

**Next Generation ACO Model Participation Agreement
Amendment to Appendix B.**

This amendment (“Amendment”) is made by _____ (“ACO”) and the Centers for Medicare & Medicaid Services (“CMS”), the parties to a Next Generation ACO Model Participation Agreement (“Agreement”).

1. The Agreement is amended as set forth herein. All other terms and conditions of the Agreement shall remain in full force and effect. In the event of any inconsistency between the provisions of this Amendment and the provisions of the Agreement, the provisions of this Amendment shall prevail. This Amendment shall be effective as of the date on which the final signatory executes this Amendment.
2. The Agreement is amended to add Section 3.7.6, “Exclusion of Bundled Payment for Care Improvement initiative Net Payment Reconciliation Amounts” to Appendix B:

3.7.6. Exclusion of Bundled Payments for Care Improvement initiative Net Payment Reconciliation Amounts

When determining the expenditures incurred by NGACO-aligned beneficiaries for purposes of financial reconciliation for a performance year, CMS will exclude Bundled Payments for Care Improvement (BPCI) initiative Net Payment Reconciliation Amounts only in those cases where including these BPCI Net Payment Reconciliation Amounts would be the sole reason that an ACO would incur shared losses or not qualify to receive shared savings. Consistent with Section 3.9 of this Appendix, in all other cases, the BPCI Net Reconciliation Amounts will be included in the determination of expenditures incurred by NGACO-aligned beneficiaries.

3. Section 3.9 of Appendix B is amended to read as follows:

3.9. Provider payments made outside of standard claims systems

Subject to Section 3.7.6 of this Appendix, payments and adjustments to payments for services provided to identifiable beneficiaries that are made outside the standard Part A and Part B claims systems will also be included in calculation of the ACO and reference baseline and performance-period expenditures.

Next Generation ACO

**CENTERS FOR MEDICARE &
MEDICAID SERVICES**

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____