CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Next Generation ACO Model

Open Door Forum:

Next Generation ACO Application Overview

March 14, 2017

Agenda

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

Next Generation ACO Model Overview

- The Next Generation ACO Model (NGACO or the Model) is an initiative developed by the CMS Innovation Center for ACOs experienced in managing the health of populations of patients.
- The Model seeks to test whether strong financial incentives for ACOs can improve health outcomes and reduce expenditures for original Medicare beneficiaries.
- The Model offers more predictable financial targets and greater opportunities to coordinate care coupled with tools to help ACOs better engage beneficiaries.

Model Principles

There are six basic principles of the Model:

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

Current Model Status

- NGACO is a five year initiative that began on January 1, 2016 and will end on December 31, 2020.
- The Model is structured as an initial agreement period and two option years.
- ACOs that enter the Model on January 1, 2018 will have an initial agreement period of one year before the two option years.
- There are 45 Next Generation ACOs (NGACOs) participating in the Model as of the start of calendar year (CY) 2017.

Additional Information

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

General Model Information

- Model Benchmark Methodology
- Model Factsheet
- Benefit Enhancement Information

Application Resources

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

Contents

- Model Overview
- Application and Selection Timeline
- Letter of Intent
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Preliminary 2018 Application and Selection Timeline

Milestone	Date
LOI Due Date	May 4, 2017
Application* Due	May 18, 2017
Next Generation Participant List Due	June 9, 2017
Finalists Identified	August 2017
Agreements Signed	Late Fall 2017
Start of Performance Year	January 1, 2018

**The text of the application is currently available in Appendix G of the RFA. The application is available via https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/.*

Contents

- Model Overview
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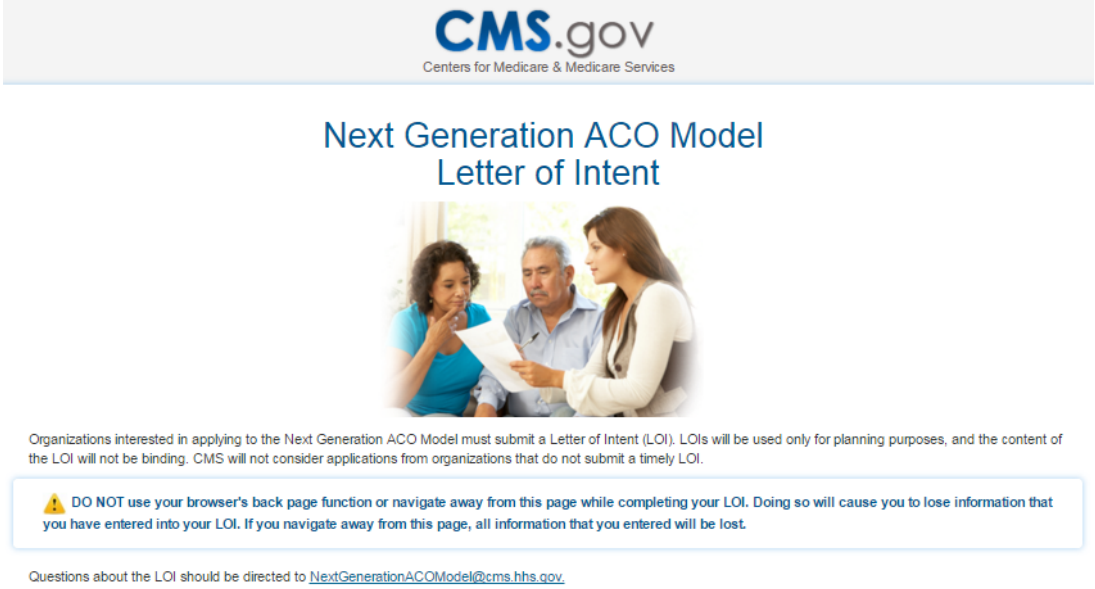
Letter of Intent



All applicants, including those who completed the 2017 application process but were not selected, must submit an LOI and application if they wish to apply to participate in the Next Generation ACO Model beginning in 2018.

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

Letter of Intent

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

Sections of the LOI

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

For a more detailed description of each LOI section, refer to the presentation from the ODF held on Tuesday, January 31, 2017.

Contents

- Model Overview
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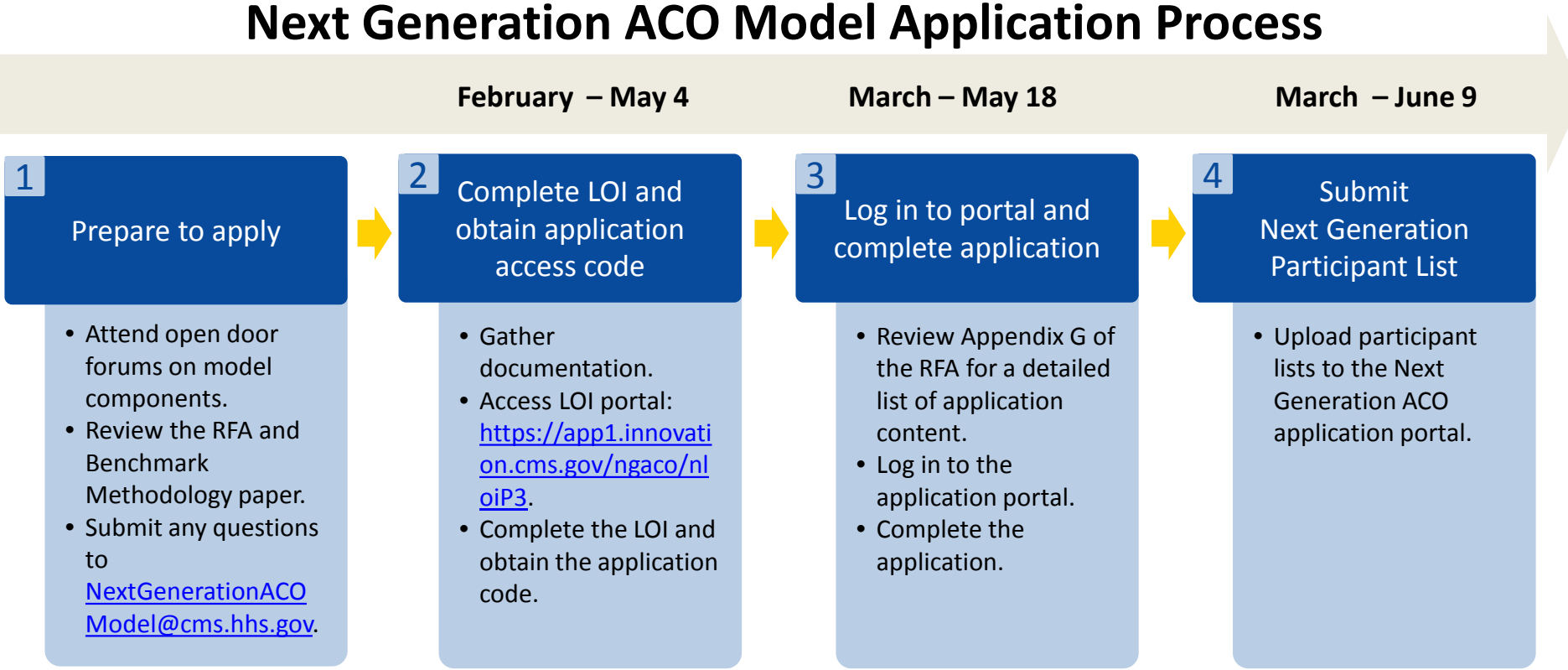
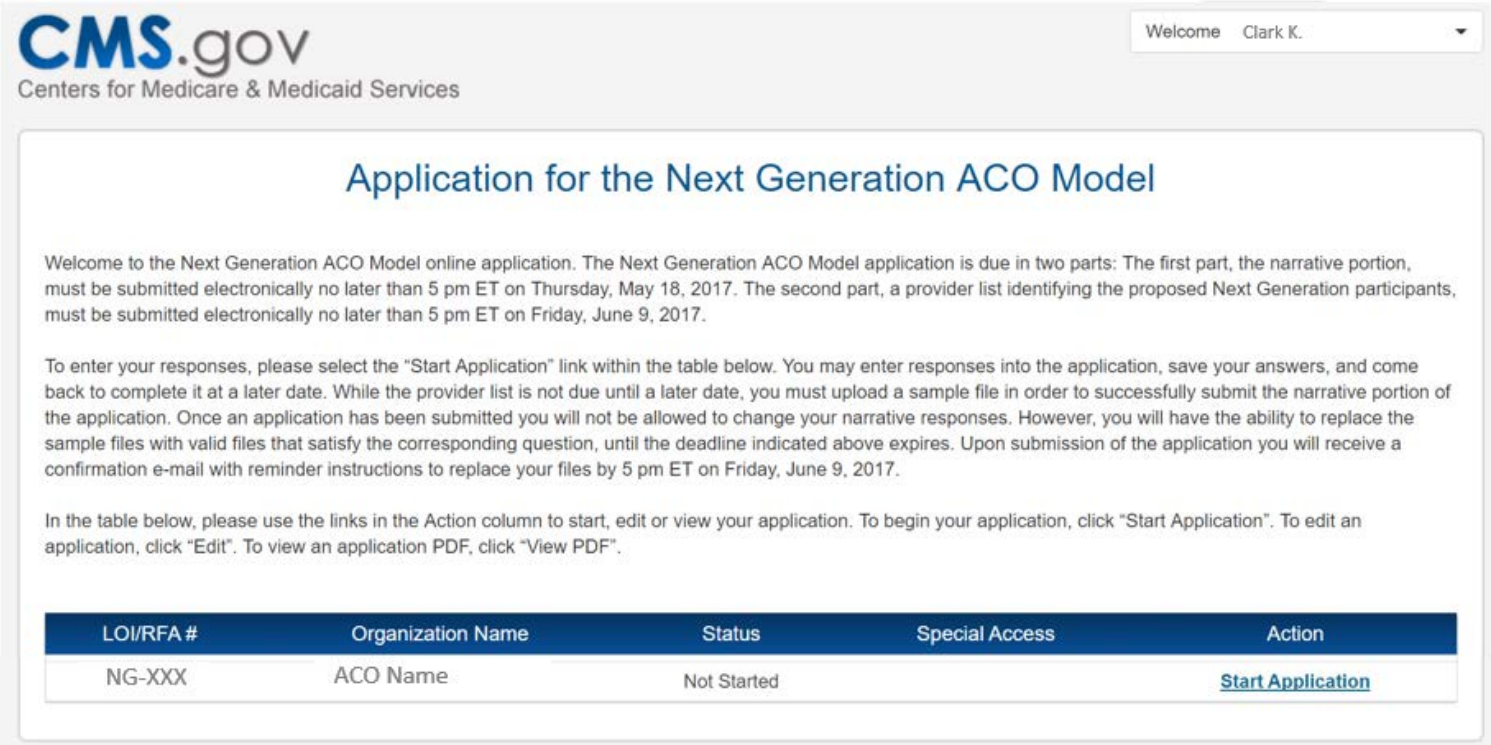
Overall Application Process

Next Generation ACO Model Application Process

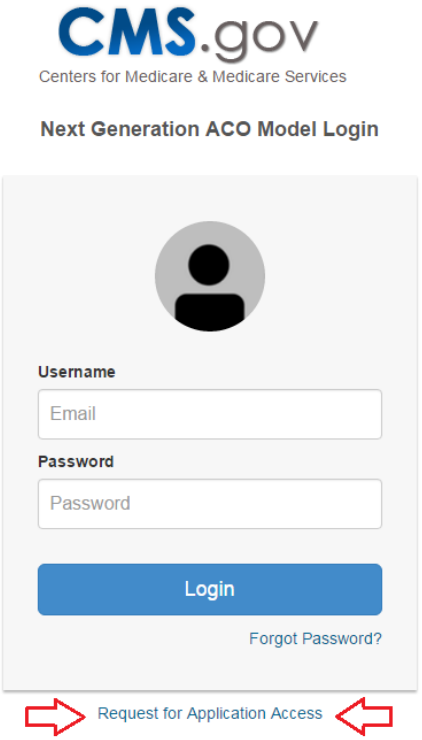


Application Landing Page

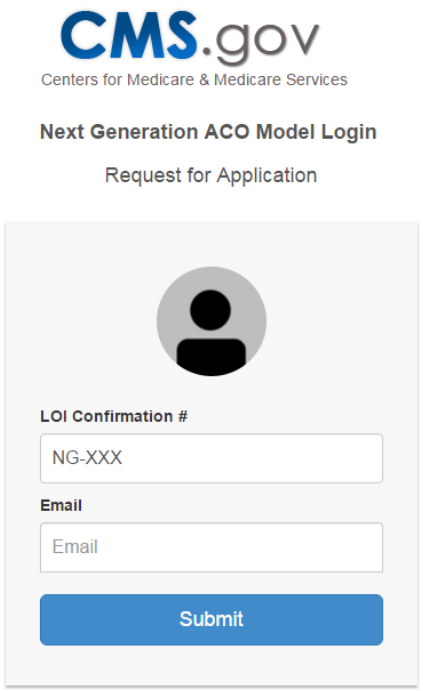


- The landing page includes instructions along with current application status.
- Applicants can enter and save responses, and return to complete the application at a later date.
- The 'Action' column is used to start, edit, or view your application.
- The application is not considered complete until it is submitted. Once submitted, applicants may not make additional changes to the application.

Accessing the Application

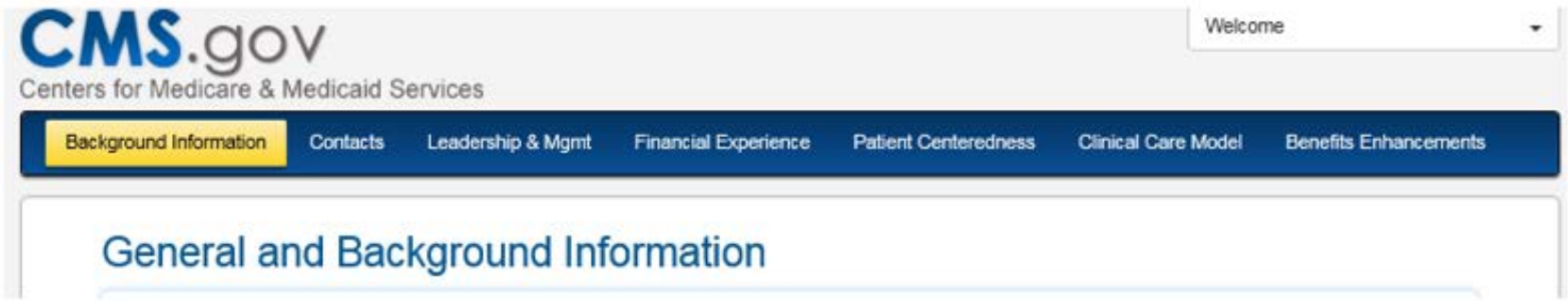


- Access the application portal via the Next Generation ACO Model's website.
- Select 'Request for Application Access' if it is the first time logging in.



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

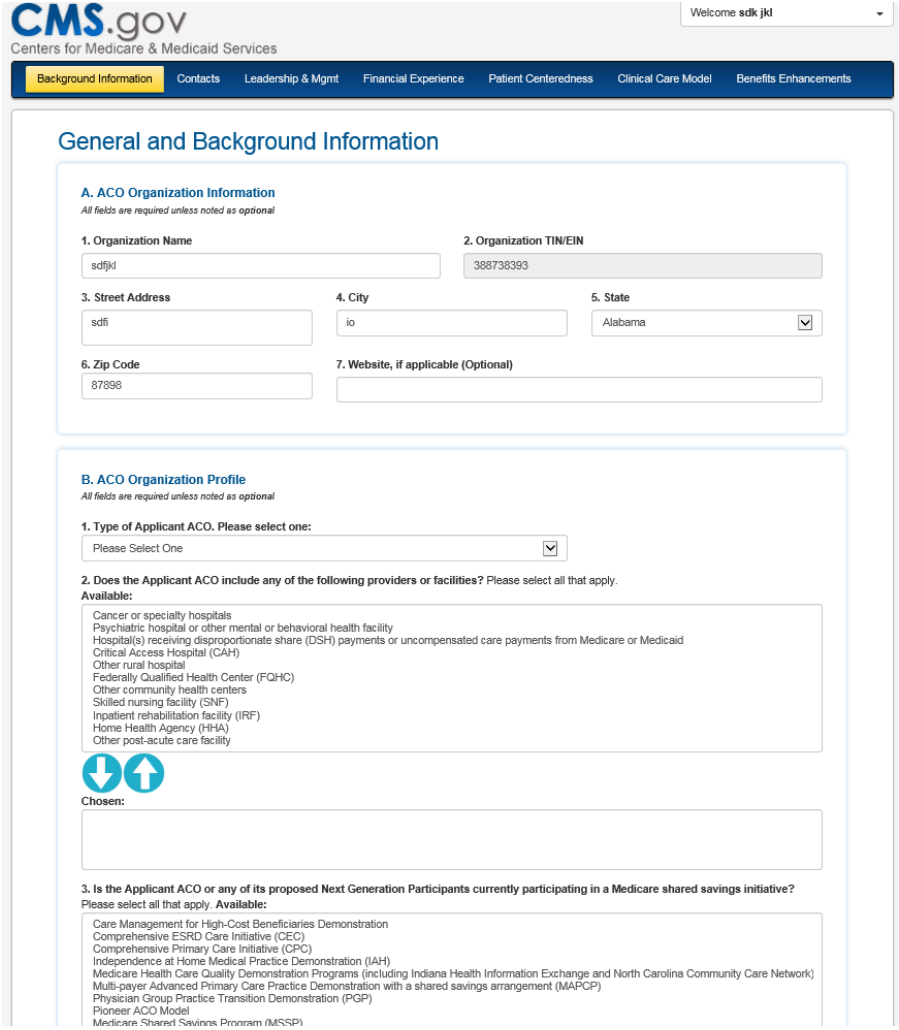
Navigating Through the Application



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

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

General Background Information



Provide the following information:

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

Organization Points of Contact

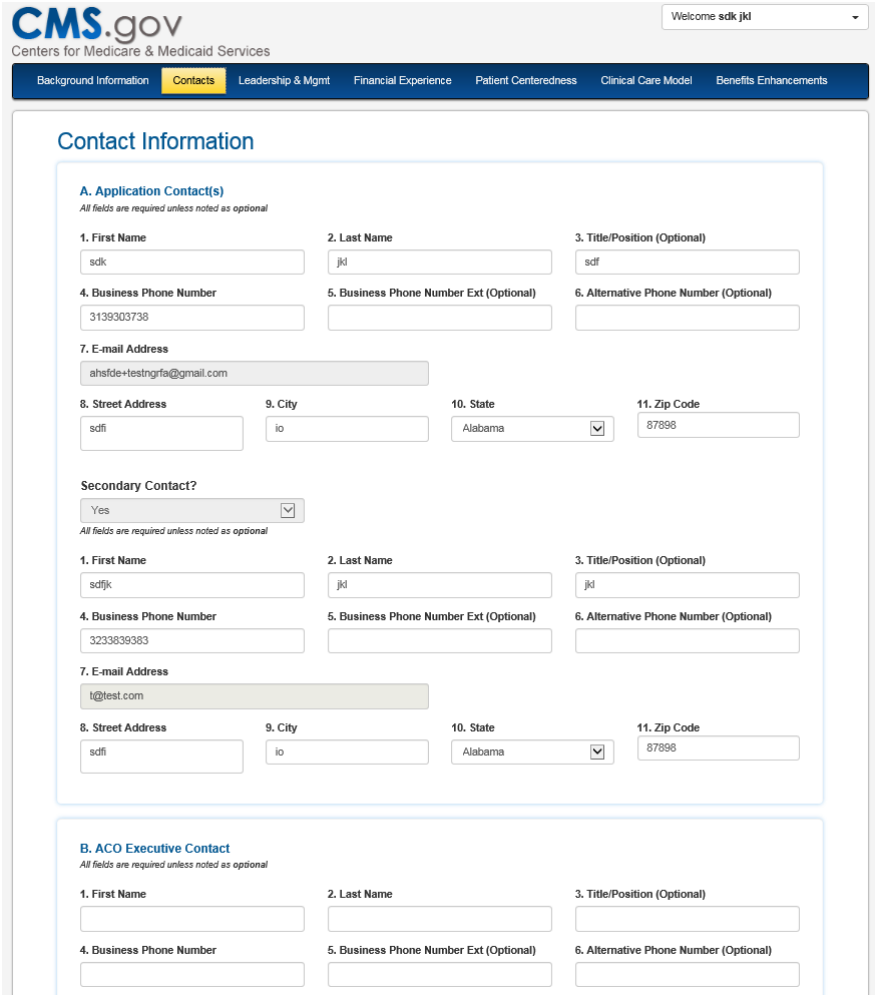
Applicants should include information for three main points of contact:

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

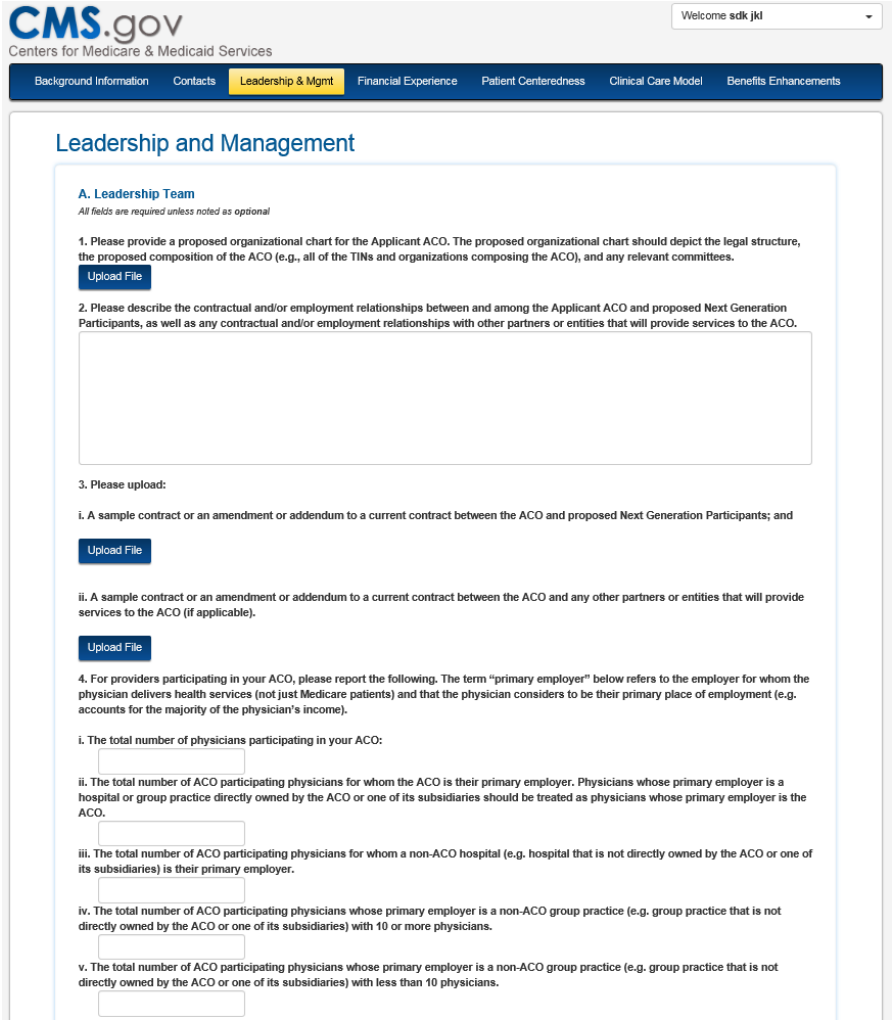
For each individual, please provide:

- Name and title
- Phone number
- Email
- Address

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



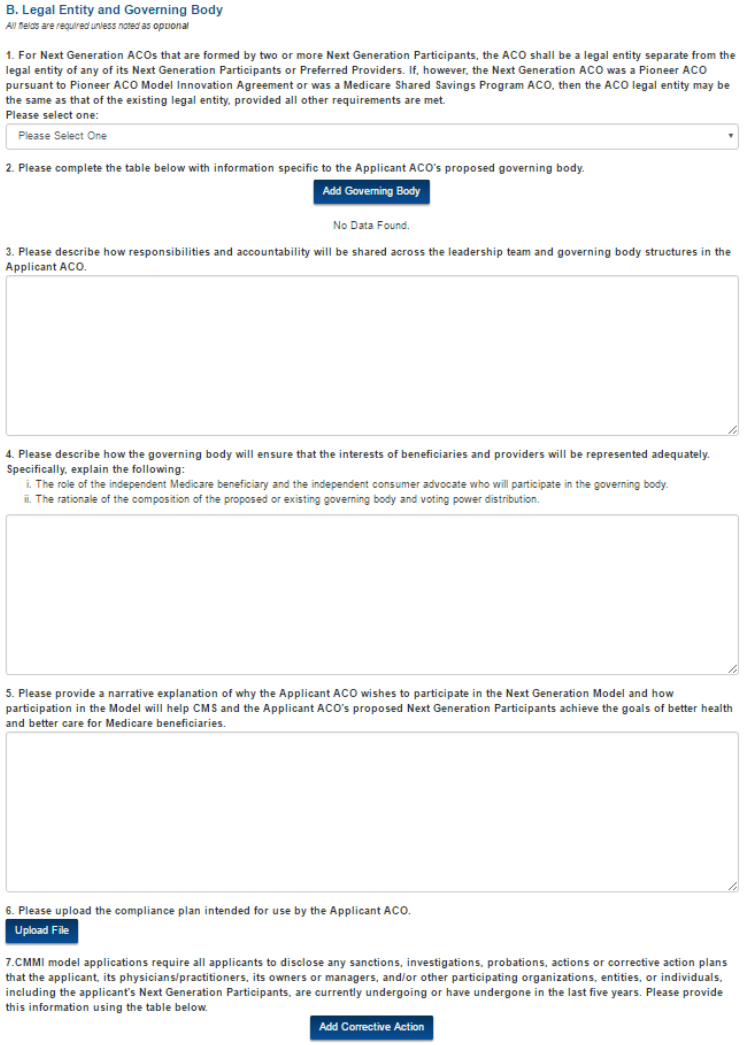
Leadership and Management
Leadership Team



Provide the following information:

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

Leadership and Management
Governing Body



B. Legal Entity and Governing Body

All fields are required unless noted as optional

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

Please Select One

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

Add Governing Body

No Data Found.

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

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

i. The role of the independent Medicare beneficiary and the independent consumer advocate who will participate in the governing body.

ii. The rationale of the composition of the proposed or existing governing body and voting power distribution.

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

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

Upload File

7.CMMI model applications require all applicants to disclose any sanctions, investigations, probations, actions or corrective action plans that the applicant, its physicians/practitioners, its owners or managers, and/or other participating organizations, entities, or individuals, including the applicant's Next Generation Participants, are currently undergoing or have undergone in the last five years. Please provide this information using the table below.

Add Corrective Action

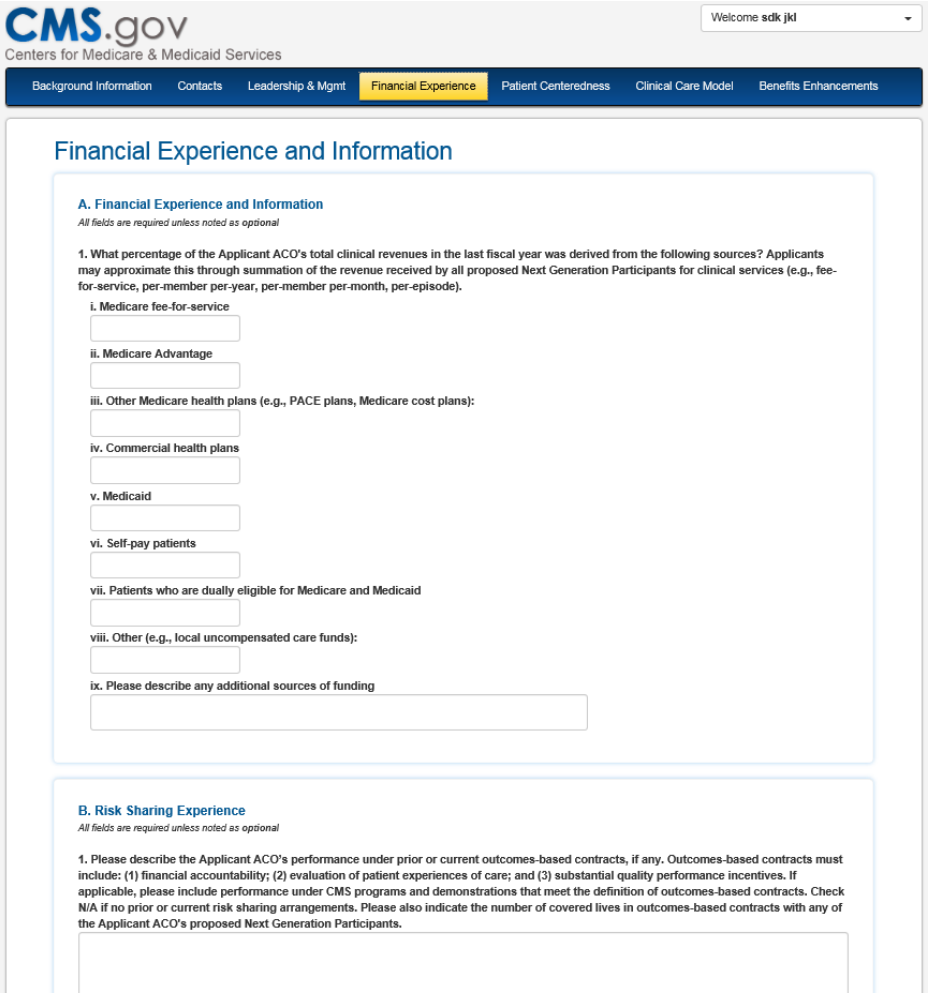
Provide the following information:

- If the governing body is different from the MSSP or Pioneer governing body.
- Description of the responsibilities and accountability of the governing body and leadership team.
- Description of how beneficiary interests will be represented.
- Explanation of why the applicant wants to participate in the Next Generation ACO Model.
- The compliance plan intended for use by the applicant ACO.
- Disclosure of any sanctions, investigations, probations, actions, or corrective action plans the applicant has undergone within the last five years.

Financial and Risk Sharing Experience

Provide the following information:

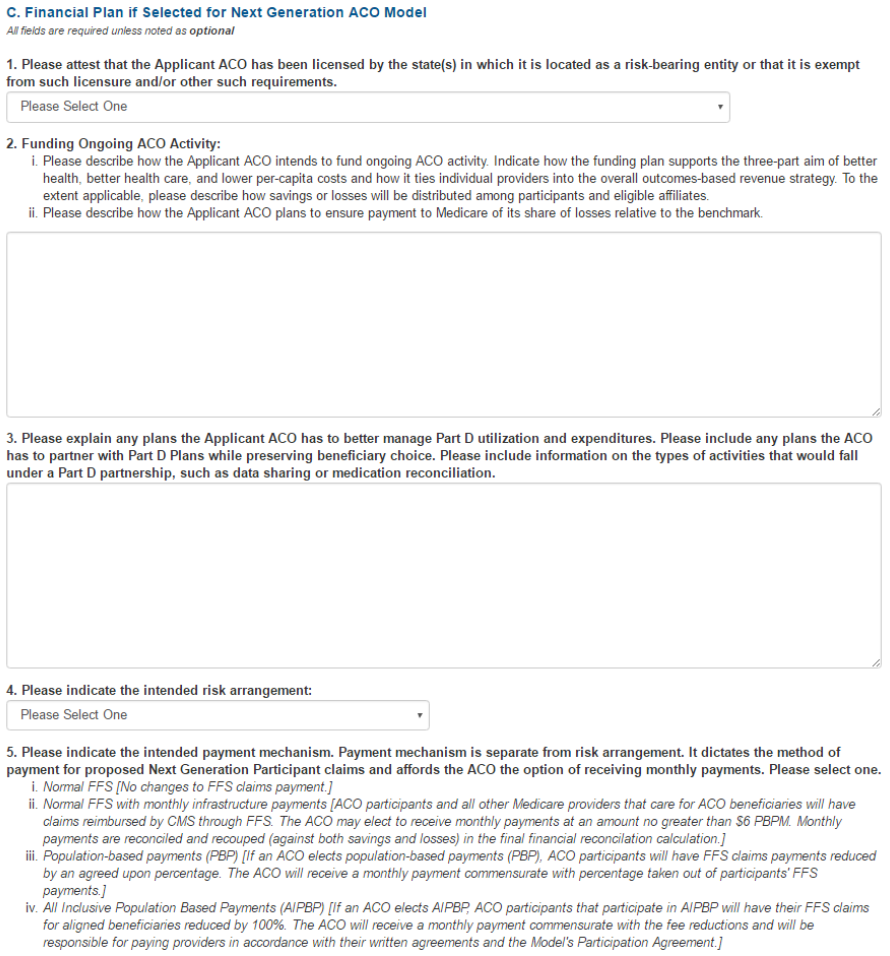
- Distribution of clinical revenues across Medicare FFS, Medicare Advantage, Medicaid, self-pay, etc.
- Description of performance under performance based contracts.
- Percent of clinical revenues from outcomes based contracts, and methodology for calculating.
- Description of business model and process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



Financial Plan

Provide the following information:

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



C. Financial Plan if Selected for Next Generation ACO Model

All fields are required unless noted as ***optional***

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

Please Select One

2. Funding Ongoing ACO Activity:

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

ii. Please describe how the Applicant ACO plans to ensure payment to Medicare of its share of losses relative to the benchmark.

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

4. Please indicate the intended risk arrangement:

Please Select One

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

i. *Normal FFS [No changes to FFS claims payment.]*

ii. *Normal FFS with monthly infrastructure payments [ACO participants and all other Medicare providers that care for ACO beneficiaries will have claims reimbursed by CMS through FFS. The ACO may elect to receive monthly payments at an amount no greater than $6 PBPM. Monthly payments are reconciled and recouped (against both savings and losses) in the final financial reconcilation calculation.]*

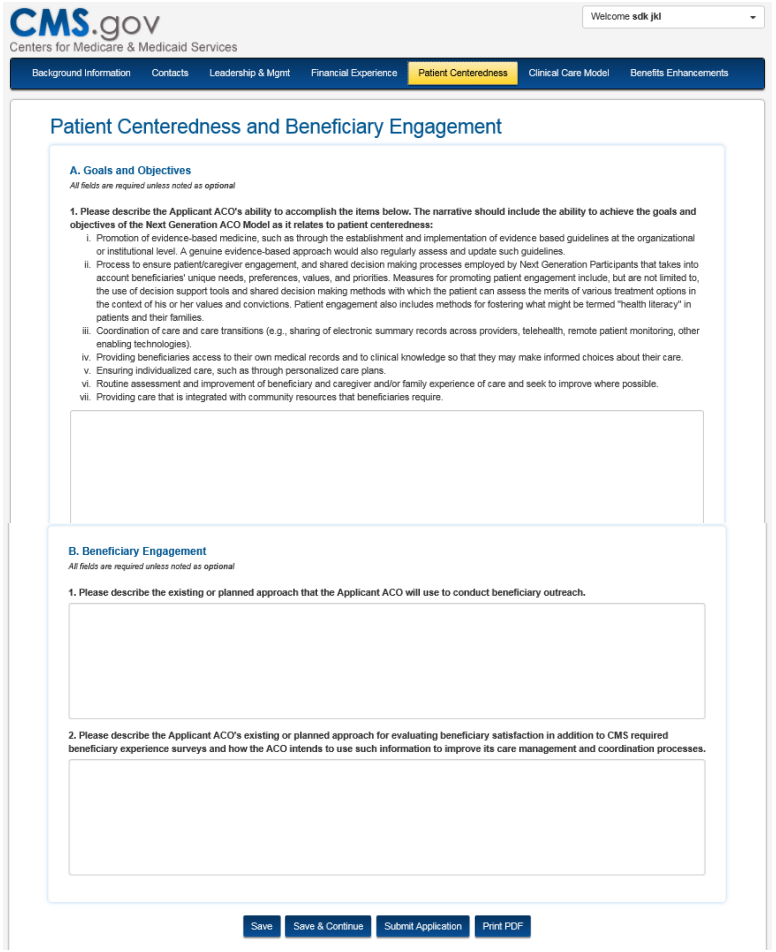
iii. *Population-based payments (PBP) [If an ACO elects population-based payments (PBP), ACO participants will have FFS claims payments reduced by an agreed upon percentage. The ACO will receive a monthly payment commensurate with percentage taken out of participants' FFS payments.]*

iv. *All Inclusive Population Based Payments (AIPBP) [If an ACO elects AIPBP, ACO participants that participate in AIPBP will have their FFS claims for aligned beneficiaries reduced by 100%. The ACO will receive a monthly payment commensurate with the fee reductions and will be responsible for paying providers in accordance with their written agreements and the Model's Participation Agreement.]*

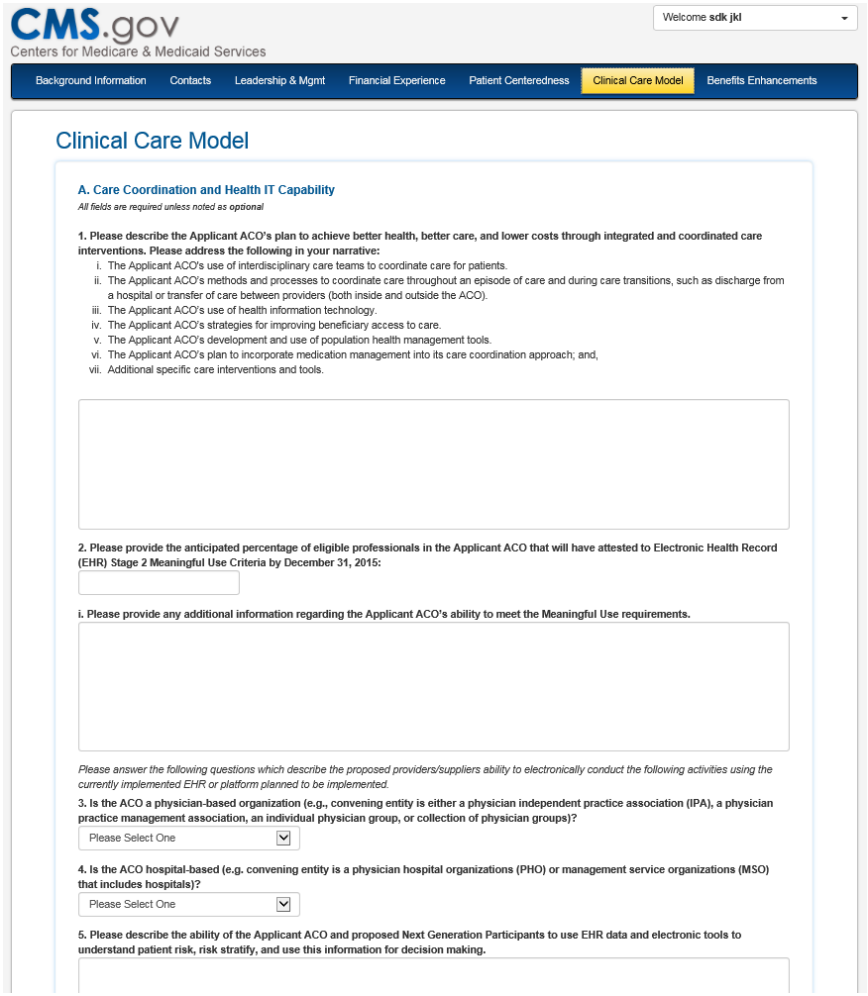
Patient Centeredness Beneficiary Engagement

Provide the following information:

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



Clinical Care Model



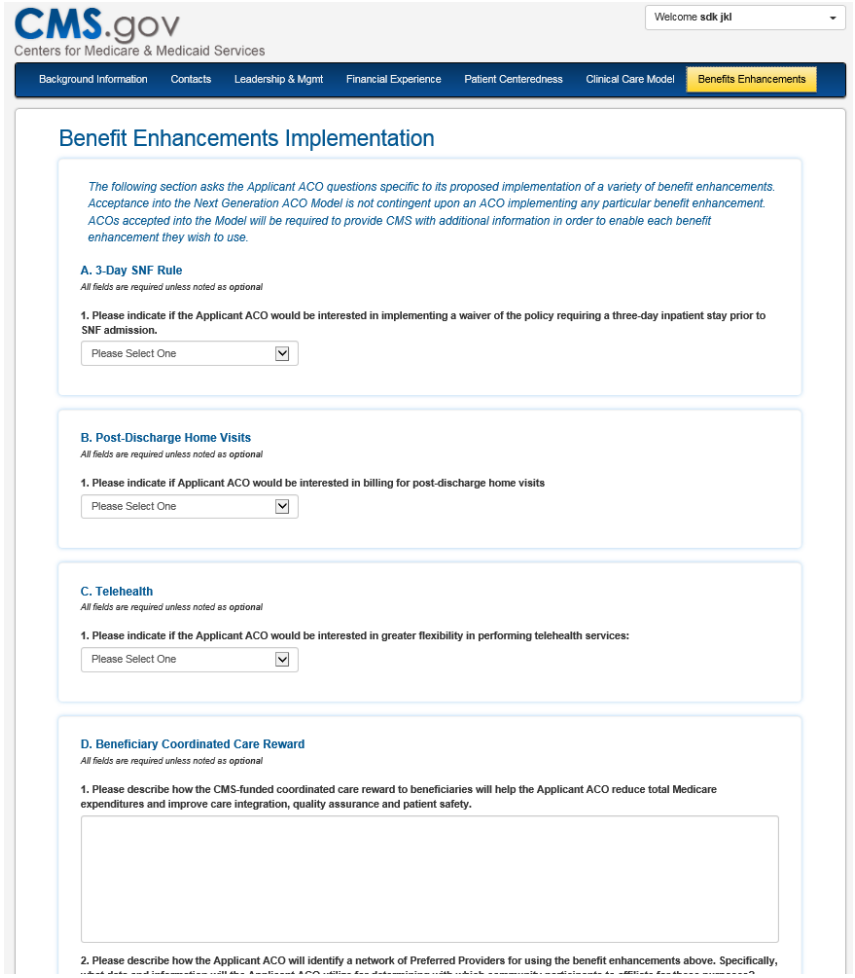
Provide the following information:

- Description of applicant's ability to achieve better health, care, and lower cost through integrated and coordinated care interventions.
- Percent of eligible professionals that attest to EHR Stage 2 Meaningful Use Criteria and the applicant's ability to meet these requirements.
- Whether the ACO is physician-based or hospital-based.
- Description of how participants will use EHR for better, more coordinated care.
- Description of experience establishing and reporting clinical and patient satisfaction quality measures.
- Description of experience designing, implementing, and assessing specific care improvement interventions.

Benefit Enhancements

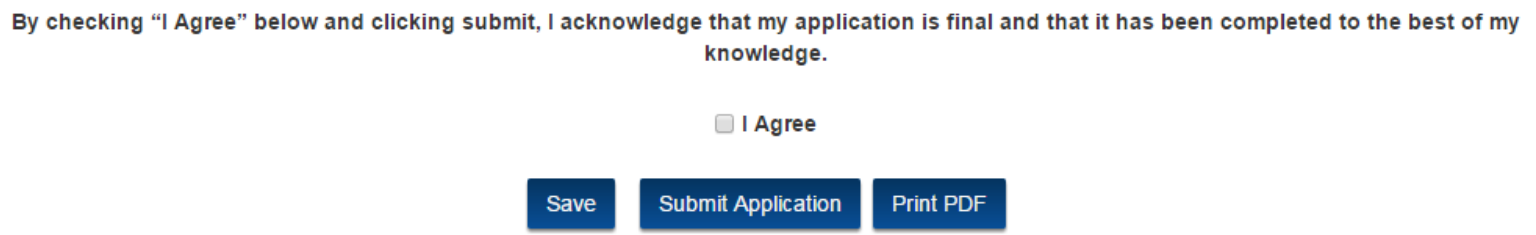
Provide the following information:

- Interest in different benefit enhancements: SNF3-Day Rule Waiver, Post-Discharge Home Visits, and Telehealth.
- Description of how coordinated care reward payments will help improve care integration, quality assurance, and patient safety wile reducing total Medicare expenditures.
- Description of how the network of preferred providers using selected benefit enhancements will be identified.



Review and Submit

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



  - Save, Submit Application, and Print PDF
- CMS recommends you save, review, and print your application before submitting.
- You must submit your application before 4:59 PM ET on May 18, 2017.
- You will not be able to make any additional changes after the application is submitted. You will only be able to upload the Next Generation Participant Lists required in the 'Background Information' section, which is due before 5:00 PM ET June 9, 2017. Consider saving your login and password information.
- After you submit your application, you will still be able to print the final application.

Questions?

Upcoming Open Door Forums

Open Door Forum Topic	Date and Time
Next Generation ACO Model Benefit Enhancements Overview	March 28, 2017
Overview of Population-Based Payments and All-Inclusive Population-Based Payment	April 11, 2017
Deep Dive: Completing Your Next Generation ACO Model Participant List	April 25, 2017

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

E-mail: NextGenerationACOModel@cms.hhs.gov

Technical Support: CMMIForceSupport@cms.hhs.gov

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Next Generation ACO Model Open Door Forum

Submission of Initial CY 2018 Next Generation Participant Lists by 2018 NGACO Applicants

March 14, 2017

4:00-5:00pm ET

Disclaimer

The comments made on this call are offered only for general informational and educational purposes. As always, the agency's position on matters may be subject to change. CMS' comments are not offered as, and do not constitute legal advice or legal opinions, and no statement made on this call will preclude the agency and/or its law enforcement partners from enforcing any and all applicable laws, rules and regulations. ACOs are responsible for ensuring that their actions fully comply with applicable laws and regulations, and we encourage you to consult with your own legal counsel to ensure such compliance.

Furthermore, to the extent that we may seek to gather facts and information from you during this call, we intend to gather your individual input. CMS is not seeking group advice.

Housekeeping

Slides will be made available online!

Agenda

- Review:
  - Provider definitions (CMMI)
  - Provider overlap rules (CMMI)
- Policies & Procedures: Changes after initial submission, accuracy of data, Legacy TINs, CCNs (CMMI)
- PLST Demo (RTI)
- PLST Tips (RTI)
- Provider list processing timeline (CMMI)
- Q&A Session (CMMI & RTI)

Definition: Next Generation Participant

A "**Next Generation Participant**" is defined as an individual or entity that:

- is a Medicare-enrolled provider or supplier,
- is identified on the Participant List,
- bills for items and services it furnishes to beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations,
- is not a Preferred Provider,
- is not a Prohibited Participant, and
- has agreed to participate in the Model, to report quality data through the ACO, and to comply with care improvement objectives and Model quality performance standards pursuant to a written agreement with the ACO.

Definition: Next Generation Professional

"**Next Generation Professional**" is defined as a **Next Generation Participant** who is either:

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

Definition: Prohibited Participant

- A "**Prohibited Participant**" is defined as an individual or entity that is:
  1. A Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Supplier
  2. An ambulance supplier,
  3. A drug or device manufacturer, or
  4. Excluded or otherwise prohibited from participation in Medicare or Medicaid.

Definition: Preferred Provider

"Preferred Provider" means an individual or entity that:

A. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202);

B. Is identified on the Preferred Provider List in accordance with Section IV;

C. Bills for items and services it furnishes to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations;

D. Is not a Next Generation Participant;

E. Is not a Prohibited Participant; and

F. Has agreed to participate in the Model pursuant to a written agreement with the ACO.

Participant Overlap Rules: ACO Overlap

An NGACO may not simultaneously participate in any other Medicare shared savings initiatives (e.g., Medicare Shared Savings Program (MSSP), Comprehensive ESRD Care (CEC) Initiative).

Participant Overlap Rules: Next Generation Participant and Preferred Provider Overlap

- A Next Generation Participant may not also be an ACO participant, ACO provider/supplier and/or ACO professional in an accountable care organization in the Medicare Shared Savings Program.
- A Next Generation Professional who is a primary care specialist may not:
  (a) be identified as a Next Generation Participant by a different accountable care organization in the Model;
  (b) be an ACO participant, ACO provider/supplier or ACO professional in the Medicare Shared Savings Program; or
  (c) participate in another Medicare ACO model, except as expressly permitted by CMS.

Participant Overlap Rules: Next Generation Participant and Preferred Provider Overlap

In the NGACO model a Next Generation Professional who is a primary care specialist is defined as a physician or non-physician practitioner whose principal specialty code is one of the following:

Code	Specialty
1	General Practice
8	Family Medicine
11	Internal Medicine
38	Geriatric Medicine
50	Nurse Practitioner
97	Physician Assistant

Participant Overlap Rules: Next Generation Participant and Preferred Provider Overlap

A Next Generation Participant who is a non-primary care specialist may be a Next Generation Participant in another NGACO or serve in an equivalent role in any other model or program in which such non-primary care specialists are not required to be exclusive to one participating entity.

Provider Overlap Rules: SSP & Full-TIN Exclusivity

- The NGACO Model does not require full TIN participation. In other words, the NGACO Model does not require that all individuals/organizations in an NGACO-participating TIN be a part of the NGACO.
- MSSP requires that all eligible professionals in ACO-participating TIN be part of the MSSP ACO.
- If one individual or entity under a TIN is an approved Next Generation Participant, then all individuals/entities who bill under that TIN are precluded from participating as an ACO participant, ACO provider/supplier and/or ACO professional in the MSSP ACO Model.

Policies & Procedures: Changes after Initial Participant Submission

- After submission of your proposed/initial CY 2018 Next Generation Participant lists on June 9, 2017, 2018 NGACO Applicants are not permitted, at any time prior to the Performance Year, to:
  - A) Add new proposed Next Generation Participants, and/or
  - B) Change/correct/amend identifiers associated with previously-submitted proposed Next Generation Participants
- NGACOs will be able to remove proposed Next Generation Participants from their lists, prior to the PY, at a designated time
- It is incumbent upon the ACO to ensure accurate data & provider identifiers are submitted

[Provider Identifiers for Provider Types]

Provider Type	Taxpayer ID Number	Individual NPI	Organization NPI	CMS Certification Number
Practitioner at a Solo Practice	Required	Required	Optional	Prohibited
Practitioner at a Group Practice	Required	Required	Optional	Prohibited
Practitioner at an FQHC, RHC, or CAH2	Required	Required	Required	Required
Facility or Institution	Required	Prohibited	Required	Required

Policies & Procedures: Accuracy of Provider Data

- CMMI does not verify the accuracy of provider identifiers (CCNs, TINs, individual NPIs, organizational NPIs, individual provider names, organizational names) submitted by NGACOs.
- CMMI does not verify that a TIN submitted by an NGACO on behalf of a proposed provider is the actual, correct and/or accurate TIN through which the individual provider bills Medicare for services rendered to beneficiaries.
- CMMI verifies ONLY if the format of certain provider identifiers is/are correct.
- It is incumbent upon the applicant NGACO to ensure all provider identifiers are accurate BEFORE submitting their proposed/initial Next Generation Participant lists to CMMI.
- It is incumbent upon the NGACO to verify that the correct TIN (the TIN the provider uses/has authorized to bill Medicare) is submitted on behalf of providers. It is incumbent upon the NGACO to verify that an individual provider has reassigned their billing rights to whichever TIN they submit. This information is stored in PECOS (Provider Enrollment Chain and Ownership System).
  - https://pecos.cms.hhs.gov/pecos/login.do
  - "Who should I call?" CMS Provider Enrollment Assistance Guide: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads//CMSProviderEnrollmentAssistanceGuide.pdf

[Provider Identifiers]

- Providers (individual or organizations) should update their information in the National Plan and Provider Enumeration System (NPPES)
  - National Provider Identifier (NPI)
  - Specialist designation
- Program Integrity Checks (CPI)
  - Ensures that individual suppliers can bill Medicare and are not sanctioned

Definition: Legacy TIN

- A Legacy TIN is defined as a taxpayer identification number that was used by a proposed Next Generation Participant when billing for primary care services during the 24-month Alignment Period but will not be used by that Next Generation Participant to bill for primary care services during the Performance Year.
- The Alignment Period is the 24-month period that is used when identifying whether Next Generation Participants were the principal source of primary care services received by a beneficiary.
- The 2-year alignment period for CY2018/PY3 is July 1, 2015 through June 30, 2017.

Legacy TINs: Types & Purpose

- Two types of Legacy TINs: “sunsetted” Legacy TINs and “active” Legacy TINs.
- Sunsetted Legacy TIN= a TIN that was used by a Next Generation Participant to bill for services during the Alignment Period but is no longer used by any Medicare providers/suppliers.
- Active Legacy TIN= a TIN that was used by a Next Generation Participant to bill for services during the Alignment Period but will no longer used by that same Next Generation Participant to bill for services during the PY. However, that TIN is still used by other Medicare providers/suppliers to bill for services.
  - For example, in the past, a Next Generation Participant billed using TIN 123. The Next Generation Participant now bills under TIN 456, but TIN 123 is still used by a group of Medicare providers and suppliers that are not Next Generation Participants. This Legacy TIN would be considered an “active Legacy TIN.”

Submitting Legacy TINs on Initial Next Generation Participant List

- If applicable to a given ACO provider, you can and should submit both types of Legacy TINs on behalf of proposed Next Generation Participants to ensure that the services provided by those providers during the Alignment Period are accurately captured and reflected in the execution of the beneficiary alignment algorithm.

- When completing your Initial Next Generation Participants list, you must indicate if a provider record submitted contains a legacy TIN.

- If an ACO submits an active or sunsetted legacy TIN on behalf of a Next Generation Participant on its initial 2018 Next Generation Participant list for alignment purposes, the ACO must submit *two* records for that provider on the list according to the example in the table on the next slide. One record contains the provider's non-legacy, current TIN that will be used for billing during 2018 while the second record contains the active/sunsetted Legacy TIN.

Example

ACO ID	Provider Class	Legacy Record	Billing TIN	Org NPI	CCN	Ind NPI	OrgName	Last Name	First Name	City	State	Zip
V000	PART	Y	012345678			1234567891	Erewhon PC	Chase	Samuel	Boston	MA	02108
V000	PART		012345680			1234567891	Erewhon PC	Chase	Samuel	Boston	MA	02108

Policies & Procedures: CCNs

- A CMS Certification Number (CCN) is a 6 character code issued by CMS when an institutional provider applies to become a Medicare participating provider. The CCN should not be confused with a PTAN or other identifier that may be used by the provider when submitting claims to a Medicare Administrative Contractor.
- Review the CMS State Operations Manual (Chapter 2- Certification Process) for information on how CCNs are assigned. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c02.pdf
- https://www.resdac.org/sites/resdac.umn.edu/files/Provider%20Number%20Table.txt

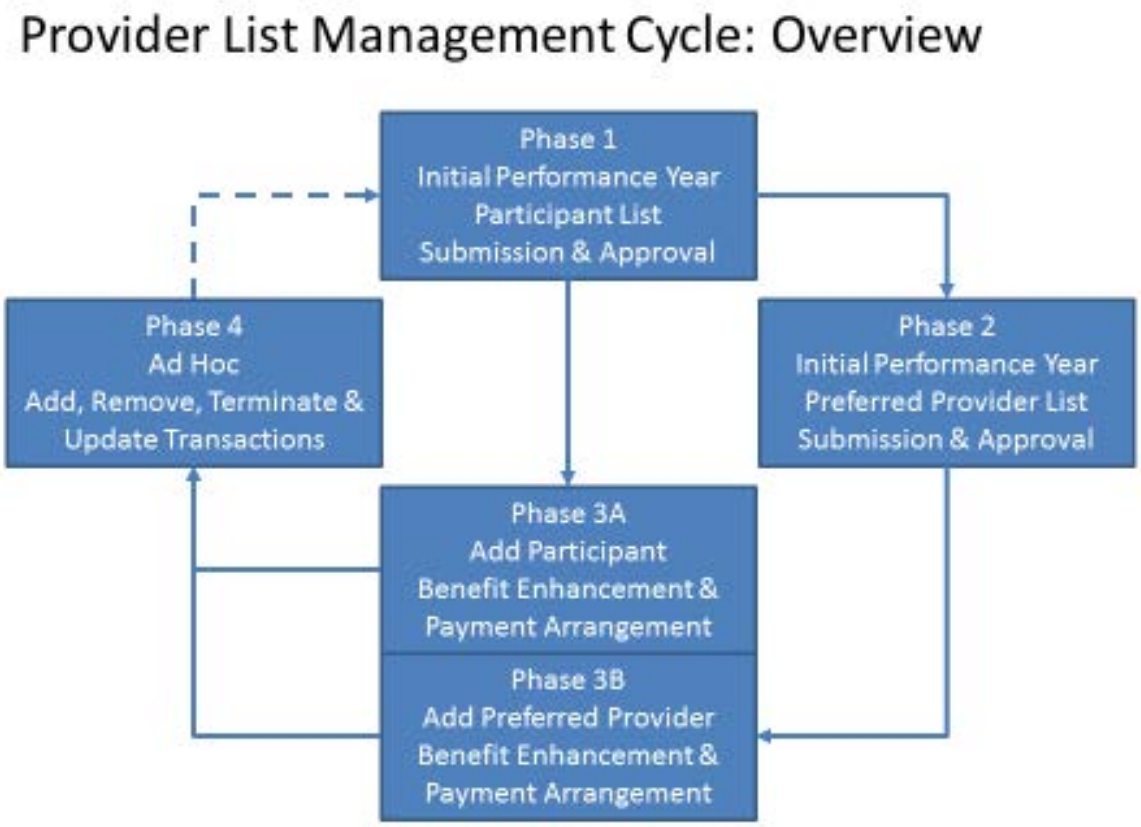
Policies & Procedures: CCNs

A CCN is a required identifier for institutional providers/facilities, including but not limited to Federally-Qualified Health Centers (FQHCs), critical access hospitals (CAHs), critical access hospitals that elect payment under Method 2 (CAH2s) , home health agencies (HHAs), acute care hospitals (ACHs), skilled nursing facilities (SNFs) and skilled nursing units of acute care hospitals including swing-beds, hospices, rural health clinics (RHCs), inpatient rehabilitation facilities, long-term care hospitals (LTCHs), psychiatric hospitals, etc.

Provider List Submission Tool (PLST) Demonstration

- The Provider List Submission Tool (PLST) is a macro-enabled Excel workbook with several worksheets
- The PLST is designed to facilitate submission of acceptable provider lists
- It is updated periodically
- Documentation (information packet) is also provided

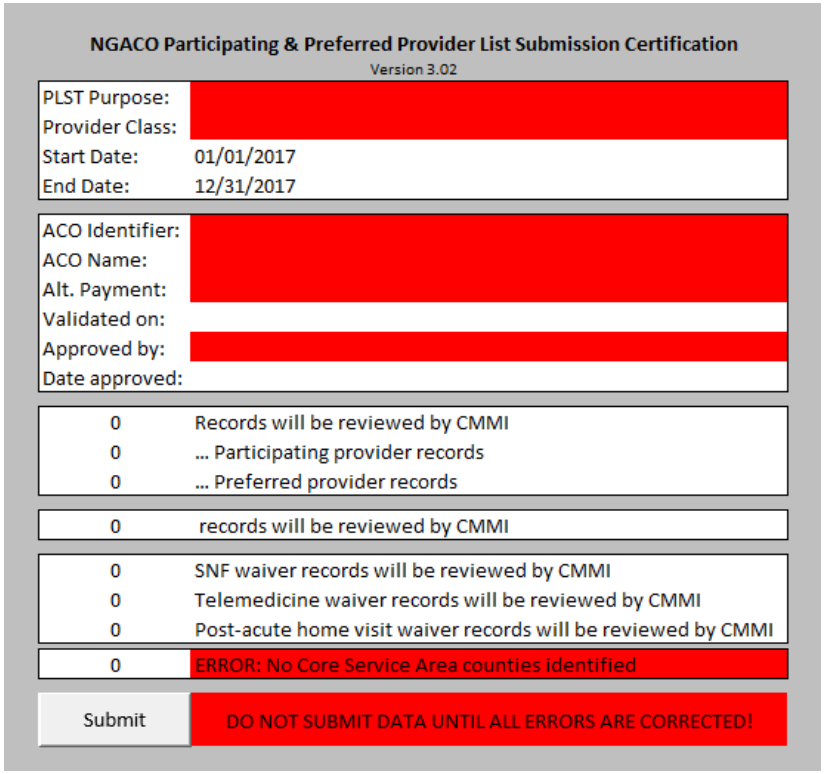
[Submission Process]



[The Provider List Submission Tool]

CERTIFICATION worksheet

Incomplete certification worksheet



NGACO Participating & Preferred Provider List Submission Certification

Version 3.02

PLST Purpose:	
Provider Class:	
Start Date:	01/01/2017
End Date:	12/31/2017

ACO Identifier:	
ACO Name:	
Alt. Payment:	
Validated on:	
Approved by:	
Date approved:	

0	Records will be reviewed by CMMI
0	… Participating provider records
0	… Preferred provider records

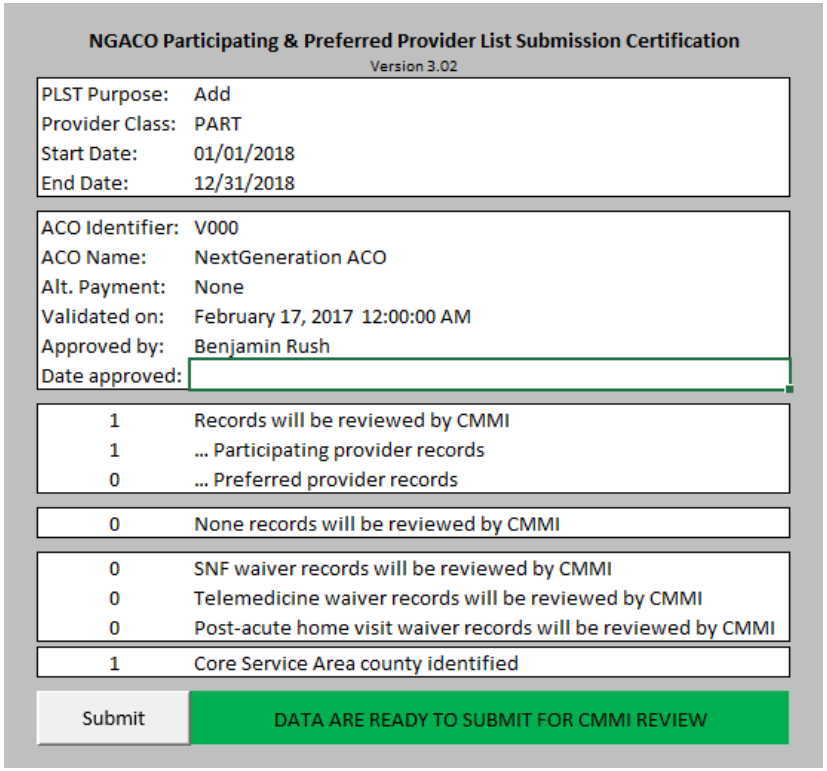
0	records will be reviewed by CMMI

0	SNF waiver records will be reviewed by CMMI
0	Telemedicine waiver records will be reviewed by CMMI
0	Post-acute home visit waiver records will be reviewed by CMMI

0	ERROR: No Core Service Area counties identified

Submit — DO NOT SUBMIT DATA UNTIL ALL ERRORS ARE CORRECTED!

Complete certification worksheet



NGACO Participating & Preferred Provider List Submission Certification

Version 3.02

PLST Purpose:	Add
Provider Class:	PART
Start Date:	01/01/2018
End Date:	12/31/2018

ACO Identifier:	V000
ACO Name:	NextGeneration ACO
Alt. Payment:	None
Validated on:	February 17, 2017 12:00:00 AM
Approved by:	Benjamin Rush
Date approved:	

1	Records will be reviewed by CMMI
1	… Participating provider records
0	… Preferred provider records

0	None records will be reviewed by CMMI

0	SNF waiver records will be reviewed by CMMI
0	Telemedicine waiver records will be reviewed by CMMI
0	Post-acute home visit waiver records will be reviewed by CMMI

1	Core Service Area county identified

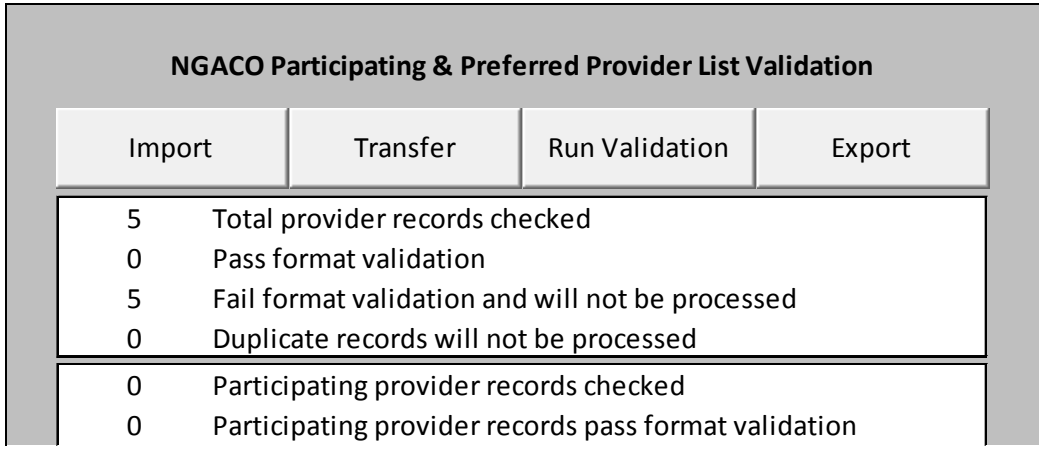
Submit — DATA ARE READY TO SUBMIT FOR CMMI REVIEW

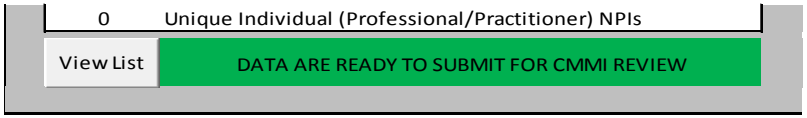
[The Provider List Submission Tool]

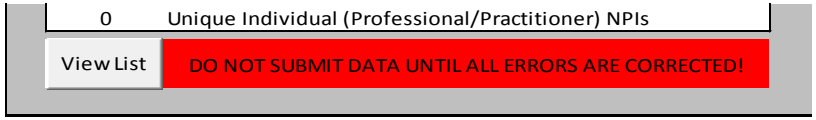
LIST_STAGING worksheet: The LIST_STAGING worksheet is a “scratch pad” on which you can prepare records for submission. In general you are advised to copy data first onto the LIST_STAGING worksheet so that you can correct errors as they are identified.

[The Provider List Submission Tool]

ACO_PROVIDER_LIST_VALIDATION worksheet







[The Provider List Submission Tool]

ACO_PROVIDER_LIST worksheet

- The ACO_PROVIDER_LIST worksheet displays your data. After running the validation algorithm it will also highlight and describe the errors that it encountered and that need to be corrected. Cells containing errors are highlighted in light/bright blue and contain comments describing the error.
- Column T provides “response codes” indicating whether the record passed validation and, if not, the general reason that the record did not pass validation.
- Column W through Z are populated by the PLST validation algorithm with data that are used as part of the validation process or that will be added by CMMI’s contractor after the data have been received and processed.
- Columns AA through AE are populated by the PLST validation algorithm.

[The Provider List Submission Tool]

ACO_SERVICE_AREA worksheet

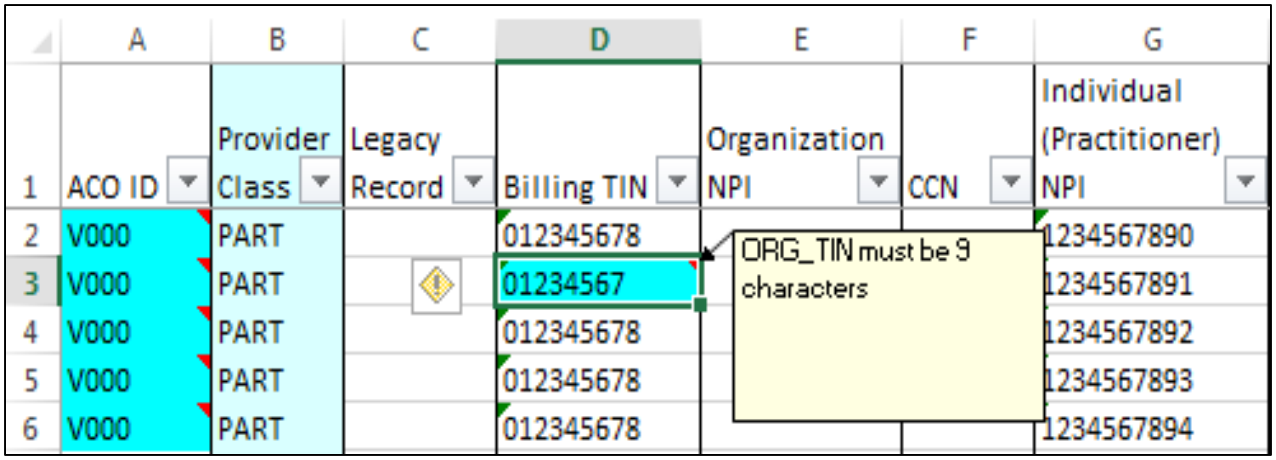
- The NGACO will use the ACO_SERVICE_AREA worksheet to identify the counties in which its primary care providers maintain office locations. These counties comprise the “core service area” (CSA) of the NGACO. Counties adjacent to the core service area counties are part of the extended service area.
- The ACO_SERVICE_AREA worksheet consists of three fields/columns:
  - State: The postal abbreviation of the state in which the county is located.
  - County Name: The name of the county.
  - NGACO Core Service Area County: An indicator that the county is included in the NGACO’s core service area

[The Provider List Submission Tool]

Data Validation Algorithm

- The algorithm checks for:
  - Formatting errors
  - Duplicate records
- Any records that are submitted with formatting or duplication errors will not be processed.
- To ensure initial processing of all records, run validation on the ACO_PROVIDER_LIST_VALIDATION tab before submitting any provider lists.

[Handling “Errors” Flagged by the PLST]



ASK BEFORE YOU SUBMIT DATA CONTAINING ERRORS

PLST Tips

- ALL data should be treated as characters, NOT NUMBERS
- Therefore when cutting and pasting you should “cut and paste values”
  - Do **not** simply cut and paste
  - Excel will treat an identifier (TIN) as a number
- Do NOT include accented characters
  - Maria not María
  - Nunez not Nuñez
- Do NOT include carriage returns or tabs in any cells.
- The validation routine will replace “illegal” characters although it may flag the errors

On the Initial CY 2018 Next Generation Participant PLST due June 9, 2017:

- Do not submit Alternative Payment Arrangements or Benefit Enhancement elections in PLST
- Do NOT change the PLST Purpose, Provider Class, or Alt. Payment settings on the CERTIFICATION worksheet.
- Make sure that:
  - PLST Purpose = Add
  - Provider Class = PART
  - Alt. Payment = None
- Where the PLST asks for ACO ID, NG-301 would use N301
- Applicants MUST specify their core service area on this PLST

PLST Tips Continued..

- The columns in the PLST “as shipped” are all formatted as text.
- 0, 1, 2, 3, 4, 5, 6, 7, 8 and 9 cannot be entered as numbers.
- Excel “treats” anything that looks like a number as a number unless the user/programmer takes steps to prevent that. This is important for identifiers that can begin with a zero.
- For example a valid ORG_TIN is 012345678. The ACO must not omit the initial zero. Similarly a valid ORG_CCN is 010024. The ACO must not omit the initial zero.
- When these data are entered (manually) the initial zero will be preserved.
- If an ACO copies and pastes from another Excel workbook of their own design it is possible that the leading zero will be dropped.

Looking Ahead: Tentative Provider Processing Timeline

- **August 2017:**
  - CMS Selection Decisions Communicated to Applicant NGACOs
  - Proposed CY2018 Next Generation Participant List response files sent to applicants
- **September 2017:**
  - Certification and Submission of Final CY 2018 Participant List due to CMS
  - NGACOs resolve provider overlap issues
  - Selected ACOs and their Proposed Next Generation Participants decide which Medicare shared savings initiative they will participate in for CY 2018
  - Selected NGACOs should begin staging/preparing data for submission of their proposed Preferred Providers, associated Preferred Provider benefit enhancement (BE) and alternative payment mechanism elections, and Participant BE and payment mechanism elections for CY 2018

Looking Ahead: Tentative Provider Processing Timeline

- **October 2017:**
  - CMS sends Final CY2018 Next Generation Participant Response Files to NGACOs who will participate in the NGACO Model for CY2018
- **November 2017:**
  - NGACOs submit proposed CY2018 Preferred Providers & associated benefit enhancement and payment mechanism elections (Population-Based Payments or All-Inclusive Population-Based Payment indicators) to CMS
  - NGACOs submit benefit enhancement and alternative payment elections (Population-Based Payments or All-Inclusive Population-Based Payment indicators) on behalf of their final CY2018 Participants

Looking Ahead: Tentative Provider Processing Timeline

- **December 2017:**
  - CMS sends an updated provider list, in the form of a Response File, to NGACOs reflecting approved/rejected Preferred Providers, approved/rejected benefit enhancement and alternate payment mechanism elections for proposed Preferred Providers, and approved/rejected benefit enhancement and alternate payment mechanism elections for final Next Generation Participants-
  - Certification of Final CY 2018 Preferred Provider List due to CMS
  - NGACOs remove Preferred Providers from its final list before the Performance Year
  - NGACOs remove Next Generation Participants from its final list prior to the PY

Questions?

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

E-mail: NextGenerationACOModel@cms.hhs.gov

Technical Support: CMMIForceSupport@cms.hhs.gov