

Medicare Shared Savings Program: Application Process and Overview of the Advance Payment Model Application

Presented by CMS



Agenda

This presentation will cover:

- Accountable Care Organizations (ACO)
- Different paths toward ACOs
- Medicare Shared Savings Program Application Process
- Advance Payment Model



Accountable Care Organizations

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Accountable Care Organizations

Accountable Care Organizations (ACOs) are a new approach to health care delivery aimed at providing better care, improving population health, and lowering growth in expenditures by:

- Promoting accountability for the care of Medicare Fee-For-Service beneficiaries
- Requiring coordination of care for services provided under Medicare Parts A and B
- Encouraging investment in infrastructure and redesigned care processes



Different Paths Toward ACOs

- Many organizations are at different stages in their ability to move toward participating in Medicare Accountable Care Organization initiatives.
- We have created several different programs ,or models of participation to encourage organizations across the spectrum of readiness to get started.

ACO Initiatives at CMS:

- Medicare Shared Savings Program
- Advance Payment Initiative
- Pioneer ACO Model
- ACO Accelerated Development Learning Sessions



Medicare Shared Savings Program

Medicare Shared Savings Program (Shared Savings Program):

- Mandated by Section 3022 of the Affordable Care Act.
- Final rule displayed on October 20, 2011 and published in the Federal Register on November 2, 2011.



Medicare Shared Savings Program Application

Tricia Rodgers, MPH



Application Cycle – Key Dates

Start Date	April 1, 2012	July 1, 2012
2012 applications posted on CMS Web site	Fall 2011	Fall 2011
Notice of Intent to Apply (NOI) forms accepted	Nov 1, 2011 - Jan 6, 2012	Nov 1, 2011 - Feb 17, 2012
CMS User ID forms accepted	Nov 9, 2011 - Jan 12, 2012	Nov 9, 2011 - Feb 23, 2012
2012 applications accepted	Dec 1, 2011 - Jan 20, 2012	Mar 1-30, 2012
2012 application approval or denial decision	March 16, 2012	May 31, 2012
Reconsideration review deadline*	March 23, 2012	June 15, 2012

**Date an organization must receive a favorable reconsideration review determination to qualify for the start date indicated on the application.*

Steps to the MSSP Application Process



Step 1 – Notice of Intent to Apply

The **first step** in the application process is to submit your Notice of Intent to Apply (NOI) to the Shared Savings Program.

The NOI is available on our Web site at

http://www.cms.gov/sharedsavingsprogram/37_Application.asp



Notice of Intent to Apply

NOI Process:

- Go to <https://vovici.com/wsb.dll/s/11dc4g4c52d> and complete the short NOI web form to get an ACO identification number (ACO ID).
- Complete the NOI no later than **5 pm EST on January 6, 2012** for the April 1, 2012 program start date.
- You will get an acknowledgement letter via e-mail containing your ACO ID and instructions on how to complete the CMS User ID application.
- Submitting an NOI **does not** require you to submit an application for 2012. However, without an ACO ID and CMS User ID you will not be able to access the appropriate modules in the Health Plan Management System (HPMS) to complete any of the required 2012 application.
- We will only accept NOIs submitted electronically. We strongly encourage you to submit your NOI early.

Obtaining a CMS User ID

- Follow the instructions provided in your NOI acknowledgement letter to complete the CMS data access request form:
<http://www.cms.gov/InformationSecurity/Downloads/EUAaccessform.pdf>
- Send the completed CMS User ID form by tracked mail (e.g. FedEx, UPS, etc.) to CMS no later than **January 12, 2012** for April 1, 2012 program start dates.

Centers for Medicare and Medicaid Services
Attention: Gregory Buglio
Mail Stop: C4-18-13
7500 Security Boulevard
Baltimore, MD 21244

- We strongly encourage you to submit your CMS User ID form as early as possible, and not to wait until the deadline.

Step 2 – Submitting the complete application package is the second step in the application process.

The complete application package includes all of the following documents:

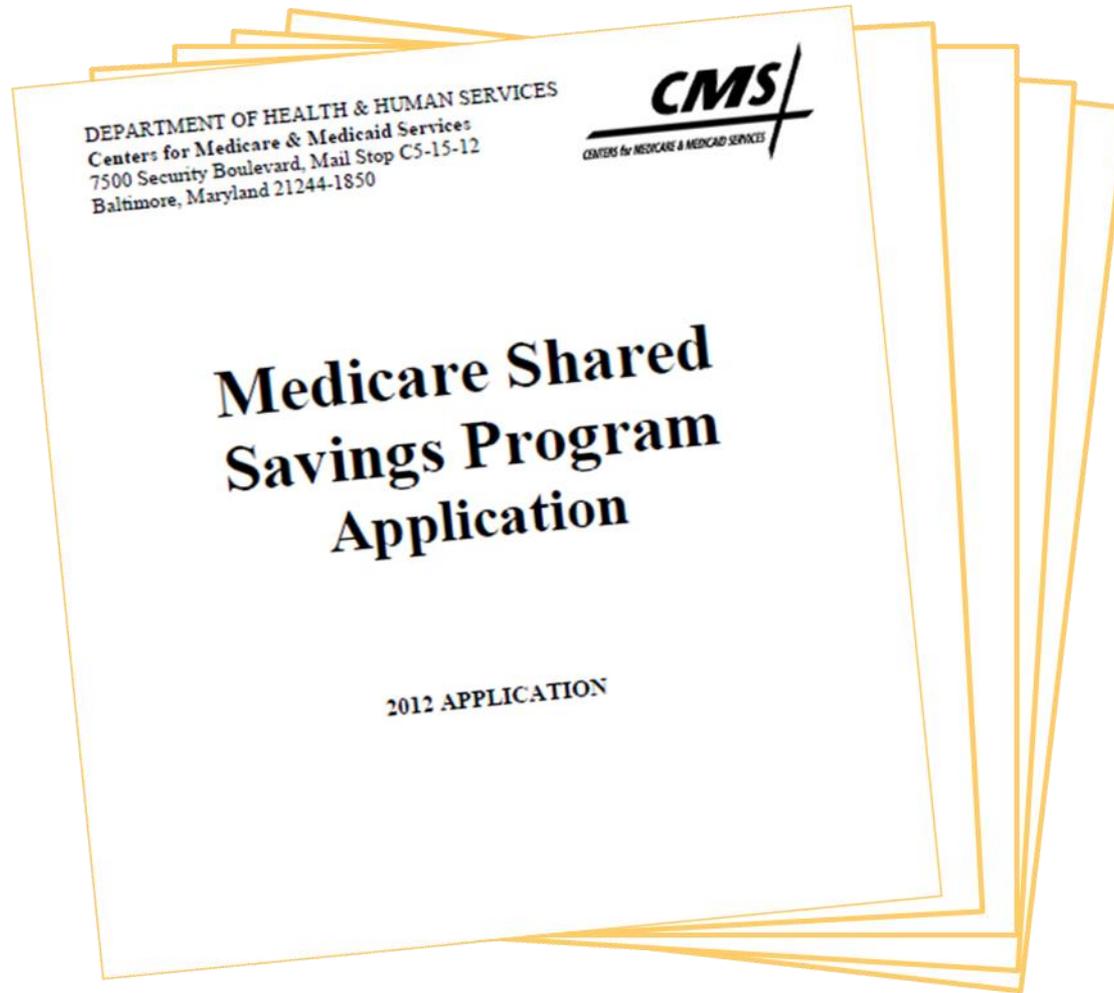
- Application
- CMS Form 588 (Appendix A)
- Participant List Template (Appendix B)
- CMS DUA (Appendix C)
- Application Reference Guide (Appendix D)

The application package is available at

http://www.cms.gov/sharedsavingsprogram/37_Application.asp



Application



Application Reference Guide (Appendix D)

ACO Application Reference Guide

Medicare Shared Savings Program ACO Application Reference Guide

The purpose of this document is to provide additional guidance to complete your application.

Each section below provides a reference to the regulation (where applicable). Review the "Supporting Documentation Required" column to identify if you must submit documentation to support your application response.

IMPORTANT: Follow the directions under the "File Naming Convention" to name each supporting document. Include the file name in the header of each document.

Automated Submissions: Combine all supporting documents into a single .zip file, and upload the .zip file on the upload screen.
Paper Submissions: Package all supporting documents with a cover sheet indicating the file number and section of the application the documentation supports.

Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Supporting Documentation Required	File No.	File Naming Convention
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. This field is either pre-populated in the electronic application or must be filled in on the paper application based on the response you provided in your NOI. If you wish to change this information, you must contact CMS prior to submitting your application.	N/A	N/A	No	N/A	N/A
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. This field is either pre-populated in the electronic application or must be filled in on the paper application based on the response you provided in your NOI. If you wish to change this information, you must contact CMS prior to submitting your application.	67977	§425.200(b)	No	N/A	N/A

Supporting Documentation Required	File No.	File Naming Convention
Yes	17	Axxxx_ProcesCoorCare_mmdddy.pdf
No	N/A	N/A

Application

TABLE OF CONTENTS	
I.	Instructions for Completing Your Application 3
A.	OVERVIEW 3
B.	HOW TO SUBMIT YOUR APPLICATION 4
i.	Application Key Dates 5
ii.	Automated Submissions 5
iii.	Paper Submissions 5
iv.	Submission of Additional Information 6
v.	Information for PGP Transition Demonstration Participants 6
II.	Application 7
A.	ORGANIZATION OVERVIEW 7
1.	ACO Structure 7
2.	Organization Contacts 10
B.	LEGAL REQUIREMENTS 11
1.	Legal Entity Formation 11
C.	GOVERNANCE / LEADERSHIP 11
2.	Organization Structure 11
3.	Governing Body 12
4.	Leadership and Management 13
D.	PARTICIPATION IN OTHER MEDICARE INITIATIVES INVOLVING SHARED SAVINGS 14
1.	Current Participation 14
E.	FINANCIAL 14
1.	Shared Savings 14
2.	Interim Payment Election 15
3.	Repayment Mechanism 15
4.	Banking Information 16
F.	PROVIDER INFORMATION 16
1.	Participation Agreements 16
2.	ACO Participants 17
G.	DATA SHARING 17
H.	REQUIRED CLINICAL PROCESSES AND PATIENT CENTEREDNESS 18
1.	Quality Assurance and Improvement Program 18
2.	Promoting Evidence-Based Medicine 18
3.	Promoting Beneficiary Engagement 18
4.	Internally Reporting on Quality and Cost Metrics 19
5.	Promoting Coordination of Care 19
I.	APPLICATION CERTIFICATION 19
III.	Request to Withdraw a Pending Application 20
IV.	Application Determination Reconsideration Review Process 20
V.	Appendix 21
	<i>Appendix A: Electronic Funds Transfer (EFT) Authorization Agreement (CMS 588) 21</i>
	<i>Appendix B: ACO Participant List Template 21</i>
	<i>Appendix C: Data Use Agreement (DUA) 21</i>
	<i>Appendix D: Application Reference Guide 21</i>

Application

4. Leadership and Management

Are your operations 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?

Yes No

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.

Are your clinical management and oversight 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?

Yes No

If **NO**, describe the ACO's clinical management and oversight, including how this structure will be capable of accomplishing the ACO's mission.

Has each ACO participant and each ACO provider/supplier agreed to demonstrate a meaningful commitment to the mission of the ACO to ensure the ACO's likely success?

Yes No

Does the ACO have a compliance plan that includes at least the following elements:

- A designated compliance official or individual who is not legal counsel to the ACO and reports directly to the ACO's governing body.
- Mechanisms for identifying and addressing compliance problems related to the ACO's operations and performance.
- A method for employees or contractors of the ACO, ACO participants, ACO providers/suppliers or other entities performing functions or services related to ACO activities to anonymously report suspected problems to the compliance officer.
- Compliance training for the ACO, ACO participants, and ACO providers/suppliers.
- A requirement for the ACO to report probable violations of law to an appropriate law enforcement agency.

Yes No

Application & Appendix A

4. Banking Information

You must establish a relationship with a banking partner that meets the Internal Revenue Service (IRS) requirements (a bank, insurance company or other entity as set out in the Treasury Reg. Secs. 1.408-2(e)(2) through (e)(5).

- Complete the Electronic Funds Transfer (EFT) Authorization Agreement (CMS 588) (see Appendix A).
- For further guidance on completing the CMS 588, please reference a tutorial at this link: <https://www.highmarkmedicare.com/enrollment/tutorial/588.html>.
- Send the completed CMS 588 with the ORIGINAL signature and voided check to CMS using tracked mail (FedEx, UPS, etc.) to:

Centers for Medicare & Medicaid Services
7500 Security Blvd
OFM/FSG/DFSE Mail Stop N3 04 07
Baltimore, MD 21244-1850
Attention: Ed Berends

Note: The signed CMS 588 for the ACO is due at the same time as the application. Shared savings will be deposited directly to this account. Please refer to the Application Key Dates table in the application instructions. Applications are not considered complete until this form is received.

F. PROVIDER INFORMATION

1. Participation Agreements

Please provide sample agreements between the ACO and the ACO Participants (TINs) and other entities furnishing services related to ACO activities. These sample agreements must 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. These agreements must require compliance with the requirements and conditions of the program, including, but not limited to, those specified in the participation agreement with CMS.

Note: You are not required to submit copies of the executed agreements with your application; however the executed agreements must be available to CMS upon request.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0028

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I: REASON FOR SUBMISSION

Reason for Submission:

New EFT Authorization

Revision to Current Authorization
(e.g. account or bank changes)

Check here if EFT payment is being made to the Home Office of Chain (Attach letter Authorizing EFT payment to Chain Home Office)

Since your last EFT authorization agreement submission, have you had a:

Change of ownership, and/or

Change of Practice Location?
If you checked either a change of ownership or change of practice location above, you must submit a change of information (using the Medicare enrollment application) to the Medicare contractor that services your geographical area(s) prior to or accompanying this EFT authorization agreement submission.

PART II: PROVIDER OR SUPPLIER INFORMATION

Provider/Supplier Legal Business Name _____

Chain Organization Name or Home Office Legal Business Name (if different from Chain Organization Name) _____

Account Holder's Street Address _____

Account Holder's City _____

Tax Identification Number (Indicate TIN or EIN) _____

Account Holder's State _____

Account Holder's Zip code _____

Medicare Identification Number (if any) _____

National Provider Identifier (NPI) _____

PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution Name _____

Financial Institution City/Town _____

Financial Institution Telephone Number _____

Financial Institution State _____

Financial Institution Contact Person _____

Financial Institution Routing Transit Number (nine digits) _____

Depositor Account Number _____

Type of Account (check one):
 Checking Account Savings Account

Please include a confirmation of account information on bank letterhead or a voided check. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. If submitting bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account number.

PART IV: CONTACT PERSON

Contact Person's Name _____

Contact Person's Telephone Number _____

Contact Person's Title _____

Contact Person's E-mail Address _____

FORM CMS-588 (09/10)

MAILING YOUR APPLICATION TO THIS ADDRESS WILL SIGNIFICANTLY DELAY PROCESSING.

DO NOT MAIL THIS FORM TO THIS ADDRESS: 7500 Security Boulevard, Baltimore, Maryland

Information unless it displays a valid string data resource, gather the accuracy of the time-activated) or of computer matches.

Medicare Claims Records - Federal Register Privacy Actures of information from

transfer (EFT) at the time sent change request; and

section of this information.

main in full force and time and such manner as IS will continue to send the wish to change the financial I, I agree to submit to CMS

Provider of services hereby considered payment to the Chain Home Office. Legal Business Name of the account referenced said Provider or Supplier are

credit entries, and in accordance is made in error to the account credit and/or debit the same to MS' designated fee-for-service

Application & Appendix B

2. ACO Participants
<p>You must submit a list of ACO participant TINs. These are the ACO participants that have joined together to form the ACO. Please follow the instructions included the ACO Participant list provided for you to complete this request. (see Appendix B)</p> <p>If your ACO includes FQHCs and/or RHCs: Note each FQHC/RHC participant TIN and also indicate the 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
<p>Will you request the name, DOB, sex, and HICN of beneficiaries used to generate the ACO's benchmark?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Will you request beneficiary identifiable Part A, B and/or D claims data?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you selected YES to either question above, do you certify that you are requesting this information as a HIPAA-covered entity or as a business associate of a HIPAA-covered entity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you selected YES to any of the questions in this section, describe in a narrative the following</p> <ul style="list-style-type: none"> • How you will ensure privacy and security of data, • How you intend to use this data <ul style="list-style-type: none"> ○ to evaluate the performance of ACO participants, and ACO providers/supplie ○ to conduct quality assessment and improvement activities, and ○ to conduct population-based activities to improve the health of your assigne beneficiary population. <p>If you selected YES to any of the questions in this section, and you are approved to participate in the Medicare Shared Savings Program, you will be instructed to sign and return a Data Use Agreement (DUA) in your approval letter. (see Appendix C)</p>

Participant LIST

ACO ID: _____

ACO TIN: _____
(TIN for Shared Savings Payment)

Please provide a list of all the ACO Participant TINs:

TIN	CCN	Organizational NPI
9 digit numeric number, no spaces or dashes	6 digit numeric, no spaces or dashes Hospital, FQHC, RHC, CAH Method II facilities only	(FQHC/RHC only) 10 digit numeric, no spaces or dashes

Application Certification

I. APPLICATION CERTIFICATION

I have read the contents of this application. My signature (or electronic signature) legally and financially binds this ACO to the applicable laws and regulations of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete, and I authorize the Centers for Medicare and Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify CMS of this fact immediately and provide the correct and/or complete information. If my ACO is newly formed according to the definition in the Antitrust Policy Statement, I 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.

[Click here to enter text.](#)

Signature CEO/ Executive Director

[Click here to enter text.](#)

 (MM/DD/YYYY)

Electronic submissions: This page will appear at the end of your application. Select **I agree**, or **I disagree**. Once you select **I agree**, you are certifying the application.

Note: We will not process your application if this certification is not complete.

2 Ways to Submit Your Application: Option 1

Option 1. Submit via tracked mail (FedEx, UPS, etc.)

- The application is due by **January 20, 2012** for April 1, 2012 program start date.
- Send the completed application package with ORIGINAL signature and supporting documentation to:

Centers for Medicare and Medicaid Services
Attn: SSP ACO Applications
Mail Stop: C5-15-12
7500 Security Blvd.
Desk Location: C4-07-01
Baltimore, MD 21244



2 Ways to Submit Your Application: Option 2

Option 2. Submit electronically via HPMS

- Access the electronic application at http://www.cms.gov/sharedsavingsprogram/37_Application.asp
- The 8 questions from the NOI will be pre-populated.
 - If any of the pre-populated information changes, you must e-mail a change request to SSPACO_Applications@cms.hhs.gov.



Requests for Additional Information

- We may ask applicants for additional information. We will notify you via e-mail and ask you to submit additional materials to HPMS to complete your application.
 - Responses are due within five (5) days of the date of the request through HPMS or by tracked mail.
 - Submit response through HPMS if you applied electronically.
 - Submit your response via tracked mail if you applied by mail.
 - If you don't provide the additional information by the date requested, your application may be denied for the current application cycle.



Notice of Acceptance or Denial

- You will get an approval or denial letter via e-mail.
- If your application is denied, you may request a CMS reconsideration review. You will be informed of your right to request a reconsideration review in your denial letter.
 - We must receive your request within 15 days of the date on your denial letter.



How to Withdraw a Pending Application

To withdraw your application, submit a written request that includes:

- ACO's legal entity name
 - ACO ID number
 - Complete address
 - Point of contact information
 - Exact description of the nature of the withdrawal
- Submit the request in PDF format via e-mail to:
SSPACO_Applications@cms.hhs.gov
 - Mail requests should be addressed to:

Centers for Medicare and Medicaid Services
Attn: SSP ACO Applications
Mail Stop: C5-15-12
7500 Security Blvd.
Desk Location: C4-07-01
Baltimore, MD 21244

About the Application Process

- Questions on the application process? Contact SSPACO_Applications@cms.hhs.gov.
- Applications received after the closure dates will be deferred until the next application acceptance cycle begins.



Advance Payment Model

Kelly Hall

ACO Staff

CMS Innovation Center

Centers for Medicare & Medicaid Services



Background

- Initiative sponsored by the Center for Medicare and Medicaid Innovation
- Designed to provide physician-based ACOs and those with rural hospitals participating in the Shared Savings Program with advance payments
- Initiative first announced in May 2011
- Federal Register Notice posted in October 2011



Program Details

- Participating ACOs will receive three types of payments:
 - An upfront, fixed payment
 - An upfront, variable payment
 - A monthly payment of varying amount depending on the size of the ACO
- CMS will recoup Advance Payments through an ACO's earned shared savings



Eligibility Requirements

Open only to:

- Participants in the Shared Savings Program entering April 2012 or July 2012
- Two types of organizations:
 - ACOs that do not include any inpatient facilities AND have less than \$50 million in total annual revenue
 - ACOs in which the only inpatient facilities are critical access hospitals and/or Medicare low-volume rural hospitals AND have less than \$80 million in total annual revenue



Application Process

- Organizations must complete applications for both the Shared Savings Program and the Advance Payment Model
- The Advance Payment Model will not require a Notice of Intent or a CMS User ID
- April 1, 2012 start date
 - Applications accepted between January 1 and February 1, 2012
- July 1, 2012 start date
 - Applications accepted between March 1 and March 30, 2012 (consistent with Shared Savings Program)



Application Process

- Application template will be posted on the Advance Payment Model website at <http://www.innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/advance-payment/>
- Application will be completed online



Additional Resources

Website for the Advance Payment Model:

<http://www.innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/advance-payment/>

E-mail questions to:

advpayaco@cms.hhs.gov



Questions?

