



Part 1: Survey Respondent Information

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This survey is being conducted by NAACOS to develop estimates of ACO contracting outside of Medicare and of the costs of operating an ACO. The information you provide will support NAACOS advocacy and research and will be kept confidential. We will share summary results with all survey participants.

Organization Name

ACO/DCE Name (if different from Organization Name)

ACO/DCE Primary City and State (or enter multi-state if applicable)

Contact information for person responding to the survey

Name:

Title:

Email:

Please note: This survey has four pages. To advance or go back, click on the arrows at the bottom of each page. If you exit the survey before you have completed it your responses will be saved automatically. You can re-open the survey with the same link to access your previous responses but you must use the same web browser. When you are ready to submit your responses click on the Submit button at the bottom of the 4th page. If you have technical issues or questions about the survey, please contact Sam Sobul (sams@institute4ac.org).

Part 2: ACO/VBC Contracting Information

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We define “ACO contract ” as ANY value-based care (VBC) contract where your organization is rewarded or penalized based on performance on total costs of care for enrolled or attributed beneficiaries.

1) Please enter the approximate number of covered lives in ACO/VBC contracts by payer category for your organization's most recent fiscal year.

Enter Fiscal Year

Total Number of Covered Lives by Payer Category

Medicare (MSSP/DCE)

Medicare Advantage

Commercial

Medicaid MCO

Medicaid

Direct to Employer

Other Payer

If other payer, please describe

2) Please enter the number of covered lives in ACO/VBC contracts by payer and level of risk sharing below

Medicare (MSSP/DCE)

One-sided contracts

Two-sided contracts (shared risk)

Two-sided contracts (full risk)

Medicare Advantage

One-sided contracts

Two-sided contracts (shared risk)

Two-sided contracts (full risk)

Commercial

One-sided contracts

Two-sided contracts (shared risk)

Two-sided contracts (full risk)

Medicaid MCO

One-sided contracts

Two-sided contracts (shared risk)

Two-sided contracts (full risk)

Medicaid

One-sided contracts

Two-sided contracts (shared risk)

Two-sided contracts (full risk)

Direct to Employer

One-sided contracts

Two-sided contracts (shared risk)

Two-sided contracts (full risk)

Other Payer

One-sided contracts

Two-sided contracts (shared risk)

Two-sided contracts (full risk)

If other payer, please describe

3) Please identify other CMS alternative payment models that your organization currently participates in (check all that apply).

- Bundled Payments for Care Improvement (BPCI) Advanced
- Comprehensive Care for Joint Replacement
- Oncology Care Model
- Primary Care First
- Kidney Care Choices
- ESRD Treatment Choices
- Other CMMI Model

If other CMMI model, please describe

4) Is there anything else you would like to tell us about your mix of contracts by payer and level of risk sharing?

Part III: ACO Operating Expense and Staffing Summary

Part 3: ACO Operating Expense and Staffing Summary

5) Does your organization have a defined annual budget for its overall ACO/population health operations (all payers)?

- Yes
- No

If yes, please provide your annual population health (all payers) operating budget for your most recent fiscal year

Annual Operating Budget:

Fiscal Year

6) Does your organization have a defined annual operating budget for its Medicare ACO (MSSP, NextGen, DCE)?

Yes

No

If yes, please provide your annual operating budget for your Medicare ACO's most recent fiscal year

Annual Operating Budget

Fiscal Year

7) Approximately how many total FTE staff does your organization utilize to run its population health operation (enter N/A if you do not track this information)?

8) Approximately how many total FTE staff does your organization utilize to run its Medicare ACO (MSSP, NextGen, DCE)? (Enter N/A if you do not track this information)

9) What are the principal sources of funding for your organization's ACO/population health operating budget

excluding billable medical care services? (Check all that apply)

- Affiliated hospital or health system
- Shared savings revenue from ACO contracts.
- Joint venture with third-party hospital or health system
- Payer PMPM payments for care management/ population health
- For-profit ACO management/enablement company
- Other
- Don't know.

If other, please explain

10) Would you be willing to answer more detailed questions about your ACO staffing and budget if we contact you at a later date?

- Yes
- No