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Medicare Shared Savings Program: Application Submission Review

For Initial Applicants

June 13, 2017

Medicare Shared Savings Program

DISCLAIMER

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Agenda

- Introduction to the Application Process
- Application Options and Similarities
- Medicare Shared Savings Program (Shared Savings Program) Initial Application
- Medicare Accountable Care Organization (ACO) Track 1+ Model (Track 1+ Model) Application
- Skilled Nursing Facility (SNF) 3-Day Rule Waiver Application
- Responding to Requests for Information (RFIs)
- Main Takeaways
- Resources
- Question & Answer Session



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Introduction to the Application Process

- Application Steps
- Application Key Deadlines
- Comparison of Performance-Based Risk Models by Track



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Application Steps



STEP 1: Submit a Notice of Intent to Apply (NOIA)

DUE May 31, 2017
12:00 p.m. (noon)
Eastern Time (ET)¹

- CLOSED
- You must submit a NOIA to submit an application(s)
- [NOIA Guidance Document](#)



STEP 2: Obtain a CMS User ID (required for new users)

DUE June 8, 2017¹

- CLOSED
- [NOIA Guidance Document](#)
- NOIA confirmation email
- [HPMS User ID Process webpage](#)



STEP 3: Submit the application(s)

DUE July 31, 2017
12:00 p.m. (noon) ET¹

- [How to Apply webpage](#)
- [Application Toolkit](#)



STEP 4: Mail Form CMS-588 to CMS

DUE July 31, 2017
12:00 p.m. (noon) ET¹

- [ACO Banking Form Guidance](#)
- [Form CMS-588](#)

¹ All dates subject to change.

Application Key Deadlines

Application Process	Deadlines ¹
2018 sample applications posted to CMS website (all applicants)	June 2017
Application submission period	July 1, 2017 – July 31, 2017
Applications due (all applicants)	July 31, 2017 at 12:00 p.m. (noon) ET
RFIs	
ACO response to RFI-1 due	August 30, 2017 at 12:00 p.m. (noon) ET
ACO response to RFI-2 due	September 26, 2017 at 12:00 p.m. (noon) ET
ACO response to RFI-3 due	October 20, 2017 at 12:00 p.m. (noon) ET
Application approval or denial decision sent to applicants	Late fall 2017
Reconsideration review deadline	15 days from notice of denial

¹All dates subject to change.

Comparison of Performance-Based Risk Models by Track



	One-Sided Risk Model	Two-Sided Risk Models		
	Track 1	Track 2	Track 3	Track 1+ Model
Timing of Track Entry	ACOs entering the program may elect Track 1 Eligible ACOs may continue under the one-sided model for their second agreement period	ACOs entering the program or renewing their agreement may elect Track 2 Once elected, ACOs cannot participate under Track 1 or the Track 1+ Model for subsequent agreement periods	Same as Track 2	Existing Track 1 ACOs (remainder of current agreement period) ACOs entering the program or renewing their agreement (if previously participating in Track 1 or the Track 1+ Model) Once elected, ACOs cannot go into Track 1 for subsequent agreement period
Assignment	Preliminary prospective assignment for reports Retrospective assignment for financial reconciliation	Same as Track 1	Prospective assignment for reports, quality reporting, and financial reconciliation	Same as Track 3
Final Sharing Rate	Up to 50% based on quality performance	Up to 60% based on quality performance	Up to 75% based on quality performance	Same as Track 1
Minimum Savings Rate (MSR)	CMS assigns a 2.0% to 3.9% MSR depending on number of assigned beneficiaries	Choice of symmetrical MSR/MLR: <ul style="list-style-type: none"> 0% MSR/MLR Symmetrical MSR/MLR in 0.5% increment between 0.5% - 2.0% Symmetrical MSR/MLR to vary based upon number of assigned beneficiaries (as in Track 1) 	Same as Track 2	Same as Track 2
Minimum Loss Rate (MLR)	Choice of symmetrical MSR/MLR: <ul style="list-style-type: none"> N/A 	See options under MSR	See options under MSR	See options under MSR

Comparison of Performance-Based Risk Models by Track (cont.)



	One Sided Risk Model	Two Sided Risk Models		
	Track 1	Track 2	Track 3	Track 1+ Model
Repayment Mechanism	N/A	ACO must obtain a repayment mechanism (option to select a combination): <ul style="list-style-type: none"> Funds placed in escrow Surety bond A line of credit which the Medicare program could draw upon, as evidenced by a letter of credit 	Same as Track 2	Same as Track 2
Performance Payment Limit	10%	15%	20%	Same as Track 1
Shared Savings	First dollar sharing once MSR is met or exceeded	Same as Track 1	Same as Track 1	Same as Track 1

Comparison of Performance-Based Risk Models by Track (cont.)



	One Sided Risk Model	Two Sided Risk Models		
	Track 1	Track 2	Track 3	Track 1+ Model
Shared Loss Rate	N/A	<ul style="list-style-type: none"> 1 minus final sharing rate applied to first dollar losses once MLR is met or exceeded 40% - 60% 	<ul style="list-style-type: none"> 1 minus final sharing rate applied to first dollar losses once MLR is met or exceeded 40% - 75% 	<ul style="list-style-type: none"> Fixed 30% regardless of quality performance. Applied to first dollar losses once MLR is met or exceeded
Loss Sharing Limit *Losses in excess of the annual limit would not be shared	N/A	Percent of the ACO's updated historical benchmark that phases in over three years: <ul style="list-style-type: none"> Year 1: 5% Year 2: 7.5% Year 3+: 10% 	15% of ACO's updated historical benchmark	Based on ACO participant composition and the applicable performance year: revenue-based loss sharing limit or benchmark-based loss sharing limit
SNF 3 Day Rule Waiver	N/A	N/A	May elect to apply	May elect to apply



Application Options and Similarities

- Application Options for Initial Applicants
- Question Types by Application
- Repayment Mechanism Requirements



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Application Options

Initial Applicants

Track	Application Options ¹		
	Initial	Track 1+ Model	SNF 3-Day Rule Waiver
	Applications Available July 1 – July 31, 2017 at 12:00 p.m. (noon) ET		
Track 1	Required	N/A	N/A
Track 1, including the Track 1+ Model	Required	Required	Optional
Track 2	Required	N/A	N/A
Track 3	Required	N/A	Optional

¹ Reference the [2018 Application Reference Manual](#) for a complete list of eligibility criteria for each application type.



Question Types by Application

Question Type	Application: Section	Notes
Pre-Populated Information	<ul style="list-style-type: none"> Initial: Sections 1, 2 Track 1+ Model: Section 1 SNF: N/A 	Some of the information in this section is pre-populated based on the ACO's NOIA responses; ACOs must review and confirm that this information is correct
Attestation Questions	<ul style="list-style-type: none"> Initial: Sections 3-7, 9-11 Track 1+ Model: Sections 3-4 SNF: Sections 1-4, 6 	Select "Yes," "No," or "N/A"
Narratives	<ul style="list-style-type: none"> Initial: Sections 4-5, 8, 10-11 Track 1+ Model: N/A SNF: Sections 2-5 	ACOs must describe requirements of each question in a narrative and submit through the Health Plan Management System (HPMS)
Certifications	<ul style="list-style-type: none"> Initial: Section 12 Track 1+ Model: Section 5 SNF: Section 7 	ACOs must select "I agree" in HPMS for CMS to ensure their application is processed



Question Types by Application (cont.)

Question Type	Application: Section	Notes
MLR/MSR	<ul style="list-style-type: none"> ▪ Initial: Section 8 ▪ Track 1+ Model: Section 2 ▪ SNF: N/A 	<p>ACOs selecting to participate under the two-sided model (Track 2, Track 3, or the Track 1+ Model) must choose MLR/MSR:</p> <ul style="list-style-type: none"> ▪ 0% - 2.0% MLR/MSR (in 0.5% increments) ▪ Symmetrical variable MLR/MSR (based on the number of beneficiaries assigned to the ACO) ▪ N/A (Track 1 ACOs select this option in the Initial Application only)



Repayment Mechanism Requirements

- Repayment mechanisms are required for ACOs that are applying for Track 2, Track 3, and the Track 1+ Model.
- ACOs are encouraged to review the [Repayment Mechanism Arrangements Guidance](#) available on the Shared Savings Program [Statutes/Regulations/Guidance webpage](#).
 - This guidance includes a CMS-approved Escrow Agreement Template and samples of an approved letter of credit and surety bond.
- During the application process, you will receive two repayment mechanism RFIs (RM RFIs) (separate from your application RFIs).
 - In your first RM RFI (early September), you are provided an estimated dollar amount for your repayment mechanism and next steps in the repayment mechanism evaluation process.
 - In your second RM RFI (early October), you are provided an updated estimate, and that will be the final estimate.
- Repayment mechanisms must be approved and fully funded before the application can be approved.



Initial Application

- Overview of Application Sections
- Application Sections



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Overview of Application Sections

The Shared Savings Program Initial Application includes the following sections:

- Section 1 – Give us your contact information
- Section 2 – Tell us some general information about your ACO
- Section 3 – Tell us if your ACO meets the Antitrust Agencies' definition of “newly formed”
- Section 4 – Tell us about your ACO's legal entity
- Section 5 – Tell us about your ACO's governing body
- Section 6 – Tell us about your ACO's leadership and management
- Section 7 – Tell us about your participation in other Medicare initiatives involving shared savings



Overview of Application Sections (cont.)

The Shared Savings Program Initial Application includes the following sections (cont.):

- Section 8 – Tell us how you plan to manage shared savings
- Section 9 – Tell us about your ACO participants
- Section 10 – Tell us about data sharing
- Section 11 – Tell us about your clinical processes and patient centeredness
- Section 12 – Certify your application

Sections 1 and 2

Section 1 – Give us your contact information

- ACOs must review and confirm that this information is correct.

Section 2 – Tell us some general information about your ACO

- Some of the information in this section is pre-populated based on the ACO's NOIA responses.
- ACOs will select a Shared Savings Program track when they complete their applications.
 - ACOs can select Track 1; Track 1, including the Track 1+ Model; Track 2; or Track 3.
- If an ACO finds an error, or needs to correct information in any of the pre-populated fields that they cannot correct themselves (i.e., greyed out), email SSPACO_Applications@cms.hhs.gov.

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Section 3

Tell us if your ACO meets the Antitrust Agencies' definition of "newly formed"

- ACOs that have signed or jointly negotiated any contracts with private payers after **March 23, 2010**, must agree to allow CMS to share a copy of this application with the Antitrust Agencies.
- An ACO is not newly formed if it is comprised solely of providers that signed or jointly negotiated contracts with private payers on or before **March 23, 2010**.



Section 4

Tell us about your ACO's legal entity

ACO STRUCTURE	NOTES
Traditional ACO (most common ACO structure)	<ul style="list-style-type: none"> ▪ Multiple ACO participants join to form the ACO ▪ The ACO is a separate legal entity from the ACO participants ▪ Submit sample ACO Participant Agreement and all executed ACO Participant Agreements
Single Taxpayer Identification Number (TIN) ACO	<ul style="list-style-type: none"> ▪ The ACO is comprised of one ACO participant ▪ The ACO and ACO participant are the same legal entity ▪ This structure does not permit participation of other ACO participants ▪ Submit sample employment agreement and/or sample ACO Provider/Supplier Agreement
Single TIN ACO Set Up As Traditional ACO	<ul style="list-style-type: none"> ▪ The ACO is comprised of one ACO participant ▪ The ACO and ACO participant are different legal entities ▪ This structure allows the ACO to add ACO participants in the future ▪ Submit sample ACO Participant Agreement and executed ACO Participant Agreement



Section 4 (cont.)

Tell us about your ACO's legal entity (cont.)

- ACOs must answer Questions 4, 5, and 6 according to their scenario.

SCENARIO	Q4	Q5	Q6
1 Traditional ACO	Yes	Yes	N/A
2A Single TIN ACO (Employed practitioners (NPIs) billing through the TIN)	No	N/A	No
2B Single TIN ACO (Contracted practitioners (NPIs) billing through the TIN)	No	N/A	No
2C Single TIN ACO (Employed & contracted practitioners (NPIs) billing through the TIN)	No	N/A	No
3 Single TIN ACO Set Up As Traditional	No	N/A	No

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Section 4 (cont.)

Tell us about your ACO's legal entity (cont.)

- ACOs must submit a narrative giving CMS a brief overview of the ACO's history, mission and organization, including the ACO's affiliations.
- ACOs must attest that their ACO is a recognizable legal entity formed under applicable state, federal, or tribal law and authorized to conduct business in each state in which it operates.
- ACOs must attest that the ACO has available all documents that effectuate the formation and operation of the ACO.
- ACOs must upload an organizational chart showing the flow of responsibility, including committees and the name of each committee member, as well as the senior administrative and clinical leaders of the ACO.

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Section 5

Tell us about your ACO's governing body

- ACOs must certify that:
 - The ACO has an identifiable governing body with ultimate authority to execute ACO functions under the Shared Savings Program.
 - The governing body is a mechanism for shared governance among ACO participants.
 - ACO participants control at least 75 percent of the governing body.
 - At least one Medicare fee-for-service beneficiary is on the governing body who is not an ACO participant.
 - The governing body has a conflict of interest policy that ACOs can send to CMS, if requested.
- ACOs must use the Governing Body Template provided in the [Application Toolkit](#).
- If your ACO seeks to differ from these requirements or does not meet the requirements, you must submit a narrative.



Section 6

Tell us about your ACO's leadership and management

- ACOs must certify that they meet all of the following conditions:
 - The ACO is managed by qualified personnel (physically present at an ACO location on a regular basis).
 - The ACO has clinical management and oversight managed by a senior-level medical director, who is a board-certified physician and licensed in a state in which the ACO operates.
 - The ACO has a compliance plan with the required elements which it can provide to CMS upon request.



Section 7

Tell us about your participation in other Medicare initiatives involving shared savings

- ACO participants cannot participate in multiple Medicare initiatives involving shared savings. This may include, but is not limited to:
 - [The Coordinated End-Stage Renal Disease \(ESRD\) Care \(CEC\) Model](#)
 - [The Independence at Home Demonstration](#) with a shared savings arrangement (Section 3024 of the Affordable Care Act)
 - [The Multi-Payer Advanced Primary Care Practice Demonstration](#)
 - [The Next Generation ACO Model](#)
 - Other ongoing demonstrations involving Medicare shared savings
- Medicare may introduce additional programs, demonstrations, or models with a Medicare shared savings component in the future.



Section 8

Tell us how you plan to manage shared savings

- ACOs must submit a narrative on how the ACO plans to use shared savings payments.
- ACOs selecting to participate under Track 2 or Track 3 must choose MLR/MSR:
 - 0 - 2.0 percent (in 0.5 percent increments)
 - Symmetrical variable (based on the number of beneficiaries assigned to the ACO)
 - N/A (for Track 1, Initial Application only)
- Refer to the [Shared Savings and Losses and Assignment Methodology Specifications, Version 5](#).
- ACOs must provide its banking information, please refer to the [ACO Banking Form Guidance](#) for more information on submitting CMS Form-588.



Section 9

Tell us about your ACO participants

Type	Required Fields
All ACO Participants	<ul style="list-style-type: none"> ▪ ACO participant TIN ▪ ACO participant legal business name (LBN) (as shown in Provider Enrollment, Chain, and Ownership System (PECOS)) ▪ Merged or acquired TIN? Y or N
Method II Critical Access Hospital (CAH) and Electing Teaching Amendment (ETA) Hospital ACO Participants	<ul style="list-style-type: none"> ▪ CMS Certification Number (CCN) ▪ CCN LBN (as shown in PECOS) ▪ CCN identification code: C or T¹
Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) ACO Participants	<ul style="list-style-type: none"> ▪ CCN ▪ CCN LBN (as shown in PECOS) ▪ CCN identification code: F or R¹ ▪ Organizational National Provider Identifier (NPI) ▪ Organizational NPI LBN (as shown in PECOS) ▪ Attestation List: <ul style="list-style-type: none"> ▫ Individual physician NPI (physician specialty verified by PECOS) ▫ Individual NPI first and last name

¹ C = CAH; T = ETA; F = FQHC; R = RHC.



Section 9 (cont.)

Tell us about your ACO participants (cont.)

- Meaningful commitment:
 - ACOs will certify that each ACO participant and ACO provider/supplier demonstrates a meaningful commitment to the mission of the ACO to ensure the ACO's likely success.
- Merged or acquired TINs are:
 - Not required on the ACO Participant List; and
 - Optional to include for beneficiary assignment and benchmarking purposes. (If included, supporting documentation must be provided.)
- The ACO will be required to certify that its ACO Participant Agreements and ACO Provider/Supplier Agreements comply with requirements.



Section 9 (cont.)

Tell us about your ACO participants (cont.)

Document	Requirements	Upload Location
Sample ACO Participant Agreement	<ul style="list-style-type: none"> The ACO develops the sample agreement it will use to execute with each ACO participants Submit complete sample agreement with the application 	HPMS SSP ACO Application Submission module as supporting documentation for Question 27a
Sample ACO Participant Agreement Amendment (if applicable)	<ul style="list-style-type: none"> The ACO, if it chooses, may amend previously executed agreements to comply with program requirements If an amendment is used, submit a completed sample amendment and a completed sample agreement (a copy of the original agreement the amendment refers to) with the application 	HPMS SSP ACO Application Submission module as supporting documentation for Question 27a
Multiple Sample ACO Participant Agreements	<ul style="list-style-type: none"> Submit each sample ACO Participant Agreement and each sample amendment if there are multiple sample agreements or amendments 	HPMS SSP ACO Application Submission module as supporting documentation for Question 27a
Sample ACO Participant Agreement Template	<ul style="list-style-type: none"> The ACO will use this template, available in the Application Toolkit, to identify where in its sample agreement and sample amendment CMS can find each agreement requirement Submit completed sample ACO Participant Agreement Template with application for each sample agreement and sample amendment 	HPMS SSP ACO Application Submission module as supporting documentation for Question 27b



Section 9 (cont.)

Tell us about your ACO participants (cont.)

Document	Requirements	Upload Location
Executed ACO Participant Agreements	<p>For each ACO participant:</p> <ul style="list-style-type: none"> Submit the first page and the signature page of the executed ACO Participant Agreement between the ACO and the ACO participant <p>Obtain “wet signatures” for all executed agreements</p> <ul style="list-style-type: none"> Both the ACO and the ACO participant must sign in pen and ink Electronic or stamped signatures are prohibited <p>Executed agreements must clearly identify both parties and include:</p> <ul style="list-style-type: none"> ACO legal entity name ACO participant LBN (as shown in PECOS and HPMS) 	Upload this supporting documentation with change requests submitted in the HPMS SSP ACO Participant List Management module
Executed ACO Participant Agreement Amendments	<p>Submit the first page and signature page of the original executed agreement and the executed amendment</p> <ul style="list-style-type: none"> The amendment must clearly state its purpose, identify the specifics of the executed agreement that the amendment corresponds to, and identify any information within the executed agreement that the amendment is changing 	Upload this supporting documentation with change requests submitted in the HPMS SSP ACO Participant List Management module



Section 9 (cont.)

Tell us about your ACO participants (cont.)

SCENARIO	Q26	Q27	Q28	Q29
1 Traditional ACO	N/A	Must submit sample ACO Participant Agreement	Yes	Must submit an executed agreement for each ACO participant.
2A Single TIN ACO (employed practitioners (NPIs) billing through the TIN)	Yes – must submit a copy of the employment agreement	N/A – Skip	N/A	N/A – Skip
2B Single TIN ACO (contracted practitioners (NPIs) billing through the TIN)	No	Must submit sample ACO Provider/Supplier Agreement	Yes	N/A – Skip
2C Single TIN ACO (employed & contracted practitioners (NPIs) billing through the TIN)	Yes – must submit a copy of the employment agreement	Must submit sample ACO Provider/Supplier Agreement	Yes	N/A – Skip
3 Single TIN ACO Set Up As Traditional	N/A	Must submit sample ACO Participant Agreement	Yes	Must submit an executed agreement for the sole ACO participant. ACO legal name & participant LBN on the ACO Participant List must be different.



Section 10

Tell us about data sharing

- If ACOs want to receive data, they must certify that they are requesting the following minimum necessary data based on the track you are applying under:
 - Name
 - Date of birth
 - Sex
 - Health Insurance Claim Number (HICN)
 - Information in the following categories for beneficiaries that are preliminarily prospectively assigned (Tracks 1 and 2) or prospectively assigned (Track 3):
 - Demographic data
 - Health status information
 - Utilization rates
 - Expenditure information



Section 10 (cont.)

Tell us about data sharing (cont.)

- If an ACO is approved, CMS will share certain data with the approved ACO. This data must be kept private and secure during each of the following cases:
 - Evaluating the performance of the ACO participants and providers/suppliers
 - Conducting quality assessment and improvement activities
 - Conducting population-based activities to improve the health of the assigned beneficiary population
- ACOs that request data must submit a narrative that describes how the ACO will ensure privacy and security of data, and how the ACO intends to use data in the cases described above.
- The ACO certifies if they are approved to participate the ACO will submit a Data Use Agreement (DUA) prior to receiving any data.



Sections 11 and 12

Section 11 – Tell us about your clinical processes and patient centeredness

- ACOs must certify and explain quality assurance and improvement programs for the following processes:
 - Being accountable for beneficiaries
 - Providing quality assurance and improvement program
 - Promoting evidence-based medicine
 - Promoting beneficiary engagement
 - Reporting internally on quality and cost metrics
 - Promoting coordination of care
- ACOs must upload these narrative explanations to HPMS.

Section 12 – Certify your application



Track 1+ Model Application

- Overview of Application Sections
- Application Sections



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Overview of Application Sections

The Medicare ACO Track 1+ Model Application includes the following sections:

- Section 1 – Tell us some general information about your ACO
- Section 2 – Tell us about your ACO’s eligibility for shared savings or accountability for shared losses
- Section 3 – Tell us about your ACO’s legal entity; ownership and operational interests
- Section 4 – Tell us about your ACO participants’ ownership and operational interests
- Section 5 – Certify your application



Sections 1 and 2

Section 1 – Tell us some general information about your ACO

Section 2 – Tell us about your ACO's eligibility for shared savings or accountability for shared losses

- ACOs applying to selecting to participate under the Track 1+ Model must choose a symmetrical MLR/MSR for their agreement period under the Track 1+ Model:
 - 0 - 2.0 percent MLR/MSR (in 0.5 percent increments)
 - Symmetrical variable MLR/MSR (based on the number of beneficiaries assigned to the ACO)



Section 3

Tell us about your ACO's legal entity; ownership and operational interests

- The ACO must attest that it is not owned or operated, in whole or in part, by a health plan.
- The ACO must attest that it is not the same legal entity that previously participated in a Medicare performance-based risk ACO initiative:
 - Shared Savings Program Track 2 or Track 3
 - Pioneer ACO Model
 - Next Generation ACO Model
 - CEC Model
- An ACO will not be eligible to participate in the Track 1+ Model if 40 percent or more of its ACO participants had participant agreements with an ACO that was participating in any of these performance-based risk ACO initiatives above in the most recent prior performance year. CMS will evaluate applicants based on this criterion and notify ACOs if this criterion is not met.



Sections 4 and 5

Section 4 – Tell us about your ACO participants' ownership and operational interests

- The maximum level of the ACO's loss liability (loss sharing limit) will be determined by the composition of the ACO, based on ACO's responses to questions about the characteristics of its ACO participants.
- Benchmark-Based Loss Sharing Limit
 - Applies if the ACO selects **any** of the institutional providers in Section 4. Types of institutional providers include:
 - Inpatient prospective payment system hospital
 - Cancer center
 - Rural hospital with more than 100 beds
- Revenue-Based Loss Sharing Limit
 - Applies if the ACO selects "No" or "N/A" to **all** questions in Section 4.

Section 5 – Certify your application



SNF 3-Day Rule Waiver Application

- Overview of Application Sections
- Application Sections



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Overview of Application Sections

The Shared Savings Program SNF 3-Day Rule Waiver Application includes the following sections:

- Section 1 – Certify your beneficiary management ability
- Section 2 – Give us some information about your communication plan
- Section 3 – Give us some information about your beneficiary evaluation and admission plan
- Section 4 – Give us some information about your care management plan
- Section 5 – Give us some information about your financial relationships
- Section 6 – Tell us about your SNF affiliates
- Section 7 – Certify your application



Section 1

Certify your beneficiary management ability

- ACOs must certify they have the capacity to identify and manage beneficiaries who are either directly admitted to a SNF or admitted to a SNF after an inpatient hospitalization of fewer than three days.



Section 2

Give us some information about your communication plan

- Applicants must certify their ACO has created and will implement a communication plan between the ACO and all of its SNF affiliates.
- The governing body must approve the communication plan.
 - ACOs should share the communication plan with SNF affiliates.
- ACOs must submit a communication plan to HPMS.
- The communication plan must specify:
 - Processes for:
 - Evaluating and updating the communication plan.
 - Sharing information across care sites/within the care team, including frequency of communications.
 - Addressing questions and complaints.
 - Designated person(s) at the ACO and at the SNF affiliates who will communicate and coordinate admissions.



Section 3

Give us some information about your beneficiary evaluation and admission plan

- ACOs must certify that:
 - They will evaluate and update their beneficiary evaluation and admission plan.
 - The ACO Medical Director and the healthcare professional responsible for the ACO's quality improvement and assurance processes must approve the plan and respond timely to inquiries.
 - The ACO will implement a beneficiary eligibility review process to ensure that each beneficiary who will receive covered SNF services under the waiver will meet requirements.
- ACOs must submit the ACO's beneficiary evaluation and admission plan to HPMS.



Section 3 (cont.)

Give us some information about your beneficiary evaluation and admission plan (cont.)

- The plan must include a protocol for:
 - An ACO provider/supplier who is a physician to evaluate and approve admissions to a SNF affiliate.
 - Educating and training SNF affiliates regarding waiver requirements.
 - Admitting beneficiaries to a SNF directly from home or an outpatient setting under the waiver.
 - Admitting beneficiaries to a SNF when it has been determined the beneficiary does not need the full three-day inpatient hospital stay.
 - Informing beneficiaries about the waiver and their options for care settings.



Section 3 (cont.)

Give us some information about your beneficiary evaluation and admission plan (cont.)

- The plan should explicitly list the beneficiary eligibility requirements listed or provide a reference to the final rule.
 - Do not deviate from the terminology of these requirements.
 - Use clear terminology in the plan, such as “ACO provider/supplier who is a physician.”
- An ACO provider/supplier who is a physician must evaluate and approve admissions to a SNF affiliate pursuant to the waiver. This evaluation cannot be conducted by:
 - A nurse practitioner or physician assistant.
 - A physician who is not an ACO provider/supplier.



Section 4

Give us some information about your care management plan

- Applicants must certify that their ACO will implement an individualized care management plan for each beneficiary admitted to a SNF affiliate.
- Plans must address all of the requirements listed in the application, Question 9, and contain two documents:
 - The ACO's care management plan policy that outlines how the ACO will meet the requirements outlined in Section 4, Question 9 of the SNF 3-Day Rule Waiver Application; and
 - A sample (example/template) care management plan that will be individualized for each beneficiary admitted to a SNF affiliate under the waiver.



Section 5

Give us some information about your financial relationships

- ACOs must submit a brief description of any financial relationships between their ACO, SNF affiliates, and acute care hospitals.
- Provide the LBN of the entities that have a financial relationship for purposes of the ACO's implementation of the SNF 3-Day Rule Waiver. ACOs do not need to provide a detailed description of the financial arrangement itself.
- If there are no financial relationships between the ACO, SNF affiliates, and any acute care hospitals, upload a statement that says no financial relationships exist between these entities.



Section 6

Tell us about your SNF affiliates

Document	Requirements	Upload Location
SNF Affiliate Agreement Sample	<p>The SNF Affiliate Agreement must include the following elements:</p> <ul style="list-style-type: none"> Express requirement that the SNF affiliate agrees to all requirements and conditions of the Shared Savings Program including those regarding the SNF 3-Day Rule Waiver; and including but not limited to, those specified in the ACO's participation agreement with CMS Effective dates of the SNF Affiliate Agreement Express requirement that the SNF affiliate implement and comply with the ACO's beneficiary evaluation and admission plan and the care management plan Express requirement that the SNF affiliate validate the eligibility of a beneficiary to receive covered SNF services in accordance with the waiver prior to admission Remedial processes and penalties for noncompliance with the requirements and conditions of the Shared Savings Program and the SNF Affiliate Agreement, or in the case of other program integrity issues identified by CMS 	Section 6 of the SSP ACO Application Submission module
SNF Affiliate Agreement Template	<ul style="list-style-type: none"> The ACO will use this template to identify where in its sample agreement CMS can find each agreement requirement Submit completed sample SNF Affiliate Agreement Template with application for each sample agreement 	Section 6 of the SSP ACO Application Submission module



Sections 6 and 7

Section 6 – Tell us about your SNF affiliates (cont.)

Document	Requirements	Upload Location
SNF Affiliate List	<p>The SNF Affiliate List must include all of the identifiers below for each SNF affiliate:</p> <ul style="list-style-type: none"> ▪ SNF TIN ▪ SNF TIN LBN ▪ SNF CCN ▪ SNF CCN LBN and SNF CCN “doing business as” (DBA) name ▪ Current star rating as reported on CMS’s Nursing Home Compare website 	HPMS SSP ACO SNF Affiliate List Management module
Executed SNF Affiliate Agreements	<p>The executed SNF Affiliate Agreement must:</p> <ul style="list-style-type: none"> ▪ Be directly between the ACO and the SNF affiliate ▪ Be signed by individuals authorized to sign on behalf of the ACO and the SNF affiliate (no electronic signatures) ▪ Include the legal entity names of the parties which match those provided in HPMS on the SNF Affiliate List ▪ Include the first page and signature page of each agreement <p>The SNF Affiliate Agreement signature page must include:</p> <ul style="list-style-type: none"> ▪ Legal entity names consistent with the first page of the agreement and in HPMS ▪ SNF affiliate’s CCN, CCN LBN, and CCN DBA for each SNF affiliate under the Medicare-enrolled TIN agreeing to partner with the ACO ▪ A statement that the Medicare-enrolled TIN, along with all SNF affiliates, agrees to the terms and conditions of the SNF Affiliate Agreement on behalf of each CCN listed <p>ACO must have a SNF agreement with each TIN that is including SNFs</p>	HPMS SSP ACO SNF Affiliate List Management module

Section 7 – Certify your application



Responding to Requests for Information

- Requests for Information (RFIs)
- Application Changes for Performance Year (PY) 2018
- ACO Participant and SNF Affiliate Changes for PY 2018
- Track and Model Changes for PY 2018
- Withdrawing a Pending Application



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Requests for Information

- The 2018 Application Cycle will contain three RFIs for each application type. The RFI will list application deficiencies; if there are no deficiencies, the RFI will note any additional actions ACOs can take.
- For each RFI, CMS may ask applicants to correct certain application deficiencies, make certain modifications to the ACO Participant List and/or SNF Affiliate List (SNF 3-Day Rule Waiver applicants only), and other modifications outlined in the following slides.
- CMS will send RFIs to the ACO Executive and the Application Contacts (primary and secondary) by email from SSPACO_Applications@cms.hhs.gov.
- ACOs must submit the requested information by the date specified in the RFI notice for CMS to consider it as part of the application.

Application Changes for PY 2018

	Applicant Actions in Response to RFIs	RFI 1 Response Due from Applicants Aug. 30, 2017 12 p.m. (noon) ET ¹	RFI 2 Response Due from Applicants Sept. 26, 2017 12 p.m. (noon) ET	RFI 3 Response Due from Applicants Oct. 20, 2017 12 p.m. (noon) ET
APPLICATION CHANGES FOR PY 2018	Apply for a SNF 3-Day Rule Waiver	Final Opportunity	No	No
	Apply to the Track 1+ Model	Final Opportunity	No	No
	Combine applications into one application, or combine an application with a currently participating ACO	Final Opportunity	No	No
	Correct application attestation responses and application supporting documentation	Yes	Yes	Final Opportunity
	Withdraw pending application for PY 2018	Yes	Yes	Yes ²

¹ All dates subject to change.

² We strongly encourage ACOs that do not intend to participate in the Shared Savings Program, Track 1+ Model, and/or SNF 3-Day Rule Waiver to withdraw the pending application(s) in response to RFI-3 to allow your ACO, ACO participants, and ACO providers/suppliers to participate in other Medicare ACO initiatives.



ACO Participant and SNF Affiliate Changes for PY 2018

	Applicant Actions in Response to RFIs	RFI 1 Response Due from Applicants Aug. 30, 2017 12 p.m. (noon) ET ¹	RFI 2 Response Due from Applicants Sept. 26, 2017 12 p.m. (noon) ET	RFI 3 Response Due from Applicants Oct. 20, 2017 12 p.m. (noon) ET
ACO PARTICIPANT & SNF AFFILIATE CHANGES FOR PY 2018	Add or modify ACO participants and SNF affiliates ²	Final Opportunity	No	No
	Change a digit(s) to a TIN, CCN, or NPI ³	Final Opportunity	No	No
	Correct ACO Participant and SNF Affiliate Agreement deficiencies	Yes	Yes	Final Opportunity
	Edit, withdraw, or delete ACO participants and SNF affiliates ⁴	Yes	Yes	Final Opportunity

¹ All dates subject to change.

² Adding or modifying ACO participants and SNF affiliates includes TINs, CCNs, and NPIs. NPIs are applicable to RHCs and FQHCs only.

³ Any change to a digit(s) is considered an addition to the ACO Participant List and/or SNF Affiliate List and is not permitted after RFI-1.

⁴ Editing ACO participants and/or SNF affiliates includes uploading an ACO Participant Agreement/SNF Affiliate Agreement. RFI-3 is the final opportunity to delete SNF affiliates during the application evaluation period. ACOs approved for a SNF 3-Day Rule Waiver may also delete SNF affiliates during the performance year, beginning January 1, 2018.

Track and Model Changes for PY 2018

	Applicant Actions in Response to RFIs	RFI 1 Response Due from Applicants Aug. 30, 2017 12 p.m. (noon) ET ¹	RFI 2 Response Due from Applicants Sept. 26, 2017 12 p.m. (noon) ET	RFI 3 Response Due from Applicants Oct. 20, 2017 12 p.m. (noon) ET
TRACK & MODEL CHANGES FOR PY2018	Change from the one-sided model (Track 1) to a two-sided model (Track 2, Track 3, or the Track 1+ Model)	Final Opportunity	No	No
	Change between a two-sided model (from the Track 1+ Model to Track 3, or from Track 1+ Model to Track 2)	Yes	Yes	Final Opportunity
	Change between a Shared Savings Program two-sided model (from Track 2 to Track 3, or from Track 3 to Track 2)	Yes	Yes	Final Opportunity

¹ All dates subject to change.

Withdrawing a Pending Application

- To withdraw a pending application, applicants should submit a written request on the ACO's letterhead, signed by the ACO Executive, before the date that responses for the final RFI (RFI-3) are due back to CMS (October 20, 2017 at 12:00 p.m. (noon) ET). The letter must include:
 - The organization's legal entity name
 - ACO ID
 - Complete address
 - Point of contact information (phone number and email address)
 - Statement indicating the ACO's request to withdraw
- Send the request to withdraw as a PDF to SSPACO_Applications@cms.hhs.gov with the ACO ID and the words "Withdrawal Request" in the subject line of the email.



Main Takeaways

- Initial Application
- Track 1+ Model Application
- SNF 3-Day Rule Waiver Application
- Repayment Mechanisms
- Additional Takeaways
- What ACOs Can Do Now



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Initial Application

- The ACO's governing body must be separate and unique to the ACO and its members have a responsibility for oversight, strategic direction, as well as a fiduciary duty for the ACO.
 - ACO participants must hold 75 percent of the voting power.
 - The beneficiary representative on the governing board cannot be an ACO participant.
- All ACO participants included on the ACO Participant List must have:
 - A corresponding executed agreement between the ACO and the ACO participant.
 - The executed agreement must match the sample agreement submitted with your application.
 - Executed agreements must be signed by individuals who have the legal authority to bind the ACO participant or ACO.
- Shared Savings Program participant exclusivity requirements may have an impact on participant recruitment efforts, so begin conversations early.

A simple line-art icon of a lit lightbulb, symbolizing an idea or key point.

Track 1+ Model Application

- ACOs will be notified by CMS via each RFI on whether they meet or do not meet Track 1+ Model eligibility criterion about having less than 40 percent of ACO participants previously participating in Medicare performance-based risk ACO initiatives in the most recent prior performance year.
- ACOs must provide a repayment mechanism and indicate a MLR/MSR within the Track 1+ Model Application, not in the Shared Savings Program Initial Application.



SNF 3-Day Rule Waiver Application

- Narrative responses should include all requirements in the order outlined in the application.
 - CMS suggests ACOs provide clear captions for each of the requirements.
- Care management plans should contain both the ACO's care management plan policy and a sample care management plan.
- Each proposed SNF affiliate must be:
 - Medicare-enrolled.
 - Have a valid SNF Affiliate Agreement with the ACO.
 - Have an overall quality rating of three stars or higher under the CMS 5-Star Quality Rating System.
- Executed SNF Affiliate Agreements must match the approved sample SNF Affiliate Agreement.
 - Agreements must be signed by individuals who have the legal authority to bind the SNF affiliate or ACO.

Repayment Mechanisms

- Best practices for repayment mechanisms include:
 - As early as possible:
 - Begin reviewing the Repayment Mechanism Arrangements Guidance.
 - Begin reviewing your available repayment mechanism options.
 - Enter into discussions with your financial institution(s) or insurance provider(s) and share a copy of the repayment mechanism guidance with them.
 - ACOs have the option of uploading their repayment mechanisms into HPMS as part of their Initial Applications due July 31, 2017 at 12:00 p.m. (noon) ET.



Additional Takeaways

- All applications are due July 31, 2017 at 12:00 p.m. (noon) ET.
- CMS will not accept late applications or grant any exceptions.
- The next opportunity after July 31 to apply for the Shared Savings Program is for PY 2019.
- Questions on the application process? Contact SSPACO_Applications@cms.hhs.gov.
- For technical questions, contact:
 - HPMS_Access@cms.hhs.gov
 - Phone: 800-220-2028



What ACOs Can Do Now

- Understand their participation options.
- Confirm that their required ACO contacts have an active CMS User ID and can log into HPMS.
- Update their ACO contacts in HPMS.
- Prepare required documents that are needed for application submission.
- Ensure ACO Participant Agreements and SNF Affiliate Agreements meet all program requirements.
- Establish a repayment mechanism if applying to participate in a two-sided model (Track 2, Track 3, and Track 1+ Model applicants).
- Attend upcoming Shared Savings Program application calls.
- Prepare to possibly change ACO track selection during the application submission period in July.



Resources

- Application Toolkit
- Application Reference Manual
- Application Resources
- Contact Information



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Application Toolkit

The [2018 Application Toolkit](#) contains resources to assist ACOs during the application process. The toolkit includes:

- 2018 Application Reference Manual
- Sample Applications
- CMS Form-588 Electronic Funds Transfer Authorization Agreement
- ACO Banking Form Guidance
- Repayment Mechanism Arrangements Guidance
- Governing Body Template
- Participant List and Participant Agreement Guidance
- ACO Participant Agreement Template
- SNF 3-Day Rule Waiver Guidance
- SNF 3-Day Rule Waiver Affiliate Agreement Template



Application Reference Manual

The [2018 Application Reference Manual](#) includes information on the following:

- How to submit and revise your responses in HPMS
- How to respond to RFIs
- How to withdraw a pending application
- How to manage your ACO contacts including contact definitions
- Appendix for organizational chart and legal entity examples and guidance
- Appendix for each application type
 - Step-by-step guidance on how to respond to each application question
 - Links to program rules
 - File-naming conventions for each application upload
- Appendix for Claims and Claims Line Feed (CCLF) data elements



Application Resources

Webpages

Resource	Description
Shared Savings Program Regulations: 42 CFR part 425	Regulatory authority for the administration of the Shared Savings Program
How to Apply	Key deadlines and resources to help complete the application
2018 Application Toolkit	Directions and examples for each application question, required templates, and related guidance



Application Resources (cont.)

Webinars

Event Title	Date
Medicare ACO Track 1+ Model	March 22, 2017
Medicare Shared Savings Program ACO: Preparing to Apply for the 2018 Program Year	April 6, 2017
Medicare Shared Savings Program ACO: Completing the 2018 Application Process	April 19, 2017
Medicare Shared Savings Program ACO: Training on Health Plan Management System (HPMS) ACO Application Submission Modules	July 6, 2017
Medicare Shared Savings Program ACO: ACO Application Q&A Session	July 13, 2017



Contact Information

Contact Information	Type of Inquiry ¹
SSPACO_Applications@cms.hhs.gov	For application related questions
HPMS_Access@cms.hhs.gov Phone: 800-220-2028	For help with Form CMS-20037 and CMS User ID (e.g., new access to HPMS, trouble finding the HPMS website)
CMS_IT_Service_Desk@cms.hhs.gov Phone: 800-562-1963	For password resets and locked accounts

¹ Include the CMS ACO ID number and LBN on all correspondence with CMS.



QUESTION & ANSWER SESSION



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Acronyms in this Presentation

- **ACOs:** Accountable Care Organizations
- **CAH:** Critical Access Hospital
- **CCN:** CMS Certification Number
- **CEC:** Comprehensive ESRD Care
- **DBA:** doing business as
- **ESRD:** end-stage renal disease
- **ETA:** Electing Teaching Amendment
- **FQHC:** Federally Qualified Health Center
- **HICN:** Health Insurance Claim Number
- **HPMS:** Health Plan Management System
- **LBN:** legal business name

Acronyms in this Presentation

- **MLR:** minimum loss rate
- **MSR:** minimum savings rate
- **NOIA:** Notice of Intent to Apply
- **NPI:** National Provider Identifier
- **PECOS:** Provider Enrollment, Chain, and Ownership System
- **PY:** performance year
- **RFI:** Request for Information
- **RHC:** Rural Health Clinic
- **RM RFI:** Repayment Mechanism Request for Information
- **SNF:** Skilled Nursing Facility
- **TIN:** taxpayer identification number