Next Generation ACO Model

Open Door Forum:
Letter of Intent (LOI)
and Application

April 14, 2015
Agenda

- Preliminary Application and Selection Timeline
- Letter of Intent
- Application
## Preliminary Round One Application and Selection Timeline

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>LOI Due Date</td>
<td>May 1, 2015</td>
</tr>
<tr>
<td>Application Due Date (including submission of Next Generation Providers/Suppliers list)</td>
<td>June 1, 2015</td>
</tr>
<tr>
<td>Finalists Identified</td>
<td>Late Summer 2015</td>
</tr>
<tr>
<td>Agreements Signed</td>
<td>Fall 2015</td>
</tr>
<tr>
<td>Start of 1\textsuperscript{st} Performance Year</td>
<td>January 1, 2016</td>
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</table>
ACOs applying to the Next Generation ACO Model who are also contemplating entering the Shared Savings Program for a first or second agreement period beginning January 1, 2016, should submit the required indication of intent and application to both initiatives to be considered for either.

An ACO will be allowed to participate in only one of these initiatives (Shared Savings Program or Next Generation) and will therefore be required to withdraw one of their applications during the application review period later this summer.

### Next Generation / Shared Savings Program Application Interactions

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Next Generation ACO Model</th>
<th>Shared Savings Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter/Notice of Intent to Apply</td>
<td>Due: May 1, 2015</td>
<td>Accepted: May 1, 2015 – May 29, 2015 Due: May 29, 2015 at 8:00 pm ET</td>
</tr>
<tr>
<td>Application Due Date</td>
<td>Due: June 1, 2015 (including submission of Providers/Suppliers list)</td>
<td>Accepted: July 1, 2015 – July 31, 2015 Due: July 31, 2015 at 8:00 pm ET</td>
</tr>
<tr>
<td>Final Determination</td>
<td>Late Summer 2015 Finalists Identified</td>
<td>Fall 2015 Approval or Denial Decision Sent to Applicants</td>
</tr>
</tbody>
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Letter of Intent


Text version of the LOI available in Appendix A of the Request for Applications (RFA).

• LOI due 5/1/15
• LOI cannot be saved while in progress—do not press back button or navigate away from page.
• Primary contact will receive confirmation e-mail with LOI #.
• LOI # required to access application.
Rural ACOs

- Rural ACO defined in Appendix B of RFA.
- Applicant ACO considered rural if any of its primary service areas are located in a rural county.
  - More information on primary service area: [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Calculations.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Calculations.html)
- Counties not designated as parts of Metropolitan Areas by the Office of Management and Budget, census tracts with Rural Urban Commuting Area Codes (RUCA) 4 through 10, and micropolitan areas will be considered rural for the purposes of the Next Generation Model.
Accessing the Application

- Access via Next Generation Model webpage.
- First time logging in? Click “Request for Application Access.”

- Enter LOI # and e-mail address of primary contact.
- Create username and password.
Application Home Screen

Home screen displays application instructions, application status, and Next Generation ID (same as LOI confirmation #).

Return to the home screen at any time using drop down menu in upper right hand corner.

Text version of application available in Appendix G of RFA.
Navigating the Application

- Application contains seven sections, users can toggle between sections by clicking on navigation bar.
- These buttons are found at the bottom of each page.
- Cannot submit application until user has checked “I Accept” box on final page.
Application Submission

- Must check “I Agree” to submit application.
- Application will screen for errors after the “Submit Application Button” is pressed. Errors will appear at the top of the screen in red.

- Clicking on the error message brings the user to the specific question to resolve the error.
- After submission, primary contact will receive confirmation e-mail.
Providers/Suppliers Lists
(Background Information, B. ACO Organization Profile, 6 and 7)

• Application requires two lists:
  – Next Generation Providers/Suppliers to be used for alignment;
  – All Next Generation Providers/Suppliers in ACO.
• Intent: accurate and complete information on all providers participating in ACO, even if not used for alignment.
• If a provider that could be used for alignment (e.g., a PCP) is on the “All Providers/Suppliers List” but not the “Alignment Providers/Suppliers List,” that provider will still be used for alignment.
• Application does not require submission of Preferred Provider and/or Affiliate lists.
• Governing body requirements described in RFA Section V.C.
• Regardless of answer to question 1, applicant required to answer question 2 and complete table with governing body members.

• Click “Add Governing Body.”
• Fill out fields in pop-up box (check relevant box if member is a beneficiary or consumer advocate) and click save changes.
Benefit Enhancements
(Benefit Enhancements Implementation, A-D)

• Questions specific to proposed implementation of a variety of benefit enhancements.
  – For each benefit enhancement, Applicant ACO selects:
    • Yes, interested in participating in enhancement;
    • No, not interested in participating in enhancement; or
    • Maybe in PY2, or later.
  – If yes, additional description required. Responses used for assessing interest and planning for implementation.

• Acceptance into Model not contingent upon an ACO implementing any particular benefit enhancement.

• ACOs accepted into Model will be required to provide CMS with implementation plans for each benefit enhancement selected by the ACO.
Outcomes-Based Contracts
(Financial Experience and Information, B. Risk Sharing Experience, 3 and 3.i.)

• Requirements described in RFA Section V.G.
• Outcomes-based contracts must include:
  – Financial accountability;
  – Patient experience evaluations; and
  – Substantial quality performance incentives.
• Application asks for percentage (may be estimation) of revenue derived from outcomes-based contracts.
• ACO’s total revenue includes payments received by all Next Generation Providers/Suppliers for clinical services, not just payments to ACO entity itself.
State Licensure
(Financial Experience and Information, C. Financial Plan if Selected, 1)

• Requirements described in RFA Section V.F.
• Applicants attest to one of three options:
  – Applicant ACO has been licensed as a risk-bearing entity in state in which it will operate;
    • Upload license/documentation.
  – Applicant is required to obtain licensure, but has not yet been licensed as a risk-bearing entity; or
    • Describe plans and timeline to become licensed.
  – N/A (e.g., state does not have licensure requirement for ACOs or ACO not required to be licensed as risk-bearing entity).
Application Scoring

- Described in Section XII and Appendix F of RFA.
- Applications scored on five domains:
  1. Organizational structure;
  2. Leadership and management;
  3. Financial plan and experience with risk sharing;
  4. Patient centeredness; and
  5. Clinical care model.
- Additionally, applicants must demonstrate that organizational structure and provider/supplier composition meets goals of model.
- If participated in previous CMS model/program, must demonstrate good performance and conduct.
Questions?


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