



# MEDICARE SHARED SAVINGS PROGRAM Skilled Nursing Facility 3-Day Rule Waiver Application | Agreement Period Beginning on July 1, 2019 or January 1, 2020

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 in the ENHANCED track (formerly known as Track 3), the Medicare ACO Track 1+ Model, or ACOs 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 includes the following:
  - a. The process my ACO will use to evaluate and periodically update its communication plan with its SNF affiliates;
  - b. Designated person(s) at my ACO with whom SNF affiliate 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 hospitals and other stakeholders.

2. Submit your ACO's care management plan policy that includes the following:
  - a. Designate the ACO provider/supplier responsible for initiating the admission and care management plan;
  - b. Designate a person from the SNF affiliate responsible for accepting the beneficiary and implementing the care management plan;
  - c. Contain 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. Contain 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. Ensure the provision of high-quality and efficient care delivery (including facilitating optimum length of stay);
  - f. Designate 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. Contain 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 includes 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 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 three-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**

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4. Upload an updated sample SNF Affiliate Agreement and complete the SNF 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**

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6. I certify 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 that my ACO has created and will implement a communication plan between the ACO and all of its SNF affiliates as required in the Medicare Shared Savings Program regulations at 42 CFR § 425.612(a)(1)(i)(A)(1) and that the communication plan includes the following:
- a. The process my ACO will use to evaluate and periodically update its communication plan with its SNF affiliates;
  - b. Designated person(s) at my ACO with whom SNF affiliate 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 hospitals and other stakeholders.
- Yes
8. I certify that my ACO will implement an individualized care management plan for each beneficiary admitted to a SNF affiliate and that the care management plan will:
- a. Designate the ACO provider/supplier responsible for initiating the admission and care management plan;
  - b. Designate a person from the SNF affiliate responsible for accepting the beneficiary and implementing the care management plan;
  - c. Contain 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. Contain 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. Ensure the provision of high-quality and efficient care delivery (including facilitating optimum length of stay);
  - f. Designate 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. Contain 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.
- Yes

9. I certify that my ACO has established, and will evaluate and periodically update, a beneficiary evaluation and admission plan for beneficiaries admitted to a SNF affiliate pursuant to the waiver that is approved by the ACO medical director and the health care professional responsible for my ACO's quality improvement and assurance processes under § 425.112.

Yes

10. I certify that the beneficiary evaluation and admission plan includes at least 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 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 three-day inpatient hospital stay; and
- e. A protocol for informing beneficiaries about the waiver and their options for care settings.

Yes

11. I certify that, as part of the beneficiary evaluation and admission plan, a beneficiary eligibility review process will be implemented in order to ensure that each beneficiary who will receive covered SNF services under the waiver will meet the following requirements:

- a. Is prospectively assigned to my ACO for the performance year in which the beneficiary is admitted to the SNF affiliate, or was preliminarily prospectively assigned at the beginning of the performance year or included on the first, second, or third quarterly preliminary prospective assignment lists for the performance year, and the SNF services are provided after the beneficiary first appeared on the preliminary prospective assignment list for the applicable performance year;
- b. Does not reside in a SNF or other long-term care setting;
- c. Is medically stable;
- d. Does not require inpatient or further inpatient hospital evaluation or treatment;
- e. Has a certain and confirmed diagnosis;
- f. Has an identified skilled nursing or rehabilitation need that cannot be provided as an outpatient; and
- g. Has been evaluated and approved for admission to the SNF within three days prior to the SNF admission by an ACO provider/supplier in my ACO who is a physician, consistent with the beneficiary evaluation and admission plan.

Yes

12. I certify that the ACO medical director and the health care professional responsible for my ACO's quality assurance and improvement program will be available to respond timely to inquiries related to the application of the SNF 3-Day Rule Waiver, including questions regarding the ACO's beneficiary evaluation and admission plan, from the ACO participants, ACO providers/suppliers, SNF affiliates, beneficiaries, and other stakeholders.

Yes

## SECTION 4 – CERTIFY YOUR APPLICATION

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\*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 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.

I agree