

# CHART Transformation Plan Workbook

## Version 1; Last Updated: July 15, 2022

### DEFINED TERMS

**Strategic Priority** - The Lead Organization will review its CMS-accepted Needs Assessment to determine its Community's Strategic Priorities. The Needs Assessment will guide the Lead Organization to develop and implement robust Transformation Plans that are both tailored to your Community's needs and also help achieve the CHART Model goals. To ensure alignment with the Model goals, the Lead Organization must categorize Transformation Plan strategies into discrete Strategic Priorities.

Example: Improve care coordination for high-cost, high need patients with chronic comorbidities through increased telehealth and care management interventions.

**Action Steps** – An Action Step is how the Lead Organization and community partners will accomplish its Strategic Priorities.

Example: Implement screening and referral process to link patients with chronic comorbidities with care coordination teams and integrate telehealth visits for care management.

### STRATEGIC PRIORITIES (ROWS 4-8, *Transformation Activities* tab)

1. Strategic Priorities: Identify 3 to 5 Strategic Priorities.
2. Describe each Strategic Priority and provide rationale for each selection. (Row 3, *Transformation Activities* tab)
3. For each Strategic Priority, select the timeframe (Row 4, *Transformation Activities* tab):
  - Short term = within first 2 years (end of 2024);
  - Medium term = mid-point of model (first 4 years, end of 2026); or
  - Long term = by end of model performance period (after 6 years, end of 2028).
4. Describe how each Strategic Priority will meet the **needs of the Community**. (Row 6, *Transformation Activities* tab )
5. Select the **most applicable category** for each Strategic Priority. Only one category can be selected in Excel, though a Strategic Priority may fit into multiple categories. (Row 7, *Transformation Activities* tab)
6. Describe how **successful implementation** of each Strategic Priority is defined and how this will be measured. (Row 8, *Transformation Activities* tab)

### ACTION STEPS (ROWS 10-18 [repeating], *Transformation Activities* tab)

1. List each Action Step that you will take to accomplish the Strategic Priority. Each Strategic Priority should have **at least 3 Action Steps**.
2. Describe each Action Step. (Row 10, *Transformation Activities* tab)
3. Select anticipated **start date** (month, year) for each Action Step. If possible, please organize Action Steps by start date. (Row 11, *Transformation Activities* tab)
4. Select anticipated **end date** (month, year) for each Action Step. (Row 12, *Transformation Activities* tab)
5. Describe how **successful implementation** of each Action Step is defined and how will it be measured. Describe any process and outcome measures that will be used to evaluate success. (Row 13, *Transformation Activities* tab)
6. Name the **point(s) of contact** that will ensure this Action Step is carried out. (Row 14, *Transformation Activities* tab)
7. What is the **estimated cost** of the Action Step? (Row 15, *Transformation Activities* tab)
8. Which **potential Participant Hospital(s)** will help implement this Action Step? Is this Action Step community-wide, regionalized, specific to several hospitals? (Row 16, *Transformation Activities* tab)
9. Are any Community Partners contributing financially to this Action Step? Would any potential Participant Hospital(s) contribute financially to this Action Step? How much will they contribute? (Row 17, *Transformation Activities* tab)
10. Any additional information on this Action Step that would be helpful for CMS reviewers? (Row 18, *Transformation Activities* tab)

### COMMUNITY INFORMATION TAB

Provide a list of the rural counties and census tracts that comprise your current Community definition. This information can be copied from the CHART application.

If requesting a change to the Community submitted in your CHART application, provide the counties/census tracts that you are proposing to add or remove and include a brief rationale for each change.

### OPERATIONAL FLEXIBILITIES TAB

The CHART Model makes available certain operational flexibilities to expand Lead Organizations ability to implement health care delivery system redesign and promote Participant Hospitals' capacity to manage their beneficiaries' care. In this tab, please indicate which flexibilities your Lead Organization is interested in pursuing. Once Participant Hospitals have joined the CHART Model, the Lead Organization will have the opportunity to finalize requested Operational Flexibilities. Your Project Officer will follow up to request additional information, as needed, for the flexibilities in which you are interested.

### TIMELINE TAB

This tab creates a Gantt chart from the start and end dates assigned to each action step and is meant to be a helpful visual aid for the Lead Organization and CMS. It is not necessary for Lead Organization to take any action in this tab.

Complete this template from top to bottom. Each Strategic Priority and its associated Action Steps have been organized into columns. We suggest filling out information for all Strategic Priorities first and then working on the Action Steps for a single Strategic Priority before moving onto the next Strategic Priority's Action Steps. You should aim to have 3 to 5 Strategic Priorities with at least 3 Action Steps each. The Timeline tab will populate a diagram based on the start and end dates of each Action Step.

Describe Strategic Priority	Strategic Priority #1	Strategic Priority #2	Strategy priority #3	Strategic Priority #4
Describe Strategic Priority and provide rationale.	<p>Strategic Priority: To improve chronic disease management and its prevention, as well as improve access to certain health care services, through the implementation of a locally designed telemedicine project at each Participant Hospital that fits its population's needs.</p> <p><u>Rationale:</u> Poor or inconsistent chronic disease management and its prevention are related to poorer health outcomes for residents in the Community. Several telehealth interventions have been found to improve chronic disease management and its prevention and make it easier for a patient to access medical attention, thereby preventing an avoidable ER visit or hospital admission. HHSC plans to use cooperative agreement funds to support the purchase of telemedicine equipment.</p>	<p>Strategic Priority: To promote adoption of Alternative Payment Models (APMs) by rural hospital providers by facilitating APM agreements between Medicaid managed care organizations (MCOs) and Participant Hospitals.</p> <p><u>Rationale:</u> APM adoption among rural hospitals in Texas is limited. Because nearly 95 percent of Medicaid beneficiaries in Texas receive services through managed care, HHSC plans to work with its contracted MCOs to achieve Medicaid Alignment.</p>	<p>Strategic Priority: To support hospital financial sustainability by providing technical assistance that will result in hospitals' ability to maximize the operational flexibilities, beneficiary incentives and cooperation agreement funding.</p> <p><u>Rationale:</u> Healthcare transformation cannot take root without a financially sustainable plan. Providing supports to hospitals so they can leverage all the CHART Model benefits is critical to ensuring financial solvency is maintained and that the healthcare transformation changes are sustainable.</p>	<p>Strategic Priority: To advance awareness of strategies to identify and address health disparities and Social Determinants of Health (SDOH) in Medicaid managed care through collaborative learning opportunities with Participant Hospitals and Medicaid managed care organizations (MCOs).</p> <p><u>Rationale:</u> Awareness of strategies to report data to address SDOH and health disparities may be limited among rural providers in Texas. HHSC is currently a partner in the MCO SDOH Learning Collaborative that explores the advancement of SDOH in Texas Medicaid.</p>
Timeframe	Short term (next 2 years)	Medium term (next 4 years)	Medium term (next 4 years)	Long term (after 6 years)

Describe Strategic Priority	Strategic Priority #1	Strategic Priority #2	Strategy priority #3	Strategic Priority #4
Describe how this Strategic Priority will meet the needs of the Community, as identified by the Needs Assessment exercise.	Key health challenges in the community include: chronic disease and disease self-management, high hospital emergency department utilization and access to care. HHSC envisions a framework from which Participant Hospitals can customize their role in the Transformation Plan by selecting one or more of the Community health challenges (i.e. improving chronic disease management and its prevention) to address through a telemedicine project(s) that fits the needs of their county. Each locally crafted telemedicine project will be required to address at least one community health challenge, at least one social determinant of health (SDOH), identify a telemedicine delivery model and rationale for its use, and identify how health disparities among populations impacted by the selected community health challenge(s) will be addressed in the hospital's community.	CHART Model Medicaid Alignment will be achieved through contractually implementing a generic requirement for managed care plans to use VBP or alternative payment arrangements. HHSC has implemented contract requirements for Medicaid MCOs to achieve minimum levels of APM agreements with their providers. HHSC uses the Healthcare Payment Learning and Action Network (HCP LAN) Alternative Payment Model (APM) Framework to help guide this effort. This framework provides a menu of payment models from which MCOs can choose to develop APM contracts with their providers including overall and risk-based APM targets. HHSC collects the MCO reports on their APMs annually.	In meetings during the pre-implementation phase, potential Participant Hospitals requested assistance with identifying opportunities to transform health care while participating in the CHART Model. HHSC plans to identify any gaps in readiness for Participant Hospitals and identify and provide technical assistance to address these gaps and support health care transformation and financial sustainability through the CHART Model.	In 2020, HHSC conducted an Assessment of Social Factors impacting Health Care Quality in Texas Medicaid. Based on the results of the assessment, socioeconomic, environmental, and behavioral factors are correlated with key health care quality measures in Texas Medicaid, and the impact of SDOH is relevant across Medicaid managed care populations. Collaborative learning opportunities for Participant Hospitals and MCOs will enable Participant Hospitals to identify and implement strategies to report data and address SDOH and health disparities in their respective communities.
Describe the assets and resources that contribute to achieving this Strategic Priority.	Resources are the cooperative agreement funding and a telemedicine exercise that is designed to help hospitals envision their telemedicine project and its role in health care delivery transformation and addressing SDOH and health disparities in the hospital's community.	Resources include identifying common goals through a guided Medicaid APM exercise to facilitate discussion and participation between Medicaid MCOs and hospitals.	Resources include using part of the cooperative agreement funding and potentially leveraging partnerships in the Community to provide consultation services to hospitals to support health care transformation and financial sustainability.	Resources include the current MCO SDOH LC and other activities at HHSC underway related to addressing SDOH, and available data from HHSC and the Department of State Health Services (DSHS).
Select the main category this Strategic Priority aligns with. [NOTE: At least one Strategic Priority must address at least one of the following: behavioral health treatment, substance use disorder treatment, chronic disease management and prevention, or maternal and infant health]	Chronic Disease Management and Prevention	Financial Sustainability	Financial Sustainability	Social Determinants of Health

Describe Strategic Priority	Strategic Priority #1	Strategic Priority #2	Strategy priority #3	Strategic Priority #4
Describe what success looks like and how you will measure it for this Strategic Priority.	Participant hospitals have purchased telemedicine equipment to implement telemedicine project. HHSC plans to collect proof of purchase documentation from hospitals.	Participant Hospitals and Medicaid MCOs identify mutually agreeable APM to implement in Calendar Year 2024. HHSC plans to collect information on APMs through MCO reporting.	HHSC identifies and provides technical assistance needed for Participant Hospitals to develop and implement health care transformation plans through the CHART Model while maintaining financial sustainability. HHSC plans to poll Participant Hospitals and collect information on their transformation plans to help inform future Transformation Plans that HHSC will submit to CMS.	Participant Hospitals and MCOs identify and implement strategies to collect data to address health disparities and SDOH in the CHART Model Community.
<b>Action Step #1</b>				
Describe Action Step and how it will help achieve the Strategic Priority.	Prepare and distribute required documents to Participant Hospitals to complete so each can receive up to a pre-determined amount of cooperative agreement funding.	Establish a series of meetings between Participant Hospitals and Medicaid MCOs to discuss phase 1 implementation of the Medicaid APM(s).	Meet and/or poll Participant Hospitals to assess their operational, financial and quality readiness to implement health care transformation while maintaining financial solvency through the CHART Model.	Establish at least two meetings annually between Participant Hospitals, Medicaid MCOs, and relevant Community partners to discuss strategies to identify and address SDOH and health disparities.
Select when you will initiate this Action Step.	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Select when you project this Action Step to be completed.	3/1/2023	12/1/2023	3/1/2023	12/1/2023
Describe what success looks like for this Action Step. State what process and outcome measures you will use to evaluate success.	All Participant Hospitals have completed and submitted required documents to HHSC so each can receive the appropriate allocation of cooperative agreement funding.	All Participant Hospitals and Medicaid MCOs are in agreement regarding Phase 1 implementation of the Medicaid APM(s).	HHSC CHART Model staff and Participant Hospitals have a realistic view of their plans for health care transformation and maintaining financial sustainability through the CHART Model and gaps in their readiness are identified for technical assistance support.	All Participant Hospitals identify strategies to collect data to address health disparities and SDOH in Medicaid managed care.
List the person(s) responsible for carrying out this Action Step.	Participant Hospital staff and HHSC staff	Participant Hospital staff, HHSC staff	Participant Hospital staff and HHSC staff	Participant Hospital staff, HHSC staff
State the anticipated cost of this Action Step.	\$1,512,000	\$0	\$0	\$0
List which potential Participant Hospital(s) or other Community Partners will help implement this Action Step.	All Participant Hospitals	All Participant Hospitals, Medicaid MCOs	All Participant Hospitals	All Participant Hospitals, Medicaid MCOs
List which potential Participant Hospital(s) or other Community Partners will contribute financially, including estimated contribution, to this Action Step.	None	None	None	None

Describe Strategic Priority Action Step #2	Strategic Priority #1	Strategic Priority #2	Strategy priority #3	Strategic Priority #4
Describe Action Step and how it will help achieve the Strategic Priority.	HHSC CHART Model staff review documents and ensure completeness and conduct follow up about telemedicine project proposals, as needed.	Within the CHART Model Community, HHSC staff will conduct an inventory of current APMs in which Participant Hospitals and MCOs participate to identify best practices, gaps, and opportunities and how the CHART Model will be reconciled with other existing APMs.	HHSC CHART Model staff identify entities best able to address any readiness gaps to support health care transformation and financial sustainability with Participant Hospitals and begin any procurement processes, as needed.	HHSC staff identify available data and supports for Participant Hospitals to report data to address SDOH and health disparities in Medicaid.
Select when you will initiate this Action Step.	3/1/2023	1/1/2023	2/1/2023	6/1/2023
Select when you project this Action Step to be completed.	4/1/2023	6/1/2023	3/1/2023	9/1/2023
Describe what success looks like for this Action Step. State what process and outcome measures you will use to evaluate success.	All Participant Hospitals have identified well thought out projects and demonstrated the feasibility of implementation of their telemedicine project proposal.	HHSC has completed its assessment of current APMs in Texas Medicaid in the CHART Community and identified opportunities to hospitals navigate multiple APMs where applicable.	Entities are identified that can address the identified readiness gaps and health care transformation and financial sustainability, and support of Participant Hospitals and procurement processes, if needed, are implemented by HHSC CHART Model staff.	Data and supports are identified by HHSC staff that can support Participant Hospitals in their efforts to report data to address SDOH and health disparities in Medicaid.
List the person(s) responsible for carrying out this Action Step.	Participant Hospital staff and HHSC staff.	HHSC staff	HHSC staff	HHSC staff
State the anticipated cost of this Action Step.	0	0	0	0
List which potential Participant Hospital(s) or other Community Partners will help implement this Action Step.	All Participant Hospitals	All Participant Hospitals, Medicaid MCOs	TORCH and possibly other Community partners not yet identified	Participant Hospitals, Medicaid MCOs, TORCH and possibly other Community partners not yet identified
List which potential Participant Hospital(s) or other Community Partners will contribute financially, including estimated contribution, to this Action Step.	None	None	None	None

Describe Strategic Priority Action Step #3	Strategic Priority #1	Strategic Priority #2	Strategy priority #3	Strategic Priority #4
Describe Action Step and how it will help achieve the Strategic Priority.	HHSC distributes cooperative agreement funding to Participant Hospitals to purchase telemedicine equipment identified in their telemedicine project proposals.	Participant Hospitals and Medicaid MCOs formalize agreements on Medicaid APM(s).	Procurement documents are executed, if needed. If no procurement is needed, then Community partners that can provide assistance to address readiness gaps and support health care transformation and financial sustainability have been identified and their participation is secured.	HHSC staff share available data and supports to report data to address SDOH and health disparities in Medicaid managed care with Participant Hospitals.
Select when you will initiate this Action Step.	4/1/2023	9/1/2023	1/1/2023	9/1/2023
Select when you project this Action Step to be completed.	6/1/2023	12/1/2023	5/1/2023	12/1/2023
Describe what success looks like for this Action Step. State what process and outcome measures you will use to evaluate success.	Participant Hospitals have funding for telemedicine equipment identified in their telemedicine project proposals.	Participant Hospitals have entered into an APM arrangements with an MCO in their service area.	Vendors/consultants are procured and meeting with hospitals begin to identify and address readiness gaps, and support health care transformation.	Participant Hospitals have available data and supports identified by HHSC CHART Model staff that can support them in their efforts to report data to address SDOH and health disparities in Medicaid managed care.
List the person(s) responsible for carrying out this Action Step.	All Participant Hospitals	Participant Hospitals, Medicaid MCOs	HHSC staff	HHSC staff
State the anticipated cost of this Action Step.	\$0	\$0	\$300,000	\$0
List which potential Participant Hospital(s) or other Community Partners will help implement this Action Step.	All Participant Hospitals	All Participant Hospitals, Medicaid MCOs	Unknown at this time.	MCOs, TORCH and possibly other Comm
List which potential Participant Hospital(s) or other Community Partners will contribute financially, including estimated contribution, to this Action Step.	None	None	Unknown at this time.	None

Describe Strategic Priority Action Step #4	Strategic Priority #1	Strategic Priority #2	Strategy priority #3	Strategic Priority #4
Describe Action Step and how it will help achieve the Strategic Priority.	Participant Hospitals purchase telemedicine equipment identified in their telemedicine project proposals and begin implementing telemedicine project.		HHSC CHART Model staff coordinate meeting logistics for Participant Hospitals and technical assistance provider(s)	Participant Hospitals begin implementing strategies to report data to address SDOH and health disparities in Medicaid managed care.
Select when you will initiate this Action Step.	6/1/2023		6/1/2023	1/1/2024
Select when you project this Action Step to be completed.	12/1/2023		8/1/2023	12/1/2024
Describe what success looks like for this Action Step. State what process and outcome measures you will use to evaluate success.	Participant Hospitals successfully purchase telemedicine equipment needed to implement their telemedicine projects and begin implementing projects.		Meeting logistics are finalized for hospitals and technical assistance provider(s).	Strategies to report data to address SDOH and health disparities in Medicaid managed care begin to be implemented by Participant Hospitals in collaboration with Medicaid MCOs.
List the person(s) responsible for carrying out this Action Step.	Participant Hospitals		HHSC staff	Participant Hospitals
State the anticipated cost of this Action Step.	\$0		\$0	\$0
List which potential Participant Hospital(s) or other Community Partners will help implement this Action Step.	All Participant Hospitals		All Participant Hospitals	MCOs, TORCH and possibly other Cor
List which potential Participant Hospital(s) or other Community Partners will contribute financially, including estimated contribution, to this Action Step.	All Participant Hospitals		Unknown at this time	Unknown at this time



Using the space below, list all of the rural counties and rural census tracts that comprise your current Community definition. This information can be copied from the CHART application.

**Describe Strategic Priority and provide rationale.**

Angelina County, Brown County, Burnet County, Dawson County, DeWitt County, Haskell County, Maverick County, Mitchell County, Polk County, San Augustine County, Young County, Census Tracts 48187210100, 48187210200, 48187210300, 48187210400, 48187210504, 48187210508, 48187210801, 48187210901, and 48187210902 in Guadalupe County, and Census Tracts 48485013700 and 48485013800 in Wichita County.

If requesting a change to the Community submitted in your approved CHART application to CMS, please indicate these changes in the table below, including a brief rationale for each change.

County or Census Tract(s)	Add or Remove	Rationale
Anderson	Add	
Andrews	Add	
Aransas	Add	
Armstrong	Add	
Austin	Add	
Bailey	Add	
Bandera	Add	
Bastrop	Add	
Baylor	Add	
Bee	Add	
Blanco	Add	
Borden	Add	
Bosque	Add	
Brewster	Add	
Briscoe	Add	
Brooks	Add	
Burleson	Add	
Calhoun	Add	
Callahan	Add	
Camp	Add	
Carson	Add	
Cass	Add	
Castro	Add	
Cherokee	Add	
Childress	Add	
Clay	Add	
Cochran	Add	
Coke	Add	
Coleman	Add	

County or Census Tract(s)	Add or Remove	Rationale
Collingsworth	Add	
Colorado	Add	
Comanche	Add	
Concho	Add	
Cooke	Add	
Cottle	Add	
Crane	Add	
Crockett	Add	
Crosby	Add	
Culberson	Add	
Dallam	Add	
Deaf Smith	Add	
Delta	Add	
Dickens	Add	
Dimmit	Add	
Donley	Add	
Duval	Add	
Eastland	Add	
Edwards	Add	
Erath	Add	
Falls	Add	
Fannin	Add	
Fayette	Add	
Fisher	Add	
Floyd	Add	
Foard	Add	
Franklin	Add	
Freestone	Add	
Frio	Add	
Gaines	Add	
Garza	Add	
Gillespie	Add	
Glasscock	Add	
Goliad	Add	
Gonzales	Add	
Gray	Add	
Grimes	Add	
Hale	Add	
Hall	Add	
Hamilton	Add	
Hansford	Add	
Hardeman	Add	
Hartley	Add	

County or Census Tract(s)	Add or Remove	Rationale
Hemphill	Add	
Henderson	Add	
Hill	Add	
Hockley	Add	
Hood	Add	
Hopkins	Add	
Houtson	Add	
Howard	Add	
Hudspeth	Add	
Hunt	Add	
Hutchinson	Add	
Irion	Add	
Jack	Add	
Jackson	Add	
Jasper	Add	
Jeff Davis	Add	
Jim Hogg	Add	
Jim Wells	Add	
Jones	Add	
Karnes	Add	
Kenedy	Add	
Kent	Add	
Kerr	Add	
Kimble	Add	
King	Add	
Kinney	Add	
Kleberg	Add	
Knox	Add	
La Salle	Add	
Lamar	Add	
Lamb	Add	
Lavaca	Add	
Lee	Add	
Leon	Add	
Liberty	Add	
Limestone	Add	
Lipscomb	Add	
Live Oak	Add	
Llano	Add	
Loving	Add	
Lynn	Add	
Madison	Add	
Marion	Add	

County or Census Tract(s)	Add or Remove	Rationale
Martin	Add	
Mason	Add	
Matagorda	Add	
McCulloch	Add	
McMullen	Add	
Medina	Add	
Menard	Add	
Milam	Add	
Mills	Add	
Montague	Add	
Moore	Add	
Morris	Add	
Motley	Add	
Nacogdoches	Add	
Navarro	Add	
Newton	Add	
Nolan	Add	
Ochiltree	Add	
Oldham	Add	
Palo Pinto	Add	
Panola	Add	
Parmer	Add	
Pecos	Add	
Presidio	Add	
Rains	Add	
Reagan	Add	
Real	Add	
Red River	Add	
Reeves	Add	
Refugio	Add	
Roberts	Add	
Robertson	Add	
Runnels	Add	
Sabine	Add	
San Jacinto	Add	
San Saba	Add	
Schleicher	Add	
Scurry	Add	
Shackelford	Add	
Shelby	Add	
Sherman	Add	
Somervell	Add	
Starr	Add	

County or Census Tract(s)	Add or Remove	Rationale
Stephens	Add	
Sterling	Add	
Stonewall	Add	
Sutton	Add	
Swisher	Add	
Terrell	Add	
Terry	Add	
Throckmorton	Add	
Titus	Add	
Trinity	Add	
Tyler	Add	
Upton	Add	
Uvalde	Add	
Val Verde	Add	
Van Zandt	Add	
Walker	Add	
Ward	Add	
Washington	Add	
Wharton	Add	
Wheeler	Add	
Wilbarger	Add	
Willacy	Add	
Wilson	Add	
Winkler	Add	
Wise	Add	
Wood	Add	
Yoakum	Add	
Zapata	Add	
Zavala	Add	
48009020200	Add	
48027980002 48027980003	Add	
48037011600	Add	
48061012301 48061012304 48061012305 48061014200	Add	

County or Census Tract(s)	Add or Remove	Rationale
48099010101 48099010102 48099010201 48099010202 48099010300 48099010400 48099980000	Add	
48135002200	Add	
48139061400 48139061500 48139061600	Add	
48167724000 48167724101 48167724200 48167724300 48167724400 48167724500 48167724600 48167724700 48167724800 48167724900 48167725000 48167725100 48167725200 48167725300 48167725400 48167725500 48167725600 48167725700 48167725800 48167725900 48167726000 48167726100	Add	
48181001102	Add	

County or Census Tract(s)	Add or Remove	Rationale
48183010400 48183010600 48183010700	Add	
48203020103 48203020104 48203020301 48203020302 48203020401 48203020402 48203020501 48203020502	Add	
48209010804	Add	
48215024301	Add	
48251130302 48251130303 48251130304 48251130601 48251130700 48251130800 48251130900 48251131000 48251131100	Add	
48257050300 48257050400 48257050500	Add	
48259970100	Add	
48281950100 48281950400 48281950500	Add	
48329010113	Add	
48355005102	Add	

County or Census Tract(s)	Add or Remove	Rationale
48367140101 48367140102 48367140200 48367140300 48367140502 48367140602 48367140705 48367140706	Add	
48375014300	Add	
48381021900	Add	
48401950300 48401950400 48401950501 48401950502 48401950600 48401950700 48401950800 48401950900 48401951100 48401951200	Add	
48409010201 48409010202 48409010301 48409010302 48409010700 48409011000 48409011200 48409011300	Add	
48441013000 48441013500	Add	
48451001600 48451001704	Add	
48459950400	Add	
48473680400	Add	



County or Census Tract(s)	Add or Remove	Rationale
48479001710 48479001813 48479001815	Add	

Using the table below, please indicate which flexibilities your Lead Organization is interested in pursuing. Once Participant Hospitals have joined the CHART Model, the Lead Organization will have the opportunity to finalize requested Operational Flexibilities. Your Project Officer will follow up to request additional information, as needed, for the flexibilities in which you are interested. This document does not indicate a commitment from CMS to approve any waiver(s).

**Describe Strategic Priority and provide rationale.**

<b>Flexibility Option</b>	<b>Purpose</b>	<b>Request (Yes/No)</b>
<b>Amount of Cooperative Agreement Funding</b>	Before the beginning of Performance Period 1, Lead Organizations may request to receive less cooperative agreement funding in exchange for a lower discount factor for their Participant Hospitals. CMS may allow additional opportunities for Lead Organizations to request less cooperative agreement funding in exchange for a lower discount on a case by case basis.	No
<b>Applying Discounts</b>	Lead Organizations will be able to negotiate participant-level discount factors with Participating Hospitals, subject to CMS approval, so long as the aggregate discount equals the final discount factor for the total revenue in the Community. This will allow Participant Hospitals and Lead Organizations to optimize participant-level discount factors to hospitals of different sizes to help recruit and retain Participant Hospitals.	No
<b>Exclude Outliers in the CPA</b>	Lead Organizations must opt-in to receive an Outlier Adjustment. As detailed in Step 2.4 of the Financial Specifications, a Lead Organization may elect to participate in an optional outlier policy to limit the impact of extraordinarily high-cost claims on their Capitated Payment Amount.	Yes

**Medicare Program and Payment Policy Waivers (Hospital-Specific)**

<b>Waiver</b>	<b>Purpose</b>	<b>Request (Yes/No)</b>
<b>Skilled Nursing Facility (SNF) 3-Day Rule Waiver</b>	This would waive the rule requiring a three-day stay in a Participant Hospital with swing-bed for approval of Medicare post-hospital extended care services prior to admission to a SNF.	Yes
<b>Telehealth Expansion</b>	This would expand allowable originating sites to include a beneficiary's place of residence for certain synchronous and asynchronous telehealth services. Services would be related to wellness visits, evaluation & monitoring, and analyzing patient images. Additionally, health care providers would be permitted to engage in telehealth services with individuals who are not established patients.	Yes
<b>Care Management Home Visits</b>	This would allow Participant Hospitals to offer home visits to beneficiaries proactively and in advance of any potential hospitalization, and would waive the homebound requirement for receiving such services.	Yes

<b>Waiver of certain Medicare Hospital and/or CAH Conditions of Participation (CoPs)</b>	Waivers of Medicare CoPs could allow Participant Hospitals to make certain changes to their facility structure, and maintain their hospital or CAH status for the purpose of Medicare enrollment and certification, Medicare hospital quality reporting, and in order to receive payments under the capitated payment arrangement. (NOTE: This waiver would not be operationalized before CY2024.)	Yes
<b>CAH 96 Hour Certification Rule</b>	This would waive the condition of payment for inpatient CAH services that a physician must certify that a patient is expected to be discharged or transferred within 96 hours of being admitted into a CAH.	Yes
<b>Beneficiary Engagement Incentives (Hospital-Specific)</b>		
<b>Incentive</b>	<b>Purpose</b>	<b>Request (Yes/No)</b>
<b>Cost sharing for Medicare Part B services</b>	Participant Hospitals will be allowed to reduce or waive the applicable co-insurance on the Medicare allowed amount (estimated at approximately \$10 per visit). Examples of potential criteria for waiving cost sharing could include: <ul style="list-style-type: none"> <li>•Financial need;</li> <li>•Patients with high disease burden that would benefit from more frequent visits to avoid hospitalization and disease progression; and</li> <li>•Patients with recent hospitalizations or ED visits.</li> </ul>	Yes
<b>Transportation</b>	This will allow Participant Hospitals to offer free or discounted transportation services (to include a ride sharing service and a Participant Hospital's own contracted automobile) for beneficiaries requiring face to face care with a Participant Hospital and to connect beneficiaries with follow up services, including trips to: <ul style="list-style-type: none"> <li>•A pharmacy or courier service for medication;</li> <li>•An external specialist's office;</li> <li>•Elective procedures; and</li> <li>•Health care providers for other health-related services and activities.</li> </ul>	Yes
<b>Gift Card Reward for Chronic Disease Management Programs</b>	This would allow Participant Hospitals to provide gift cards to eligible aligned beneficiaries for incentivizing participation and adherence in a chronic disease management program.	Yes

## Timeline

This tab creates a Gantt chart from the start and end dates assigned to each action step and is meant to be a helpful visual aid for the Lead Organization and CMS. It is not necessary for Lead Organization to take any action in this tab. \*SP = Strategic Priority

