



MEDICARE SHARED SAVINGS PROGRAM Skilled Nursing Facility 3-Day Rule Waiver Application | Agreement Period Beginning on January 1, 2021

Please refer to the [Application Toolkit](#) for instructions and eligibility requirements for completing this application.

PAPER APPLICATIONS ARE NOT ACCEPTED. USE THIS DOCUMENT TO PREPARE YOUR RESPONSES. SUBMIT YOUR APPLICATION ONLINE VIA THE [ACO MANAGEMENT SYSTEM](#) (ACO-MS).

*This application is only applicable to Accountable Care Organization (ACO) applicants applying to participate in the Medicare Shared Savings Program (Shared Savings Program) Levels C, D, or E of the BASIC track or the ENHANCED track, or existing Shared Savings Program ACOs currently participating in the ENHANCED track (formerly known as Track 3), the Medicare ACO Track 1+ Model, Levels C, D, or E of the BASIC Track or entering Levels C, D, or E of the BASIC track.

SECTION 1 – COMMUNICATION, BENEFICIARY EVALUATION AND ADMISSION, AND CARE MANAGEMENT PLAN

1. Submit your ACO's communication plan that should include the following:
 - a. The process my ACO will use to evaluate and periodically update its communication plan with its Skilled Nursing Facility (SNF) affiliates;
 - b. Designated person(s) at my ACO with whom SNF affiliates will communicate and coordinate admissions (include job positions/job titles);
 - c. Designated person(s) at the SNF affiliate with whom my ACO will communicate and coordinate admissions, including monitoring SNF length of stay (include job positions/job titles);
 - d. How information will be shared across sites of care and made available to all members of the care team for optimal care integration, including identification of HIPAA-compliant communication tools that will be used by the care team to ensure that the designated person(s) at my ACO is aware of admissions to SNF affiliates pursuant to the waiver and appropriately involved in the clinical management of the beneficiary, including a plan for communicating necessary information when key contacts are not available;
 - e. How my ACO will timely share the prospective or preliminary prospective beneficiary assignment list, as well as the quarterly exclusion lists, with SNF affiliates to ensure ACOs and SNF affiliates are able to correctly identify the beneficiaries eligible to receive covered SNF services under the SNF 3-Day Rule Waiver;
 - f. How frequently communications will take place between my ACO and its SNF affiliates for purposes of such activities as administering the waiver, data sharing, education, and compliance monitoring;
 - g. How my ACO will communicate the beneficiary evaluation and admission plan and care management plan to the SNF affiliates and other individuals or entities responsible or involved in providing or coordinating services under the waiver; and
 - h. How my ACO will respond to questions and complaints related to the ACO's use of the SNF 3-Day Rule Waiver from SNF affiliates, ACO participants, ACO providers/suppliers, beneficiaries, acute care hospitals and other stakeholders.

2. Submit your ACO's care management plan for beneficiaries admitted to a SNF affiliate pursuant to the SNF 3-Day Rule Waiver that should include the following:
 - a. Provisions for designating the ACO provider/supplier responsible for initiating the admission and care management plan;
 - b. Provisions for designating a person from the SNF affiliate responsible for accepting the beneficiary and implementing the care management plan;
 - c. A certification by the designated ACO provider/supplier and the designated person from the SNF affiliate that the beneficiary meets requirements to receive covered SNF services under the waiver;
 - d. A plan for how the beneficiary's care will be managed at the SNF affiliate, including how the beneficiary's care will seamlessly transition upon discharge from the SNF affiliate to the beneficiary's primary care provider or other health care provider as determined by the care team and beneficiary;
 - e. Provisions to ensure high-quality and efficient care delivery (including facilitating optimum length of stay);
 - f. Designation of the aspects of the communication plan to be implemented by the providers and suppliers responsible for the beneficiary before, during, and after the SNF admission; and
 - g. Contact information for the ACO's medical director and the health care professional responsible for the ACO's quality assurance and improvement program as resources to respond to inquiries about the care management plan from the designated ACO provider/supplier, designated person from the SNF affiliate, beneficiary, and other stakeholders.
3. Submit your ACO's beneficiary evaluation and admission plan that should include the following:
 - a. A protocol for an ACO provider/supplier who is a physician to evaluate and approve admissions to a SNF affiliate pursuant to the waiver and consistent with the beneficiary eligibility requirements;
 - b. A protocol for educating and training SNF affiliates regarding waiver requirements and the ACO's communications plan, beneficiary evaluation and admission plan, and care management plan for purposes of the SNF 3-Day Rule Waiver;
 - c. A protocol for admitting beneficiaries to a SNF directly from home or an outpatient setting under the waiver;
 - d. A protocol for admitting beneficiaries to a SNF when it has been determined that the beneficiary does not need the full 3-day inpatient hospital stay; and
 - e. A protocol for informing beneficiaries about the waiver and their options for care settings.

SECTION 2 – SNF AFFILIATE LIST AND AGREEMENTS

4. I certify to the best of my knowledge, information, and belief that my ACO has a sample Skilled Nursing Facility (SNF) Affiliate Agreement that complies with the requirements listed in 42 CFR § 425.612(a)(1)(iii), and has executed SNF Affiliate Agreements that substantially conform to this sample SNF Affiliate Agreement with all SNF affiliates identified on the list submitted pursuant to § 425.612(a)(1)(i)(B).

I also certify to the best of my knowledge, information, and belief that in the event my ACO updates its sample SNF Affiliate Agreement or any executed SNF Affiliate Agreement during the term of my ACO's participation in the Medicare Shared Savings Program (Shared Savings Program) while the SNF 3-Day Rule Waiver is in effect, my ACO will submit the revised sample SNF Affiliate Agreement through ACO-MS and ensure that all executed SNF Affiliate Agreements conform to this revised sample.

I understand, acknowledge and agree that § 425.612(d)(2) authorizes the Centers for Medicare & Medicaid Services (CMS) to monitor and audit the use of the SNF 3-Day Rule Waiver in accordance with § 425.316. Such monitoring may include review of the sample SNF Affiliate Agreement submitted by my ACO (original or revised version) and/or any executed SNF Affiliate Agreement(s) at any time to determine compliance with program requirements.

Finally, I understand, acknowledge and agree that if my ACO's sample SNF Affiliate Agreement and/or any executed SNF Affiliate Agreement does not satisfy all applicable requirements, including those set forth in § 425.612, CMS may take one or more of the compliance actions listed under §§ 425.216 and 425.218 against my ACO.

Yes

Upload a sample SNF Affiliate Agreement and complete the SNF Affiliate Agreement table in ACO-MS.

5. Submit a signed SNF Affiliate Agreement for each SNF affiliate included on your SNF Affiliate List. The SNF Affiliate Agreement must be signed by both an individual authorized to sign on behalf of the ACO and an individual authorized to sign on behalf of the SNF affiliate. Include the first page and signature page of each agreement. If you do not have an executed SNF Affiliate Agreement for a SNF affiliate, the SNF affiliate cannot be included on your SNF Affiliate List.

SECTION 3 – CERTIFICATIONS

6. I certify to the best of my knowledge, information, and belief that my ACO has the capacity to identify and manage beneficiaries who are either directly admitted to a SNF or are admitted to a SNF after an inpatient hospitalization of fewer than three days.

Yes

7. I certify to the best of my knowledge, information, and belief that my ACO has established, and will evaluate and periodically update, the following plans describing how my ACO will implement the SNF 3-Day Rule Waiver as required in the Medicare Shared Savings Program regulations at 42 CFR § 425.612(a)(1)(i)(A):
- The communication plan between my ACO and its SNF affiliates;
 - A care management plan for beneficiaries admitted to a SNF affiliate; and
 - A beneficiary evaluation and admission plan approved by my ACO's medical director and the healthcare professional responsible for my ACO's quality improvement and assurance processes under § 425.112.

Yes

8. I certify that a beneficiary eligibility review process will be implemented in order to ensure that each beneficiary who will receive covered SNF services under the waiver meets the following requirements:
- If my ACO has selected preliminary prospective assignment with retrospective reconciliation under § 425.400(a)(2), the beneficiary must appear on the list of preliminarily prospectively assigned beneficiaries at the beginning of the performance year or on the first, second, or third quarterly preliminary prospective assignment list for the performance year in which they are admitted to the eligible SNF, and the SNF services must be provided after the beneficiary first appeared on the preliminary prospective assignment list for the performance year.
 - If my ACO has selected prospective assignment under § 425.400(a)(3), the beneficiary must be prospectively assigned to my ACO for the performance year in which they are admitted to the eligible SNF.
 - Does not reside in a SNF or other long-term care setting.
 - Is medically stable.
 - Does not require inpatient or further inpatient hospital evaluation or treatment.
 - Have certain and confirmed diagnoses.
 - Have an identified skilled nursing or rehabilitation need that cannot be provided as an outpatient.
 - Have been evaluated and approved for admission to the SNF within 3 days prior to the SNF admission by an ACO provider/supplier who is a physician, consistent with the ACO's beneficiary evaluation and admission plan.

Yes

SECTION 4 – CERTIFY YOUR APPLICATION

*CMS will not process your application if you do not complete this certification in ACO-MS. This page will appear at the end of your application. 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. By my signature, I certify to the best of my knowledge, information, and belief that the information contained herein is true, accurate, and complete, and I authorize 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.

I agree