Guiding an Improved Dementia Experience (GUIDE) Model Participant Incentives to Participate Factsheet

MODEL DESCRIPTION

The GUIDE Model is an 8-year, nationwide voluntary model. GUIDE is designed to attract a range of Medicare Part-B enrolled providers and practitioners with the expertise and capabilities to establish a Dementia Care Program (DCP).

For information on the model's eligibility requirements and timeline, please see the GUIDE Model Overview Factsheet at https://innovation.cms.gov/media/document/guide-dementia-fs.

INNOVATIVE PAYMENT METHODOLOGY

GUIDE's alternative payment methodology covers a more comprehensive set of services than existing care codes, is less burdensome to bill, and allows for payment for care delivery by members of the care team who are otherwise not eligible to bill for Medicare services.

MONTHLY DEMENTIA CARE MANAGEMENT PAYMENT(DCMP)

The DCMP is a per beneficiary per month care management payment that covers care management, care coordination, and caregiver education and support services to beneficiaries and caregivers. The DCMP will offer participants more flexibility to deliver personalized dementia care through a payment model that is predictable for providers.

PAYMENT FOR RESPITE SERVICES

GUIDE will provide up to $2,500 per year for respite services for qualified beneficiaries. Payment for respite services enables caregivers to keep a person with dementia at home and out of a nursing facility longer.

ONE-TIME INFRASTRUCTURE PAYMENT FOR SAFETY NET PROVIDERS

GUIDE will provide a one-time, lump sum infrastructure payment of $75,000 to safety net providers[1] in the new program track in the first year. This payment will support program development activities and build organizational capabilities.

DCMP ADJUSTMENTS

PERFORMANCE BASED PAYMENT ADJUSTMENT

The performance-based adjustment (PBA) will increase or decrease participants' monthly DCMPs, depending on how they perform on model metrics. The PBA will be applied as an ongoing percentage adjustment to the model's DCMP.

HEALTH EQUITY ADJUSTMENT

A Health Equity Adjustment (HEA) will be applied to the DCMP to provide better support and resourcing for outreach and service to underserved populations.

[1]Safety net providers will be identified based on the share of their patient population that is eligible for the Medicare Part D Low-Income Subsidy or is dually eligible for Medicare and Medicaid

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PAYMENT AMOUNTS

MONTHLY DEMENTIA CARE MANAGEMENT PAYMENT(DCMP)

Model participants will use a set of new G-Codes created for the GUIDE model to submit claims for the Dementia Care Monthly Payment (DCMP). The DCMP rate will be higher for the first six months that a beneficiary is aligned, in recognition of the higher upfront intensity of the intervention.

	Monthly payment rates for beneficiaries with caregiver			Monthly payment rates for beneficiaries without caregiver	
	Low complexity tier	Moderate complexity tier	High complexity tier	Low complexity tier	Moderate to high complexity tier
First 6 months (New Beneficiary Payment Rate)	$150	$275	$360	$230	$390
After first 6 months (Established Beneficiary Payment Rate)	$65	$120	$220	$120	$215

In order to support accurate billing, CMS will provide each participant with a monthly beneficiary alignment file that lists all beneficiaries aligned to that participant, their model tier assignment, and the length of their alignment to the participant.

DCMP ADJUSTMENT CALCULATIONS

PERFORMANCE BASED ADJUSTMENT

Participants can increase their DCMP amount by up to 10% through high performance or decrease their DCMP by as much as -3.5% for poor performance.

The PBA will be scored using the model's five performance metrics:

- **Use of High-Risk Medications in Older Adults**
- **Quality of Life Outcome for People with Neurological Conditions**
- **Caregiver Burden Measure**
- **Total Per Capita Cost**
- **Long-term Nursing Home Rate**

HEALTH EQUITY ADJUSTMENT

The HEA will increase the DCMP by $15 for beneficiaries with health equity scores in the top 20 percent of GUIDE beneficiaries and decrease it by $6 for beneficiaries in the bottom 50% of GUIDE beneficiaries

Health equity scores will be calculated based on certain social risk factors. Potential social risk factors that may be used include:

- **National Area Deprivation Index (ADI)**
- **State ADI**
- **Part D Low Income Status (LIS)**
- **Dual Eligibility for Medicare and Medicaid**

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LEARNING AND NETWORKING SUPPORTS

The GUIDE model's learning systems and networking supports will enable participants to advance their capabilities. GUIDE will include the following learning and networking supports:

- **Peer-to-Peer Sharing of Best Practices**
- **Data Feedback to Better Assess and Improve Performance**
- **Coaching and Facilitation for New Track Participants**
- **Network of Nationwide Model Participants**

EXAMPLE PARTICIPANT EXPERIENCES UNDER GUIDE

NEW PROGRAM PARTICIPANT

A safety net provider in rural Kentucky serves many aging Medicare beneficiaries. Many beneficiaries who visit this practice have mild to moderate dementia symptoms, but there is no formal dementia care program.

GUIDE Model Milestones

Late 2023 - Early 2024:
- Accepted as a New Program Participant.
- Submits a plan for implementing a dementia care program that includes staffing and workflow strategies.

Summer 2024 - Summer 2025:
- Receives a one-time infrastructure payment to hire and train staff, develop protocols and community partnerships, and begin other program development activities.
- Participates in group coaching sessions to learn from other GUIDE participants and dementia experts.

Summer 2025 - Summer 2032:
- Receives higher monthly DCMP for low-income beneficiaries from underserved communities
- Able to offer beneficiaries and their families access to respite services paid by the model
- Taps into network of dementia experts for support and advice on best practices.
- Uses data feedback provided by CMS to identify opportunities to reduce hospitalizations and readmissions

ESTABLISHED PROGRAM PARTICIPANT

An academic medical center in Alabama, has several interdisciplinary care teams managing an established dementia care program that applies the latest care practices and technology.

GUIDE Model Milestones

Late 2023 - Early 2024:
- Accepted as an Established Program Participant.
- Begins developing a health equity plan and collecting health equity data.

Summer 2024 - Summer 2032:
- Develops a Health Equity Plan that includes strategies to address inequities among beneficiary populations who have dementia.
- Receives the monthly DCMP which provides financial resources and flexibility to deliver personalized dementia care.
- Submits claims and receives payment for caregiver respite benefit.
- Receives increased DCMP through the PBA due to high performance on the model's five performance metrics
- Analyzes health equity data to inform opportunities to improve dementia care for specific populations.

Model Contact Information and Resources

Email: GUIDEModelTeam@cms.hhs.gov

Webpage: https://innovation.cms.gov/innovation-models/guide