

# NEXT GENERATION ACO

## Provider Frequently Asked Questions – 2019



### 1. How does a Medicare beneficiary know if they are in the Next Generation ACO?

A letter approved by the Centers for Medicare and Medicaid Services will be mailed by the ACO to all beneficiaries in mid-March. This letter provides information on the ACO, explains additional Medicare programs available to eligible beneficiaries, encourages an Annual Wellness Visit, and lists contact information for any questions. If your beneficiary does not receive a letter, contact Medicare directly.

### 2. How can the practice add or term a provider contracted with Next Generation ACO?

Contact NW Momentum Health Partners' Project Manager of Payer Models regarding changes to provider status within the practice. The ACO will track the information for when CMS 'opens' the period in time for which providers can be added and/or termed.

### 3. What if a Medicare beneficiary does not want to participate?

Beneficiaries can contact Medicare directly or learn more about this Medicare model at [www.innovation.cms.gov/initiatives/Next-Generation-ACO-Model](http://www.innovation.cms.gov/initiatives/Next-Generation-ACO-Model).

### 4. What will the reimbursement be for 2019?

The reimbursement rate is Medicare fee-for-service (FFS). Claims will be submitted to CMS and will be paid at the current MedPar FFS rate your practice receives. Your participation under NW Momentum Health Partners does not effect your Medicare contract.

### 5. Will the practice receive the 5% MACRA incentive regardless of how the ACO performs in meeting benchmark?

Yes. 2019 performance results will determine payment adjustment(s) for 2021, as long as the ACO meets APM status.

### 6. What does it mean to be a Participant Provider? What is a Preferred Provider?

Participant providers are identified as the core providers in the ACO model who are typically primary care or bill primary care codes. Beneficiaries are aligned to the ACO through participants and these providers are responsible for reporting quality and committing to beneficiary care improvement. As a participant, practices meet Advanced Alternative Payment Model requirements for MACRA and the ACO completes the quality reporting.

Preferred Providers in your area include local skilled nursing facilities and home health agencies. Preferred Providers can participate in more than one Medicare ACO program or model and are responsible for conducting their own quality reporting.

All participating and preferred providers may utilize benefit enhancements.

### 8. How will my Medicare beneficiaries be affected by the ACO?

A core principle of the Next Generation ACO Model is to protect original Medicare FFS beneficiaries' freedom to seek the services and healthcare providers of their choice. Beneficiaries retain full freedom of choice of providers and suppliers, as well as all rights and beneficiary protections of original Medicare.

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Medicare

1-800-MEDICARE

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