CMS Accountable Care Programs Comparison Table

	Medicare Direct Contracting	NextGen ACO (NGACO)	Shared Savings ACO	CHART Model – ACO Transformation Track[1]	CHART Model – Community Transformation Track[2]
Program Overview	A new program released in November 2019 built upon the NGACO program, with appeal to more organization types and sizes ready for capitation and two-sided risk	Released in 2016, this program built upon the Shared Savings Program, providing additional flexibilities and introduced an option for two sided risk and per beneficiary per month (PBPM) or capitated payment	Built upon the Pioneer ACO model, the Shared Savings Program began in 2012 with Tracks 1 and 2. Tracks 3 and 1+ were later added in 2016 and 2018. They have since been restructured into the BASIC and ENHANCED Tracks under the Pathways to Success program restructure	Announced in August 2020, the CHART model offered two tracks designed to provide much needed investment in rural communities to transform healthcare and shift to value. The ACO Transformation Track builds upon the ACO Investment Model (AIM) program and layers advanced payment onto the MSSP program structure	The Community Transformation Track builds upon the Maryland Total Cost of Care and Pennsylvania Rural Health Models. Unique among these programs, it incentivizes value beyond Medicare and offers an opportunity for a Lead Organization to drive a Transformation Plan and flow funds to community partners in rural counties or census tracts
Minimum Beneficiary Size	• Standard Model: 5,000 beneficiaries • New Entrant Model: 1,000 with glide path to 5,000 by PY4 • High Risk Model: 250 with glide path to 1,400 by PY5	10,000 (7,500 in rural area)	5,000	• Additional dollars for up to a maximum of 10,000 beneficiaries (see below) • Required that a majority of ACO providers and suppliers are located within rural counties or census tracts • Must start a new 5-year MSSP agreement period • CMS will select up to 20-rural focused ACOs to receive advanced payments, with preference given to ACOs based on the proportion of their assigned beneficiaries residing in rural areas	• A minimum of 10,000 Medicare FFS beneficiaries with a primary residence located in the Community defined as either a single county or census tract • CMS will select up to 15 Lead Organizations for this track
Capitation	Capitation is required, either professional or global. Mandatory for participant providers, but optional for preferred providers in the direct contracting entity (DCE)	All Inclusive Population Based Payments (AIPBP) option	No capitation option	Advanced shared savings payments comprised of two components: • One-time upfront payment equal to a minimum of $200,000 plus $36 per beneficiary to participate in the 5-year agreement period in the Shared Savings Program • A prospective (PBPM) payment equal to a minimum of $8 for up to 24 months The amount for the upfront payment and the PBPM will vary based on the level of risk that the CHART ACO accepts in the Shared Savings Program and the number of rural beneficiaries assigned to it based on the Shared Savings Program assignment methodology, up to a maximum of 10,000 beneficiaries.	**Funding**: Lead Organizations and their community partners will receive upfront cooperative agreement funding, financial flexibilities through a predictable capitated payment amount (CPA) for Participant Hospitals in a community, and operational and regulatory flexibilities. Lead Organizations receive up to $5M in cooperative funding: • Upfront Funding - Up to $2 million available upon acceptance into the CHART Model with the rest of the funding available as communities progress through the model. • 6 Performance Years: Up to $500,000 per PY based on Transformation plan milestones and percent of hospital revenue in CPA arrangements Participant Hospitals will receive a CPA, a prospectively set annual payment
Shared Savings or Loss	First dollar savings or loss with risk corridors and optional stop-loss insurance. Includes discount withhold and quality withhold • Professional: 50% • Global: 100% • Geographic: TBD	First dollar savings or loss for spending below or above benchmark (includes a discount withhold) • Arrangement A: 80% risk years 1-3; 85% risk years 4 & 5 with 15% savings/losses cap • Arrangement B: 100% risk with 15% savings/losses cap	First dollar savings once minimum savings rate (MSR) is met or exceeded. First dollar loss after Minimum Loss Rate (MLR) rate is met or exceeded. • BASIC Track: Savings Glide path of 40% to 50% savings based on quality performance, not to exceed 10% of updated benchmark; Losses for risk/reward models at 30% with caps • ENHANCED Track: 75% based on quality performance, not to exceed 20% of updated benchmark; loss rate of 40% to 75%, not to exceed 15% of updated benchmark	• Advanced shared savings payments are deducted from the earned shared savings amount upon annual reconciliation • The amount deducted from the ACO's generated savings will not exceed the shared savings earned in that performance year; CMS will recover the balance in subsequent performance years over the life of the program • ACOs will still be responsible for shared losses as per the terms of the two-sided two-sided model	
Quality Measures	14 quality measures proposed, 10 of which are CAHPS measures – P4R during PY1 and P4P thereafter	Mirrors Shared Savings ACO Quality Measures excluding ACO-11: Percent of PCPs Who Successfully Meet Meaningful Use Requirements	23 quality measures with Pay for Reporting to Pay for Performance progression	Same as Shared Savings Program	• 3 required measures to promote access to high quality care • 3 selected measures from a menu of 4 population health domains: Substance Use, Maternal Health, Chronic Conditions, and Prevention
Beneficiary Alignment	Prospective claims-based and voluntary alignment with new Prospective Plus alignment option	Prospective claims-based and voluntary alignment	Choice of prospective assignment or preliminary prospective assignment with retrospective reconciliation	Same as Shared Savings Program	Calculations based on beneficiary primary residence and % of Medicare Revenue/Expenditures

For more information on CMS accountable care program opportunities, please contact Shanah Tirado at stirado@copehealthsolutions.com or 213-369-7415.

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[1] The Request for Applications (RFA) has yet to be released. All program elements described here are preliminary. The RFA release is scheduled for Spring 2021.
[2] The Notice of Funding Opportunity (NOFO) has yet to be released. All program elements described here are preliminary. It is scheduled to be released Summer 2020.

Table accurate as of August 19, 2020