

Specialty Contracting Playbook: ACO Worksheet

This is a quick reference companion to the full specialty contracting guide, serving as a worksheet for accountable care organizations (ACOs) seeking value-based contracts with specialty providers. The worksheet outlines decisions across 10 contracting domains.

Counterparty:

Completed by:

Date:

1. Networking Strategy *Identify high-value specialists*

Which alignment approach will the ACO use for high-value specialists?

- ☐ ACO participant list
☐ Preferred provider network
☐ Downstream financial risk arrangement
☐ Undecided

If preferred network: Which specialties are prioritized for referral steering?

If downstream risk: Is the arrangement limited to shared savings under the applicable CMS model?

- ☐ Yes ☐ No ☐ TBD

2. Data & Analytics *Share & receive data*

Which data types will be shared with specialty partners?

- ☐ Claims
☐ Member eligibility & attribution
☐ ADT feeds
☐ Prior authorization
☐ Lab results
☐ Pharmacy
☐ Other: _____

How will data be shared?

- ☐ Claims extracts for attributed patients
☐ Performance dashboards
☐ Both

What refresh timing has been agreed, by data type?

Timing varies widely; revisit as payer APIs under CMS-0057-F come online.

3. Attribution *Identify specialty referrals*

Which attributed subpopulations warrant a formal specialty referral pathway? <i>e.g., advanced CKD, active oncology treatment, heart failure</i>	
Does the pathway preserve the precedence of primary care attribution?	☐ Yes ☐ No ☐ TBD

4. Financial Risk *Incentivize downstream specialists*

Are financial incentives for specialists needed?	☐ Yes ☐ No – non-financial levers only (see Domain 9) ☐ TBD
If yes: How are incentives operationalized?	☐ Employment contract ☐ Gainsharing agreement with affiliated specialists
What level of risk will specialists hold?	☐ Upside only ☐ Glide path to downside ☐ Downside
Is the incentive pool funded solely through shared savings? <i>Note that under current CMS models, pool size is not known in advance.</i>	☐ Yes ☐ No ☐ N/A

5. Benchmarking & Trends *Establish sustainable methodologies*

Will specialist cost targets be linked to benchmarks?	☐ Yes ☐ No
How are targets delivered for employed specialists?	☐ Bonus structure in physician contract ☐ Other: _____
How are targets delivered for affiliated specialists?	☐ Percent of shared savings ☐ Other: _____

6. Risk Adjustment *Accurately capture patient case mix*

Which risk adjustment methodology applies to downstream specialty arrangements?	☐ Claims-based (V28 HCCs) ☐ Concurrent (e.g., ACO REACH methodology) ☐ Specialty-specific ☐ Other: _____
If specialty-specific: Is EHR data available to support it?	☐ Yes ☐ No ☐ TBD
If available: Which providers or specialties have EHR data available to integrate into risk adjustment?	

7. Payment Mechanism *Establish appropriate payments*

How will incentives be paid?	☐ Gainsharing after reconciliation (available to MSSP ACOs) ☐ Non-primary care capitation (offered under LEAD) ☐ Nested bundle via CMS-Administered Risk Arrangement (offered under LEAD)
Does the specialty partner require upfront cash flow?	☐ Yes ☐ No

8. Quality *Reward clinically appropriate measures*

Will the measure set differ from the CMS measure set?	☐ Yes – specialty-specific measures (EHR-based) ☐ No – CMS measures only
Which measures apply, by specialty? <i>e.g., oncology: ED visits during chemotherapy; nephrology: optimal dialysis starts; cardiology: 30-day HF readmissions</i>	
Are measures standardized across providers within each specialty?	☐ Yes ☐ No
Which quality payment methodology applies?	☐ Sliding scale – payment rises with performance ☐ Minimum threshold
How to benchmark quality targets?	

9. Non-financial Incentives *Reduce burden*

Establish a preferred provider network to increase referrals?	☐ Yes ☐ No ☐ TBD
Offer preferred pricing on operational tools? <i>e.g., EMR platforms</i>	☐ Yes ☐ No

10. Patient Incentives *Support patient choice*

Will patient cost-sharing waivers be used? <i>Subject to applicable CMS fraud-and-abuse waivers and beneficiary inducement rules.</i>	☐ Yes ☐ No ☐ TBD
If yes: Which populations are targeted? <i>e.g., Original Medicare patients without supplemental coverage</i>	
Other patient incentives under consideration?	