

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12051	Date: May 18, 2023
	Change Request 12969

NOTE: This Transmittal is no longer sensitive and is being re-communicated December 28, 2023. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Create APIs to Support ACO REACH Model - Full Agile Pilot

I. SUMMARY OF CHANGES: This purpose of this Change Request (CR) is to provide Participant and Preferred Providers in the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model (previously named Global and Professional Direct Contracting (GPDC) Model with access to:

- their effective payment mechanisms or benefit enhancements

MACs and Shared System Maintainers (SSMs) shall collaborate to develop an API to provide ACO REACH participation data to providers.

EFFECTIVE DATE: July 1, 2023 - Analysis, Design, Coding, Testing and Implementation of Epic 1; i.e., the coding to pull the data for the models impacted; October 1, 2023 - Analysis, Design, Coding, Testing and Implementation of the coding to pull the data for Epic 2, any additional models after the July go live; January 1, 2024 - MACs to implement web portal changes and the filter functionality
**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: July 3, 2023 - Analysis, Design, Coding, Testing and Implementation of Epic 1; i.e., the coding to pull the data for the models impacted; October 2, 2023 - Analysis, Design, Coding, Testing and Implementation of the coding to pull the data for Epic 2, any additional models after the July go live; January 2, 2024 - MACs to implement web portal changes and the filter functionality

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/ revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined

in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Demonstrations

Attachment - Demonstrations

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I. GENERAL INFORMATION

A. Background: The Global and Professional Direct Contracting (GPDC) Model created new opportunities for the Centers for Medicare & Medicaid Services (CMS) to test an array of financial risk-sharing arrangements, leveraging lessons learned from other Medicare Accountable Care Organization (ACO) initiatives; such as the Medicare Shared Savings Program (SSP) and the Next Generation ACO (NGACO) Model, as well as innovative approaches from Medicare Advantage (MA) and private sector risk-sharing arrangements. As an ACO-like Model, GPDC allows participating organizations to take on the financial risk for Medicare Part A and B expenditures (all institutional and professional claims) for a defined population of Fee-for-Service (FFS) Medicare beneficiaries over a defined period of time (five (5) years, separated into one (1)-year increments called Performance Years (PYs)).

On February 24, 2022, the ACO Realizing Equity, Access, and Community Health (REACH) Model was announced, which is the new name for GPDC, begins on January 1, 2023, and incorporates several new model features, including:

1. Health Equity Plan Requirement
2. Health Equity Benchmark Adjustment
3. Health Equity Data Collection Requirement
4. Nurse Practitioner Services Benefit Enhancement
5. Health Equity Questions in Application and Scoring for Health Equity Experience

Note, none of the changes listed above impact FFS operations.

The purpose of this change request is to create a mechanism, by which Participant and Preferred Providers can access fields on the Provider Participation files associated with the demonstrations.

B. Policy: Section 1115A of the Social Security Act (the Act) establishes the Center for Medicare and Medicaid Innovation (CMMI) to test innovative health care payment and service delivery models that have the potential to lower Medicare, Medicaid, and Children's Health Insurance Program (CHIP) spending while maintaining or improving the quality of beneficiaries' care. Section 1115A(d)(1) of the Act authorizes the Secretary to waive such requirements of Title XVIII of the Act as may be necessary solely for purposes of

carrying out the testing by CMMI of certain innovative payment and service delivery models, including the GPDC and ACO REACH Models.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12969.1	The Contractors shall use the Full Agile Pilot to create features that share fields on the Provider Participation files associated with the demonstrations.	X	X			X	X				
12969.2	The Contractor shall create an Application Programming Interface (API) to share all fields associated with each provider participation record.					X	X				
12969.3	The Contractor shall use the new API created from FISS and MCS to display all fields in the Provider Portal.	X	X								
12969.4	The Contractor shall create a feature to allow the user to filter on certain demonstration models.	X	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			D M E	C E D I		
		A	B	H H H			M A C	
12969.5	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X	X					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0