

## Geographic Direct Contracting Model Letter of Interest

The Centers for Medicare & Medicaid Services (CMS) recently announced the Geographic Direct Contracting Model (the “Model”). In an effort to gauge interest in participation in the Model, CMS is now seeking non-binding Letters of Interest (LOIs) from sophisticated entities, such as Accountable Care Organizations, health systems, health care provider groups, and health plans in certain target regions who are potentially interested in participating in the Model.

Information provided in the LOI is intended to assist CMS in selecting the target regions for which CMS will solicit applicants for the Model. CMS anticipates to solicit applications only for a subset of the regions included in this LOI. The regions for which CMS will ultimately select to solicit applications will be based upon potential participant interest, among other factors.

Submitting a response does not create any legal obligations to participate in the Model, and entities that choose not to submit an LOI will still have the option to apply to participate in the Model. All entities interested in participating in the Model will need to submit an application in response to a subsequent Request for Applications. CMS expects to release this Request for Applications in January 2021.

The model will include two three-year performance periods, the first performance period starting on January 1, 2022, and the second performance period starting on January 1, 2025. This LOI is intended to help CMS understand potential participant interest in the first performance period, which will run from January 1, 2022 to December 31, 2024. For details on Geo, please see: <https://innovation.cms.gov/innovation-models/geographic-direct-contracting-model>.

LOIs must be submitted to the Innovation Center by 11:59pm PT December 21, 2020. LOIs can be submitted to: [Geographic Direct Contracting Model Letter of Interest](#)

# Letter of Intent Form

## Section A. Organization and Contact Information

### 1. Organization

Organization Legal Name	
Doing Business As Name (Optional)	
Organization Line of Business	<i>Select one of: Accountable Care Organization, Health System, Health Care Provider Group, Health Plan, Other</i>
If other, please specify	
Organization TIN/EIN	
Street Address	
City	
State	
ZIP Code	
Website (Optional)	

## 2. Primary Contact

Email Address	
Primary Contact First Name	
Primary Contact Last Name	
Title/Position	
Business Phone Number	
Business Phone Number Extension (If applicable)	
Alternative Phone Number (e.g. cell phone) (Optional)	
Please enter primary contract address information below if different from the organization's address entered above.	
Street Address	
City	
State	
ZIP Code	

### 3. Secondary Contact

Email Address	
Secondary Contact First Name	
Secondary Contact Last Name	
Title/Position	
Business Phone Number	
Business Phone Number Extension (If applicable)	
Alternative Phone Number (e.g. cell phone) (Optional)	
Please enter primary contract address information below if different from the organization's address entered above.	
Street Address	
City	
State	
ZIP Code	

## Section B. Letter of Intent Questions

Target Regions	
<p>Please rank your interest in participating in the following Geographic Direct Contracting CBSA region(s). Additional information on the regions can be found within the Model Fact Sheet. If you are interested in more than one region, rank your preference with 1 being your most preferred region followed by 2, 3, etc. Leave the box blank if you are not interested in a region.</p> <ul style="list-style-type: none"> <li>• Atlanta</li> <li>• Dallas</li> <li>• Denver</li> <li>• Detroit</li> <li>• Houston</li> <li>• Los Angeles</li> <li>• Miami</li> <li>• Minneapolis</li> <li>• Orlando</li> <li>• Phoenix</li> <li>• Philadelphia</li> <li>• Pittsburgh</li> <li>• Riverside</li> <li>• San Diego</li> <li>• Tampa</li> </ul>	<p>Number Rank:</p>
<p>Please rate your expected potential relative savings in the following Direct Contracting Geographic CBSA region(s) by dragging each region into the respective box and placing them in rank order.</p>	<p>High Savings, Medium Savings, Low Savings:</p>
<p>Please indicate whether your organization is currently participating in, has formerly participated in, or has applied to participate in any of the following initiatives listed.</p> <ul style="list-style-type: none"> <li>• Medicare Advantage</li> <li>• Medicaid Managed Care</li> <li>• Medigap</li> <li>• Medicare Shared Savings Program</li> <li>• Next Generation ACO Model</li> <li>• Direct Contracting Model Professional &amp; Global Options</li> </ul>	<p>List Multiple:</p>
<p>If applicable, please select from the ranges below the total number of unique providers and suppliers either employed, affiliated or contracted with your organization for the initiatives selected above?</p> <ul style="list-style-type: none"> <li>• 0 – 100</li> </ul>	<p>Select One:</p>

<ul style="list-style-type: none"> <li>• 100 – 500</li> <li>• 500 – 1,000</li> <li>• 1,000 – 2,000</li> <li>• 2,000+</li> </ul>	
<p>Please indicate if your organization currently performs any of the following listed functions.</p> <ul style="list-style-type: none"> <li>• <b>Beneficiary Outreach:</b> The activity of reaching out to beneficiaries to share information on services for the purposes of education.</li> <li>• <b>Care Management:</b> The activity of providing person-centered approaches to effectively manage patients’ medical, social, and behavioral conditions, including proactive risk identification, comprehensive assessment, care management, and coordination of services.</li> <li>• <b>Community Engagement:</b> The activity of creating partnerships with community based organizations to address social determinants of health.</li> <li>• <b>Utilization Management and Payment Integrity:</b> The activity of implementing processes to improve medical appropriateness and the reduction of fraud, waste and abuse.</li> <li>• <b>Claims Payment:</b> The activity of accepting, editing, adjudicating, and paying healthcare claims.</li> <li>• <b>Quality Measurement and Management:</b> The activity of monitoring and measuring the quality of care provided to beneficiaries and implementing quality performance improvement programs.</li> <li>• <b>Network Management:</b> The activity of contracting with and maintaining networks of providers.</li> <li>• <b>Alternative Payment Relationships:</b> The activity of implementing value-based care relationships with health care providers and/or payers.</li> <li>• <b>Customer Service:</b> The activity of providing a service to health care providers and beneficiaries for the purposes of answering questions, fielding complaints, and providing general assistance.</li> </ul>	<p>List Multiple:</p>
<p>Optional: Please provide a narrative with the ways in which your organization can utilize the above functions to advance value-based care in your region. Please limit your responses to 3 pages maximum.</p>	<p>Response:</p>

## Section C. Certification and Submission

<input type="checkbox"/>	I certify that all information and statements provided in the Letter of Intent are true and correct to the best of my knowledge and belief, and that I have the authority to submit this Letter of Intent on behalf of the submitting organization named below.
Representative Name	
Organization Name	