

## **NEXT GENERATION ACO**

### **PROVIDER FREQUENTLY ASKED QUESTIONS**

#### **2020-2021**

#### **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 aligned beneficiaries in mid-March. This letter provides information on the ACO, explains additional services available to eligible beneficiaries, encourages an Annual Wellness Visit, and lists contact information for any questions. If a beneficiary does not receive a letter, contact NWMHP.

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

CMS has strict guidelines on notification and terminations from your practice and ACO. It's important to notify NWMHP immediately to ensure compliance guidelines are met. 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 cannot opt out of the ACO. However, beneficiaries may opt out of ACO data sharing by contacting Medicare directly. Beneficiaries who wish to be placed on the "no contact list" can contact NWMHP directly at 1.877.943.4337 opt 6.

To learn more about the ACO model, visit [www.innovation.com.gov/initiativesNext-Generation-ACO-Model](http://www.innovation.com.gov/initiativesNext-Generation-ACO-Model).

#### **4. What will the reimbursement be for 2021?**

Your billing and reimbursement processes will not change. Claims will be submitted and paid by CMS and reimbursed at your customary Medicare rate. Participation in the ACO does not affect your Medicare enrollment.

#### **5. What are the eligibility requirements for Participant providers to receive the 5% Medicare Part B incentive?**

The 5% APM bonus payment under the Quality Payment Program is separate from the ACO's performance-to-benchmark and the potential shared savings. MACRA determines thresholds for the ACO and its participants that are required to become a Qualified Participant (QP). The ACO cannot guarantee it will meet the threshold required to qualify for the bonus payment on any given year.

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

Participants are providers who align (and primarily provide) primary care services to ACO beneficiaries, report quality data through the ACO, and comply with care improvement objectives and Model quality performance standards. Participants may be eligible for the APM 5% payment through QP.

Preferred providers may include certain specialists, skilled nursing facilities and home health agencies. Preferred providers can participate in more than one Medicare ACO program or model and are responsible for reporting their own quality metrics as applicable under MIPS. All participating and preferred providers may utilize benefit enhancements.

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

A core principle of the Next Generation ACO Model is to protect Medicare 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 under Medicare.