



Intend to Participate in the Initial Cohort of the CMS ACCESS Model?

Top 10 Things You Should Do Now

1. **Identify your solution** to improve outcomes for a given defined clinical track within the ACCESS model and define your unique niche in the market.

The ACCESS model is diverse in its approach to the market allowing for a wide variety of interventions to improve the health of beneficiaries with chronic conditions. Model success starts with identifying a novel approach (one not currently covered by Medicare) to managing chronic conditions and achieving measurable improvements in an effective and efficient manner. The intent for ACCESS is to rethink traditional healthcare delivery by removing many of the barriers created by current payment models while focusing on better outcomes instead.

Start from scratch.

2. **Develop a winning business model.** A successful business starts with an idea but ultimately must have a winning business model to survive and achieve its potential.

Does your model align effectively with the necessary stakeholders?

Have you planned for the unique structure and deferred nature of the payment model? While the exact payment rates have not been announced and may not be until closer to the application deadline, applicants should begin modeling and forecasting various scenarios so that when rates are announced they can plug them in to validate feasibility. There may be short time available depending upon CMS announcements compared to deadlines.

What are your strengths and weaknesses? How will you address each to maximize and strengths and overcome your weaknesses?

Ideally your business model for ACCESS will align strategically with existing business lines or initiatives.

3. **Identify provider support.**

The Model will require provider support. Services will be billed through a Part B provider number to existing Medicare Administrative Contractors. ACCESS Model Participants

will need to employ or contract with physician level providers that perform and/or supervise services within their scope of practice. ACCESS Participants must also employ or contract a Medical Director. Even if you are a current provider organization, you will likely need the support of referring providers. There is a FFS (fee for service) Exclusion for ACCESS beneficiaries. So, the same (or affiliated) organization can not bill both ACCESS services and FFS to the same beneficiaries to prevent possible duplication of services within the Model.

Therefore, now is the time to identify providers and begin the relevant discussions.

4. Obtain entity's provider number.

If your organization does not currently have a Part B provider number, now is the time to start the enrollment process. It also underscores the need to complete the steps above as soon as possible.

5. Gain insight and understanding into the model by attending webinars and conferences.

The ACCESS Model is versatile by design. Such versatility creates endless opportunities for innovation. Thus, particularly in this case, additional perspective is invaluable. There will undoubtedly be numerous webinars and presentations in the coming days on this topic, and serious applicants would be amiss to not attend all they possibly can. One example is the upcoming ACO Essentials in New Orleans (Jan 22) will be featuring substantial discussions on this and other related topics.

6. Develop clinical policies, procedures and protocols.

The ACCESS Model requires Participants to designate a Medical Director who is responsible for the development of clinical policies and procedures as well as establishing protocols for identifying and addressing patient safety concerns.

7. Build out your infrastructure.

Evaluate and acquire necessary equipment, technology and administrative infrastructure. Does the equipment meet the CMS model requirements for collection, validation and FDA approval? Do you have the tools in place to submit data via FHIR based APIs? Do you have the necessary resources to receive beneficiary-identifiable data via API (BCDA files) from CMS? Are you able to connect to a Health Information Exchange and file claims electronically to a Medicare Administrative Contractor?

Plan your staffing needs and begin looking for or assign key leadership.

Begin now to obtain financing or secure funding to cover business model cash flow needs.

8. Verify compliance with program rules, and Federal, State and local laws and regulations.

Examine applicable state corporate practice of medicine laws and regulations for the target areas of operation. Determine the extent they may apply in your particular model.

9. Submit application to ACCESS. Applications open on January 12th for the ACCESS Model's first cohort and closes on April 1st.

Successful candidates would begin participation on July 5th. Subsequent cohorts will be available starting January 2027. A copy of the application content is included in the RFA (now available).

10. Prepare to launch.

Recruit staff, initiate strategic partnerships, and marketing campaigns.

This list by no means is all encompassing of the consideration of applying to the ACCESS model, but perhaps they provide some additional insight from an ACO Perspective.

If you need assistance completing any of the above steps, please reach out right away for help. Early participation could equate to market advantages. If you intend to participate in the initial cohort, you have only until April 1st to get it all correct.

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