



Medicare ACO Track 1+ Model Application | Performance Year 2018

Please see the [Application Toolkit](#)¹ for instructions on completing this application.

PAPER APPLICATIONS ARE NOT ACCEPTED.

USE THIS DOCUMENT TO HELP YOU GET STARTED PREPARING YOUR RESPONSES. SUBMIT YOUR APPLICATION ONLINE.

This Application Is Only Applicable To The Following:

- 1) ACOs currently participating in the Medicare Shared Savings Program (Shared Savings Program) Track 1 who are applying to the Track 1+ Model;
- 2) ACOs currently participating in Track 1 of the Shared Savings Program who intend to renew their agreement under Track 1 and are applying to the Track 1+ Model. Renewing ACOs must also complete & submit the CY2018 Shared Savings Program Renewal Application in addition to this application; and
- 3) New ACOs applying to the Shared Savings Program under Track 1 and are applying to the Track 1+ Model. New ACOs must also complete and submit the CY2018 Shared Savings Program Initial Application in addition to this application.

SECTION 1 – Tell us some general information about your ACO

Some information in this section is pre-populated in the Health Plan Management System (HPMS) with your ACO data. Review and confirm your ACO's legal entity information. Send CMS a request to change your ACO's information if a correction is needed by following the instructions in the [Application Reference Manual](#)².

I am a:

- Medicare ACO Track 1+ Model Applicant that is *currently participating* in the Shared Savings Program under Track 1, or that is *applying to participate or to renew its participation* in the Shared Savings Program under Track 1.

If you are applying to participate or to renew your participation and select this check box, you must also complete a separate Initial or Renewal application respectively, in addition to this Track 1+ Model application.

Skilled Nursing Facility (SNF) 3-Day Rule Waiver

Do you intend to apply for a SNF 3-Day Rule Waiver under the Track 1+ Model (consistent with the SNF 3-Day Rule Waiver under 42 CFR § 425.612)?

YES NO

If you select YES, you must complete a separate SNF 3-Day Rule Waiver application in addition to this application.

Repayment Mechanism

The Medicare ACO Track 1+ Model is a performance-based risk Model requiring a repayment mechanism. The repayment mechanism must be capable of repaying an amount of shared losses equal to at least 1% of total per capita Medicare Parts A and B fee-for-service expenditures for your assigned beneficiaries based on expenditures used to establish your ACO's benchmark for the applicable agreement period, as estimated by CMS.

¹ <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/MSSP-Toolkit.html>

² <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/MSSP-Reference-Table.pdf>

Which repayment mechanism(s) will you use to repay CMS for any losses owed to CMS?
Repayment mechanism arrangement options: (check all that apply)

- Funds placed in escrow
- Surety bond
- A line of credit the Medicare program can draw upon, as evidenced by a letter of credit

If you are applying to the Track 1+ Model, you must complete both the Shared Savings Program Initial or Renewal Application under Track 1 and select a repayment mechanism in your Track 1+ Model Application. As a Track 1+ Model applicant, you must meet the repayment mechanism requirements under a two-sided risk model. Please see the [Application Reference Manual](#) for instructions.

SECTION 2 – Tell us about your ACO’s eligibility for shared savings or accountability for shared losses

1. Select your symmetrical Minimum Loss Rate (MLR) / Minimum Savings Rate (MSR) for your agreement period under the Track 1+ Model (select one)
 - 0.0% MLR/MSR
 - 0.5% MLR/MSR
 - 1.0% MLR/MSR
 - 1.5% MLR/MSR
 - 2.0% MLR/MSR
 - Symmetrical Variable MLR/MSR (based on the size of your ACO’s assigned population)

SECTION 3 – Tell us about your ACO’s legal entity; ownership & operational interests

2. I certify that my ACO is not owned or operated in whole or in part by a health plan as defined in 45 CFR § 160.103.
 YES
3. I certify that my ACO is not the same legal entity that previously participated in the Shared Savings Program under Track 2, or Track 3, or under the Pioneer ACO Model, the Next Generation ACO Model, or the Comprehensive ESRD Care (CEC) Model.
 YES

An ACO will not be eligible to participate in the Medicare ACO Track 1+ Model if 40% or more of its ACO participants were participating in any of these performance-based risk ACO initiatives in the prior performance year. CMS will evaluate your ACO Participant List submitted to the Shared Savings Program in conjunction with the responses you provide in your Track 1+ Model application. See the [Application Reference Manual](#) for further instructions. CMS will notify ACOs if this criterion is not met.

SECTION 4 – Tell us about your ACO participants’ ownership & operational interests

The maximum level of the ACO’s loss liability (loss sharing limit) will be determined by the composition of the ACO. Your responses to questions in this section about the characteristics of your ACO participants will determine the applicability of either a revenue-based or benchmark-based loss sharing limit to your ACO:

- Benchmark-Based Loss Sharing Limit applies if you select any of the institutional providers listed in Section 4 or answer “Yes” to any questions in Section 4.
- Revenue-Based Loss Sharing Limit applies if you select “No” to all questions in Section 4.

4. Are any of your ACO participants one of the following institutional providers? (select all that apply)
- Inpatient prospective payment system (IPPS) hospital
 - Cancer Center
 - Rural Hospital with more than 100 beds
 - No (My ACO Participant List does not include any of these institutional providers)
5. Are any of your ACO participants owned or operated (in whole or in part) by one of the following institutional providers? (select all that apply)
- IPPS hospital
 - Cancer Center
 - Rural Hospital with more than 100 beds
 - No (My ACO Participant List does not include any ACO participant that is owned or operated by one of these institutional providers)
6. Are any of your ACO participants owned or operated by (in whole or in part) an organization that owns or operates one of the following institutional providers? (select all that apply)
- IPPS hospital
 - Cancer Center
 - Rural Hospital with more than 100 beds
 - No (My ACO Participant List does not include any ACO participant that is owned or operated by an organization that also owns or operates one of these institutional providers)

SECTION 5 – Certify your application

**CMS will not process your application if you do not complete this certification in HPMS. This page will appear at the end of your application. Select "I agree" or "I disagree." You certify your application when you select "I agree."*

I have read the contents of this application. I certify that I am legally authorized to execute this document and to bind my ACO to comply with all applicable laws and regulations of the Medicare Program. By my signature, I certify that the information contained herein is true, accurate, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, accurate, or complete, I agree to notify CMS of this fact immediately and to provide the correct and/or complete information.