Direct Contracting Model Application Overview Webinar

January 7, 2020
Recording Transcript

Hi, everyone. Thank you for joining today's CMMI webinar, the second of five on the Direct Contracting Model. Today, we will be covering an overview of the Direct Contracting model application process.

Before I turn it over to Emily Hickman, who will be kicking things off, I wanted to provide a few important things to keep in mind throughout today's session.

First, please note that today's webinar is being recorded. The recording, along with the slides from the webinar, will be posted to the CMS website following this session.

All lines have been muted to prevent audio feedback, but if you look at the bottom of the Zoom platform screen, you will find a feature for Q&A.

As we go through today's presentation, we ask that you type any questions you might have into the Q&A box. The last part of the presentation will be dedicated to going through your questions.

With that, I will hand it over to Emily to introduce today's topic.

Emily Hickman

Great, thank you. Today, I'm going to quickly go over the background of the Direct Contracting Model before we get to the application walkthrough.

A Direct Contracting Entity, or DCE, is similar to an Accountable Care Organization (ACO) and comprised of healthcare providers and suppliers operating under a common legal structure, which enters into an arrangement with CMS and accepts financial accountability for the overall quality and cost of medical care furnished to Medicare Fee-for-Service (FFS) beneficiaries aligned to that entity.

For the Implementation Period (IP), we are accepting three types of DCEs: Standard, New Entrant, and High Needs Population.

A DCE is made up of DC Participant Providers and Preferred Providers if the DCE so chooses. These providers or suppliers must be enrolled in Medicare.

As a reminder, DC Participant Providers are mandatory. They're used for beneficiary alignment, accept payments from the DCE, report quality, are eligible to receive shared savings, and may participate in benefit enhancements or patient engagement initiatives.

Preferred Providers are not required to be submitted by the DCE, as they are not used for alignment or quality purposes. However, they can receive payments, are eligible to receive shared savings, and may participate in benefit enhancements or patient engagement initiatives.

Here's an overview of our application timeline. The application is currently open and will be due on February 25, 2020. Finalists will be identified in May; Participation Agreements (PA) will be given out in May and will need to be signed and returned in June. The IP will start in June.

A Letter of Intent (LOI) was due on December 12, 2019 and is required in order to apply for the IP or performance year one (PY1).

Participation in the IP is optional. If you wish to apply to PY1, you do not need to apply to the IP. If you are awarded in the IP and defer to participate in the IP, you must submit an application for PY1.

The following documents must be included in your application, which is due on February 25, 2020: A copy of a certificate of incorporation or other documents that the application DCE is recognized as a legal entity by the state in which it is located, the DC Participant Provider list and Preferred Provider list, if applicable, the DC Participant Provider Notification Attestation form, the Preferred Provider Notification Attestation form, if applicable, Legacy Taxpayer Identification Number (TIN) Acknowledgement Form, if applicable, Paper-Based Voluntary Alignment (VA) template letter, if applicable, the proposed organizational chart, a sample contract or amendment or addendum to a current contracting between the DCE and proposed DC Participant Providers and Preferred Providers, as well as a sample contract or amendment or addendum to a current contract between the DCE and any other partners or entities that will provide health related services on behalf of the DCE, if applicable.

As a reminder, here's our scoring criteria: organization structure (10 points), leadership and management (20 points), financial plan and risk sharing experience (20 points), patient centeredness and beneficiary engagement (25 points), clinical care (20 points), and data capability (5 points).

Now let's go over the paper-based voluntary alignment process. If you wish to participate, please submit a description of how your DCE will conduct its voluntary alignment activities during PY 2020, including your proposed criteria for determining which beneficiaries will receive targeted outreach, as well as any changes to the voluntary alignment template letter for CMS approval. These are all due in the application portal, following the rules of the application FAQ document. This is due on February 25, 2020. Once CMS has received your application, we will review your proposed criteria for beneficiary outreach, as well as the revisions to your voluntary alignment template letter. Upon approval, your DCE will receive an Excel form in which to include paper-based voluntarily aligned beneficiaries that signed the voluntary alignment template letter, to be returned to CMS on a specified date.

A Legacy TIN or CMS Certification Number (CCN) is a number that was used by proposed DC Participant Provider when billing for primary care services during the 24-month alignment period but will not be used to bill for primary care services during the PY.

Legacy TINs and CCNs are submitted via the Provider List Submission Tool (PLST) provided in the application. Therefore, these are due on February 25, 2020. Submission of Legacy TINs and CCNs can help ensure the services furnished during the alignment period are accurately reflected during beneficiary alignment.

Legacy TINs and CCNs are only submitted once a year prior to the start of the PY on the proposed DC Participant Provider list. The alignment period for the IP is July 1, 2017 through June 30, 2019.

There are two Legacy TIN types: one is a sunsetted Legacy TIN. That TIN was used by a DC Participant Provider to bill for services during the alignment period but is no longer used by any Medicare providers or suppliers. Then there's also the Active Legacy TIN - a TIN that was used by a DC Participant Provider to bill for services during the alignment period but will no longer be used by the same DC Participant

Provider to bill for services during the IP. However, that TIN is still used by other Medicare providers and suppliers to bill for services.

When submitting a Legacy TIN or CCN, you should submit two records on behalf of the provider in question on your Proposed PLST, which is uploaded to the application portal. So, that will be one record for the old TIN or CCN, which is marked with a "Y" in the Legacy record column, or column B, and then a second record with the current active TIN or CCN.

If you're submitting a Legacy TIN or CCN on behalf of multiple providers on your proposed IP calendar year (CY) 2020 DC Participant List who billed under the same Legacy TIN, you should populate one Legacy TIN/CCN Acknowledgement Form with the names and individual National Provider Identifiers (iNPIs) for each of those providers for signature by an authorized or delegated official from the Legacy TIN or CCN. You do not need to submit a separate form for each provider under the same Legacy TIN or CCN.

Here's a screenshot of the Legacy TIN field being populated in the PLST. The PLST, which we will get to shortly in our application walkthrough, is an Excel document that you can save to your computer. To submit a Legacy TIN you would indicate why, complete the rest of the provider record, and then complete the current provider records.

Implications of submitting Legacy TINs on the proposed IP/CY2020 DC Participant Provider List is that if one individual or entity under a TIN or CCN is an approved DC Participant Provider, then all individual entities who bill under that TIN are prohibited from participating in another Shared Savings Program ACO as an ACO participant, ACO provider supplier, and/or an ACO professional. If a DCE chooses to submit a Legacy TIN, either sunsetted or active, on behalf of the proposed IP/CY2020 DC Participant Provider, then all providers who bill under that Legacy TIN will be excluded from joining a Shared Savings Program ACO in CY2020.

In addition, provider suppliers who bill under an active Legacy TIN submitted on a proposed IP/CY2020 DC Participant Provider List may not be listed as an active participant TIN in the Medicare Shared Savings Program (MSSP) in the current PY as the MSSP has a full TIN exclusivity.

If you are submitting a Legacy TIN or CCN on behalf of multiple providers on your proposed IP/CY2020 DC Participant Provider List who billed under the same Legacy TIN or CCN you should populate one Legacy TIN/CCN Acknowledgment Form with the names and iNPIs of each of those providers for signature by an authorized or delegated official from that Legacy TIN or CCN. Again, you do not need to submit a separate form for each provider under the same Legacy TIN.

The Legacy TIN Acknowledgment Form is available in the application portal. Please do not submit these to the Direct Contracting inbox.

The valid provider identifier table represents how provider records should be submitted based on their provider type. Please use this as a reference when populating your PLST to ensure accurate submission of provider records. CMS does not review this information on the DCE's behalf to make sure that it is correct. It is up to the DCE to submit these correctly.

The DCE Service Area is used for beneficiary alignment and consists of a Core Service Area (CSA) and an Extended Service Area. DCEs can operate in multiple non-contiguous service areas, including in the same

state or multiple states. A CSA includes all counties in which DC Participant Providers have office locations.

Extended Service Areas include all counties contiguous to the CSA. A service area is distinct from a DCE's region, which is used to determine the DCE's PY benchmark. A DCE's region includes all counties in which DCE-aligned beneficiaries reside.

Submission of service areas is mandatory. To submit, select the "CSA" worksheet of the PLST provided in the application tool and mark "CSA" using the drop-down arrow for each corresponding county in the state and DCE practices. Please make sure that this worksheet is complete at the time the PLST is uploaded to the application portal.

And now I'm going to turn it over to Sujatha for our live application portal demonstration.

Sujatha Errapothu

Thank you, Emily. Good afternoon everyone, this is Sujatha. Today, I will be presenting the live demo of the Direct Contacting application.

With the provided link, you will first log into the Direct Contracting application. On this login page, you have different options: "Register here" and ""Forgot your password?" You also have the help desk information.

If you are troubleshooting on anything, such as login issues, or if you are unsure about any particular question, you can contact the technical support line. The email address and the dial-in information are listed here [on the slide]. If you have any program-related questions, please contact the email listed under "program issues." All users are required to register to the Direct Contracting application. Let me go over the registration process first. For the registration, once you click on the "Register here" link on the login page you will be navigated to the Direct Contracting application registration page where you are required to provide the email address. Please note that you have to use the same email address that was used in the Direct Contracting LOI.

If you use any other email address, other than what was used in the Direct Contracting LOI, the system cannot register with the email address listed. I will reiterate again, please use the same email address that was provided in the Direct Contracting LOI to register for the application process.

At any given point, if you forget your password, then you can request to reset your password by clicking on the ""Forgot Your Password?" link, which will navigate you to the "Request New Password" page where you have to enter your username and then submit. Once you submit, you will receive an email notification with instructions to reset your password.

Currently, I am already registered to this particular Direct Contracting application. I will go ahead and log in to begin the application process. After a successful login, you will be navigated to the homepage.

On the homepage, you have a welcome menu bar, you have two options which is "Change Password" and then "Logout." "Change Password" will navigate you to the "Change Password" page where you can change your password by providing your old password and a new password and verify your new password. Also, there are instructions for the password as well.

Upon successful login, you will be navigated to the homepage, which has a welcome statement about this Direct Contracting online application, as well as the deadline to submit the application, which is February 25, 2020, no later than 5:00 PM. Also, there are some instructions on how to start an application and there are helpful links, including "User Manual" and the "Frequently Asked Questions." If you select the user manual, a PDF version of the user manual will be downloaded. That particular user guide contains step by step instructions on how to submit the application and the frequently asked questions. If you click on that, it will navigate to a link where you can download the frequently asked questions.

This particular table contains the list of Direct Contracting LOIs submitted by the registered user. As you see, I started two applications: 196 and 198. For this particular application, 198, I already started the application. Let me go ahead and delete this application.

Whenever you are deleting an application, the system will alert you: "Please confirm whether you would like to delete this particular application." If you select "Ok," that application will be removed from the portal, but you can start a new application. Let me go ahead and start a new application.

When you start a new application, you will be prompted to respond to two questions. The first one, you are required to provide whether it is a Global application or whether it's a Professional application. Let me go ahead and select the Professional. As you see on this new application prompt, the "Continue" button is disabled. That is because there are two questions. One question has been responded to. The second question response is still blank and that is the reason the "Continue" button is disabled.

As soon as you select all the required questions within this window, the "Continue" button will be enabled. I will go ahead and start the application for the Professional Option. Let me return back home. As I stated before, as soon as we start a new application, the application options will be removed from this layout and you will see "View PDF," "Edit," and then the "Delete" option.

When you submit the application successfully, you will see only "View PDF," which I will show you in a bit. For this demo's purpose, I will demo this application, 196, because this application is filled in partially. When we start the application, it will navigate you to "Background Information." As I stated, this welcome dropdown to be displayed on each and every page of the Direct Contracting application. Also, this DC RFA number, this is a system-generated number. Based on the start of an application, the system gives this four-digit number.

Also, there is "All fields required unless marked optional." This statement will be listed in each and every page of this particular application. As the statement says, there are some questions within this application that are optional. Let me show you this one. For this particular question, since this is an optional question, we labeled it as optional.

For organization information, as you're seeing here, this organization information is pre-populated. This is coming from a Direct Contracting LOI.

This particular information can be edited except the organization TIN and the organization name. If you are required to update these two fields, please contact the model team members and they will update this information.

Under the Direct Contracting Entity Organization Profile information, you have a questionnaire that you have to respond to.

Also, there are multiple files, as Emily mentioned before, that you are required to upload. Some are optional and some are required. As Emily mentioned, there are some templates and you will see "Download Template" and "Download Form." Voluntary information is also available here. These templates can be downloaded by selecting these links and then saving them to your computer and then filling out the required information and uploading it back to the page.

When you upload each and every file, there will be a naming convention for each and every file. Depending on the file type, you will see the different file naming conventions. This file naming convention is throughout the application, and you will see it almost on each and every page.

Below each and every page you will see "Save," "Save & Continue," and "Cancel." "Save" will save the information and it stays within the page.

"Save & Continue" will save this information and continue to the next page. "Cancel" will cancel out any unsaved data. You have this navigation bar on the left, if you enter some information and don't save it and then navigate away from the page, all answered data will be wiped out completely. You cannot retrieve that information. The rule of thumb is when you enter something when you are walking away from your laptop, please make sure to save the information. For the purpose of this demo, I will go ahead and save the information and move on to the next page, which is the contact page.

There are four different types of contacts for the Direct Contracting application: the "Application Primary Contact," "Application Secondary Contact," "Executive Contact," and the "IT Technical Contact." You are required to provide this information. As you see, primary and secondary contact email addresses are disabled, because these are the portal contacts, so that's why these two are disabled.

In the case that you would like to change the primary or secondary contact of this particular application, please reach out to the help desk and they will update this contact information.

Let me go ahead and Save & Continue. I will be navigating to the "Leadership and Management" page. On this page you are required to provide employment relationships between and among the applicant DCE and propose the DCE Participant Providers or Preferred Providers or any other partners you may have.

As you see, you have an option to upload files. Currently, this "Upload File" button is disabled because only one file is allowed. I already uploaded the file to this particular section, so that's the reason this "Upload File" is disabled. The files uploaded on this page are the proposed organization chart and sample contract, or an amendment or addendum, and compliance plan reports.

You are also required to provide at least one leadership team member and one governing body for your organization. If your organization has any sanctions or investigations or any debts to Medicare programs, you are required to provide that information to CMS and if you do not have any sanctions or investigations, then you will select the checkbox that it is not applicable, then this particular functionality will be disabled.

Okay, let me save this information and then continue to the next page. On the financial experience page, you are required to provide your financial and risk-sharing experience.

After answering each question, please save your information and then move on to the next page, which is on "Patient Centeredness."

On this page, as you see in question one, if you select the N/A, there are some dependent questions throughout the application. If you select certain responses, you will be prompted to respond to additional dependent questions. As you see here on question one, if you select N/A, there is no other dependent question listed. If you selected yes to any of these three options, you are required to provide responses. Especially on patient centeredness, you are required to provide whether the applicant DCE is interested in serving individuals dually eligible for Medicare and Medicaid.

Also, applicants must provide information regarding the implementation of selected benefit and benefit enhancement and patient engagement incentives. You are required to provide goals and objectives and fill out a beneficiary engagement questionnaire as well.

Upon entering the data, you have to save your information and you will be navigated to the clinical care model. On this page, you must provide the applicant DCE's historical and future plans to achieve better health, better care, and lower cost to integrated and coordinated care intervention.

Upon entering all the data, click Save & Continue. You will be navigated to the "Certify & Submit" page here. After responding to all questions, you will have access to the information that you have entered. Until then the "Submit" button will be disabled and you have to check this checkbox and enter a signature and then click "Submit."

If you have any unsaved entries in this application, the system will alert you of "Validation Errors." "Validation Errors" works as a hyperlink. As soon as you select that hyperlink, it will navigate you to that part of the page. In this instance, it is question one that is required. For this question, I will go ahead and select an option and save the information.

As soon as I save the information, that particular error is removed from this validation error. I have another validation error for leadership and management, which is question two. It's required, so I will go click on that. Then there is "Leadership and Management." For this question, I will go ahead and respond and save the information. Now you see, as soon as everything is entered, you will no longer see those validation errors. I will go ahead and certify, again, and then submit.

After successful submission of this application, an email will be sent to the model team mailbox and you will receive a submission confirmation of this application. Also, as you see, this is the application I just submitted for the Global Option. Now you will not see the "Edit" and "Delete" options any longer. You can view the PDF. The PDF will be generated from whatever you have entered; that information will be populated in the PDF. In any case, if you would like to make any edits after the submission, please reach out to the model team members and they will either reopen the application or they will make some edits. If it is minor tweaks, they will edit that application.

Now, I will hand it over to Emily.

Emily Hickman

We've got a lot of questions in our inbox. Please give us a couple moments, so that we can go through them real quick.

Sujatha Errapothu

I received a couple of requests regarding making edits to the email addresses for the Direct Contracting LOI. The way it works right now is that the Direct Contracting LOI is the gateway to enter into the Direct Contracting RFA.

In any case, if the person who submitted the DC LOI is different than the person who will be starting the application for the DC RFA, please send an email to CMMIForceSupport@cms.hhs.gov. Please specify right now your Direct Contracting LOI primary email address is listed as X and you would like it changed it to Y. We will make that edit for you so that you can use the updated email address to register to the Direct Contracting RFA.

Emily Hickman

We've also gotten a number of questions about required documentation, which is on slide six of this presentation. Just like Sujatha said, all these required templates and documents are in the application portal. All you'll do is save them to your document, complete them, and then once you have a completed version, you will upload them to your application prior to submission.

Regarding the PY1 application, that's actually the last slide of this webinar. We hope that March 2020 through May 2020 will be our application period. The DCE selection will be sometime in September 2020.

Awards will be right after that and then signed PAs will be due December 2020 for PY1 start date of January 2021. Just as a reminder, if the applicant submits for the IP and defers, we will need a second application for PY1. However, if the applicant is awarded and accepts for the IP, they do not need to reapply for PY1. They will automatically transition into the model, unless they want to differ for from PY1 for whatever reason.

Sujatha Errapothu

We received the following question: If two points of contact are submitted for LOI, can the secondary point of contact be used for registering on the application folder? Yes, it can. Primary and secondary contacts, whatever is listed in the Direct Contracting LOI, can be used to register for Direct Contracting applications.

Emily Hickman

We've gotten a number of questions about Preferred Providers. Preferred Providers are not required. If your DCE does not want to submit any Preferred Providers that is fine. However, if you would like to submit Preferred Providers so that in the PY1 they can gain benefit enhancements and other rewards, please include them on your PLST by selecting "preferred" in the "provider class" column and then complete the remaining information for the provider record.

We have a question about when the LOI is opening. The LOI closed on December 12 and will not be opening again. We apologize if you missed this date. However, at this time, we have no plans to reopen the LOI.

We received a question about withdrawal of applications that have been submitted after February 25th. We ask that you withdraw as soon as possible if your DCE does not want to participate in the IP so that we cannot review that application. We are asking that May be the latest that we receive a withdrawal.

Another common question is about adding providers for PY1. That timeline has not been fully scheduled and finalized yet. However, in mid-2020 we will be circulating documentation for awardees that are participating in the IP moving forward to PY1. We also are working on a new submission tool for provider records. We hope that this will expedite the process and eliminate a lot of the challenges that our current ACOs and model participants are aware of. I know that that was vague, but we will be sending out documentation in the middle of this year.

Can health plans be a DCE? The answer is yes, they can. Just be cognizant of the provider identifier chart that was on slide 16 of this presentation. Please use that when submitting DC Participant Providers and Preferred Providers.

We've got a great question about MSSP and Direct Contracting overlapping. That can occur for the IP, but may not occur for a Legacy TIN.

For those interested in the Primary Care First (PCF) application, that is available in a separate portal from Direct Contracting.

We also have received questions about changing participants and Preferred Provider Lists during the IP. We will only allow for the removal or termination of participants and Preferred Providers during the IP. However, in PY1, there will be a much more all-encompassing activity that will allow the addition of participants and Preferred Providers, but they will not contribute to alignment at the moment. Again, in the IP your participants and Preferred Providers submitted on your application on February 25, 2020 will be your universe. You can only remove participants or Preferred Providers from that.

Legacy TINs are used when a DC Participant Provider is billing for primary care services during the 24-month alignment period, but will not be used to bill for primary care services during the PY, so since our PY is for 2019 and we are allowing overlap, a DC Participant Provider may overlap with MSSP. However, since the alignment period overlaps with MSSP, a Legacy TIN may not overlap. The alignment period for the IP is July 1, 2017 through June 30, 2019, so we do not want any Legacy TIN of an individual participant that was practicing between July 1, 2017 through June 30, 2019 to overlap with MSSP. This is only for Legacy TIN, it does not count for current DC Participant Providers.

Anyone that has submitted an LOI and has not received a response, please email the Direct Contracting email account and we can get back to you on the submission.

We also want to point you towards the FAQ application document, which is in the Direct Contracting application portal. This is a really good source of frequently asked questions that we've received for the application. We really hope that it can provide you with guidance, not only for submitting your application, but also your PLST, all the other templates and documents that are required, paper-based voluntary alignment, and financial experience. Again, once you log in to the Direct Contracting application tool, you can find the Direct Contracting application frequently asked questions and use that as a rundown and guidance for submitting your application.

There was a question about, let's suppose if you select the Global Option and then you would like to change to the Professional Option, you can do so by deleting the application. That option is available on the homepage in the table that we displayed before, where you have the option to delete. When you select delete, it will request you to confirm the deletion. As soon as you delete it, you have the ability to start a new application with your desired option.

If you are not selected for the IP, can you reapply for PY1? The answer to that is absolutely. As you can see, DCE selections are made in May 2020, so if for whatever reason you think that you're not going to make it into the IP, we recommend that you submit an application for PY1 just to hedge your bets.

We have a wonderful question about where we can receive the PA. Those are currently being reviewed and finalized, but once we have a draft, we can certainly send that to selected applicants. We do hope to get this to you sometime in May 2020 for the for the IP awardees and September 2020 for PY1 awardees. This will come in your welcome packet with award and we will give you a month to look it over with your legal team, so that you can make a decision whether or not you would like to participate based on the legal requirements of the PAs.

We got a question about the score needed to be awarded. Currently, we are not doing any sort of thresholds. We're going to be doing normalized scoring. We will move from there based on the number of applicants we receive, but also based on the eligibility of the application.

A Legacy TIN is a TIN or CCN that was being used by a proposed DC Participant Provider when billing for primary care services during the 24-month alignment period, which is July 1, 2017 through June 30, 2019. It will not be used to bill for primary care services during the current PY, which for the IP is June 2020 through December 31, 2020. MSSP overlap with DC Participant Providers may occur for a currently active DC Participant Provider who is submitted on your DC Participant Provider Submission List. However, we cannot have overlap with a Legacy TIN and a DC Participant Provider and an MSSP provider as the alignment period of July 1, 2017 and June 30, 2019 are different dates for that alignment period.

There are also two types of Legacy TINs. One is a sunsetted Legacy TIN, which is a TIN that was used by a DC Participant Provider to bill for services during the alignment period but is no longer being used by any Medicare providers or suppliers. For example, a practice moves and gets a new Legacy TIN or shuts down all together. That would be a sunsetted Legacy TIN.

An active Legacy TIN is a TIN that was used by DC Participant Provider to bill for services during the alignment period of July 1 through June 30 that will no longer be used by the same DC Participant Provider to bill for services during the IP.

However, this TIN is still being used by other Medicare provider suppliers to bill for services. An example of this would be a DC Participant Provider leaving a practice for another practice, but that active Legacy TIN is currently being billed for Medicare Services by other provider suppliers who were not in MSSP or any other shared savings model from July 1, 2017 through June 30, 2019.

Again, during the IP, your DC Participant Providers may overlap with other shared savings initiatives. This includes Comprehensive Primary Care Plus (CPC+), Next Generation ACO (NGACO), MSSP, and Comprehensive End-stage Renal Disease Care (CEC). However, for PY1 we will not be allowing overlap and that overlap will need to be resolved.

Thank you everyone for joining today's webinar. We hope that you found it enjoyable and informative. If you have any additional questions, please do not hesitate to reach out to us at DPC@cms.hhs.gov. We look forward to receiving and reviewing your applications and answering your questions during future office hours. Thank you everyone and have a good rest of the day.