

# Community Health Access and Rural Transformation (CHART) Model

## *Community Transformation Track Office Hours*

The Centers for Medicare & Medicaid Services (CMS)  
Innovation Center

*December 14, 2021*



# Agenda



This session will address questions from Lead Organizations, prospective Participant Hospitals, and other Community Partners on the CHART Community Transformation Track.

- 1** | Introduction to Key CHART Model Team Members
- 2** | Needs Assessment
- 3** | Transformation Plan
- 4** | Quality Measures and Strategy
- 5** | Payment
- 6** | Open Q&A
- 7** | Timeline Review and Next Steps

# Learning Objectives



Through today's event, CHART Model Lead Organizations, prospective Participant Hospitals, and other Community Partners will:

- 1 | Understand CHART Model requirements, milestones, timeline, and resources
- 2 | Discuss key components of the CHART Model such as the Needs Assessment, Transformation Plan, Payment, and Medicaid Participation
- 3 | Understand both immediate and long-term next steps in the CHART Model

# Introduction to Key CHART Model Team Members

# CMS CHART Leads and Project Officers



Below is an overview of the CMS CHART Model Team and Project Officers.

Organization	Name	CHART Model Role	Activities
<i>CMS Innovation Center</i>	<b>Sally Caine Leathers</b>	• CHART Model Co-Lead	• Leads the support of the strategic planning and implementation of the Model.
	<b>Julie-Ann Hutchinson</b>	• CHART Model Co-Lead	• Leads the support of the strategic planning and implementation of the Model.
	<b>Ryan Yoder</b>	• CHART Project Officer, <i>Texas</i>	• Interfaces with the Lead Organizations in bi-weekly meetings to support the strategic planning and implementation of the Model.
	<b>LeJay Parker</b>	• CHART Project Officer, <i>Alabama and Washington</i>	
	<b>Adrienne Wiley</b>	• CHART Project Officer, <i>South Dakota</i>	
		<b>Abiodun Salako</b>	• CHART Learning System Lead
<i>CMS Office of Acquisition and Grants Management</i>	<b>Shamia Cunningham</b>	• Grants Management Specialist	• Interfaces with the Project Officers and Lead Organizations on the business, financial, compliance, and administration of grants.
	<b>Gabriel Nah</b>	• Grants Management Specialist	

# CHART Model Contractors



Below is an overview of the CHART Model contractors and their roles.

Contractors	CHART Model Role	Activities
<p><b>Implementation and Monitoring:</b> <i>Lewin Group</i></p>	<ul style="list-style-type: none"> <li>Operationalizes calculations described in the CHART Community Transformation Track Financial Specifications</li> <li>Develops Lead Organization and Participant Hospital dashboards</li> </ul>	<ul style="list-style-type: none"> <li>Runs Prospective, Mid-Year, and End-of-Year CPA calculations</li> <li>Interfaces with other CMS contractors to ensure CPA payments are processed</li> <li>Produces regular updates to dashboards and other monitoring reports</li> <li>Performs ad-hoc analysis as needed</li> </ul>
<p><b>Learning System:</b> <i>Deloitte, with subcontractor support from IBM Watson Health, AcademyHealth and NORC</i></p>	<ul style="list-style-type: none"> <li>Builds a learning community to facilitate peer-to-peer sharing on key model implementation topics</li> <li>Tracks and promotes the uptake of best practices in achieving Model aims through learning events and resources</li> <li>Collects and leverages data to identify areas of needs across Lead Organizations to advance Model planning and implementation</li> </ul>	<ul style="list-style-type: none"> <li>Learning events, including all-Lead Organization events, affinity groups, and office hours</li> <li>CHART Model Connect site management</li> <li>CHART Model newsletter</li> <li>Individual, group, and peer-to-peer TA</li> <li>Resource development</li> <li>Learning Needs Assessment</li> </ul>

A **CHART Contacts Cheat Sheet**, with more information on everyone involved in the Model and their role, will be provided to you after the webinar to reference in the future and will be updated, as necessary.

# Needs Assessment



## Needs Assessment



Please **submit questions via the chat box** in your Zoom Toolbar.

Specific questions about your organization can be submitted to  
[CHARTmodel@cms.hhs.gov](mailto:CHARTmodel@cms.hhs.gov).

*If a question submitted to the chat box is not addressed during this time, please look out for an email or updated content in the FAQ Repository on the CHART Connect site, which will be informed by questions submitted during today's session and questions sent to the CHART mailbox.*



# Transformation Plan

# Benefit Enhancements



CMS plans to offer benefit enhancements, which may include but are not limited to the Medicare waivers below. Within the Transformation Plan, Lead Organizations can select any of the below enhancements.



Skilled Nursing Facility (SNF) 3-Day Rule Waiver  
(Section 1861(i) of the Act)



Telehealth Expansion  
(Section 1834(m) of the Act)



Care Management Home Visits  
(Section 1835(a)(2)(A) of the Act)



Waiver of certain Medicare Hospital and/or CAH Conditions of Participation (CoPs)



CAH 96 Hour Certification Rule  
(Section 1814(a)(8) of the Act and 42 C.F.R. §424.15).



## Transformation Plan



Please **submit questions via the chat box** in your Zoom Toolbar.

Specific questions about your organization can be submitted to  
[CHARTmodel@cms.hhs.gov](mailto:CHARTmodel@cms.hhs.gov).

*If a question submitted to the chat box is not addressed during this time, please look out for an email or updated content in the FAQ Repository on the CHART Connect site, which will be informed by questions submitted during today's session and questions sent to the CHART mailbox.*

# Quality Measures and Strategy

# Quality Measures and Strategy



Quality is an essential component of the CHART Model. Key updates to the quality strategy are below.



## Quality Measures and Domain

- As stated in the NOFO, the Lead Organization and NOFO will be required to report to CMS for the full Model Performance Period on (3) CMS-required quality measures.
- In addition, **Lead Organizations must select an additional quality domain** (Substance Use, Maternal Health, or Prevention).
- More than one domain for quality measurement and performance may be selected if desired.



## Capitated Payment Adjustments

- CMS **will not adjust** the CPAs received by Participant Hospitals based on their performance on the required quality measures and selected quality domain(s).
- Instead, CMS will adjust a Participant Hospital's CPA based on their performance across six CMS programs (see the [CHART Quality Strategy Fact Sheet](#) for complete list) .
- Additional information on this adjustment can be found in the [financial specifications](#) or the [payment fact sheet](#).



## Participant Hospitals and Quality Strategy

- Critical Access Hospitals (CAHs) will be **required to participate** in the Health Resources and Services Administration Federal Office of Rural Health Policy Medicare Beneficiary Quality Improvement Project and the CMS mandatory Quality Assessment and Performance Improvement Program.
- [Here](#) are resources available to CAHs to support their participation in these programs.

*Each Lead Organization must describe its rationale for selecting the quality domain and its associated quality measures in its Transformation Plan, as well as the specific quality improvement goals and action steps. The CHART Dashboard will be an important resource in selecting and tracking quality measures and domains.*

# CHART Quality Measures



Quality and Population Health Domain	Full Measure Title	Shortened Name	NQF ID	Steward	Type	Data Source
Chronic Conditions (Required)	Prevention Quality Chronic Composite (Inpatient avoidable chronic disease admissions)	PQI 92	N/A	Agency for Health Care Research and Quality	Outcome	Claims
Care Coordination (Required)	Plan All-Caused Readmission	HEDIS PCR	NQF 1768	National Committee for Quality Assurance	Outcome	Claims
Patient Experience and Engagement (Required)	Hospital Consumer Assessment of Health Care Providers and Systems	HCAHPS	NQF 0166	CMS	Outcome	Hospital Compare Reporting
Substance Use	Pharmacotherapy for Opioid Use Disorder	HEDIS POD	NQF 3400, 3175	National Committee for Quality Assurance	Outcome	Claims
Substance Use	Follow up after ED Visit for Alcohol Use and Other Drug Abuse or Dependence	FUA-HH	NWF 3488	National Committee for Quality Assurance	Process	Claims
Substance Use	Use of Opioids at High Dosage in Persons without Cancer	N/A	NQF 2940	Pharmacy Quality Alliance	Process	Claims
Maternal Health	Prenatal and Postpartum Care	PPC-AD	NQF 1517	National Committee for Quality Assurance	Process	Claims
Maternal Health	Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPC-CH	NQF 1517	National Committee for Quality Assurance	Process	Claims
Maternal Health	Contraceptive Care - Postpartum	N/A	NQF 2902	US Office of Population Affairs	Process	Claims
Prevention	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	N/A	NQF 0028	National Committee for Quality Assurance	Process	Claims
Prevention	Breast Cancer Screening	HEDIS BCS	NQF 2372	National Committee for Quality Assurance	Process	Claims
Prevention	Adults' Access to Preventive & Ambulatory Health Services	HEDIS AAP	N/A	National Committee for Quality Assurance	Process	Claims
Prevention	Child and Adolescent Well-Care Visits	HEDIS WCV-CH	NQF 1516	National Committee for Quality Assurance	Process	Claims



## Quality Measures



Please **submit questions via the chat box** in your Zoom Toolbar.

Specific questions about your organization can be submitted to  
[CHARTmodel@cms.hhs.gov](mailto:CHARTmodel@cms.hhs.gov).

*If a question submitted to the chat box is not addressed during this time, please look out for an email or updated content in the FAQ Repository on the CHART Connect site, which will be informed by questions submitted during today's session and questions sent to the CHART mailbox.*

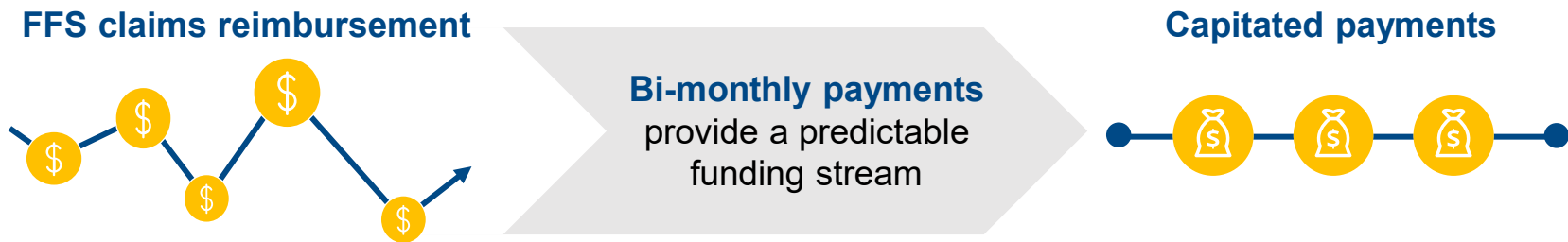
# Payment



# Payment



CMS will replace Participant Hospitals' FFS claim reimbursement with bi-monthly (twice per month) payments that equal the annual capitated payment amount (CPA) over the course of the Performance Period. CMS released the Financial Specifications for the CPA to Lead Organizations on November 5, 2021.



CMS will administer each Participant Hospital's CPA through **5 steps**:

1	2	3	4	5
Determine baseline revenue using historical expenditures	Apply prospective adjustments	Apply a discount	Apply mid-year assessment	Apply end-of-year adjustments

# Payment: Calculating CPA

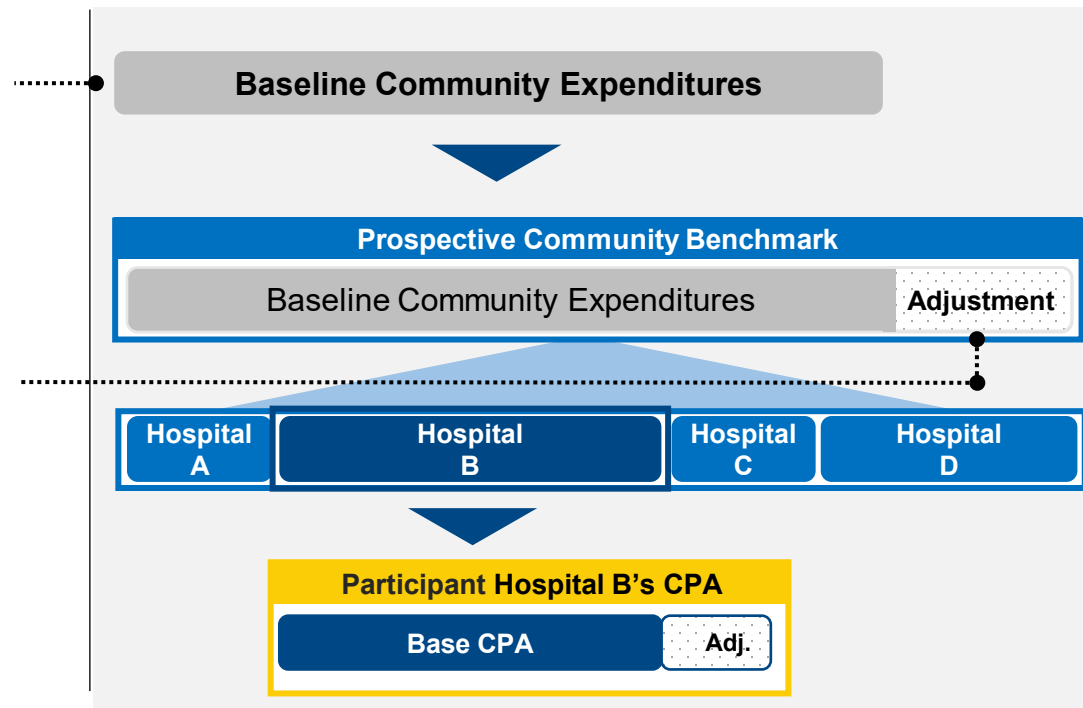


## Calculate the Community Benchmark

### 1a. Determine baseline Community expenditures.

The Lead Organization will define the Community within Model guidelines. CMS will identify eligible FFS beneficiaries and eligible hospital expenditures during the baseline period with the assignment methodology (i.e., residency, Medicare eligibility, and service utilization).

**1b. Apply Community adjustment factors** such as: trend, demographics, outliers (optional), population size, and IPPS/OPPS/CAH to baseline Community expenditures to determine the prospective Community Benchmark.

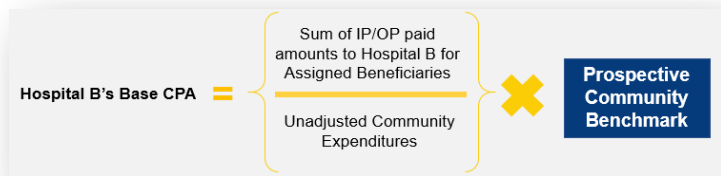


# Payment: Calculating CPA



## Calculate each Participant Hospital's Capitated Payment Amount (CPA)

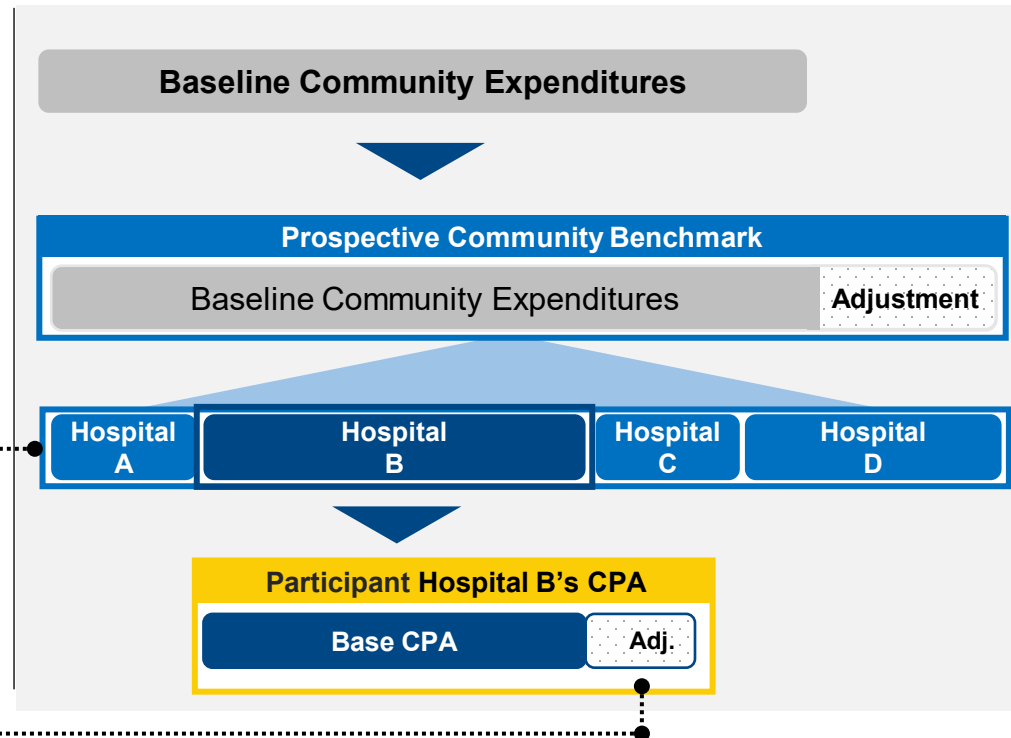
**2a. Determine each Participant Hospital's share** of the prospective Community benchmark (the hospital's Base CPA) based on the hospital's share of unadjusted baseline Community expenditures.



**2b. Apply hospital-specific adjustments** such as: quality, discount, special designation, area deprivation index, and service line adjustments to each hospital's Base CPA to calculate the Participant Hospital's CPA.



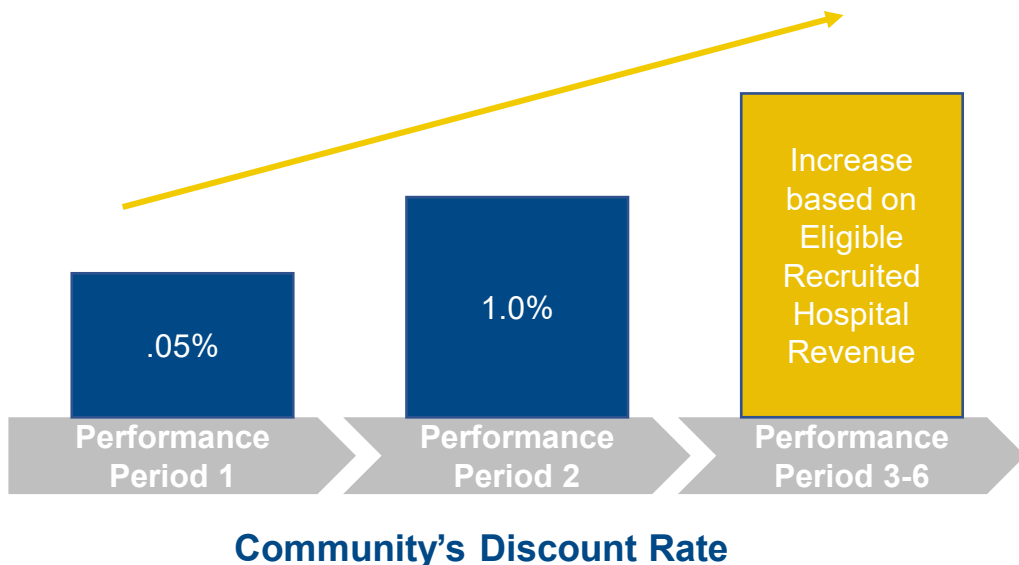
More information on the **discount rate** on the following slide



# Discount Rates



CMS has **updated the discount rate** specified in the NOFO to increase hospital participation and minimize the risk of attrition in the Community Transformation Track.



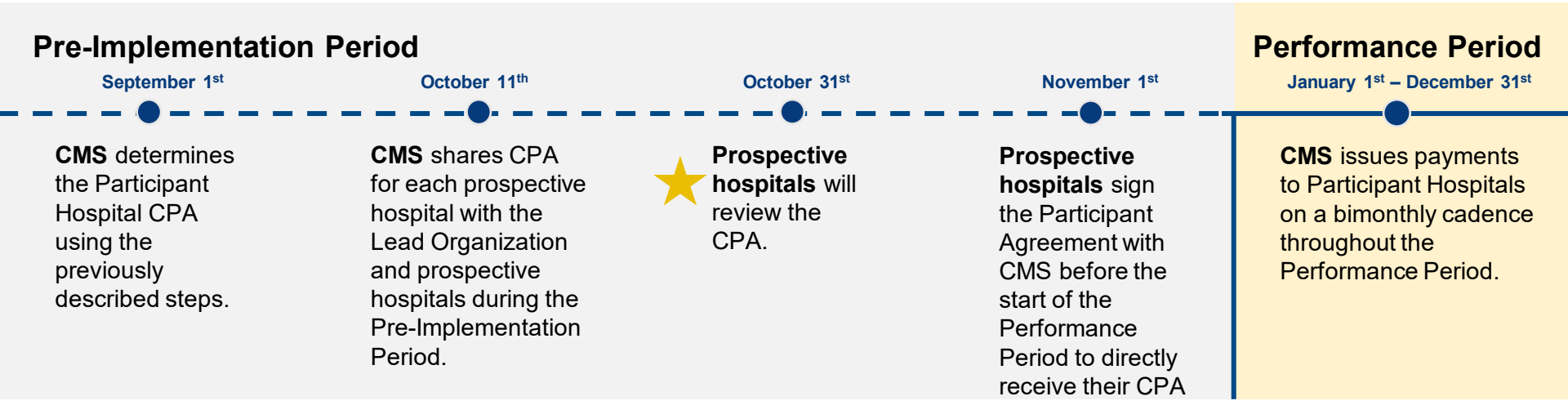
Total Community Capitated Payment revenue (x) at or below:	PP1	PP2	PP3	PP4 – PP6
0 < x ≤ 15 million (M)	0.5%	1.0%	2.5%	3.0%
15 < x ≤ 20 M	0.5%	1.0%	2.4%	2.9%
20 < x ≤ 25 M	0.5%	1.0%	2.3%	2.8%
25 < x ≤ 30 M	0.5%	1.0%	2.2%	2.7%
30 < x ≤ 35 M	0.5%	1.0%	2.1%	2.6%
35 < x ≤ 40 M	0.5%	1.0%	2.0%	2.5%
40 < x ≤ 45 M	0.5%	1.0%	1.9%	2.4%
45 < x ≤ 50 M	0.5%	1.0%	1.8%	2.3%
50 < x ≤ 55 M	0.5%	1.0%	1.7%	2.2%
55 < x ≤ 60 M	0.5%	1.0%	1.6%	2.1%
60 < x ≤ 70 M	0.5%	1.0%	1.5%	2.0%



A **discount rate** is a small percentage discount applied to the Capitated Payment Amount (CPA). The specific discount factor for a Community is determined by its total Medicare FFS revenue under the capitated payment arrangement at the Community-level.

# Issuing Payments

Payments to Participant Hospitals will be agreed to during the Pre-Implementation Period, with issuance commencing with the start of the Performance Period.



**Through this process:**

- ✓ **Lead Organizations** have useful details to help drive hospital recruitment and transformation plan creation.
- ✓ **Participant Hospitals** have full transparency on their expected CPA prior to signing a Participant Agreement, yielding a predictable funding flow.



## Payment



Please **submit questions via the chat box** in your Zoom Toolbar.

Specific questions about your organization can be submitted to  
[CHARTmodel@cms.hhs.gov](mailto:CHARTmodel@cms.hhs.gov).

*If a question submitted to the chat box is not addressed during this time, please look out for an email or updated content in the FAQ Repository on the CHART Connect site, which will be informed by questions submitted during today's session and questions sent to the CHART mailbox.*

# Open Q&A



## Open Q&A



Please **submit questions via the chat box** in your Zoom Toolbar.

Specific questions about your organization can be submitted to  
[CHARTmodel@cms.hhs.gov](mailto:CHARTmodel@cms.hhs.gov).

*If a question submitted to the chat box is not addressed during this time, please look out for an email or updated content in the FAQ Repository on the CHART Connect site, which will be informed by questions submitted during today's session and questions sent to the CHART mailbox.*





Please complete the poll that will appear on the screen. If you experience any technical difficulty with the poll, feel free to chat in your response!

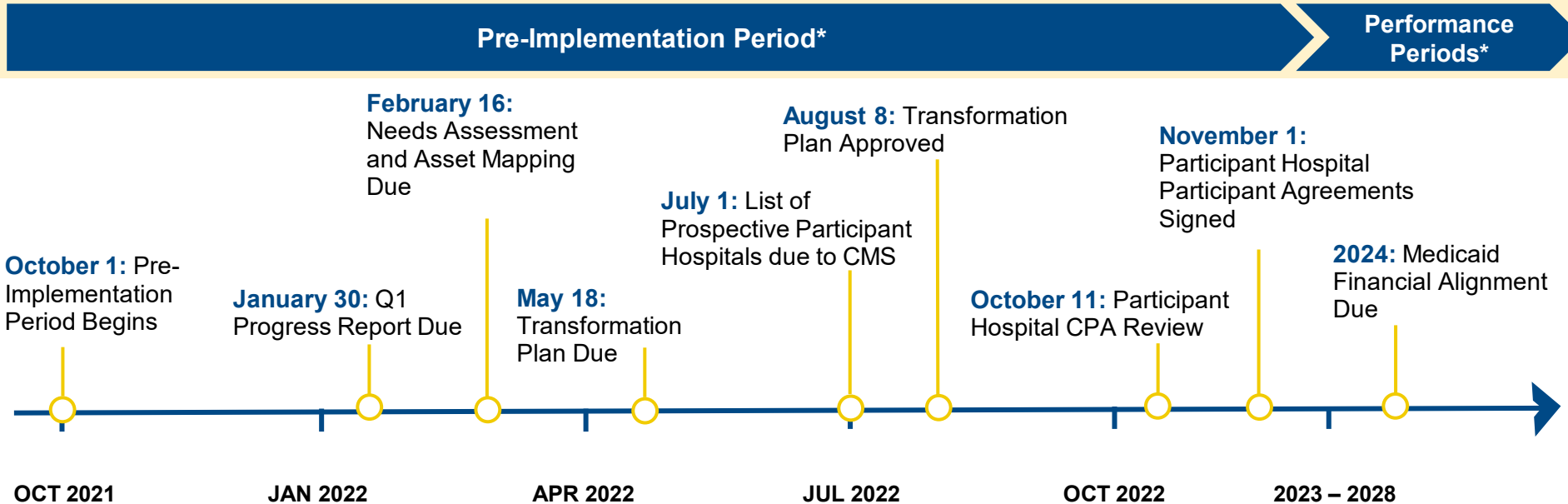


## **What topics would you like to learn more about or need additional assistance?**

- A. Payment
- B. Participant Hospital Recruitment
- C. Transformation Plans
- D. Quality Measurement Selection
- E. Medicaid Participation
- F. Commercial Payer Recruitment
- G. Other – please specify in the chat box in the Zoom Toolbar

# Model Timeline Review and Next Steps

# Model Timeline and Next Steps



**Next Steps:**

- ✓ Continue to use **Model resources** to identify needs and assets in your Community for the Needs Assessment and Asset Mapping
- ✓ Use the Payment Package and Dashboard (coming soon!) to identify and recruit **Participant Hospitals**
- ✓ **Communicate** any questions to your Project Officer

\*Dates in the timeline are subject to change.



# Upcoming Items and Reminders



## Upcoming Items for Lead Organizations:

- **January 4<sup>th</sup>** : Recruitment Barriers Survey
- **January 30<sup>th</sup>** : Deadline for Q1 Progress Report



## Relevant Model Resources Available in the [Connect Library](#):

- Welcome Packet
- Resource Guide
- Needs Assessment and Asset Mapping Template
- Transformation Plan Instructions
- Payment Package (Financial Specifications & Payment Fact Sheet)
- Connect User Guide
- CHART Dashboard User Guide



Please complete the brief **survey** that will pop up after you exit the Webinar.

Thank you for your time and  
input!

# Medicaid Participation

# Medicaid Alignment



Lead Organizations will ensure that there is the requisite Medicaid alignment needed to conduct the Model.

## Goal

Medicaid Alignment by 2024 (Performance Period 2)

### What is Medicaid Alignment?

#### Medicaid Alignment:

- The SMA must act as an **Aligned Payer** in the Model.
- Lead Organizations, in collaboration with their SMA, will be required to meet certain **Medicaid participation targets** each Performance Period (see right).
- Medicaid revenue, which is the percentage of aggregate Hospital's Medicaid revenue under a CPA, includes both **Medicaid fee-for-service** and **Medicaid Managed Care**.
- It is also required that Lead Organizations, SMAs, CMMI, and CMCS begin identifying in the Transformation Planning period what **Medicaid SPA(s) or waiver(s)** might be necessary.

#### Medicaid Participation Targets

Performance Period	Medicaid Participation Target (% of aggregate Participant Hospital's Medicaid revenue under all Capitated Payment Amounts)
1	0%
2	50%
3	60%
4	75%
5	75%
6	75%



## Medicaid Participation



Please **submit questions via the chat box** in your Zoom Toolbar.

Specific questions about your organization can be submitted to  
[CHARTmodel@cms.hhs.gov](mailto:CHARTmodel@cms.hhs.gov).

*If a question submitted to the chat box is not addressed during this time, please look out for an email or updated content in the FAQ Repository on the CHART Connect site, which will be informed by questions submitted during today's session and questions sent to the CHART mailbox.*