

AHEAD Model Notice of Funding Opportunity Support Office Hour Session - Transcript

January 30, 2024

>>**Julia Marcus, CMS:** I do also want to say up front that we're still working on finalizing some of the policy documents that we were asked about during our last office hour session. This includes our official overlaps policy with other CMMI models such as MSSP and ACO REACH, and the hospital global budget financial methodology. As you can imagine, there's a lot of collaboration that is happening behind the scenes so that we can get these very intricate policy details to you as quickly as possible. We ask you for your understanding that we cannot share everything at this time, but we are doing our best. I think I covered everything on this slide, so Eli, if you could just flip to the next slide before we get started.

So, I do want to flag that we have an upcoming event. So, on February 14th at 3 o'clock pm eastern time, we are hosting a hospital global budget webinar. So again, instead of office hours, we will have a hospital global budget webinar on February 14th. A nice Valentine's Day treat. And the draft CMS-designed hospital global budget methodology is anticipated to be released prior to this webinar. So, I know we've got a lot of questions about that, so we're hoping to release that and then present materials and answer questions on that date. I believe an email either has gone out or is going out very shortly with the registration link. We can also pop that in the chat for you. And then after that—thanks, Eli; so, Eli just posted the registration link for that webinar. Feel free to register, share with colleagues, etc. And then after that, we will resume regular office hours on February 26th and March 14th. Those will be our two remaining office hours before NOFO applications are due for Cohorts 1 and 2 on March 18th. And then Eli if you could flip one more slide. I'm just going to cover all of this at the top. So, we do have a lot of resources that are up on our website. Some of these you have already seen, I imagine. But I wanted to flag the two last resources on this list: the Primary Care Investment Methodology, which is new, and the Hospital Global Budget Factsheet, which is also new. So again, all of those are available now and if you have any questions, ask them today. You can also always email us at AHEAD@cms.hhs.gov.

Now I'm done with all of our updates. I know it's a lot, and we will get into the Q&A portion of these office hours. If you have any questions, if you need the link, things like that. Again, please use the Q&A feature or raise your hand and we can talk through your questions live.

And I see all of the questions coming in the chat. Thanks for those, we're just working on getting those answers. If you can hang tight for just a second, we will try our best to type all of them in and we will also share any aloud that we think are relevant to everyone.

I do see a question about the letter of intent. So the question is, "Can states apply to Cohorts 1 and 2 on March 18th, 2024 if they have not submitted a letter of intent on February 5th, 2024. Does not submitting a letter of intent affect a state's chances of being selected." So the letters of intent are strongly encouraged, but they are not required. So you do not need to submit a letter of intent in order to apply or be selected to participate in the AHEAD model. So I think the short answer to your question is that it doesn't have any impact on your application. We're just using it to gauge interest, to gauge how much resources we need on our end for things like application review, things like that. But for folks who are planning to submit, or you know that an agency within your state or sub-state region is planning to submit a letter of intent, those are due on Monday, February 5th. I just said that, but then I got tripped

up on the dates. So again those are due next week, but they are not required; they're just strongly encouraged.

>>**Julia Marcus, CMS:** And again, we're just doing our best to work on all the chats—or all the questions that are in the Q&A right now, so just stay tuned for quick answers there.

Hannah Friedman-Bell, I do see your question on total cost of care calculation, the commercial market alignment strategy. I'm going to turn it over to one of our AHEAD model leads, Emily Moore, to answer that question. And really quickly before that, I also see a question: "Can the links to resources be posted in the chat. Can that include links to previous NOFO office hours?". We can include the links to resources in the chat. The previous NOFO office hours are on our website, but we can also include that in the chat as well. Right now, the recordings are not yet available, but the transcripts are. So we'll put all of that in the chat for you. And then Emily if you want to go ahead on Hannah Friedman-Bell's question. If you could just repeat the question and then say the answer, I think that would be helpful for everyone.

>>**Emily Moore, CMS:** Thanks. The question from Hannah that we received is "Will CMS expect states' total cost of care calculations and commercial market alignment strategy for primary care to include federal employees? If so, will OPM make the relevant data available?". This is a great question and I know that there has been some work previously in some of our states with OPM data. I recognize that this may be a barrier and generally in terms of commercial data, we would want states to be as practical as possible in including as much commercial data as they have access to, but would be working that through in terms of the pre-implementation and implementation phase. So ideally, we would want that calculation to be as broad as possible, but we recognize that there might be some data barriers and we'd be working with states to address that.

Alright. The next question would be another one from Hannah Friedman-Bell on "will CMS apply the Transformation Incentive Adjustment as a one-time adjustment for PY1 and PY2?". And then "in other words would the global budget for PY3 be exactly 1% lower than PY2 since there's no transformation incentive?". And that is correct. Generally, it's a—you know, for PY1 and 2, that's when the Transformation Incentive Adjustment occurs. And it will no longer be included in PY3. Again, there probably will be other types of changes over time for that upcoming Performance Year 3 like market changes, risk adjustment, things like that that might also inflate the global budgets, but the TIA will no longer be applied. Thank you.

>>**Julia Marcus, CMS:** Thanks, Emily. And Hannah, if you have any follow-up questions, please feel free again to use the raise hand feature or you can continue to use the Q&A so that Emily or someone on our team can clarify.

And just quick FYI if you're not looking at your screen, Eli is very graciously putting all the links that are on this slide in the chat so that you have easy access to them as well. So if you have questions on that, please let us know.

And Thomas, I see your question in the chat. We are just working on that, so we'll let you know in just a moment. And again, if other folks have questions, please feel free to continue to use the Q&A feature or you can raise your hand if you'd like to chat with us live.

And again, those new resources for the primary care investment methodology and the hospital global budget fact sheet are now in the chat. I also want to flag that the registration link for our hospital global

budget webinar, which will be on Valentine's Day, February 14th – the link is also in the chat for that as well.

Again, we are going to hang out on the line until 4 o'clock pm Eastern Standard Time, so if you have questions or if you want to hang out with us, you are more than welcome to do so. Just want to flag again that we do have our colleague from the Office of Acquisition and Grants Management on the phone, so if you have started working on your NOFO application and you have any questions about the requirements or you have questions about the budget narrative in particular, I would encourage you to ask those questions while we have our colleague on the line.

And another quick plug since we are not getting a lot of questions at the moment: during the hospital global budget webinar we will also be doing a Q&A, so once you have time to digest the information that we publish and, you know, listen to that presentation, there will be a specific hospital global budget Q&A portion of that webinar. So I would make sure that you get that on your calendars if you haven't already.

And Thomas Harlow, I see your additional question in the chat. We are still working on your first one as well, so just give us a moment and we will get back to you.

Okay Thomas for your second question, I'm just going to read it aloud for everyone. "I believe I read that hospitals will be able to withdraw from the global budget methodology. Is that correct?". So yes, but if a hospital exits the model prior to the state's Performance Year 6, the hospital will be required to repay the Transformation Incentive Adjustment. So I see Emily has come on video, so Emily if you want to offer any additional color there, please feel free.

>>Emily Moore, CMS: Thanks, Julia. You actually quoted what I was about to read off. I do want to say that, you know, there will be a certain deadline for hospitals to sort of stay in the model or, you know, exit the model for given performance years, but again it is a voluntary model, at least for the CMS-designed Medicare fee-for-service hospital global budget methodology.

>>Julia Marcus, CMS: Thanks, Emily.

>>Emily Moore, CMS: Julia, I can answer Thomas's question about a CAH if you'd like.

>>Julia Marcus, CMS: Perfect, thank you.

>>Emily Moore, CMS: Thank you, Thomas. "If a CAH withdraws prior to year 6, would they revert back to cost-based reimbursement?". And yes, if they were to exit the model, they would go back to the current policy, which is cost-based reimbursement. You know, Julia's already shared with you the TIA repayment if they leave prior to year 6, so that would be handled, but then from, you know, the calendar year from which they sort of go back to participating, that would be using cost-based reimbursement. I recognize that some hospitals are off calendar year; you know, they have their cost-reporting cycle starting in July rather than in January, so then they would be under cost-based reimbursement for like those 6 months from the period in which they are no longer in the model.

>>Julia Marcus, CMS: Thanks, Emily.

>>Emily Moore, CMS: And sorry, and this is if they withdraw at any point in the model.

>>**Julia Marcus, CMS:** Thanks, Emily. Again, Thomas, if you do have any additional clarifying questions, please feel free to let us know. And know we are still working on your other outstanding question in the chat.

Pat, I see your question in the chat. I think I'm going to tap Emily, which I'm doing a lot, to answer this question. So Pat's question is "I'm assuming Medicare Dependent Hospitals would be treated like CAHs in the model. Is that correct?".

>>**Emily Moore, CMS:** Thanks, Pat. Appreciate your question. My understanding is that Medicare Dependent Hospitals are a different type of acute care hospital, but generally both acute care hospitals and CAHs receive a prospective hospital global budget with, you know, different types of AHEAD-specific adjustments. They receive the global budget in place of what they received prior to the model, whether that's fee-for-service or cost-based reimbursement. And again, if they were to exit the model, they would revert to whatever payment structure they were already previously under. If you are looking for more specifics about the Medicare Dependent Hospitals, let me know, but that's generally the overarching takeaway.

>>**Julia Marcus, CMS:** Thanks, Emily.

And again, I know we're just about at the bottom of the hour, so again, we're going to hang out but if you have questions, please continue to feel free putting them in the Q&A function so we can get back to you or raise your hand and, you know, the floor is yours. Otherwise, we'll continue to hang out to answer questions as they arise.

Alright Thomas I see your additional question in the Q&A about data. So I'm going to see if my colleague Emily can answer that question as well.

>>**Emily Moore, CMS:** Thanks, Julia. Thanks, Thomas. I'm glad you're thinking ahead, no pun intended, to the types of data that is necessary for hospitals to be successful. We have experience with creating—and we're planning to create hospital dashboards in which hospitals may be able to see how they are performing on quality measures, their utilization, how they're doing on potentially avoidable utilization, and the like. This is something that we hope to work with states, especially as we're building these dashboards, so that way we make sure that they include helpful information. So we've got some experience in that from the Pennsylvania Rural Health Model and it will be helpful to build on that. So I agree that both financial and quality data will be useful. So that is definitely—we are in similar mindsets.

>>**Julia Marcus, CMS:** And I'm going to take the crickets to mean that there are no possible other questions that folks have but again, we're going to stay on the line so if you have questions, feel free to chat them in, in the Q&A function, or raise your hand. I think if we don't get any questions in the next 10 minutes or so, we may drop at 3:45. Happy to give everyone some time back but again, this isn't your last opportunity to ask questions. You can join the subsequent office hours. I definitely encourage you to join the hospital global budget webinar if you have questions about that piece of the model. You could always reach us via email as well. So we're going to hang out until about 3:45 unless we get a large influx of questions and you are more than welcome to hang out with us as well.

And thanks Kate, our fearless group director. We are also accepting your health policy Valentines for our hospital global budget webinar. So please feel free to—yes, our division director; we also have Tequila Terry, our group director on the line. So feel free to put in your health policy Valentines and you may be

featured in our February 14th hospital global budget webinar. So if you like health policy and you are also very punny, this is a very good opportunity for you.

A lot of very fun AHEAD puns happening in the chat, which we appreciate. Again, we are going to hang out until 3:45 because we're not getting a ton of questions. So if you have any questions, feel free to let us know. Otherwise, if you need any of these links again, they are in the chat but if you have trouble accessing, please feel free to let us know. Eli – would you mind just backtracking the slides to our upcoming events so they have that before they log off.

>>**Jack Lewin, MD:** Oh yeah, let's have that. Yeah.

>>**Julia Marcus, CMS:** Perfect, thanks Jack. Good to know someone's out there. So again, the hospital global budget webinar. Feel free to submit your health policy or hospital global budget Valentines to us and you can register – the registration link is in the chat. And I imagine similar to this, the recording and the transcript will also be available on our website if you're not able to make it live that day. There will be a Q&A. So I know there's been a lot of questions in previous office hours about the hospital global budget methodology supplied by CMS. So again, we're hoping to get that draft out before the webinar and then there will be a Q&A for questions specifically related to the hospital global budget methodology live. And then we'll have two more office hours so if you continue with your NOFO applications that are due March 18th, we'll have office hours on February 26th and March 14th, both at 3 o'clock pm Eastern time so you can ask us questions. And again, we're always available via our email address as well. Also in the chat, it's just AHEAD@cms.hhs.gov. So if you have questions in the next 9 minutes or so, feel free to ask them. Otherwise, we will hopefully catch you at one of these upcoming events.

Hannah, I see your question in the chat. Just give us one second and we will get back to you. Thanks for asking a clarifying question.

So just quickly recapping the question we just got from Hannah Friedman-Bell in case anyone else has the same question. Hannah said, "To phrase my Transformation Incentive Adjustment or TIA question a little differently, will the TIA be excluded from the starting point of budget calculations for subsequent performance years?" So the answer is yes, it will be excluded for Performance Year 3. The TIA is not included in the hospital global budget baseline and more details will be found in the financial specs that are forthcoming about the specific steps. And again, during the hospital global budget webinar on February 14th, which we have, you know, continually plugged for you all, we will share more about the steps and the process for constructing the CMS-designed hospital global budget methodology. So hopefully that helps clarify.

Again, we've got about 3 minutes left. We're going to hop off at 3:45 pm Eastern Standard Time since we're not getting a ton of questions. If you have any lingering questions, please feel free to put them in the chat or speak now and we can try and get those answered for you.

So in the last 2 minutes here, I know we put a lot of links for you in the chat. I'm just again putting the AHEAD model website. Like I said, the transcripts to the last two office hours—so our office hours in late December and earlier this month—are all uploaded on the website. So if you weren't able to attend, you want to review the questions people asked, you can view them there. We're working on getting the recording up there, so we'll let you know when that is—hopefully, you know, in the coming days or so.

But again, if you had questions from the previous office hours or you want to see what was asked, you can always refer to those as well.

>>**Jack Lewin, MD:** I have a question, Julia. So, you know—

>>**Julia Marcus, CMS:** Waiting until the last minute here, Jack.

>>**Jack Lewin, MD:** I know, well. The global budget webinar—I have that as the next office hours on my schedule. February 14th.

>>**Julia Marcus, CMS:** Yes, we were going to have office hours that day. Because we've gotten so many questions about the hospital global budget methodology, we decided to host a webinar specifically about that. I think one, people are really eager for the CMS-designed methodology document, which again we're hoping to release prior to that webinar. So we really wanted to have some dedicated time to talk just about that.

>>**Jack Lewin, MD:** Yeah. I totally appreciate it.

>>**Julia Marcus, CMS:** Sure.

>>**Jack Lewin, MD:** And it seems like when I registered, apparently that still just shows the office hours. I'll have to make sure that—I did register, so maybe a new invite will come.

>>**Julia Marcus, CMS:** On your calendar it's still showing the office hours?

>>**Jack Lewin, MD:** Yeah, yeah it is.

>>**Julia Marcus, CMS:** Okay, we'll take a look at that. And I'm going to write a note here so we can follow up with you just to make sure you have the right thing.

>>**Jack Lewin, MD:** Okay, thanks very much. Appreciate it.

>>**Julia Marcus, CMS:** Yep, thanks for flagging that. Again, it's 3:45. I'm going to let everyone go since we're not getting a ton of questions but we really appreciate you joining, asking questions, listening to other people's questions. If you have anything between now and February 14th, please email us at AHEAD@cms.hhs.gov so we can get back to you as quickly as possible.

>>**Jack Lewin, MD:** Thank you.

>>**Julia Marcus, CMS:** Yep. I hope everyone has a great rest of their day and we will see you in a couple of weeks.

>>**Jack Lewin, MD:** Thanks very much.

>>**Julia Marcus, CMS:** Take care. Bye bye.

