



Beneficiary Engagement and Incentives (BEI) Models

Direct Decision Support (DDS) Model
Application Process

February 2017



Navigating the Webinar Platform

The screenshot shows an Adobe Connect window titled "BEI Shared Decision Making and Direct Decision Support Models - Adobe Connect". The main content area displays a presentation slide with the title "Beneficiary Engagement and Incentives (BEI) Models" and the subtitle "Direct Decision Support Models January 2017". The slide includes the logo of the Department of Health & Human Services, Inc. and two photographs of healthcare professionals. Three callout boxes with red arrows point to specific features: "Submit questions to the Model Team here" points to the Q & A panel; "Launch links to websites and feedback survey here" points to the Links panel; and "Download copy of webinar presentation here" points to the Materials panel.

BEI Shared Decision Making and Direct Decision Support Models - Adobe Connect

Meeting

BEI_DDS Webinar_508 v2.pptx

Q & A

Submit questions to the Model Team here

Department of Health & Human Services, Inc.

Beneficiary Engagement and Incentives (BEI) Models

Direct Decision Support Models

January 2017

Launch links to websites and feedback survey here

Links

- Direct Decision Support Website
- DDS Letter of Intent Website
- Webinar Feedback Survey

Browse To

Materials

Name	Size
DDS Webinar Presentation Jan10.pdf	1 MB

Download File(s)

Questions during the Presentation

Please submit questions for the model team in the Q&A box throughout the presentation. The team will respond at the end of this presentation or post responses to the FAQs on the DDS website.



Questions can also be submitted by email to DDSmodel@cms.hhs.gov.

Online Polling Question #1

We want to understand who is in the audience. What group do you represent?

- Decision Support Service Organization
- Health Provider/Supplier
- Payer/Insurer
- Hospital
- Researcher
- Government Agency
- Quality Improvement Organization (QIO)
- Association
- Consulting
- University
- Patient Advocacy Organization
- Other

Polling Questions

Have you submitted a Letter of Intent (LOI)?

Yes

No

Did you attend the DDS webinar on the Letter of Intent (LOI)?

Yes

No

What is your level of interest in applying for the DDS Model?

High

Medium

Low

Introductions

Our first speaker today is...

Sam Ortiz

DDS Model Lead – CMS

Agenda

- **DDS Model Application**
 - Getting Started
 - Using the Application System
 - Completing the Financial Plan and Cost Worksheet
 - Application Tips
- **Timeline**
- **Next Steps**

DDS Model



For the DDS Model Overview, refer to:

Webinar: Direct Decision Support Model – Overview and Letter of Intent Process

<https://innovation.cms.gov/resources/bene-ddsloi.html>

DSO Eligibility

- Documented experience in providing evidence based, beneficiary-focused clinical information
- Prior success engaging Medicare beneficiaries and impacting utilization of health care services and cost
- Record of accomplishment working with adults, including Medicare-Medicaid enrollees and disabled populations
- Non-provider/non-supplier

DDS Process

Step 1

Beneficiary Outreach

Goals

- Establish contact with beneficiaries in assigned population
- Market decision support services
- Announce incentive to engage beneficiaries
- Notify beneficiaries of ability to opt-out and explain the opt-out process

Methods

- Postal mailings and telephone calls, or other CMS approved materials for outreach

Step 2

Provide Decision Support

Goals

- Provide condition-specific support for approved conditions/ surgeries
- Assess and/or collect beneficiary preferences, values, and health conditions to provide meaningful decision support

Methods

- Condition-specific decision support, evidence-based decision support, that is web based, paper, a mobile application, or telephonic
- Trained staff and/or certified tools to assess preferences, etc.

Step 3

Post-Decision Support

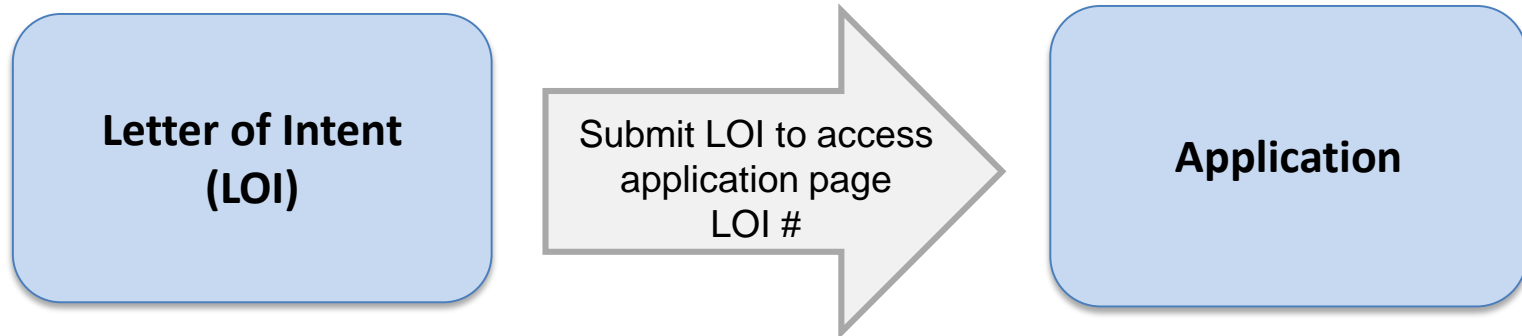
Goals

- Assess quality of support and decision-making process
- Distribute incentive to beneficiary

Methods

- CMS provided Beneficiary questionnaire (paper, web-based, etc.)
- Financial processing of beneficiary incentives/store gift cards

Application Process



LOI Submission

- DSO Name and Contact information
- Response to Questions

Application Submission

- Applicant Contact Information
- Application Sections:
 - Organizational Structure and Capabilities
 - Financial Plan
 - Beneficiary Engagement Plan
 - Data Requirements

Application Points Distribution

Applicants must answer each question to be eligible to earn the full amount of points for each section for a total of 100 points.

**30
Points**

Organizational Structure and Capabilities

**30
Points**

Financial Plan

**20
Points**

Beneficiary Engagement Plan

**20
Points**

Data Requirements

Introductions

Our next speaker today is...

Matt Canada

ActionNet

Index of Materials

- Getting Started
- Using the System
- Home Screen
- Application Navigation
- Background Information
- Organizational Structure
- Financial Plan
- Beneficiary Engagement Plan
- Data Requirements
- Supporting Documentation
- Certify & Submit
- Submit the Application
- Validation Errors
- Copy of Submitted Application

Cautions & Warnings

Application Access Time-out

The user will be automatically logged out for security reasons, if there is no application activity for more than 30 minutes.

Application activities include:

- Clicking on any of the menus
- Performing record searches
- Navigating through the page

Getting Started

Section 508 Disclaimer

- The web application and information contained therein may not adhere to Section 508 Compliance standards and guidelines for accessibility by persons who are visually impaired. If you use assistive technologies to navigate and access information, please contact the CMMI Salesforce Help Desk between 8:30 am to 7:30 pm EST. at 1-888-734-6433, option 5 or email CMMIForceSupport@cms.hhs.gov.

Set-up Considerations

- The Center for Medicare & Medicaid Services (CMS) screens are designed to be viewed at a minimum screen resolution of 800 x 600 to optimize your access to the BEI DDS RFA Portal.
- disable pop-up blockers prior to attempting access to the BEI DDS RFA Portal.
- Use Microsoft® Internet Explorer® versions 9, 10, and 11 and Apple® Safari® versions 5.x, 6.x and 7.x on Mac OS X. The most recent stable versions of Mozilla® Firefox® and Google Chrome™ are also supported

Accessing the System

- If you are a first time user, select **Register Here!** on the **Login** window. A registration window will display. Upon completing all fields and selecting **Register**, a confirmation message will appear stating “Thank you for your registration. You will receive and email soon. Please follow the instructions in the email.”
- You will receive a confirmation email containing a user name and a link to create a password.

Using the System- Innovation Center Home Page

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom Center, FAQs, Archive, Share, Help, and Print. Below this is a search bar with the text "Learn about your health care options" and a "Search" button. The CMS.gov logo and "Centers for Medicare & Medicaid Services" are on the left. A row of yellow navigation buttons includes Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. A breadcrumb trail reads: Innovation Center Home > Innovation Models > Beneficiary Engagement Initiative: Direct Decision Support (DDS) Model. The main content area features a blue header for "Beneficiary Engagement and Incentives: Direct Decision Support (DDS) Model" with a share icon. The text describes CMS's goal to transform the health care system and mentions the Shared Decision Making Model. A "Background" section explains the role of Decision Support Organizations (DSOs). On the right, a sidebar contains a "Model Summary" with details on stage, participants, category, and authority, followed by "Milestones & Updates" listing dates from Jan 20, 2017, and Dec 22, 2016.

Home | About CMS | Newsroom Center | FAQs | Archive | Share | Help | Print

Learn about your health care options Search

CMS.gov
Centers for Medicare & Medicaid Services

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems Outreach & Education

Innovation Center Home > Innovation Models > Beneficiary Engagement Initiative: Direct Decision Support (DDS) Model

Beneficiary Engagement and Incentives: Direct Decision Support (DDS) Model

Share

The Centers for Medicare & Medicaid Services (CMS) identifies strengthening beneficiary engagement as one of the agency's goals to help transform our health care system into one that delivers better care, smarter spending, healthier people, and puts individuals at the center. Specifically, the "CMS Quality Strategy envisions health and care that is person-centered, provides incentives for the right outcomes, is sustainable, emphasizes coordinated care and shared decision making, and relies on transparency of quality and cost information."

Background

Beneficiary engagement broadly refers to the actions and choices of individuals with regard to their health and health care, and these decisions impact cost, quality, and patient satisfaction outcomes. The Beneficiary Engagement and Incentives (BEI) Models -- the [Shared Decision Making Model](#) and the Direct Decision Support Model -- will test different approaches to shared decision making, acknowledging that beneficiaries make decisions regarding treatment options in a variety of ways.

The Direct Decision Support Model (DDS Model) will test an approach to shared decision making provided outside of the clinical delivery system by Decision Support Organizations (DSOs), organizations that provide health management and decision support services.

Model Summary

Stage: Announced, Accepting Letters of Intent
Number of Participants: N/A
Category: Initiatives to Speed the Adoption of Best Practices
Authority: Section 3021 of the Affordable Care Act

Milestones & Updates

Jan 20, 2017
Updated: January 12 overview and letter of intent webinar materials posted

Dec 22, 2016
Announced: January 12 overview and letter of intent webinar

Using the System- BEI Landing Page



Centers for Medicare & Medicaid Services

Beneficiary Engagement and Incentives - Direct Decision Support (DDS) Model

[Click here to submit Letter of Intent](#)
[Click here to access Request for Application portal](#)

CMS will safeguard the information provided to us in accordance with the Privacy Act of 1974, as amended (5 U.S.C. Section 552a). For more information, please see the [CMS Privacy Policy](#).

Technical Issues: Please contact the CMMI Salesforce Help Desk at 1-888-734-6433, option 5 or email CMMIForceSupport@cms.hhs.gov. If you are using Internet Explorer, please make sure the browser you are using is IE 9 or higher, before attempting to navigate through this site. Prior versions of IE are not supported by Salesforce.


508 Disclaimer: This web application and information contained therein may not adhere to Section 508 Compliance standards and guidelines for accessibility by persons who are visually impaired. If you use assistive technologies to navigate and access information, please contact the CMMI Salesforce Help Desk at 1-888-734-6433, option 5 or email CMMIForceSupport@cms.hhs.gov.

[Home](#)A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

CMS & HHS Websites	Tools	Helpful Links	Additional Helpful Links
Medicare.gov	Acronyms	Web Policies & Important Links	HHS.gov
MyMedicare.gov	Contacts	Privacy Policy	Inspector General
StopMedicareFraud.gov	FAQs	Plain Language	USA.gov
Medicaid.gov	Glossary	Freedom of Information Act	Help with file formats & plug-ins
InsureKidsNow.gov	Archive	No Fear Act	
HealthCare.gov		Nondiscrimination/Accessibility	
HHS.gov/Open			

Using the System- BEI RFA Login

**Beneficiary Engagement and Incentives Model
Direct Decision Support (DDS) Application Login**



Username

Password

Login

[Register Here!](#) [Forgot Password?](#)

Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe.

If you need Help Desk support for **technical** issues, please contact:


CMMIForceSupport@cms.hhs.gov
or call 1-888-734-6433, option 5.

If you need Help Desk support for **program** issues, please contact:

DDSmudel@cms.hhs.gov

First Time Login

**Beneficiary Engagement and Incentives Model
Direct Decision Support (DDS) Application Login**



**All fields are required*

First Name **Last Name**

Email

Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe.

If you need Help Desk support for **technical** issues, please contact:
CMMIForceSupport@cms.hhs.gov
or call 1-888-734-6433, option 5.

If you need Help Desk support for **program** issues, Please contact:
DDSmodel@cms.hhs.gov

Confirmation Email



Fri 11/18/2016 7:39 AM

BEI DDS

Your username and password for Beneficiary Engagement and Incentives - Direct Decision Support Model portal

To test.user.dds@yahoo.com



Dear Test User,

Your Beneficiary Engagement and Incentives - Direct Decision Support Model application user ID has been provided below. Please follow the link which will prompt you to change your password.


<https://app1.innovation.cms.gov/beidds/login?c=yTkn%2By5ZOQKjL0iv4TpgbwOWM801pET9YIecINHU3rR%2BjpSqBygtH5G%2BAzd6gLzZhHob5BSROyfhKtP2zYB%2B721f0zxXONzVXERkFA%2FBOOldkq%2Fe%2B4mTdFIXEON0j10GvW6vuHEirgGMADzz0194fgK>

Thank you.

Username: test.user.dds@yahoo.com. [beidds](#)

Create Password

BEI Portal Change Password



New Password

Verify New Password

Change Password


Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe.

Using the System- Passwords

- A password must have a mix of numbers, uppercase and lowercase letters, and at least one of these special characters: !#\$%_+=<>. Passwords are case sensitive.
- If a user forgets their password, select the “Forgot Password?” link on the Log-in screen to have a new password sent to you via email
 - Enter your user name in the User Name field and select “Continue.” You will receive an email with your new password.
- **Note:** A user will be locked out of the system after three invalid login attempts within a 30- minute period
- **Note:** For additional assistance, please email CMMIForceSupport@cms.hhs.gov or call 1-888-734-6433.

Logging into the System

**Beneficiary Engagement and Incentives Model
Direct Decision Support (DDS) Application Login**



Username

Password

Login

[Register Here!](#) [Forgot Password?](#)

Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe.

If you need Help Desk support for **technical** issues, please contact:

CMMIForceSupport@cms.hhs.gov
or call 1-888-734-6433, option 5.

If you need Help Desk support for **program** issues, please contact:

DDSmodel@cms.hhs.gov

Home Screen



Centers for Medicare & Medicaid Services

Welcome Ola Secondary ▾

Welcome to the Beneficiary Engagement and Incentives - Direct Decision Support

Welcome to the Beneficiary Engagement and Incentives - **Direct Decision Support (DDS) Model** online application.

This online application must be submitted no later than 11:59 pm Eastern Standard Time on 03/05/2017.

To begin a new application, please select the "Start Application" link within the table below. As you navigate through the application and enter your responses, remember to "Save" your progress. **Your application will not be considered complete until the "Submit" button has been selected.** Once an application has been successfully submitted you will not be allowed to change your responses. Upon submission of the application you will receive a confirmation email and number. Please retain this confirmation email for your records as this information may be needed at a later date.

NOTE: Remember to save your work as you go as the application times-out after 30 minutes of inactivity. Additionally, remember to save changes before navigating away from any page as all unsaved changes will be lost.

For questions or concerns regarding the model or technical issues, please select the "Help/Questions" button located to the right under "Helpful Links".

Helpful Links

[Help/Questions](#)

[Glossary/Key Definitions](#)

[Download PDF Version of the Application](#)

[Instructions to Withdraw an Application](#)

Last Login: 01/24/2017 09:46 AM EST

In the table below, please select an action from the actions column based on the LOI/RFA #. Available applications that have not been started are designated by the "Start Application" function within the action column. Note that you will not be able to edit or delete applications after the application window closes.




LOI/RFA #	Organization Name	Status	Date Last Modified	Action
DDS-56	Ola's DDS Org			Start Application

Home Screen- User Actions

The screenshot displays the CMS.gov user interface. At the top left is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". A dark blue banner across the top contains the text "Welcome to the Beneficiary Engagement and Incentives - Direct Decision Support". On the right side, a user profile dropdown menu is open, showing the name "Welcome Ola Secondary" and three options: "Home" with a house icon, "Change Password" with a person icon, and "Logout" with a right-pointing arrow icon. The main content area contains a welcome message, a submission deadline notice, instructions on how to start an application, a note about saving progress, and a link for help/questions.

CMS.gov
Centers for Medicare & Medicaid Services

Welcome Ola Secondary

- Home 
- Change Password 
- Logout 

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Home Screen- Change Password

BEI Portal Change Password



Old Password

New Password

Verify New Password

Change Password

Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe.

Home Screen- Helpful Links



Centers for Medicare & Medicaid Services

Welcome Ola Secondary

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Helpful Links

[Help/Questions](#)

[Glossary/Key Definitions](#)

[Download PDF Version of the Application](#)

[Instructions to Withdraw an Application](#)

Home Screen- Start New Application

CMS.gov
Centers for Medicare & Medicaid Services

Welcome Ola Secondary

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Helpful Links

[Help/Questions](#)
[Glossary/Key Definitions](#)
[Download PDF Version of the Application](#)
[Instructions to Withdraw an Application](#)

Last Login: 01/24/2017 09:46 AM EST

In the table below, please select an action from the actions column based on the LOI/RFA #. Available applications that have not been started are designated by the "Start Application" function within the action column. Note that you will not be able to edit or delete applications after the application window closes.

LOI/RFA #	Organization Name	Status	Date Last Modified	Action
DDS-56	Ola's DDS Org			Start Application

Home Screen- Returning to Application

Helpful Links

[Help/Questions](#)


[Glossary/Key Definitions](#)

[Download PDF Version of the Application](#)

[Instructions to Withdraw an Application](#)

Last Login: 12/20/2016 05:19 PM EST

In the table below, please select an action from the actions column based on the LOI/RFA #. Available applications that have not been started are designated by the "Start Application" function within the action column. Note that you will not be able to edit or delete applications after the application window closes.

LOI/RFA #	Organization Name	Status	Date Last Modified	Action
DDS-57	Greg's DDS Org	In Progress	01/19/2017 12:04 PM EST	 Edit Delete

Home Screen- Application Status

- A BEI RFA application can have the following status:

Submission Status of Application	Business Rule
In Progress	Status is applied once an application has been started.
Incomplete	Status is changed from In Progress to Incomplete once the RFA period is closed. Application will not be available for access.
Submitted	Status is applied once all questions have been successfully answered, errors have been resolved, and application is certified and submitted. Application will become read-only.
Withdrawn	Status is applied if you choose to withdraw an application. See Helpful Links for application withdrawal instructions.

Application Navigation

CMS.gov
Centers for Medicare & Medicaid Services

Welcome Ola Secondary

[Application ID: DDS-56 Status: In Progress]

Beneficiary Engagement and Incentives - Direct Decision Support Application

* Indicates a required field.

Background Information

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Decision Support Organization (DSO) Information

* Organization Name ?	* Doing Business As ?
<input type="text" value="Ola's DDS Org"/>	<input type="text"/>
* Tax Identification Number (TIN)	D-U-N-S Number ?
<input type="text"/>	<input type="text"/>
* Street Address	
<input type="text" value="777 Test Lane"/>	

Background Information

CMS.gov
Centers for Medicare & Medicaid Services

Welcome Ola Secondary

[Application ID: DDS-56 Status: In Progress]

Beneficiary Engagement and Incentives - Direct Decision Support Application

* Indicates a required field.

Background Information

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Decision Support Organization (DSO) Information

* Organization Name ?	* Doing Business As ?		
<input type="text"/>	<input type="text"/>		
* Tax Identification Number (TIN)	D-U-N-S Number ?		
<input type="text"/>	<input type="text"/>		
* Street Address			
<input type="text"/>			
Street Address 2			
<input type="text"/>			
* City	* State	* Zip	(+ 4)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Website			
<input type="text"/>			

Background Information-Applicant Information

Applicant Information

* 1. Briefly describe the applicant's experience with providing direct decision support.

Remaining characters: 4000 (total allowed characters: 4000)

* 2. Briefly describe the applicant's experience with providing direct decision support to patients with similar characteristics as the traditional Medicare Fee-for-Service (FFS) population:

Remaining characters: 4000 (total allowed characters: 4000)

* 3. Can your organization provide decision support services to at least 100,000 Medicare FFS beneficiaries?

Save

Save And Continue

Cancel

Organizational Structure & Capabilities

CMS.gov
Centers for Medicare & Medicaid Services

Welcome Ola Secondary

[Application ID: DDS-56 Status: In Progress]

Beneficiary Engagement and Incentives - Direct Decision Support Application

* Indicates a required field.

Organizational Structure & Capabilities {30 points}

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

The Direct Support Organization (DSO) must submit a plan for addressing key model design elements, including:

- * 1. Describe the staff, systems, and other resources in place to organize, plan, and implement the model.

Remaining characters: 15000 (total allowed characters: 15000)
- * 2. Describe if any contractors will be used and, if so, in what capacity, if applicable.

Remaining characters: 3000 (total allowed characters: 3000)
- * 3. Describe how you meet the eligibility requirements, in section III- Eligible Decision Support Organizations. Include all necessary documentation including prior experience with this intervention on a similar population.

Remaining characters: 9000 (total allowed characters: 9000)

Home

Background Information

Organizational Structure

Financial Plan

Beneficiary Engagement Plan

Data Requirements

Supporting Documentation

Certify & Submit

Organizational Structure & Capabilities-Add Sanction

* 4. To the best of your knowledge, has your organization, anyone employed in your organization, any sub-contractors, or any contractors had a final adverse legal action, been the subject of an investigation by, prosecution by, or settlement with the Health and Human Services Office of the Inspector General, U.S. Department of Justice, or any other Federal or State enforcement agency in the last seven years relating to allegations of failure to comply with applicable Medicare or Medicaid billing rules, the Anti-Kickback Statute, or any other applicable fraud and abuse laws?

Yes

If yes, please explain the legal actions, investigations, prosecutions, and/or settlements; the agency involved; and the resolution, if any.
Note: Changing your answer from 'Yes' to 'No' will delete all previously entered Sanctions upon Save.

Add New Sanction

Organization	Federal or State Agency	Status
No Sanctions to display		

Organizational Structure & Capabilities-Add Sanction

Investigations/Sanctions

***Organization ?**

***Federal or State Agency (e.g., DOJ, HHS OIG, The Joint Commission, State Survey Agencies)**

***Description of Infraction (Including Date)**

Remaining characters: 3952 (total allowed characters: 4000)

Resolution Status

Resolution Date

Organizational Structure & Capabilities

* 7. Can you provide support to all of the preference-sensitive conditions listed below?

- Herniated disc and spinal stenosis
- Benign prostate hyperplasia
- Clinically localized prostate cancer
- Hip osteoarthritis
- Knee osteoarthritis
- Stable ischemic heart disease

Yes

* 8. Choose from the list below all of the procedures and conditions that you will target in this model.

Available	Chosen
Abdominal Aortic Aneurysm	Coronary Artery Bypass Graft (CABG)
Adhesion Lysis	
Adenoidectomy	
Basic Spine Surgery	
Bladder Suspension	
Breast Biopsy	
Bronchoscopy	
Carotid Endarterectomy	
Carpal Tunnel	

* 9. Include reference letters from at least three insurers, health systems, or other health care entities your organization has previously contracted with in providing direct decision support services.

File Name

No Uploaded documents.

Financial Plan



Centers for Medicare & Medicaid Services

Welcome Ola Secondary

[Application ID: DDS-56 Status: In Progress]

Beneficiary Engagement and Incentives - Direct Decision Support Application

Home

Background Information

Organizational Structure

Financial Plan

Beneficiary Engagement Plan

Data Requirements

Supporting Documentation

Certify & Submit

* Indicates a required field.

Financial Plan {30 points}

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Provide a description of your financial plan to support the implementation for the first two performance years of the DDS Model.

* 1. Describe how the PBPM payments will be used to support the intervention, including beneficiary engagement, DSO investments, risk mitigation, fraud and abuse prevention, and beneficiary incentives.

Remaining characters: 9000 (total allowed characters: 9000)

* 2. Describe the likelihood that your plan will achieve savings for Medicare by providing decision support to Medicare FFS beneficiaries.

Remaining characters: 9000 (total allowed characters: 9000)

Financial Plan

* 3. Explain how you arrived at the PBPM rate, including projections related to:

- Personnel expenses
- Beneficiary incentives
- Technological fees, enhancements, and licensures
- Decision aid fees
- Costs for beneficiary outreach (e.g., marketing materials)
- Other expenses such as travel, construction, and fringe benefits
- Expected program income or in kind contributions

Remaining characters: 18000 (total allowed characters: 18000)

In the Excel spreadsheet, include a high-level calculation for Medicare savings, including information on expected number of engaged beneficiaries for each performance year and impact on higher-cost procedures and overall healthcare utilization.

[Download Excel File !\[\]\(fa6f3af6bfa46c5d4a2d362681095beb_img.jpg\)](#)

Upload File

File Name

No Uploaded documents.

Save

Save And Continue

Cancel

Beneficiary Engagement Plan

Home

Background Information

Organizational Structure

Financial Plan

Beneficiary Engagement Plan

Data Requirements

Supporting Documentation


Certify & Submit

* Indicates a required field.

Beneficiary Engagement Plan {20 Points}

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

1. If you have a proposed geographic location(s) to operate the model, please state the location(s) and the reasons why that location(s) was chosen. It is not mandatory to have a proposed location.

 **Add Geographic Location**

State	County(ies)
No Geographic Locations to display	

Reason for selecting this (these) specific area(s):

Remaining characters: 3000 (total allowed characters: 3000)

* 2. Provide a description of your beneficiary engagement, including:

- Describe what plans you have for engaging the maximum possible number of beneficiaries through the model period, including a representative mix of beneficiaries by range of conditions.
- Describe how you would provide meaningful decision support and increase beneficiary satisfaction related to beneficiary preferences, values, and health conditions.
- Describe marketing materials for beneficiary recruitment.
- Describe and support the anticipated beneficiary engagement rate for all performance years. CMS expects DSOs to propose an aggressive and attainable beneficiary engagement target to meet the model's aim.
- Describe and provide supporting evidence on how to utilize behavioral and financial incentives to support beneficiary engagement.
- Describe and provide supporting evidence on how to engage diverse and/or underserved populations during the DDS Model, if applicable.
- Present the process for ensuring the distribution of the beneficiary incentives.

Remaining characters: 36000 (total allowed characters: 36000)

Save **Save And Continue** **Cancel**

Beneficiary Engagement Plan

The screenshot displays the CMS.gov Beneficiary Engagement Plan interface. A modal window titled "Geographic Location Information" is open, featuring a blue header and a white body. The modal contains a "State" dropdown menu with "MD" selected, a list of "Available Counties" (Allegany, Baltimore (city), Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett), and a "Selected Counties" list containing "Anne Arundel" and "Baltimore". A red box highlights two circular arrows (left and right) between the county lists, indicating the selection mechanism. Below the modal are "Save" and "Close" buttons. The background shows a sidebar with navigation options like "Home", "Background", "Organization", "Financial Plan", "Beneficiary", "Data Required", "Supporting Documentation", and "Certify & Submit".

Geographic Location Information

Selecting a State in the drop-down box will populate the County list.

State
MD

Available Counties

- Allegany
- Baltimore (city)
- Calvert
- Caroline
- Carroll
- Cecil
- Charles
- Dorchester
- Frederick
- Garrett

Selected Counties

- Anne Arundel
- Baltimore

← →

Save Close

Reason for selecting this (these) specific area(s):

Data Requirements

* Indicates a required field.

Home

Background

Information

Organizational

Structure

Financial Plan

Beneficiary

Engagement Plan

Data Requirements

Supporting

Documentation

Certify & Submit

Data Requirements {20 points}

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

* 1. Describe your ability to successfully implement and operate the data and reporting portion of the proposed project, including electronic capabilities to collect data from beneficiaries and report it to CMS and its contractors. The data must be transmitted in a form and manner that meet the model requirements and specifications as well as all applicable federal and state privacy and security requirements. Include in your description if you:

- Have the ability to receive and use Medicare enrollment data.
- Have the capacity to send data on a monthly basis to CMS including, but not limited to:
 - Beneficiary encounter information;
 - Beneficiary identifiers such as Medicare ID or unique record numbers;
 - Data that is condition and procedure-specific;
 - Data related to the CMS provided beneficiary experience questionnaire to include how questionnaire will be administered and responses collected for transmission to CMS; and
 - Financial information on beneficiary incentives and PBPM payments.

Remaining characters: 9000 (total allowed characters: 9000)

Save

Save And Continue

Cancel

Supporting Documentation Page

Beneficiary Engagement and Incentives - Direct Decision Support Application

- Home
- Background Information
- Organizational Structure
- Financial Plan
- Beneficiary Engagement Plan
- Data Requirements
- Supporting Documentation**
- Certify & Submit

Supporting Documentation

This section has been created for the attachment of any accompanying or supporting documents that strengthen the likelihood of selection into the model {Note: -- please use the text boxes for your responses}.

[Upload a document](#)

File Name	Category	
Test Supporting Document.docx	Background Information	Delete

[Continue](#)

Upload Document

Upload Documents

File Category

None

None

Background Information

ACO Organization Profile

Goals & Commitment

Org. & Leadership Capacity

Implementation

Staff Qualifications

Other

Select a File

No file chosen

Note: There is 25MB limit on your file upload.

Certify & Submit

[Application ID: DDS-57 Status: In Progress]

Beneficiary Engagement and Incentives - Direct Decision Support Application

Home

Background Information

Organizational Structure

Financial Plan

Beneficiary Engagement Plan

Data Requirements

Supporting Documentation

Certify & Submit

Certify and Submit

I have read the contents of this application. I certify that the information contained herein is true, correct, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify CMS of this fact immediately and to provide the correct and/or complete information.

Enter your First and Last Name (**Required for Application Submission*)

By checking this box, I certify that this information is true, accurate, and complete to the best of my knowledge.

Submit

Submit the Application

Application Submission

Are you sure you would like to submit the application? No changes will be able to be made after the application is submitted.

Submit

Cancel

Validation Errors

CMS.gov
Centers for Medicare & Medicaid Services

Welcome Greg Secondary

Validation Errors:

Please use the links below to fix validation errors and then try to re-submit.

- [Tab: Background Information](#) - Doing Business As is required.
- [Tab: Background Information](#) - Tax Identification Number (TIN) is required.
- [Tab: Background Information](#) - Question 1: Field is required.
- [Tab: Organizational Structure](#) - Question 1: Field is required.
- [Tab: Organizational Structure](#) - Question 2: Field is required.
- [Tab: Organizational Structure](#) - Question 3: Field is required.
- [Tab: Organizational Structure](#) - Question 4: Field is required.
- [Tab: Organizational Structure](#) - Question 5: Field is required.
- [Tab: Organizational Structure](#) - Question 6: Field is required.
- [Tab: Organizational Structure](#) - Question 7: Field is required.
- [Tab: Organizational Structure](#) - Question 8: Field is required.
- [Tab: Organizational Structure](#) - Question 9: Upload at least one file.
- [Tab: Financial Plan](#) - Question 1: Field is required.
- [Tab: Financial Plan](#) - Question 2: Field is required.
- [Tab: Financial Plan](#) - Question 3: Field is required.
- [Tab: Financial Plan](#) - Question 3: Upload at least one file.
- [Tab: Beneficiary Engagement Plan](#) - Question 2: Field is required.
- [Tab: Data Requirements](#) - Question 1: Field is required.

[Application ID: DDS-57 Status: In Progress]

Beneficiary Engagement and Incentives - Direct Decision Support Application

Home

Background Information

Organizational Structure

Financial Plan

Beneficiary Engagement Plan

Data Requirements

Certify and Submit

I have read the contents of this application. I certify that the information contained herein is true, correct, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify CMS of this fact immediately and to provide the correct and/or complete information.

Enter your First and Last Name (*Required for Application Submission)

By checking this box, I certify that this information is true, accurate, and complete to the best of my knowledge.

Submit

Successful Submission



Wed 12/7/2016 4:47 PM

BEI Model Team

We have received your BEI application DDS-71

To jane.doe@testing.com



Jane Doe and John Smith,

We have received your Beneficiary Engagement and Incentives - Direct Decision Support Model Application.

Date/Time Submitted: 12/5/2016 12:30 PM

Your confirmation # is **DDS-71**. Please retain this number for your record. This will be required for future communications.

If you have any further questions please contact us as DDSmodel@cms.hhs.gov.

Application Status & Record



Centers for Medicare & Medicaid Services

Welcome Ola Secondary

Welcome to the Beneficiary Engagement and Incentives - Direct Decision Support

Welcome to the Beneficiary Engagement and Incentives - **Direct Decision Support (DDS) Model** online application.

This online application must be submitted no later than 11:59 pm Eastern Standard Time on 03/05/2017.

To begin a new application, please select the "Start Application" link within the table below. As you navigate through the application and enter your responses, remember to "Save" your progress. **Your application will not be considered complete until the "Submit" button has been selected.** Once an application has been successfully submitted you will not be allowed to change your responses. Upon submission of the application you will receive a confirmation email and number. Please retain this confirmation email for your records as this information may be needed at a later date.

NOTE: Remember to save your work as you go as the application times-out after 30 minutes of inactivity. Additionally, remember to save changes before navigating away from any page as all unsaved changes will be lost.

For questions or concerns regarding the model or technical issues, please select the "Help/Questions" button located to the right under "Helpful Links".

Helpful Links

[Help/Questions](#)

[Glossary/Key Definitions](#)

[Download PDF Version of the Application](#)

[Instructions to Withdraw an Application](#)

Last Login: 01/25/2017 09:46 AM EST

In the table below, please select an action from the actions column based on the LOI/RFA #. Available applications that have not been started are designated by the "Start Application" function within the action column. Note that you will not be able to edit or delete applications after the application window closes.

LOI/RFA #	Organization Name	Status	Date Last Modified	Action
DDS-56	Ola's DDS Org	Submitted	01/25/2017 12:15 PM EST	PDF

Copy of Submitted Application- PDF



Centers for Medicare & Medicaid Services

Beneficiary Engagement & Incentives - Direct Decision Support Request For Application (RFA)

Application Information

RFA #

DDS-57

Status

In Progress

Decision Support Organization (DSO) Information

Organization Name

Greg's DDS Org

Doing Business As



Additional Detail: Financial Plan

Financial Plan

* Indicates a required field.

Financial Plan {30 points}

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Provide a description of your financial plan to support the implementation for the first two performance years of the DDS Model.

* 1. Describe how the PBPM payments will be used to support the intervention, including beneficiary engagement, DSO investments, risk mitigation, fraud and abuse prevention, and beneficiary incentives.

Remaining characters: 9000 (total allowed characters: 9000)

* 2. Describe the likelihood that your plan will achieve savings for Medicare by providing decision support to Medicare FFS beneficiaries.

Remaining characters: 9000 (total allowed characters: 9000)

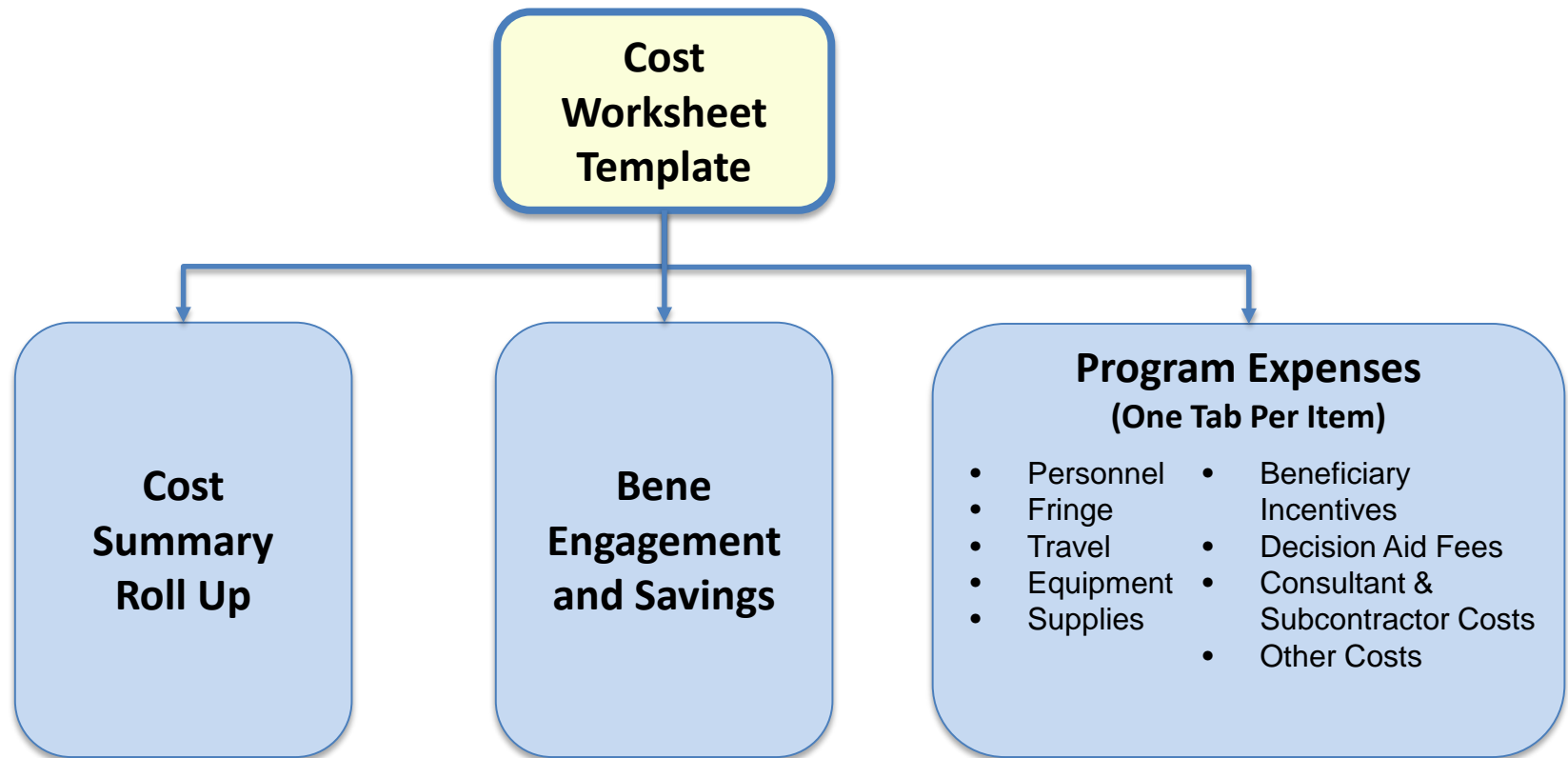
* 3. Explain how you arrived at the PBPM rate, including projections related to:

- Personnel expenses
- Beneficiary incentives
- Technological fees, enhancements, and licensures
- Decision aid fees
- Costs for beneficiary outreach (e.g., marketing materials)
- Other expenses such as travel, construction, and fringe benefits
- Expected program income or in kind contributions

Remaining characters: 18000 (total allowed characters: 18000)

Cost Worksheet Overview

The cost worksheet template is used to ensure consistency and transparency in the derivation of the applicant's proposed costs

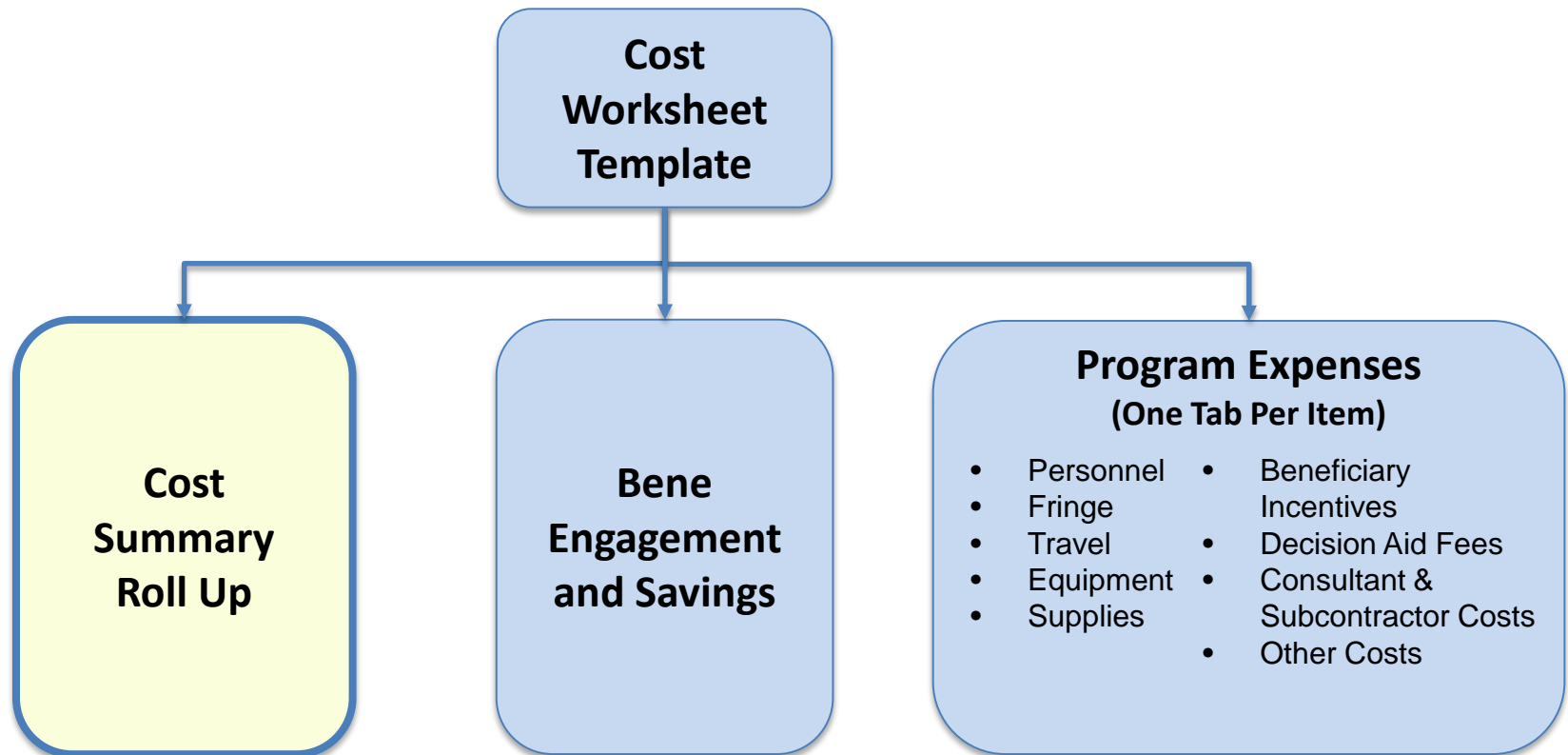


Cost Worksheet Overview

Important instructions for all tabs:

- Tabs for which there are no costs should be marked as zero cost
- Clearly list cost elements that derive or make up total proposed price for specified cost elements
- All formulas, if used, must be clearly visible and verifiable in individual cells
- Cell references/links between data fields are allowed
- Blue-shaded cells are automatically calculated and are locked for editing
- Gray-shaded cells are header/information cells and are locked for editing

Cost Worksheet – Cost Summary Roll Up



Cost Worksheet Overview

	A	B	C	D	E						
	Beneficiary Engagement and Incentives Models - Direct Decision Support (DDS)										
1	DDS Model Applicant Cost Template Instructions										
2											
3	<p>The purpose of the Pricing Template workbook is to ensure consistency and transparency in the derivation of the applicants' proposed costs. This requires the applicant to show the break out of the cost elements used in the derivation of their proposed pricing wherever applicable. Please complete year 1 (CY2018) through year 5 (CY2022) cost elements in the worksheet.</p> <p>The following excel workbook tabs are included in the Pricing Template: Cost Summary, Bene (Beneficiary) Engagement and Savings, Personnel, Fringe, Equipment, Travel, Supplies, Beneficiary Incentives, Decision Aid Fees, Consultant & Subcontractor, and Other Costs. Tabs for which there are no costs should be marked as zero cost. The Cost Summary Tab will automatically populate based on the costs entered in the tabs that follow as the data cells have been linked in the template. In addition to completing this template, applicants must justify all costs, savings, and expected beneficiary engagement levels in the narrative portion of the application. Please refer to the Direct Decision Support (DDS) Request for Application.</p>										
4											
5	<p>Please follow the instructions below for each tab.</p> <ul style="list-style-type: none">• Clearly list the cost elements that derive or make up the total proposed price for the specified cost element.• Where cost or pricing data was derived or estimated, the applicant must show all formulas that are clearly visible in the individual cells and verifiable.• The applicant may add data cell links between data fields as needed.• Please complete the blank cells. Blue-shaded cells are calculation cells and are locked for editing. Gray-shaded cells are headers or informational cells and are locked for editing.• The last tab entitled Other Costs can be used for any costs that fall outside of the categories/components in the tabs included in the template (Bene Engagement and Savings, Personnel, Fringe, Equipment, Travel, Supplies, Beneficiary Incentives, Decision Aid Fees, Consultant & Subcontractor), and for any costs that cannot be included in the tab tables should there be an insufficient numbers of rows. A clear explanation of Other Costs must be included in the narrative portion of the application and in the Item Description and Item Purpose/Justification data fields in the Other Costs worksheet table.										
6											
7	<p>Cost Summary Tab:</p> <ul style="list-style-type: none">• The Cost Summary 01 Table is prepopulated to display the CMS National Average Cost Per Beneficiary and the Total National Average CMS Cost for 100,000 beneficiaries based on 2012 Chronic Condition Data Warehouse (CCW) data that is adjusted for inflation. These data cells are not editable by the applicant. Note: In the model evaluation, these costs will be adjusted to reflect the actual beneficiary costs in the geographic area served by the DSO.• In the Cost Summary 02 Table the total costs by line item by year (for Bene Engagement and Savings, Personnel, Fringe, Equipment, Travel, Supplies, Beneficiary Incentives, Decision Aid Fees, Consultant & Subcontractor, and Other Costs rows) in the cost summary will be automatically populated to match the totals in the corresponding tabs.• For row 24, "Program or in-kind Income", please enter the total amount of other revenue or in-kind support that will be contributed. This will be subtracted from the subtotal of program expenses to arrive at the total costs.										
8											
	<p>Per Beneficiary Per Month (BBPM) payments will be static for the period of the model text; the applicant must propose the BBPM payment amount derived from the five-year</p>										
	Instructions	Cost Summary	Bene Engagement and Savings	Personnel	Fringe	Equipment	Travel	Supplies	Beneficiary Incentives	Decision Aid Fees	Consultant & Subcontractor

- The cost worksheet will open on the **Instructions** tab. Please read and follow all instructions.
- Other tabs can be accessed along the bottom of the workbook
- The **Instructions** tab is formatted for printing

Cost Worksheet Overview

Beneficiary Engagement and Incentives Models - Direct Decision Support (DDS)

DDS Model Applicant Cost Template Instructions

The purpose of the Pricing Template workbook is to ensure consistency and transparency in the derivation of the applicants' proposed costs. This requires the applicant to show the break out of the cost elements used in the derivation of their proposed pricing wherever applicable. Please complete year 1 (CY2018) through year 5 (CY2022) cost elements in the worksheet.

The following excel workbook tabs are included in the Pricing Template: Cost Summary, Bene (Beneficiary) Engagement and Savings, Personnel, Fringe, Equipment, Travel, Supplies, Beneficiary Incentives, Decision Aid Fees, Consultant & Subcontractor, and Other Costs. Tabs for which there are no costs should be marked as zero cost. The Cost Summary Tab will automatically populate based on the costs entered in the tabs that follow as the data cells have been linked in the template. In addition to completing this template, applicants must justify all costs, savings, and expected beneficiary engagement levels in the narrative portion of the application. Please refer to the Direct Decision Support (DDS) Request for Application.

Please follow the instructions below for each tab.

- Clearly list the cost elements that derive or make up the total proposed price for the specified cost element.
- Where cost or pricing data was derived or estimated, the applicant must show all formulas that are clearly visible in the individual cells and verifiable.
- The applicant may add data cell links between data fields as needed.
- Please complete the blank cells. Blue-shaded cells are calculation cells and are locked for editing. Gray-shaded cells are headers or informational cells and are locked for editing.
- The last tab entitled Other Costs can be used for any costs that fall outside of the categories/components in the tabs included in the template (Bene Engagement and Savings, Personnel, Fringe, Equipment, Travel, Supplies, Beneficiary Incentives, Decision Aid Fees, Consultant & Subcontractor), and for any costs that cannot be included in the tab tables should there be an insufficient numbers of rows. A clear explanation of Other Costs must be included in the narrative portion of the application and in the Item Description and Item Purpose/Justification data fields in the Other Costs worksheet table.

Cost Summary Tab:

- The **Cost Summary 01 Table** is prepopulated to display the CMS National Average Cost Per Beneficiary and the Total National Average CMS Cost for 100,000 beneficiaries based on 2012 Chronic Condition Data Warehouse (CCW) data that is adjusted for inflation. These data cells are not editable by the applicant. Note: In the model evaluation, these costs will be adjusted to reflect the actual beneficiary costs in the geographic area served by the DSO.
- In the **Cost Summary 02 Table** the total costs by line item by year (for Bene Engagement and Savings, Personnel, Fringe, Equipment, Travel, Supplies, Beneficiary Incentives, Decision Aid Fees, Consultant & Subcontractor, and Other Costs rows) in the cost summary will be automatically populated to match the totals in the corresponding tabs.
- For row 24, "Program or in-kind Income", please enter the total amount of other revenue or in-kind support that will be contributed. This will be subtracted from the subtotal of program expenses to arrive at the total costs.

- The cost worksheet will open on the **Instructions** tab. Please read and follow all instructions.
- Other tabs can be accessed along the bottom of the workbook
- The **Instructions** tab is formatted for printing

Instructions | Cost Summary | Bene Engagement and Savings | Personnel | Fringe | Equipment | Travel | Supplies | Beneficiary Incentives | Decision Aid Fees | Consultant & Subcontractor

Cost Worksheet Overview

	A	B	C	D	E						
	Beneficiary Engagement and Incentives Models - Direct Decision Support (DDS)										
1	DDS Model Applicant Cost Template Instructions										
2											
3	<p>The purpose of the Pricing Template workbook is to ensure consistency and transparency in the derivation of the applicants' proposed costs. This requires the applicant to show the break out of the cost elements used in the derivation of their proposed pricing wherever applicable. Please complete year 1 (CY2018) through year 5 (CY2022) cost elements in the worksheet.</p> <p>The following excel workbook tabs are included in the Pricing Template: Cost Summary, Bene (Beneficiary) Engagement and Savings, Personnel, Fringe, Equipment, Travel, Supplies, Beneficiary Incentives, Decision Aid Fees, Consultant & Subcontractor, and Other Costs. Tabs for which there are no costs should be marked as zero cost. The Cost Summary Tab will automatically populate based on the costs entered in the tabs that follow as the data cells have been linked in the template. In addition to completing this template, applicants must justify all costs, savings, and expected beneficiary engagement levels in the narrative portion of the application. Please refer to the Direct Decision Support (DDS) Request for Application.</p>										
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5	<p>Please follow the instructions below for each tab.</p> <ul style="list-style-type: none">• Clearly list the cost elements that derive or make up the total proposed price for the specified cost element.• Where cost or pricing data was derived or estimated, the applicant must show all formulas that are clearly visible in the individual cells and verifiable.• The applicant may add data cell links between data fields as needed.• Please complete the blank cells. Blue-shaded cells are calculation cells and are locked for editing. Gray-shaded cells are headers or informational cells and are locked for editing.• The last tab entitled Other Costs can be used for any costs that fall outside of the categories/components in the tabs included in the template (Bene Engagement and Savings, Personnel, Fringe, Equipment, Travel, Supplies, Beneficiary Incentives, Decision Aid Fees, Consultant & Subcontractor), and for any costs that cannot be included in the tab tables should there be an insufficient numbers of rows. A clear explanation of Other Costs must be included in the narrative portion of the application and in the Item Description and Item Purpose/Justification data fields in the Other Costs worksheet table.										
6											
7	<p>Cost Summary Tab:</p> <ul style="list-style-type: none">• The Cost Summary 01 Table is prepopulated to display the CMS National Average Cost Per Beneficiary and the Total National Average CMS Cost for 100,000 beneficiaries based on 2012 Chronic Condition Data Warehouse (CCW) data that is adjusted for inflation. These data cells are not editable by the applicant. Note: In the model evaluation, these costs will be adjusted to reflect the actual beneficiary costs in the geographic area served by the DSO.• In the Cost Summary 02 Table the total costs by line item by year (for Bene Engagement and Savings, Personnel, Fringe, Equipment, Travel, Supplies, Beneficiary Incentives, Decision Aid Fees, Consultant & Subcontractor, and Other Costs rows) in the cost summary will be automatically populated to match the totals in the corresponding tabs.• For row 24, "Program or in-kind Income", please enter the total amount of other revenue or in-kind support that will be contributed. This will be subtracted from the subtotal of program expenses to arrive at the total costs.										
8											
	Per Beneficiary, Per Month (PPBM) payments will be static for the period of the model; the applicant must propose the PPBM payment amount derived from the five-year										
	Instructions	Cost Summary	Bene Engagement and Savings	Personnel	Fringe	Equipment	Travel	Supplies	Beneficiary Incentives	Decision Aid Fees	Consultant & Subcontractor

- The cost worksheet will open on the **Instructions** tab. Please read and follow all instructions.
- Other tabs can be accessed along the bottom of the workbook
- **The Instructions tab is formatted for printing**

Cost Worksheet – Cost Summary Roll Up

Cost Summary

NOTE: All cells on the Cost Summary sheet, except for "Program or in-kind income", are auto-populated from the individual expense sheets that follow. Please enter your "Program or in-kind income" below, then proceed to enter data in the space provided on the subsequent tabs.

Cost Summary 01

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Target Population						
Total Number of Beneficiaries	100,000	100,000	100,000	100,000	100,000	500,000
CMS Cost Per Beneficiary*	\$12,118	\$12,421	\$12,731	\$13,050	\$13,376	
Total CMS Cost of Care	\$1,211,800,000	\$1,242,095,000	\$1,273,147,375	\$1,304,976,059	\$1,337,600,461	\$6,369,618,895

*CMS Cost Per Beneficiary is calculated based on the CCW 2012 cost inflated to 2018-2022 spending

Cost Summary 02

Program Expenses	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$0	\$0	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Supplies (including Beneficiary Outreach)	\$0	\$0	\$0	\$0	\$0	\$0
Beneficiary Incentives	\$0	\$0	\$0	\$0	\$0	\$0
Decision Aid Fees	\$0	\$0	\$0	\$0	\$0	\$0
Consultant & Subcontractor Costs	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Program Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Program or in-kind income						\$0
Total Cost of Program (requested funding)	\$0	\$0	\$0	\$0	\$0	\$0
Cost of Program PBPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost Summary 03

Program Savings	Year 1			Year 2			Year 3			Year 4			Year 5		
Engagement Level	Year 1 - High	Year 1 - Medium	Year 1 - Low / No	Year 2 - High	Year 2 - Medium	Year 2 - Low / No	Year 3 - High	Year 3 - Medium	Year 3 - Low / No	Year 4 - High	Year 4 - Medium	Year 4 - Low / No	Year 5 - High	Year 5 - Medium	Year 5 - Low / No
Percentage of Total Population Engaged	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of Engaged Beneficiaries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expected Percent Savings Per Engaged Beneficiary	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Expected Savings Per Engaged Beneficiary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Cost Summary 04

Program Savings	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Annual Projected Savings (across all levels)	\$0	\$0	\$0	\$0	\$0	\$0
Total Annual Program Cost	\$0	\$0	\$0	\$0	\$0	\$0
Annual Projected ROI	0.00	0.00	0.00	0.00	0.00	0.00

Cost Summary 05

5-Year Projected Savings	\$0
5-Year Projected Program Cost	\$0
5-Year ROI	0.00

Cost Summary tab tables:

- **Cost Summary Table 01:** CMS National Average Cost Per Beneficiary and Total National Average CMS Cost per 100,000 beneficiaries based on 2012 Chronic Condition Data Warehouse data, adjusted for inflation
- **Cost Summary 02:** Total costs by line item by year; automatically populated from individual program expense tabs
- **Cost Summary 03:** Automatically populated with data from the Bene Engagement and Savings tab
- **Cost Summary 04:** Annual and Total Program Savings and Annual Projected Return on Investment (ROI)
- **Cost Summary 05:** Five-year Projected Savings, Program Cost, and ROI

Cost Worksheet – Cost Summary Roll Up

Cost Summary

NOTE: All cells on the Cost Summary sheet, except for "Program or in-kind income", are auto-populated from the individual expense sheets that follow. Please enter your "Program or in-kind income" below, then proceed to enter data in the space provided on the subsequent tabs.

Cost Summary 01

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Target Population						
Total Number of Beneficiaries	100,000	100,000	100,000	100,000	100,000	500,000
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Total CMS Cost of Care	\$1,211,800,000	\$1,242,095,000	\$1,273,147,375	\$1,304,976,059	\$1,337,600,461	\$6,369,618,895

*CMS Cost Per Beneficiary is calculated based on the CCW 2012 cost inflated to 2018-2022 spending

Cost Summary 02

Program Expenses	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$0	\$0	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Supplies (including Beneficiary Outreach)	\$0	\$0	\$0	\$0	\$0	\$0
Beneficiary Incentives	\$0	\$0	\$0	\$0	\$0	\$0
Decision Aid Fees	\$0	\$0	\$0	\$0	\$0	\$0
Consultant & Subcontractor Costs	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Program Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Program or in-kind income						\$0
Total Cost of Program (requested funding)	\$0	\$0	\$0	\$0	\$0	\$0
Cost of Program PBPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost Summary 03

Program Savings	Year 1			Year 2			Year 3			Year 4			Year 5		
Engagement Level	Year 1 - High	Year 1 - Medium	Year 1 - Low / No	Year 2 - High	Year 2 - Medium	Year 2 - Low / No	Year 3 - High	Year 3 - Medium	Year 3 - Low / No	Year 4 - High	Year 4 - Medium	Year 4 - Low / No	Year 5 - High	Year 5 - Medium	Year 5 - Low / No
Percentage of Total Population Engaged	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of Engaged Beneficiaries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expected Percent Savings Per Engaged Beneficiary	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Expected Savings Per Engaged Beneficiary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Cost Summary 04

Program Savings	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Annual Projected Savings (across all levels)	\$0	\$0	\$0	\$0	\$0	\$0
Total Annual Program Cost	\$0	\$0	\$0	\$0	\$0	\$0
Annual Projected ROI	0.00	0.00	0.00	0.00	0.00	0.00

Cost Summary 05

5-Year Projected Savings	\$0
5-Year Projected Program Cost	\$0
5-Year ROI	0.00

Cost Summary tab tables:

- **Cost Summary 01:** CMS National Average Cost Per Beneficiary and Total National Average CMS Cost per 100,000 beneficiaries based on 2012 Chronic Condition Data Warehouse data, adjusted for inflation
- **Cost Summary Table 02:** Total costs by line item by year; automatically populated from individual program expense tabs
- **Cost Summary 03:** Automatically populated with data from the Bene Engagement and Savings tab
- **Cost Summary 04:** Annual and Total Program Savings and Annual Projected Return on Investment (ROI)
- **Cost Summary 05:** Five-year Projected Savings, Program Cost, and ROI

Cost Worksheet – Cost Summary Roll Up

Cost Summary

NOTE: All cells on the Cost Summary sheet, except for "Program or in-kind income", are auto-populated from the individual expense sheets that follow. Please enter your "Program or in-kind income" below, then proceed to enter data in the space provided on the subsequent tabs.

Cost Summary 01

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Target Population						
Total Number of Beneficiaries	100,000	100,000	100,000	100,000	100,000	500,000
CMS Cost Per Beneficiary*	\$12,118	\$12,421	\$12,731	\$13,050	\$13,376	
Total CMS Cost of Care	\$1,211,800,000	\$1,242,095,000	\$1,273,147,375	\$1,304,976,059	\$1,337,600,461	\$6,369,618,895

*CMS Cost Per Beneficiary is calculated based on the CCW 2012 cost inflated to 2018-2022 spending

Cost Summary 02

Program Expenses	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$0	\$0	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Supplies (including Beneficiary Outreach)	\$0	\$0	\$0	\$0	\$0	\$0
Beneficiary Incentives	\$0	\$0	\$0	\$0	\$0	\$0
Decision Aid Fees	\$0	\$0	\$0	\$0	\$0	\$0
Consultant & Subcontractor Costs	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Program Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Program or in-kind income						\$0
Total Cost of Program (requested funding)	\$0	\$0	\$0	\$0	\$0	\$0
Cost of Program PBPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost Summary 03

Program Savings	Year 1			Year 2			Year 3			Year 4			Year 5		
Engagement Level	Year 1 - High	Year 1 - Medium	Year 1 - Low / No	Year 2 - High	Year 2 - Medium	Year 2 - Low / No	Year 3 - High	Year 3 - Medium	Year 3 - Low / No	Year 4 - High	Year 4 - Medium	Year 4 - Low / No	Year 5 - High	Year 5 - Medium	Year 5 - Low / No
Percentage of Total Population Engaged	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of Engaged Beneficiaries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expected Percent Savings Per Engaged Beneficiary	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Expected Savings Per Engaged Beneficiary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Cost Summary 04

Program Savings	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Annual Projected Savings (across all levels)	\$0	\$0	\$0	\$0	\$0	\$0
Total Annual Program Cost	\$0	\$0	\$0	\$0	\$0	\$0
Annual Projected ROI	0.00	0.00	0.00	0.00	0.00	0.00

Cost Summary 05

5-Year Projected Savings	\$0
5-Year Projected Program Cost	\$0
5-Year ROI	0.00

Cost Summary tab tables:

- **Cost Summary 01:** CMS National Average Cost Per Beneficiary and Total National Average CMS Cost per 100,000 beneficiaries based on 2012 Chronic Condition Data Warehouse data, adjusted for inflation
- **Cost Summary 02:** Total costs by line item by year; automatically populated from individual program expense tabs
- **Cost Summary Table 03:** Automatically populated with data from the **Bene Engagement and Savings** tab
- **Cost Summary 04:** Annual and Total Program Savings and Annual Projected Return on Investment (ROI)
- **Cost Summary 05:** Five-year Projected Savings, Program Cost, and ROI

Cost Worksheet – Cost Summary Roll Up

Cost Summary

NOTE: All cells on the Cost Summary sheet, except for "Program or in-kind income", are auto-populated from the individual expense sheets that follow. Please enter your "Program or in-kind income" below, then proceed to enter data in the space provided on the subsequent tabs.

Cost Summary 01

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Target Population						
Total Number of Beneficiaries	100,000	100,000	100,000	100,000	100,000	500,000
CMS Cost Per Beneficiary*	\$12,118	\$12,421	\$12,731	\$13,050	\$13,376	
Total CMS Cost of Care	\$1,211,800,000	\$1,242,095,000	\$1,273,147,375	\$1,304,976,059	\$1,337,600,461	\$6,369,618,895

*CMS Cost Per Beneficiary is calculated based on the CCW 2012 cost inflated to 2018-2022 spending

Cost Summary 02

Program Expenses	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$0	\$0	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Supplies (including Beneficiary Outreach)	\$0	\$0	\$0	\$0	\$0	\$0
Beneficiary Incentives	\$0	\$0	\$0	\$0	\$0	\$0
Decision Aid Fees	\$0	\$0	\$0	\$0	\$0	\$0
Consultant & Subcontractor Costs	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Program Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Program or in-kind income						\$0
Total Cost of Program (requested funding)	\$0	\$0	\$0	\$0	\$0	\$0
Cost of Program PBPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost Summary 03

Program Savings	Year 1			Year 2			Year 3			Year 4			Year 5		
Engagement Level	Year 1 - High	Year 1 - Medium	Year 1 - Low / No	Year 2 - High	Year 2 - Medium	Year 2 - Low / No	Year 3 - High	Year 3 - Medium	Year 3 - Low / No	Year 4 - High	Year 4 - Medium	Year 4 - Low / No	Year 5 - High	Year 5 - Medium	Year 5 - Low / No
Percentage of Total Population Engaged	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of Engaged Beneficiaries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expected Percent Savings Per Engaged Beneficiary	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Expected Savings Per Engaged Beneficiary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Cost Summary 04

Program Savings	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Annual Projected Savings (across all levels)	\$0	\$0	\$0	\$0	\$0	\$0
Total Annual Program Cost	\$0	\$0	\$0	\$0	\$0	\$0
Annual Projected ROI	0.00	0.00	0.00	0.00	0.00	0.00

Cost Summary 05

5-Year Projected Savings	\$0
5-Year Projected Program Cost	\$0
5-Year ROI	0.00

Cost Summary tab tables:

- Cost Summary 01: CMS National Average Cost Per Beneficiary and Total National Average CMS Cost per 100,000 beneficiaries based on 2012 Chronic Condition Data Warehouse data, adjusted for inflation
- Cost Summary 02: Total costs by line item by year; automatically populated from individual program expense tabs
- Cost Summary 03: Automatically populated with data from the Bene Engagement and Savings tab
- **Cost Summary Table 04: Annual and Total Program Savings and Annual Projected Return on Investment (ROI)**
- Cost Summary 05: Five-year Projected Savings, Program Cost, and ROI

Cost Worksheet – Cost Summary Roll Up

Cost Summary

NOTE: All cells on the Cost Summary sheet, except for "Program or in-kind income", are auto-populated from the individual expense sheets that follow. Please enter your "Program or in-kind income" below, then proceed to enter data in the space provided on the subsequent tabs.

Cost Summary 01

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Target Population						
Total Number of Beneficiaries	100,000	100,000	100,000	100,000	100,000	500,000
CMS Cost Per Beneficiary*	\$12,118	\$12,421	\$12,731	\$13,050	\$13,376	
Total CMS Cost of Care	\$1,211,800,000	\$1,242,095,000	\$1,273,147,375	\$1,304,976,059	\$1,337,600,461	\$6,369,618,895

*CMS Cost Per Beneficiary is calculated based on the CCW 2012 cost inflated to 2018-2022 spending

Cost Summary 02

Program Expenses	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$0	\$0	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Supplies (including Beneficiary Outreach)	\$0	\$0	\$0	\$0	\$0	\$0
Beneficiary Incentives	\$0	\$0	\$0	\$0	\$0	\$0
Decision Aid Fees	\$0	\$0	\$0	\$0	\$0	\$0
Consultant & Subcontractor Costs	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Program Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Program or in-kind income						\$0
Total Cost of Program (requested funding)	\$0	\$0	\$0	\$0	\$0	\$0
Cost of Program PBPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost Summary 03

Program Savings	Year 1			Year 2			Year 3			Year 4			Year 5		
Engagement Level	Year 1 - High	Year 1 - Medium	Year 1 - Low / No	Year 2 - High	Year 2 - Medium	Year 2 - Low / No	Year 3 - High	Year 3 - Medium	Year 3 - Low / No	Year 4 - High	Year 4 - Medium	Year 4 - Low / No	Year 5 - High	Year 5 - Medium	Year 5 - Low / No
Percentage of Total Population Engaged	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of Engaged Beneficiaries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expected Percent Savings Per Engaged Beneficiary	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Expected Savings Per Engaged Beneficiary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Cost Summary 04

Program Savings	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Annual Projected Savings (across all levels)	\$0	\$0	\$0	\$0	\$0	\$0
Total Annual Program Cost	\$0	\$0	\$0	\$0	\$0	\$0
Annual Projected ROI	0.00	0.00	0.00	0.00	0.00	0.00

Cost Summary 05

5-Year Projected Savings	\$0
5-Year Projected Program Cost	\$0
5-Year ROI	0.00

Cost Summary tab tables:

- **Cost Summary 01:** CMS National Average Cost Per Beneficiary and Total National Average CMS Cost per 100,000 beneficiaries based on 2012 Chronic Condition Data Warehouse data, adjusted for inflation
- **Cost Summary 02:** Total costs by line item by year; automatically populated from individual program expense tabs
- **Cost Summary 03:** Automatically populated with data from the Bene Engagement and Savings tab
- **Cost Summary 04:** Annual and Total Program Savings and Annual Projected Return on Investment (ROI)
- **Cost Summary Table 05:** Five-year Projected Savings, Program Cost, and ROI

Cost Worksheet – Cost Summary Roll Up

- **Cost Summary** tab tables automatically roll up and populate using data from individual expense tabs (e.g., Personnel)

Cost Summary 02

Program Expenses	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$0	\$0	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Supplies (including Beneficiary Outreach)	\$0	\$0	\$0	\$0	\$0	\$0
Beneficiary Incentives	\$0	\$0	\$0	\$0	\$0	\$0
Decision Aid Fees	\$0	\$0	\$0	\$0	\$0	\$0
Consultant & Subcontractor Costs	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Program Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Program or in-kind Income						\$0
Total Cost of Program (requested funding)	\$0	\$0	\$0	\$0	\$0	\$0
Cost of Program PBPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost Worksheet – Cost Summary Roll Up

- For Program or in-kind Income, enter the total amount of other revenue or in-kind support that will be contributed. This will be subtracted from the subtotal of program expenses to arrive at the total proposal request.

Cost Summary 02

Program Expenses	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$0	\$0	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Supplies (including Beneficiary Outreach)	\$0	\$0	\$0	\$0	\$0	\$0
Beneficiary Incentives	\$0	\$0	\$0	\$0	\$0	\$0
Decision Aid Fees	\$0	\$0	\$0	\$0	\$0	\$0
Consultant & Subcontractor Costs	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Program Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Program or in-kind Income						\$0
Total Cost of Program (requested funding)	\$0	\$0	\$0	\$0	\$0	\$0
Cost of Program PBPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

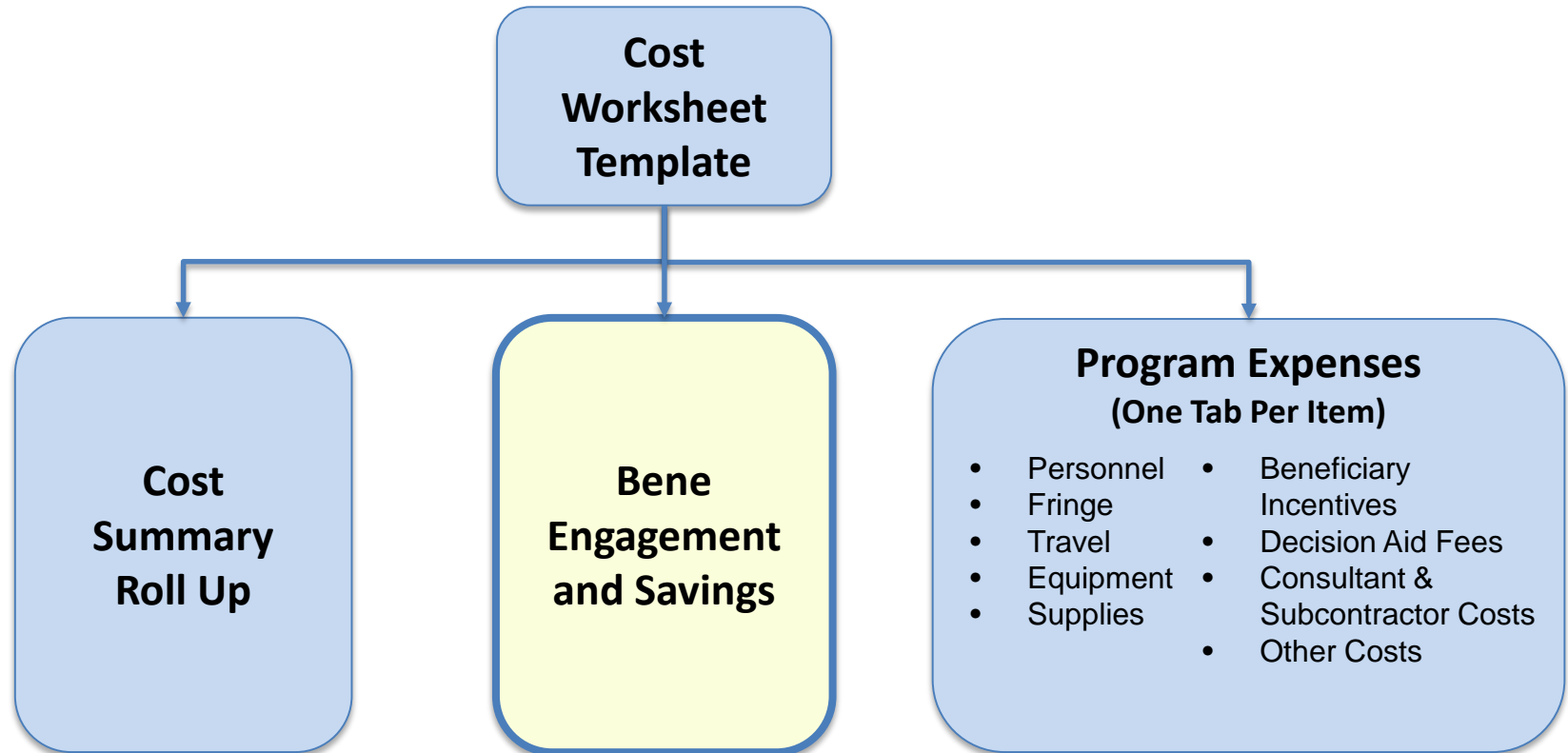
Cost Worksheet – Cost Summary Roll Up

- The applicant must propose a PBPM payment amount derived from the five-year cost proposal in the narrative portion of the application. The requested PBPM payment amount should be derived from the average PBPM figure shown in cell **H26** (highlighted below).

Cost Summary 02

Program Expenses	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	\$0	\$0	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Supplies (including Beneficiary Outreach)	\$0	\$0	\$0	\$0	\$0	\$0
Beneficiary Incentives	\$0	\$0	\$0	\$0	\$0	\$0
Decision Aid Fees	\$0	\$0	\$0	\$0	\$0	\$0
Consultant & Subcontractor Costs	\$0	\$0	\$0	\$0	\$0	\$0
Other Costs	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Program Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Program or in-kind Income						\$0
Total Cost of Program (requested funding)	\$0	\$0	\$0	\$0	\$0	\$0
Cost of Program PBPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost Worksheet – Bene Engagement and Savings



Cost Worksheet – Bene Engagement and Savings

Bene Engagement and Savings tab tables:

- **Bene Engagement and Savings Table 01:** Matches the **Cost Summary Table 01** from the **Cost Summary** tab; pre-populated to show the CMS National Average Cost Per Beneficiary and Total National Average CMS Cost per 100,000 beneficiaries based on 2012 Chronic Condition Data Warehouse data, adjusted for inflation.
- **Bene Engagement and Savings 02:** Beneficiary engagement levels and expected cost savings, used to calculate total savings
- **Bene Engagement and Savings 03:** Annual projected savings across all levels of beneficiary engagement

Beneficiary Engagement and Savings

Bene Engagement and Savings 01

Target Population	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total Number of Beneficiaries	100,000	100,000	100,000	100,000	100,000	500,000
CMS Cost Per Beneficiary	\$12,118	\$12,421	\$12,731	\$13,050	\$13,376	
Total CMS Cost of Care	\$1,211,800,000	\$1,242,095,000	\$1,273,147,375	\$1,304,976,059	\$1,337,600,461	\$6,369,618,895

*CMS Cost Per Beneficiary is calculated based on the CCW 2012 cost inflated to 2018-2022 spending

Bene Engagement and Savings 02

Program Savings	Year 1			Year 2			Year 3			Year 4			Year 5		
Engagement Level	Year 1 - High	Year 1 - Medium	Year 1 - Low / No	Year 2 - High	Year 2 - Medium	Year 2 - Low / No	Year 3 - High	Year 3 - Medium	Year 3 - Low / No	Year 4 - High	Year 4 - Medium	Year 4 - Low / No	Year 5 - High	Year 5 - Medium	Year 5 - Low / No
Percentage of Total Population Engaged															
Number of Engaged Beneficiaries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expected Percent Savings Per Engaged Beneficiary															
Expected Savings Per Engaged Beneficiary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Bene Engagement and Savings 03

Program Savings	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Annual Projected Savings (across all levels)	\$0	\$0	\$0	\$0	\$0	\$0

Cost Worksheet – Bene Engagement and Savings

Bene Engagement and Savings tab tables:

- **Bene Engagement and Savings 01:** Matches the **Cost Summary 01** table from the **Cost Summary** tab; pre-populated to show the CMS National Average Cost Per Beneficiary and Total National Average CMS Cost per 100,000 beneficiaries based on 2012 Chronic Condition Data Warehouse data, adjusted for inflation.
- **Bene Engagement and Savings Table 02:** Beneficiary engagement levels and expected cost savings, used to calculate total savings
- **Bene Engagement and Savings 03:** Annual projected savings across all levels of beneficiary engagement

Beneficiary Engagement and Savings

Bene Engagement and Savings 01

Target Population	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total Number of Beneficiaries	100,000	100,000	100,000	100,000	100,000	500,000
CMS Cost Per Beneficiary	\$12,118	\$12,421	\$12,731	\$13,050	\$13,376	
Total CMS Cost of Care	\$1,211,800,000	\$1,242,095,000	\$1,273,147,375	\$1,304,976,059	\$1,337,600,461	\$6,369,618,895

*CMS Cost Per Beneficiary is calculated based on the CCW 2012 cost inflated to 2018-2022 spending

Bene Engagement and Savings 02

Program Savings	Year 1			Year 2			Year 3			Year 4			Year 5		
Engagement Level	Year 1 - High	Year 1 - Medium	Year 1 - Low / No	Year 2 - High	Year 2 - Medium	Year 2 - Low / No	Year 3 - High	Year 3 - Medium	Year 3 - Low / No	Year 4 - High	Year 4 - Medium	Year 4 - Low / No	Year 5 - High	Year 5 - Medium	Year 5 - Low / No
Percentage of Total Population Engaged															
Number of Engaged Beneficiaries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expected Percent Savings Per Engaged Beneficiary															
Expected Savings Per Engaged Beneficiary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Bene Engagement and Savings 03

Program Savings	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Annual Projected Savings (across all levels)	\$0	\$0	\$0	\$0	\$0	\$0

Cost Worksheet – Bene Engagement and Savings

Bene Engagement and Savings tab tables:

- **Bene Engagement and Savings 01:** Matches the **Cost Summary 01** table from the **Cost Summary** tab; pre-populated to show the CMS National Average Cost Per Beneficiary and Total National Average CMS Cost per 100,000 beneficiaries based on 2012 Chronic Condition Data Warehouse data, adjusted for inflation.
- **Bene Engagement and Savings 02:** Beneficiary engagement levels and expected cost savings, used to calculate total savings
- **Bene Engagement and Savings Table 03:** Annual projected savings across all levels of beneficiary engagement

Beneficiary Engagement and Savings

Bene Engagement and Savings 01

Target Population	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total Number of Beneficiaries	100,000	100,000	100,000	100,000	100,000	500,000
CMS Cost Per Beneficiary	\$12,118	\$12,421	\$12,731	\$13,050	\$13,376	
Total CMS Cost of Care	\$1,211,800,000	\$1,242,095,000	\$1,273,147,375	\$1,304,976,059	\$1,337,600,461	\$6,369,618,895

*CMS Cost Per Beneficiary is calculated based on the CCW 2012 cost inflated to 2018-2022 spending

Bene Engagement and Savings 02

Program Savings	Year 1			Year 2			Year 3			Year 4			Year 5		
Engagement Level	Year 1 - High	Year 1 - Medium	Year 1 - Low / No	Year 2 - High	Year 2 - Medium	Year 2 - Low / No	Year 3 - High	Year 3 - Medium	Year 3 - Low / No	Year 4 - High	Year 4 - Medium	Year 4 - Low / No	Year 5 - High	Year 5 - Medium	Year 5 - Low / No
Percentage of Total Population Engaged															
Number of Engaged Beneficiaries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expected Percent Savings Per Engaged Beneficiary															
Expected Savings Per Engaged Beneficiary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Bene Engagement and Savings 03

Program Savings	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Annual Projected Savings (across all levels)	\$0	\$0	\$0	\$0	\$0	\$0

Cost Worksheet – Bene Engagement and Savings

- Within the **Bene Engagement and Savings 02** table, fill in the Percentage of Total Population Engaged, or the percent of beneficiaries who will engage in direct decision making, for High, Medium, and Low/No levels for each of the five years (row 13)
- Rationale must be explained in the narrative portion of the application
- The sum across the three engagement levels must total 100% for each year (e.g., High = 3.5%, Medium = 6.5%, Low/No = 90%)

Bene Engagement and Savings 02

Program Savings			
Engagement Level	Year 1 - High	Year 1 - Medium	Year 1 - Low / No
Percentage of Total Population Engaged			
Number of Engaged Beneficiaries	0	0	0
Expected Percent Savings Per Engaged Beneficiary			
Expected Savings Per Engaged Beneficiary	\$0.00	\$0.00	\$0.00
Total Savings	\$0	\$0	\$0

Note: Only Year 1 is shown in the screenshot above

Cost Worksheet – Bene Engagement and Savings

- Engagement Level Definitions describe different levels at which beneficiaries may engage with the decision making support process
- Applicants may expect different percent savings per engaged beneficiary based on the engagement level
- At least 3.5% High beneficiary population engagement is required for Year 1, and at least 7% High beneficiary population engagement is required after Year 1

Engagement Level	Definition
High	Beneficiary who completes the entire DDS process.
Medium	Beneficiary took more than one action, but did not complete the entire DDS process or meet the model's definition of "high/fully engaged."
Low /No Engagement	Beneficiary took some or no ascertainable action in the context of the model.

Cost Worksheet – Bene Engagement and Savings

- Engagement Level Definitions describe different levels at which beneficiaries may engage with the decision making support process
- Applicants may expect different percent savings per engaged beneficiary based on the engagement level
- **At least 3.5% High beneficiary population engagement is required for Year 1, and at least 7% High beneficiary population engagement is required after Year 1**

Engagement Level	Definition
High	Beneficiary who completes the entire DDS process.
Medium	Beneficiary took more than one action, but did not complete the entire DDS process or meet the model's definition of "high/fully engaged."
Low /No Engagement	Beneficiary took some or no ascertainable action in the context of the model.

Cost Worksheet – Bene Engagement and Savings

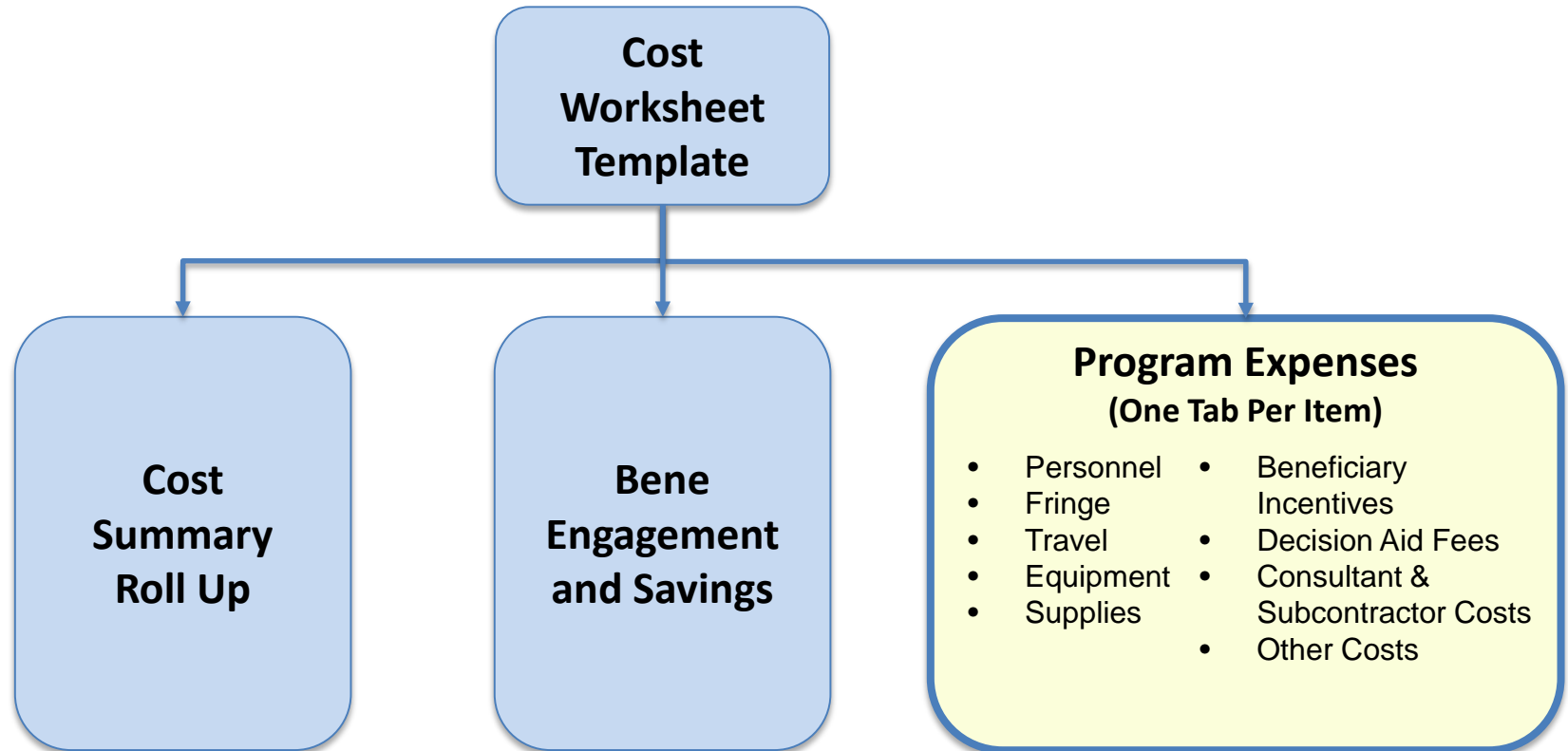
- Within the **Bene Engagement and Savings 02** table, fill in the Expected Percent Savings Per Engaged Beneficiary, based on applicant knowledge and past experience, for High, Medium, and Low/No levels for each of the five years (row 15; highlighted below)
- The greatest percent savings is expected to occur under High engagement. Medium engagement percent savings, if any, should be less than High. Low/No engagement percent savings may be null, and zeros may be entered.
- Rationale must be explained in the narrative portion of the application

Bene Engagement and Savings 02

Program Savings			
Engagement Level	Year 1 - High	Year 1 - Medium	Year 1 - Low / No
Percentage of Total Population Engaged			
Number of Engaged Beneficiaries	0	0	0
Expected Percent Savings Per Engaged Beneficiary			
Expected Savings Per Engaged Beneficiary	\$0.00	\$0.00	\$0.00
Total Savings	\$0	\$0	\$0

Note: Only Year 1 is shown in the screenshot above

Cost Worksheet – Program Expenses



Cost Worksheet – Program Expenses: Equipment

Equipment tab table:

- Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition value of \$5,000 or more
- In the narrative portion of the application, provide justification for equipment costs, if any
- **Equipment Table 01 - Year 1** through **Table 05 - Year 5**: List equipment purchases by year, including a description of the equipment and a short explanation of how its purchase will support program goals

Equipment 01 - Year 1

Item Description	Item Purpose	Quantity	Rate	Total Cost	Year 1 Total
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
					\$0.00

Note: Only Year 1 is shown in the screenshot above

Cost Worksheet – Program Expenses: Equipment

- The tables will automatically calculate item total cost based on the entered Quantity and Rate
- The tables will automatically sum annual costs (from column F)
- The tables will automatically sum annual costs (from column G). Five year total equipment costs are found below Equipment 05 – Year 5.

Equipment 01 - Year 1

Item Description	Item Purpose	Quantity	Rate	Total Cost	Year 1 Total
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
					\$0.00

Note: Only Year 1 is shown in the screenshot above

Cost Worksheet – Program Expenses: Equipment

- The tables will automatically calculate item total cost based on the entered Quantity and Rate
- The tables will automatically sum annual costs (from column F)
- The tables will automatically sum annual costs (from column G). Five year total equipment costs are found below Equipment 05 – Year 5.

Equipment 01 - Year 1

Item Description	Item Purpose	Quantity	Rate	Total Cost	Year 1 Total
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
					\$0.00

Note: Only Year 1 is shown in the screenshot above

Cost Worksheet – Program Expenses: Equipment

- The tables will automatically calculate item total cost based on the entered Quantity and Rate
- The tables will automatically sum annual costs (from column F)
- The tables will automatically sum annual costs (from column G). Five year total equipment costs are found below **Equipment Table 05 – Year 5**.

Equipment 05 - Year 5

Item Description	Item Purpose	Quantity	Rate	Total Cost	Year 5 Total
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
					\$0.00

Total Years 1-5: \$0.00

Note: Only Year 5 is shown in the screenshot above

Cost Worksheet – Program Expenses: Travel

Travel tab table:

- Explain the need for all travel. The lowest available commercial fares for coach or equivalent accommodations must be used. Do not exceed General Services Administration (GSA) rates.
- In the narrative portion of the application, provide justification for each trip
- **Travel Table 01 - Year 1** through **Table 05 - Year 5**: Provide the following information for each trip occurrence during each year: name of traveler, approximate date(s) of travel, purpose and program impact of the trip, locations where staff will be departing from and traveling to, and itemized travel costs, where applicable (Airfare, Lodging, Car Rental/Mileage/Parking, and Per Diem)
- The tables will automatically calculate total trip cost based on the entered itemized costs

Travel 01 - Year 1

Traveler (Name)	Date(s) of Travel	Trip Purpose	Departure Location	Arrival Location	Airfare (Round Trip)	# of Nights (Lodging)	Lodging (Per Night)	Car Rental / Mileage / Parking (Total Trip)	# of Days (Per Diem)	Per Diem (Per Day)	Total Cost (Total Trip)	Year 1 Total Cost
											\$0.00	
											\$0.00	
											\$0.00	
											\$0.00	
											\$0.00	
											\$0.00	
											\$0.00	
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											\$0.00	
											\$0.00	
											\$0.00	
											\$0.00	
											\$0.00	
											\$0.00	

Note: Only Year 1 is shown in the screenshot above

Cost Worksheet – Program Expenses: Supplies

Supplies tab table:

- Supplies are defined as materials costing less than \$5,000 per unit and often having one-time use
- In the narrative portion of the application, provide justification for supplies costs
- **Supplies Table 01 - Year 1** through **Table 05 - Year 5**: List supplies purchases by year, including a description of the supplies and a short explanation of how its purchase will support program goals
- The tables will automatically calculate item total cost based on the entered Quantity and Rate

Supplies 01 - Year 1

Item Description	Item Purpose	Quantity	Rate	Total Cost	Year 1 Total
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
					\$0.00

Note: Only Year 1 is shown in the screenshot above

Cost Worksheet – Program Expenses: Beneficiary Incentives

Beneficiary Incentives tab table:

- CMS allows approved forms of beneficiary incentives up to a value of \$25 per engagement, with a \$50 maximum per beneficiary per year. Different incentive levels should be shown on separate rows.
- **Beneficiary Incentives Table 01 - Year 1** through **Table 05 - Year 5**: Provide the following information for each incentive each year: a description of the incentive, a short explanation of how the incentive will support program goals, the number of beneficiaries expected to receive the incentive, and the dollar value
- If needed, use the narrative portion of the application to elaborate on the rationale and explanation of the proposed beneficiary incentives
- The tables will automatically calculate incentive total cost based on the entered Number of Beneficiaries and Dollar Value

Beneficiary Incentives 01 - Year 1

Incentive Description	Incentive Purpose/Justification	Number of Beneficiaries	Dollar Value	Total Cost	Year 1 Total
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
					\$0.00

Note: Only Year 1 is shown in the screenshot above

Cost Worksheet – Program Expenses: Decision Aid Fees

Decision Aid Fees tab table:

- **Decision Aid Fees Table 01 - Year 1** through **Table 05 - Year 5**: Provide the following information for each decision aid leveraged during each year: a description of the decision aid and the fee associated with its use and distribution to beneficiaries
- Decision aids that are free of cost should be described and marked with a \$0 Rate
- The tables will automatically calculate item total cost based on the entered Quantity and Rate

Decision Aid Fees 01 - Year 1

Decision Aid Fee Description	Quantity	Rate	Total Cost	Year 1 Total
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	
				\$0.00

Note: Only Year 1 is shown in the screenshot above

Cost Worksheet – Program Expenses: Consultant & Subcontractor

Attachment(s) containing an itemization and calculation of costs should include, for each subcontractor:

- Consultant/subcontractor name and affiliated organization, if applicable
- Expected Rate of Compensation (e.g., rate per hour, rate per day), with a budget showing all other costs such as travel, per diem, and supplies
- Justification of all rates, including examples of typical market rates for this service in your area
- An explanation of the need for each agreement and how their use will support the program goals

Consultant & Subcontractor 01

Consultant/Subcontractor Name	Description of Cost	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Year 5 Cost	Total Cost
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost Worksheet – Program Expenses: Other Costs

Other Costs tab table:

- Other costs include expenses not covered in any of the previous budget categories, or if additional rows were needed in any of the previous tabs
- In the narrative portion of the application, provide justification for each item
- **Other Costs Table 01 - Year 1** through **Table 05 - Year 5**: List other costs by year, including a description of the cost and a short explanation of how it will support program goals
- The tables will automatically calculate item total cost based on the entered Quantity and Rate

Other Costs 01 - Year 1

Item Description	Item Purpose/Justification	Quantity	Rate	Total Cost	Year 1 Total
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	




Note: Only Year 1 is shown in the screenshot above

Application Tips

- Webpage will time out after 30 minutes of inactivity; save your work before moving away
- Response text boxes have character limits and will count down remaining characters; if you paste in too many characters, the response will be truncated
- Response entered into text box must address the question (may not point elsewhere); supporting documents can be uploaded in the Supporting Documentation section to justify responses **ONLY**
- Application can be saved and returned to before submission; once submitted, no changes can be entered

Timeline

Key Dates

Letter of Intent Available	12/08/2016
Request for Applications Opens	01/28/2017
Letter of Intent Due 5:00 PM EST	03/05/2017 
Applications Due 11:59 PM EST	03/05/2017 
Awards Announced	06/30/2017
Pre-Implementation Start Up Period Begins	07/01/2017
Models Go Live	01/01/2018 

Next Steps

- Submit Application by March 5, 2017 11:59 PM EST;
<https://app1.innovation.cms.gov/beidds/>



And join us for the
**DDS Model Office
Hours**

February 23, 2017
2:00-3:00PM EST

Go to <http://bit.ly/2k2TtCJ> to
register

Feedback

How did we do?

Please help us to improve our webinars by providing feedback on today's event.

For More Information

Review FAQs posted on the CMS SDM website:
<https://innovation.cms.gov/initiatives/Beneficiary-Engagement-DDS/index.html>

Send questions to the CMS mailbox:
DDSmodel@cms.hhs.gov