

Medicare Shared Savings Program/PGP Application Crosswalk

Application Section	Instructions / Document Requested	PGP instructions
A. Organization Overview		
ACO Structure: Application Type	Indicate if your organization is new to the Shared Shared Savings Program, whether your organization is re-applying to the Shared Savings Program, or whether your organization previously participated in the PGP Transition Demonstration.	Select the appropriate response
ACO Structure: Start Date	Choose the start date for which your organization is applying. In 2012, two start dates are available: 4/1/2012 or 7/1/2012. Beginning in 2013, available start dates will be on January 1 of each calendar year.	Select the appropriate response
ACO Structure: ACO Entity	Select all that apply. The categories represent ACO participants or groups of ACO participants that are eligible to form an ACO.	Select all that apply
ACO Structure: Medicare Shared Savings Program Track	Indicate whether you will participate in Track 1 (shared savings) or Track 2 (shared savings/losses).	Select the appropriate response
ACO Structure: Applicant Legal Entity Name	Please insert name of your ACO. Include the Trade name or Doing Business As Name as well as the mailing address.	Select the appropriate response
ACO Structure: ACO TIN	Provide the Taxpayer ID Number (TIN) used to establish the ACO as a legal entity.	Select the appropriate response
ACO Structure: Date of Formation	Enter date of ACO's legal formation. Indicate whether ACO has entered into any contracts with private payors prior to March 23, 2010.	Select the appropriate response
ACO Structure: Type of Entity	Select one of the following: sole proprietorship, partnership, publicly-traded corporation, privately-held corporation, limited liability company or indicate other.	Select the appropriate response

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Organization Contacts:	List the name, title, address, email, phone and fax numbers for the ACO's Executive Officer, CMS Liaison, Application Contact and IT Contact. Note that the IT Contact should be the person responsible for overseeing data sharing between CMS and the ACO.	Complete the requested information
B. Legal Requirements		
Legal Entity Formation	<p>Indicate if the ACO meets the definition of a legal entity, according to the Shared Savings Program regulations.</p> <p>If the ACO is formed among multiple, independent ACO participants, the ACO's TIN must be separate from any of the ACO participant TINs.</p> <p>Certify whether the ACO's legal entity is separate from any of the ACO participant TINs.</p>	Select the appropriate response
Legal Entity Formation	Indicate if documentation is available effectuating formation and operation of ACO.	Select the appropriate response
C. Governance/Leadership		
Organization Structure	Submit the ACO's leadership and organizational charts.	Submit the requested information
Organization Structure	Submit a list of the ACO's committees and structure, including names/roles of committee members.	Submit the requested information
Organization Structure	Submit a job description for each of the ACO's senior administrative and clinical leaders.	Submit the requested information
Governing Body	Submit the names, titles, and responsibilities for all members of the governing body.	Submit the requested information
Governing Body	<p>Indicate whether your ACO participants have at least 75% control of the governing body.</p> <p>If <u>NO</u>, describe why you seek to differ from this requirement and explain, with supporting documentation, if appropriate, how the ACO will involve ACO participants in ACO governance.</p>	If NO, submit a statement certifying that you will involve ACO participants in ACO governance.

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Governing Body	<p>Indicate whether your governing body includes one or more Medicare beneficiaries who are served by the ACO, who do not have a conflict of interest with the ACO, and who have no immediate family with a conflict of interest.</p> <p>If NO, describe why you seek to differ from this requirement and explain with supporting documentation, if appropriate, how the ACO will ensure meaningful participation in ACO governance by Medicare beneficiaries.</p>	<p>If NO, submit a statement certifying that you will ensure meaningful participation in ACO governance by Medicare beneficiaries.</p>
Governing Body	<p>Indicate whether a conflict of interest policy exists for the governing body. Please note that the conflict of interest policy must meet the requirements specified in the regulations.</p>	<p>Select the appropriate response</p>
Leadership and Management	<p>Indicate whether your operations are managed by an executive, officer, manager, general partner, or similar party whose appointment and removal are under the control of the ACO's governing body, and whose leadership team has demonstrated the ability to influence or direct clinical practice to improve efficiency processes and outcomes.</p> <p>If NO, describe how you intend to manage the operations of the ACO, and how this alternate leadership and management structure will be capable of accomplishing the ACO's mission.</p>	<p>Complete the requested information</p>
Leadership and Management	<p>Indicate whether your ACO's clinical management and oversight is managed by a senior-level medical director who is a physician and one of the ACO providers/suppliers, who is physically present on a regular basis at any clinic, office, or other location participating in the ACO, and who is a board-certified physician and licensed in a State in which the ACO operates.</p> <p>If NO, describe your ACO's clinical management and oversight, and how this structure will be capable of accomplishing the ACO's mission.</p>	<p>Complete the requested information</p>
Leadership and Management	<p>Indicate whether each ACO participant and each ACO provider/supplier has agreed to demonstrate a meaningful commitment to the mission of the ACO to ensure its likely success.</p>	<p>Select the appropriate response</p>

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Leadership and Management	Indicate whether the ACO has a compliance plan that includes the required elements specified in regulations.	Select the appropriate response
D. Participation in Other Medicare Initiatives Involving Shared Savings		
Current Participation in other Medicare Shared Savings Initiatives	Indicate whether your ACO or any ACO participants currently participate in any Medicare initiative involving a shared savings arrangement.	Select the appropriate response
E. Financial		
Shared Savings	Submit a narrative as described. Documentation supporting your description (e.g. participation agreements between the ACO and the ACO participants, governing body meeting notes, etc) should be available upon request.	Complete the requested information
Interim Payment Election	Indicate whether you will elect to receive an interim payment determination for program participation in 2012. Note that if you elect to receive an interim payment calculation, you must ensure an appropriate repayment mechanism is in place, regardless of which Track you have chosen.	Select the appropriate response

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Repayment Mechanism	<p>Fill out this section only if you are applying for Track 2 or you are applying for Track 1 or 2 and have chosen to receive an interim payment calculation. Indicate which repayment mechanism(s) you will use. Select all that apply.</p> <p>Before starting you agreement, you must submit documentation to support adequacy of the repayment mechanism you selected. The repayment mechanism must be capable of repaying an amount of shared losses or other monies owed to CMS equivalent to at least 1 percent of total per capita Medicare Parts A and B fee-for-service expenditures for your assigned population based on expenditures for the most recent performance year or expenditures used to establish the benchmark. If you elect to use a repayment mechanism that is different from the ones listed, attach a narrative describing the repayment mechanism and submit to CMS for approval.</p> <p>Applicants to Track 2 must update the adequacy of the repayment mechanism on a yearly basis.</p>	Complete the requested information
Banking Information	<p>Mail completed Payment Information Form (CMS 5588) with the ORIGINAL signature and voided check using an overnight mail that can be tracked (FedEx, UPS, etc.) to:</p> <p>Centers for Medicare & Medicaid Services 7500 Security Blvd OFM/FSG/DFSE Mail Stop N3 04 07 Baltimore, MD 21244-1850 Attention: Ed Berends</p>	Complete the requested information

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F. Provider Information		
Participation Agreements	<p>Submit sample agreements between the ACO and the ACO Participants (TINs) and other entities furnishing services related to ACO activities. These agreements must require compliance with the requirements and conditions of the program, including those specified in the participation agreement with CMS.</p> <p>Note: You are not required to submit the executed agreements with your application; however the executed agreements must be available to CMS upon request.</p>	<p>Submit a statement certifying that agreements between the ACO and ACO participants describe the ACO participants' and ACO providers'/suppliers' rights and obligations in and representation by the ACO, including how the opportunity to receive shared savings or other financial arrangements will encourage ACO participants and ACO providers/suppliers to adhere to the quality assurance and improvement program and evidence-based clinical guidelines and that</p>
ACO Participants	<p>The ACO must list all ACO participants.</p>	<p>CMS will use the current list of ACO participant TINs associated with the PGP Transition Demonstration.</p> <p>If your ACO includes FQHCs and/or RHCs, you must submit information requested in Appendix B indicating NPI and other identifying information for each physician that directly provides primary care services on behalf of the participating FQHC or RHC.</p>
G. Data Sharing		
Data Sharing	<p>Indicate whether you will request beneficiary identifiable data. If YES to either question in the Data Sharing Section, you must:</p> <ul style="list-style-type: none"> certify that you are requesting this information as a HIPAA-covered entity or as a business associate of a HIPAA-covered entity. 	<p>Complete the requested information</p>

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Data Sharing	<p>If YES to either question in the Data Sharing Section, you must:</p> <ul style="list-style-type: none"> • describe in a narrative how you will ensure the privacy and security of these data, • describe in a narrative the other items listed on the application, • sign and return a DUA if you are approved to participate in the program. 	Complete the requested information
H. Required Clinical Processes and Patient Centeredness		
Quality Assurance and Improvement Program	<p>Verify that your ACO has a qualified health professional responsible for your ACO's quality assurance and improvement program that encompasses the four required processes.</p> <p>For each required process outlined below,</p> <ul style="list-style-type: none"> • submit a narrative and/or supporting documentation as described under each section. 	Select the appropriate response
Promoting Evidence-Based Medicine	<p>Submit a narrative or documentation describing how the ACO will define, establish, implement, evaluate, and periodically update its process to promote evidence-based medicine. This process should cover diagnoses with significant potential for the ACO to achieve quality improvements, taking into account the circumstances of individual beneficiaries.</p> <p>The narrative should include the remedial processes and penalties that will apply if an ACO participant or ACO provider/supplier fails to comply with this process.</p>	Submit a statement certifying that the ACO has a process to promote evidence-based medicine that meets the requirements outlined in regulations.

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Promoting Beneficiary Engagement	<p>Submit a narrative or documentation describing how the applicant will define, establish, implement, evaluate, and periodically update its process to promote patient engagement. Describe how the applicant intends to address the following areas:</p> <ol style="list-style-type: none"> 1. Evaluating the health needs of the ACO's assigned population including consideration of diversity in its patient population and a plan to address the needs of its population. This plan should include a description of how the ACO intends to partner with community stakeholders to improve the health of its population; 2. Communicating clinical knowledge/evidence-based medicine to beneficiaries in a way that is understandable to them; 3. Beneficiary engagement and shared decision-making that takes into account the beneficiaries' unique needs, preferences, values, and priorities; and 4. Written standards for beneficiary access and communication, and a process to access their medical records. <p>The narrative should also include the remedial process and penalties that will apply to the ACO participants and/or ACO provider/suppliers who fails to comply with this process.</p>	<p>Submit a statement certifying that the ACO has a process to promote patient engagement that meets the requirements outlined in regulations.</p>
Internally Reporting on Quality and Cost Metrics	<p>Submit a narrative describing how the ACO will define, establish, implement, evaluate, and periodically update its process and infrastructure to support internal reporting on quality and cost metrics to enable the ACO to monitor, provide feedback, and evaluate ACO participant and provider/supplier performance and to use these results to improve care and service over time. The narrative should include a description of the remedial process and penalties that will apply to the ACO participants and/or ACO provider/suppliers who fail to comply with this process.</p> <p>Explain how you will use this process to assess the four required processes to continuously improve the ACO's care practices.</p>	<p>Submit a statement certifying that the ACO has a process to support internal reporting on quality and cost that meets the requirements outlined in regulations.</p>

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Promoting Coordination of Care	<p>Submit a narrative or documentation describing how the ACO will define, establish, implement and periodically update its care coordination process. Narrative must include a description of:</p> <ol style="list-style-type: none"> 1. The ACO’s methods to coordinate care throughout an episode of care and during care transitions, such as discharge from a hospital or transfer of care from a primary care physician to a specialist (both inside and outside the ACO); and 2. The ACO’s individualized care program, along with a sample individual care plan, and explain how this program is used to promote improved outcomes for, at a minimum, its high-risk and multiple chronic condition patients. 3. Additional target populations that would benefit from individualized care plans. 4. How individual care plans will take into account the community resources available to beneficiaries. <p>The narrative should also include the remedial process and penalties that will apply if the ACO participants and/or ACO providers/suppliers fail to comply with this process.</p>	<p>Submit a statement certifying that the ACO has a process for care coordination that meets the requirements outlined in regulations.</p>
I. Application Certification		
Application Certification	<p>Your signature legally and financially binds your ACO to the applicable laws and regulations of the Medicare program. By your signature, you are certifying that the information contained in the application is true, correct, and complete and are authorizing CMS to verify the information. If you become aware of any of the information in the application is not true, correct, or complete, you are agreeing to notify CMS immediately and provide the correct and/or complete information. If your ACO is newly formed according to the definition in the Antitrust Policy Statement, you understand and agree that CMS will share the content of this application, including all information and documents submitted with this application, with the FTC and DOJ.</p>	<p>Complete the requested information</p>