

Community Health Access and Rural Transformation (CHART) Model: Frequently Asked Questions



November 2021

This document provides a summary of the questions raised by Lead Organizations and answers provided by the Model team during the month of November 2021.

Question 1: If a Lead Organization does not have Participant Hospitals enrolled, can it convene its Advisory Council and other members to begin work on the Transformation Plan?

Yes. Lead Organizations have letters of intent (LOIs) from potential Participant Hospitals, so there are documented relationships and conversations underway. The official list of Participant Hospitals is to be included in the final submission of the Transformation Plan, so collaboration is appropriate and necessary. The Centers for Medicare & Medicaid Services (CMS) encourages Lead Organizations to reengage with the hospitals that have submitted LOIs and engage any other hospitals that may be interested.

Question 2: When completing the Needs Assessment, is it acceptable to use the proposed Community in the application?

It is acceptable to use the proposed Community in the Needs Assessment and initial Transformation Plan. All Lead Organizations can update their defined Communities once. Community updates are subject to CMS' review and approval to ensure that the updates align with CHART Model goals. The proposed updates must be made prior to submitting the final Transformation Plan during the Pre-Implementation Period.

Question 3: Are there final dates for making requests related to flexibilities/benefit enhancements/beneficiary engagement incentives?

As stated in the CHART Model Notice of Funding Opportunity (NOFO), CMS provides Participant Hospitals (through their Lead Organizations) the opportunity to select certain benefit enhancements and beneficiary engagement incentives. These selections, at a minimum, should be included in the final Transformation Plan, as well as communicated to the Project Officer as early as possible during the Transformation Plan development process. For information on how to request Medicare flexibilities, see the Transformation Plan Instructions in the [Model Participation folder](#) on Connect. Lead Organizations and their Project Officers would collaborate to ensure alignment around the requested flexibilities.

Question 4: If a Lead Organization includes a request for flexibilities in the final Transformation Plan, will the request be approved by January 1, 2023?

If a Lead Organization requests benefit enhancements/beneficiary engagement incentives included in the NOFO, it should be able to implement them by January 2023 when hospital participation in the CHART Model begins. However, a request that pertains to waiving conditions of participation in Medicare may take longer to determine approval as a request would likely be unique to a Participant Hospital(s) based on existing flexibilities, state requirements, etc. CMS would do its part to establish an approval timeline once a request has been confirmed in a Lead Organization's Transformation Plan.

Question 5: Can Lead Organizations request flexibilities but not use them due to

