same preference-sensitive condition in the same calendar year.

In the application process, do ACOs need to report non-assigned FFS patients and visits in CY 2015 for *all Payers*?
No. ACOs should only provide the number of Medicare assigned and non-assigned FFS patients and visits in CY 2015.

Regarding the request for total number of Medicare FFS visits, should beneficiary visits to FQHC, RHCs, and Multispecialty Practices be reported as Other?
FFS visits should be counted by practice type (e.g., Primary Adult Care, Oncology, Radiology, Urology, Orthopedics), regardless of the location of the services.

How much time does the SDM process (including documentation) take for the providers? Does the patient have to make a decision the same day of the visit for payment to be received? When is SDM services considered complete?
The SDM Four step process will vary per patient and will vary based on how the ACO incorporate the Four-step shared decision making process into the routine clinical care of their practices. The patient does not need to make a decision the same day in order for the practitioner to document that the SDM Service has been furnished. The SDM Service is only considered complete after all four steps of the SDM process have been completed.

Is there a SDM Agreement template that ACOs need to have participating practices sign? Do ACO contracts with participating practices need to include that in the application submission?

There will be a Model Participant Agreement (MPA) that the ACO will need to sign, once selected to be in the Model. ACOs would need to have a contractual agreement with their practices/practitioners. CMS does not have a SDM agreement template for the practices, since CMS's agreement will be with the ACO. ACO contracts with practitioners do not need to be submitted as part of the application.

Can a practitioner not yet in the Medicare Shared Savings Program participate in the SDM Model?

The practitioner must be in the Medicare Shared Savings Program or the Next Generation ACO Model to be part of the SDM Model and must be listed on the ACOs participation list.

Do all providers in a participating ACO need to implement the SDM Model whenever they have a patient that presents with one of the six preference-sensitive conditions? Is there a penalty if not all ACO practices/practitioners participate?

CMS expects a participating ACO to implement the SDM Model in all of its practices and practitioners, unless the ACO demonstrates to CMS that, based on the preference-sensitive conditions being targeted and the nature of the particular practice or practitioner, that particular practice or practitioner is unlikely to provide services to beneficiaries within any of the preference-sensitive conditions with respect to that condition. This information is requested as part of the RFA and will be reviewed by CMS for approval/disapproval.

Are there questionnaires that must be completed by ACO practitioners as part of SDM Process or Services?

No. There is a beneficiary questionnaire, but not one designed for ACO practitioners.

Will the IMC work collaboratively with ACOs on practitioner training? If the ACO already has educational programs for SDM, can the programs be used, or will the IMC provide a standard training?

During the pre-implementation activities, the IMC contractor will collaborate with the ACO and their practices on the development of a standardized SDM training to be used across their practices.

Will selection of ACOs allow for true randomization?

CMS intends to employ a randomized selection approach for the SDM Model. Several approaches to randomization will be considered, and the chosen approach will depend on the number and mix of eligible ACO applications received. The goal of the chosen approach is to obtain BEI and comparison groups that are well balanced on key characteristics.

How do we respond in the application if our ACO covers multiple counties and/or multiple states?
An applicant can add as many states/counties to the service area as needed.

1. Click Add Geographic location
2. Select a State from the drop down
3. Select the appropriate counties from the Available Counties list and click the arrow to add the selected counties.

Can both primary and secondary contact work on the application?
Yes, both primary and secondary contacts can work on the application. However, only one person can edit an application at a time. If the primary contact has started an application and saved their work and has logged out of the application, the secondary contact is able to view the contents (and vice-versa).

Are there page and word limits for questions in the application?
Each question has a character limitation. A character counter is located after each textbox, and the number of characters remaining will be displayed as the user enters their responses.

When completing the application, does the system save before it times out?
The application does not auto-save responses. The user should save their work frequently and before moving to the next page or logging out.

When entering responses in the application, is it possible to copy and paste from a Word document?
Yes. It is possible to copy and paste answers from a Word document into the application.

To complete an application, should our CMS ID be used, or should we create a new one?
Applicants should not use their CMS/EUA ID to complete the SDM Model Request for Application. First time users should select Register Here on the Login window and enter their First name, Last Name, and Email Address. Upon a successful registration, the user will receive a confirmation email containing a user name and a link to create a password.

The following Frequently Asked Questions have been revised. Posted March 6, 2017

Who is eligible for participation in the SDM Model? Will the selection be based on volume of services provided or current use of SDM tools?
ACOs that are participating in the Medicare Shared Savings Program or Next Generation ACO Model are eligible to participate in the Model. CMS will not give preference to ACOs based on volume of services provided to patients with preference-sensitive conditions or current, routine use of SDM. All ACOs that meet SDM Model requirements specified in the RFA will be considered.

Can Comprehensive Primary Care Plus (CPC+), Oncology Care and Million Heart (MH) Cardiovascular Disease Risk Reduction Model practices in MSSP ACOs participate in the SDM Model?

ACOs with CPC+, Oncology Care and MH Cardiovascular Disease Risk Reduction Model practices can participate in the SDM Model. However, the CPC+, Oncology Care and MH practices will not be allowed to participate in the SDM Model. In addition, participating ACOs may not submit bills for SDM Services provided by practices participating in these models. These practices already receive payments for shared decision making under these models.

If an ACO is currently part of Medicare Shared Savings Program or Next Generation ACO but the agreement ends in 2018, can the ACO still participate in the SDM Model?

As long as the ACO remains a Medicare Shared Savings Program or Next Generation ACO, they are eligible to apply for the SDM Model. As stated in the RFA, ACOs are expected to participate in the model for a minimum of two years.

Will an ACO know if it is in the control group? Are ACOs in the control group expected to take any actions or report any data?

By virtue of not being selected for the SDM Model, ACOs will know if they are assigned to the comparison group. ACOs assigned to the comparison group will not be required to take any actions or report data.

Who is considered a SDM practitioner? Who needs to be responsible for engaging patients around SDM: providers (physicians, NPs, PAs) or others (e.g., patient educators)?

A SDM practitioner is an applicable ACO professional (i.e. Medicare Shared Savings Program), or a Next Generation Professional (i.e. Next Generation ACO Model), that will be furnishing the SDM Service to applicable beneficiaries in the SDM Model. The SDM practitioner is responsible for engaging patients in SDM. This will be further defined in the Model Participant Agreement. CMS will consider the following as applicable "professionals" for the SDM Model:

A. A physician (as defined in section 1861(r) of the Act); or
B. One of the following non-physician practitioners:
    1. Physician assistant who satisfies the qualifications set forth at 42 CFR § 410.74(a)(2)(i)-(ii);
    2. Nurse practitioner who satisfies the qualifications set forth at 42 CFR § 410.75(b);
    3. Clinical nurse specialist who satisfies the qualifications set forth at 42 CFR § 410.76(b);
    4. Certified registered nurse anesthetist (as defined at 42 CFR § 410.69(b));
    5. Certified nurse midwife who satisfies the qualifications set forth at 42 CFR § 410.77(a);
    6. Clinical psychologist (as defined at 42 CFR § 410.71(d));
    7. Clinical social worker (as defined at 42 CFR § 410.73(a)); or
    8. Registered dietician or nutrition professional (as defined at 42 CFR § 410.134).

When can applications be submitted? Can an application be withdrawn prior to the implementation date of January 1, 2018?
The application period began on January 28, 2017 and ends on March 20, 2017. The application can be withdrawn at any time prior to execution of the MPA. Applicants seeking to withdraw a completed application must submit an electronic withdrawal request to CMS via the Beneficiary Engagement and Incentives – Shared Decision Making mailbox (SDMmodel@cms.hhs.gov). The request must be submitted as a PDF on the organization's letterhead and signed by an authorized corporate official. It should include the applicant organization's legal name, the organization's primary point of contact, the full and correct address of the organization, and the reason for withdrawal.

Frequently Asked Questions Posted February 24, 2017

Can an ACO bring a patient in for an SDM Service, bill for the SDM Service in the SDM Model, and bill for the same SDM Service under Medicare FFS (i.e. E&M visit, etc.)?
No, participating ACOs and their practices/practitioners cannot bill for any services furnished, or activities performed, in relation to the SDM Model under Medicare FFS. In addition, the ACO must bill the SDM Service on behalf of their practice/practitioner. CMS will monitor adherence to this requirement and other applicable requirements of the SDM Model, including the Model Participant Agreement and the obligations imposed on SDM practices and practitioners through their contractual relationship with a participating ACO.

If an ACO practitioner sees a patient for an E&M visit (or the patient is seen for another Medicare FFS service), and it is determined that the patient is a candidate for the SDM Service under the SDM Model, can the ACO provide the SDM Service immediately after the E&M visit and bill for the SDM Service and the E&M visit?
Yes, as long as the E&M visit was not for the SDM Service. In addition, the time spent doing the SDM Service cannot count towards time for the E&M Visit. In other words, time spent doing the SDM Service cannot be used to up code the E&M visit nor can there be any double billing for the SDM Service. CMS will be monitoring for any up coding of the E&M visit and any double billing of the SDM Service.

Frequently Asked Questions Posted February 10, 2017

What contractual relationship is necessary between the ACO and its practices/practitioners? Will the ACO's contracts with their practices/practitioners be at the organization, practice, or provider level?
The Model Participant Agreement will require the participating ACO to maintain a contractual relationship with each of its SDM practices and practitioners whereby the practice/practitioner waives his or her right to bill and receive payment for furnishing the SDM Service, consents to CMS paying the ACO for the SDM Service he or she furnished, agrees to not bill for any services furnished or activities performed in relation to the SDM Model under Medicare FFS, and agrees to joint and several liability to CMS for the SDM Payment. For ACOs that are selected to participate in the SDM Model, CMS will provide further guidance on these requirements as part of the Model Participant Agreement.

Does the $50 paid to the participating ACO for each SDM Service provided by an SDM practitioner cover all services within the model, including purchase of the PDAs by the ACO?
Yes. The only payment being proposed under this model is for completion of the SDM Service-STEP 3 in the SDM Process.

Can an ACO that begins participation next year (in 2018) apply to the Model?
No. In order to apply for the SDM Model, the ACO must be a participating Medicare Shared Savings Program or Next Generation ACO in 2017.

Can CMS share the codes (Current Procedural Terminology [CPT], International Classification of Diseases [ICD]) that can help ACOs identify eligible candidates for the Preference-sensitive conditions?
CMS has posted, on the CMS Innovation website, diagnosis codes and other clarification on the preference-sensitive conditions that will help ACOs identify their patient population for the application process. This list of codes is a STARTING point for ACOs to identify the patients. ACOs may add additional codes to the list supplied by CMS. This information is posted at: SDM Model ACO Applicant Guidance: Beneficiary Fee-For-Service Preference-Sensitive Condition Visits (PDF).

If a provider/practice was excluded from Next Generation ACO participation, would they also be excluded from participation in this model?
Yes. They would be excluded from participation in this model.

Is an ACO participating in the ACO Investment Model, eligible to participate in the SDM Model?
No. An ACO participating in the ACO Investment Model is not eligible to participate in the SDM Model.

Does the Specialist that will be a SDM practitioner for the ACO have to be included in the ACO provider roster to CMS, or can the specialist have a separate contract with the ACO to participate in this model?
SDM Practitioners taking part in the SDM Model must be listed on the ACO participant list.

Who can be a LOI and application contact?
The LOI and application contacts are considered representatives of the ACO. These are the people that CMS will communicate with. The contacts should be people that have authority to certify and submit the information. In the SDM Model, a primary and secondary contact is required. They can be specific to the SDM Model and different from other ACO contacts that interact with CMS.

We are a new ACO and do not have access to CY 2015 claims data, how do we answer questions in the LOI and application? Will CMS provide flexibility on this request?
When completing the SDM LOI and RFA, CMS prefers that you supply information per the guidelines provided so that responses can be evaluated in a consistent and fair manner. If you don’t have appropriate CY 2015 data, or are unable to follow CMS guidelines because of

reporting limitations, please use the most recent or relevant data/information that you have available. Also, please upload in the "upload document" section a PDF letting us know that certain data/information was not available and provide an explanation of what has been submitted in its place.

Frequently Asked Questions Posted January 30, 2017

When will the ACO receive the $50 payment for each SDM Service?
ACOs participating in the SDM Model will receive payment for the SDM Service after they submit the required monthly SDM reporting elements, and the SDM reporting elements are verified by the CMS contractor. The ACO, not individual practitioners, will be paid for the SDM Service on a quarterly basis, in lump sum payments.

Can you clarify what is meant by claims submission? Can I assume that the ACO is not actually required to submit a CMS 1500 form, but rather a report that tracks the SDM Services that were provided by our practitioners? This is a critical question as ACOs are not typically covered entities (unless they are a physician only group) thus not set up for billing in this regard. The answer to this question is key for us to know whether we would even submit an LOI (which though non-binding requires analytics work that I'd rather not use resources for if this application isn't relevant for us).
You are correct—the ACO will not be required to submit a CMS 1500 form for the SDM Service. The ACO will be required to submit a report that tracks the SDM Services that were provided by the practitioners. CMS refers to this report as the "SDM Reporting". The "SDM reporting" will be electronic. Information on the data elements that will be required in the "SDM Reporting" will be forthcoming during the pre-implementation webinars.

Will any funding be available for pre-implementation activities?
No. Payments will begin once the SDM Services are being offered to beneficiaries.

If an ACO participates in the SDM Model, do they have to provide SDM services for all of the six preference-sensitive conditions, or can they choose to focus on a subset of these conditions?
ACOs are expected to provide SDM Services for all of the six preference-sensitive conditions, when applicable.

What reporting is required of ACOs who are selected to participate in the SDM Model and with what frequency?
The reporting requirements for this model include:

- Documentation of step 3 {Furnish SDM Service: Discussion, Decision and Documentation} in the beneficiary's clinical record- (immediately after step 3)
- SDM reporting (which is "the SDM claim") - (reported Monthly)
- Completed Beneficiary questionnaire - (reported Monthly)
- Operational data - (reported Quarterly)

More information will be forthcoming during the pre-implementation activities.

If the agreement is for two years, and our ACO renews its agreement to be in the MSSP for another three years, does the SDM agreement have to be renewed or does it keep going for two years regardless of where the ACO is in terms of its three-year agreement periods?
In addition to an initial two-year agreement for the SDM Model, CMS plans to offer up to three year-by-year renewals to participating ACOs that show evidence of alignment with model goals. The SDM Model agreements will specify that participating ACOs must remain MSSP or Next Generation participants for the duration of the SDM Model period. If an ACO enters the SDM Model initial two-year agreement, but loses its MSSP or Next Generation status in year two of the SDM Model, they are no longer able to participate in the SDM Model.

Can an ACO that is planning to start on January 1, 2018, submit an LOI for the SDM Model?
No. In order to apply for the SDM Model, the start date of the ACO would need to be in 2017.

Will physicians receive any training in shared decision making? Who will provide the training, and when will it occur?
ACOs and their practitioners will receive training in shared decision making. This training will be provided by a CMS contractor. We expect the ACOs and their practitioners to take part in this training. This training will be part of pre-implementation activities, which are currently scheduled to start in July 2017.

When does CMMI plan to launch the Model?
The Model is currently projected to start January 1, 2018. Pre-implementation activities are currently scheduled to begin in July 2017.

What questions should be covered in the questionnaire? Will CMS mandate a standard set, or will there be some discretion of the ACO?
The questionnaire will be provided by CMS to the ACO, and the ACO will be responsible for disseminating the questionnaire to all of its practices participating in the Model. The practitioner will be responsible for offering the questionnaire to the beneficiary. The questionnaire will be in a paper format and will consist of demographic, process and outcome questions. ACOs may not change the questionnaire content. Additional information pertaining to this questionnaire and its administration will be forthcoming during the pre-implementation activities.

Who is eligible to apply for the SDM Model?
All MSSP and Next Generation ACOs are eligible to apply for the SDM Model. After randomized selection of accepted applicants, 50 ACOs will participate in the intervention arm of the model. CMS will enter into a participant agreement with each ACO that is selected.

Can the SDM Service be provided either face to face or non-face to face?
The SDM Service is a face to face, in-person, discussion between the practitioner and the beneficiary.

If ACOs must apply by March 5, 2017, when is it expected that ACOs would be informed of inclusion decisions, and what dates are expected for the 6-month pre-implementation phase and the 2-year implementation period?
Participants will be announced in mid-June. The pre-implementation activities will begin in July and run for 6 months. The go-live date for the Model will start January 1, 2018.

When considering applications for the SDM Model, will CMS require or give preference to MSSP ACOs that contain specialists as enrolled ACO Participants? Must an ACO have oncology, radiology, urology, and orthopedics specialists within its Participants? Will preference be given to such ACOs?
CMS will not give preference to MSSP ACOs that contain specialists as enrolled ACO participants. All MSSP ACOs that meet project requirements specified in the RFA will be considered.

Which PDAs will be used? Will CMS be providing applicants with an approved decision aid developer list, or will there be any efforts to help ACOs identify existing decision aids?
During the pre-implementation activities, the CMS contractor will work with the ACO and their practices to select a formal set of PDAs to be used across their practices.

Do you need to submit a LOI in order to access the application?
In order to access the RFA application, the ACO must first submit a LOI. If the ACO does not submit a LOI, it will not be able to access the application.

Frequently Asked Questions Posted December 8, 2016

What is the authority for the BEI Models?
The BEI Models are being tested under the authority of Section 1115A of the Social Security Act (as added by Section 3021 of the Affordable Care Act).

How is the term beneficiary engagement used in the BEI Models?
Beneficiary engagement broadly refers to the actions and choices of individuals with regard to their health and health care, and how CMS can facilitate these decisions to best improve quality, patient experience, and spending outcomes. The BEI Models focus on shared decision making, including the use of patient decision aids (PDAs), tools that present information about common medical choices, and the provision of a variety of health care decision support services.

What is Shared Decision Making?
Shared Decision Making is a process of communication, deliberation, and decision making that includes sharing information with the beneficiary that outlines treatment options, including harms, benefits, and alternatives; eliciting and supporting the beneficiary’s values and preferences; maintaining an interactive and meaningful dialogue based on the best medical evidence tailored to the beneficiary’s condition; and making an optimal decision that

takes into account the evidence on options, practitioner/care team expertise, and the beneficiary's values and preferences.[5,6]

What approaches will the BEI Models test?
The Models will test two approaches: The Shared Decision Making Model (SDM Model) will test an approach to supporting beneficiaries in shared decision making delivered by practitioners within the patient's usual site of care. In this model, the shared decision making process is a collaboration between the beneficiary and the practitioner.

The Direct Decision Support Model (DDS Model) will test an approach to shared decision making provided outside of the usual site of care by organizations that provide health management and decision support services to beneficiaries directly.

What is the Shared Decision Making Model?
The Shared Decision Making (SDM) Model is one of the BEI Models. The SDM Model seeks to test how to best integrate a specific, structured Four Step shared decision-making process into routine clinical practice. The model will directly address a number of the barriers identified in research studies in peer-reviewed scientific literature and by experts in the field of shared decision making, such as inadequate time and lack of resources to implement shared decision making in a busy clinical practice.

The SDM Model aims to integrate a specific, structured Four Step process to shared decision making into routine clinical practice of participating Accountable Care Organizations (ACOs), resulting in informed and engaged beneficiaries who collaborate with their practitioners to make medical decisions that align with their values and preferences. The SDM Model will test whether this design results in reduced Medicare spending while maintaining or improving quality, and whether it results in increased beneficiary satisfaction with their care decisions.

What is a participating ACO?
A participating ACO is a Next Generation ACO Model or Medicare Shared Savings Program ACO that is participating in the SDM Model.

What is a SDM practice?
A SDM practice is an ACO participant, including a Medicare Shared Savings Program or a Next Generation Participant, or a Next Generation Preferred Provider that is participating in a Participating ACO.

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[5] Alston, C., Berger, Z. D., Brownlee, S., Elwyn, G., Fowler Jr., F. J., Hall, L. K., Montori, V. M., Moulton, B., Paget, L., Shebel, B. H., Singerman, R., Walker, J., Wynia, M. K., & Henderson, D. (2014). Shared Decision-Making Strategies for Best Care: Patient Decision Aids. Institute of Medicine.

[6] The SHARE Approach. (2015) AHRQ. <http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/>

What is a SDM practitioner?
A SDM practitioner is an applicable ACO Professional (in the Medicare Shared Savings Program), or a Next Generation Professional (in the Next Generation ACO Model), that furnishes the SDM Service to applicable beneficiaries in the SDM Model.

How many ACOs are being targeted for participation in the Shared Decision Making Model?
CMS plans to operate the SDM Model in an intervention group of 50 ACOs nationwide. The pool of qualified ACO applicants for the SDM Model will be randomly assigned to the SDM Model or the comparison group, with only the SDM Model participants participating in the SDM Model; the comparison group would not have any operating responsibility nor receive any compensation.

What type of payment do the participating ACOs receive in the SDM Model? What activities are expected from a participating ACO, SDM practice or SDM practitioner?
The SDM Model is designed to pay participating ACOs to incorporate shared decision making into routine clinical care. CMS will pay participating ACOs $50 for each SDM Service furnished by their SDM practitioners to eligible beneficiaries, regardless of whether the beneficiary is assigned to the ACO under the Next Generation ACO Model or Medicare Shared Savings Program, as long as the ACO and/or SDM practice or practitioner completes all required SDM Activities.

The Four Steps of the SDM Process include:

1. Identifying SDM-eligible beneficiaries;
2. Distributing the patient decision aid to eligible beneficiaries;
3. Furnishing the SDM Service (Shared Decision Making: Discussion, Decision and Documentation); and
4. Tracking and SDM Reporting.

Step 3 is considered a SDM Service (furnished by the SDM practitioner) and Steps 1, 2, and 4 are considered SDM Activities (completed by the participating ACO, and/or SDM practice or practitioner).

Can beneficiaries opt out of the model?
Yes. Participating ACOs will be required to respect a beneficiary's decision to opt-out or decline shared decision making under this Model.

Will SDM payments count as part of a participating ACO's Total Cost of Care, and therefore be included in annual shared savings calculations?
Yes. CMS will include SDM Model payments paid to the participating ACO for SDM services provided to assigned beneficiaries in its calculation of the participating ACO's total costs of care for financial calculations under the Medicare Shared Savings Program or Next Generation ACO Model, as applicable. CMS will not include SDM Model payments for unassigned beneficiaries in calculations of a participating ACO's total cost of care.

What is the period of performance for ACOs participating in the SDM Model?
To ensure operational feasibility for the model, CMS will only select ACOs that are willing to commit to an initial period of two years of model participation and, based on their performance, the possibility of extension. CMS plans to offer up to three year-by-year renewals to participating ACOs that show evidence of alignment with model goals. The initial period and all potential renewals amount to up to five years of model operations.

Will CMS share data with ACOs under the SDM Model?
No. CMS does not plan to share additional data under the SDM Model, because ACOs that participate in the Medicare Shared Savings Program and Next Generation ACO Model already receive CMS data as provided under the terms of that program and model.

How will CMS monitor ACO performance and capture beneficiary experience in the SDM Model?
CMS will collect and review operational data and performance metric data submitted by the participating ACOs to assess ACO performance in the SDM Model. In addition, beneficiaries will be asked to complete a questionnaire that captures their experience. The questionnaire will contain both process and outcome questions.

What is a preference-sensitive condition?
A preference-sensitive condition is a medical condition for which the clinical evidence does not clearly support one treatment option, and the appropriate course of treatment depends on the values or preferences of the patient regarding the benefits, harms, and scientific evidence for each treatment option.[7]

What are the preference-sensitive conditions that the SDM Model targets?
The model targets a set of six conditions for which the clinical evidence does not clearly support one treatment option and the appropriate course of treatment depends on the values or preferences of the patient. These preference-sensitive conditions include: stable ischemic heart disease, hip osteoarthritis, knee osteoarthritis, herniated disk or spinal stenosis, clinically localized prostate cancer (cancer that is confined to the prostate gland), and benign prostate hyperplasia.

What is a Patient Decision Aid (PDA)?
A PDA is an educational tool that helps patients to communicate their values, beliefs, and preferences related to their treatment options, in order to decide with the health care practitioner what treatments are best for them based on their treatment options, scientific evidence, circumstances, beliefs, and preferences.[8]

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[7] O'Connor AM, Llewellyn-Thomas HA, Flood AB. "Modifying Unwarranted Variations In Health Care: Shared Decision Making Using Patient Decision Aids." Health Aff (Millwood). 2004 Suppl. Web Exclusive: VAR63-72. October 7, 2004.

[8] 42 U.S.C. § 299b–36

How will the SDM Model be evaluated?
An independent evaluation will be conducted to determine whether the SDM Model improves quality of care without increasing spending; reduces spending without reducing quality of care; or improves the quality of care and reduces spending. Qualitative and quantitative approaches will be used to conduct the evaluation. To ensure a robust evaluation, ACOs participating in the SDM Model will be expected to fully cooperate.

How will the SDM Model be characterized under the Quality Payment Program?
The SDM Model will be considered an Alternate Payment Model (APM); but not an Advanced APM or MIPS APM.

How will participation in the SDM Model effect the eligibility of clinicians for payment adjustments and incentives provided through the Quality Payment program?
ACO Participation in the SDM Model will not directly impact or change the amount of risk or any other criteria pertaining to Advanced or MIPS APMs, and therefore will not affect clinicians' eligibility for payment adjustments or incentives through the Quality Payment Program. Instead, participation in the Next Generation ACO Model or Medicare Shared Savings Program will determine their Quality Payment Program adjustments or incentives status in either MIPS or as a Qualifying APM Participant (QP) in an Advanced APM.

How do ACOs apply to participate in the SDM Model?
ACOs participating in the Medicare Savings Program or Next Generation ACO Model that are interested in participation in the SDM Model must first submit an electronic, non-binding Letter of Intent (LOI). The LOI submission period begins on December 8, 2016 and closes on March 5, 2017.

Only ACOs that submit a timely and complete LOIs will be eligible to submit an application. The application period begins on January 28, 2017 and closes on March 5, 2017. Applications must be completed online using an authenticated web link and password, which will be emailed to applicants upon submission of a timely and complete LOI. Only applicants submitting a timely and complete LOI will be eligible to submit an application. Submission of PDF versions of the LOI or applications will not be accepted.

Where can interested parties access the LOI form?
The link to the LOI form is available on the BEI website at: BEI SDM LOI and Application Portal

Who do I contact if I have questions?
Questions about the model can be directed to: SDM Model Mailbox