

## ACO Application Reference Guide

Applicant should ensure they have uploaded the proper documentation **PRIOR** to submitting the application.

<b>Medicare Shared Savings Program ACO Application Reference Guide</b> Please ensure that your files utilize required templates, are in the correct format, and follow the naming conventions provided.  For applicants submitting the application electronically, please package all files into a single .zip file, and upload the .zip file under the appropriate HPMS upload category. Example: All files required for an applicant's submission that are categorized as "State Licensure" in the HPMS Upload Section column must be prepared according to the individual file instructions below and then packaged into a single .zip file and uploaded in HPMS under the "State Licensure" category.						
Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Supporting Documentation Required	File No.	Naming Convention
<b>A. Organizational Overview</b>						
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 from the NOI or must be filled in on the paper applications to be consistent with the NOI you submitted. If you wish to change this information, you must contact CMS before submitting your application.	N/A	N/A	No	N/A	N/A
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 from the NOI or must be filled in on the paper applications to be consistent with the NOI you submitted. If you wish to change this information, you must contact CMS before submitting your application.	67977	§425.200(b)	No	N/A	N/A

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ACO Entity	<p>Select all that apply. These categories represent ACO participants or groups of ACO participants that are eligible to form an ACO. Your ACO may add other ACO participants, however, in order to be eligible to participate in the Shared Savings Program, the ACO must be composed, at minimum, of at least one of the following: ACO professionals in a group practice arrangement, a network of individual ACO professionals, a partnership or joint venture arrangement between a hospital and ACO professionals, a hospital employing ACO professionals, a Critical Access Hospital, a Federally Qualified Health Center, a Rural Health Clinic.</p> <p>This field is either pre populated from the NOI or must be filled in on the paper applications to be consistent with the NOI you submitted. If you wish to change this information, you must contact CMS before submitting your application.</p>	67975	§425.102	No	N/A	N/A
Shared Savings Program Track	<p>Indicate whether you will participate in Track 1 (shared savings) or Track 2 (shared savings/losses).</p> <p>This field is either pre populated from the NOI or must be filled in on the paper applications to be consistent with the NOI you submitted. If you wish to change this information, you must contact CMS before submitting your application.</p>	67978	§425.204(e)(1)	No	N/A	N/A
Applicant Legal Entity Name	<p>Please insert name of your ACO. Include the Trade name or Doing Business As Name as well as the mailing address.</p> <p>This field is either pre populated from the NOI or must be filled in on the paper applications to be consistent with the NOI you submitted. If you wish to change this information, you must contact CMS before submitting your application.</p>	67975	§425.104	No	N/A	N/A

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ACO Taxpayer ID (TIN)	<p>Provide the Taxpayer ID Number (TIN) used to establish the ACO as a legal entity. This is the TIN that will receive and distribute shared savings to its ACO participants and, under Track 2, will be responsible for paying shared losses, and be responsible for other regulatory requirements.</p> <p>This field is either pre populated from the NOI or must be filled in on the paper applications to be consistent with the NOI you submitted. If you wish to change this information, you must contact CMS before submitting your application.</p>	67978	§425.204	No	N/A	N/A
Date of Formation	<p>Enter date of ACO's legal formation. ACOs formed after March 23, 2010, as defined in the Antitrust Policy Statement must agree that CMS can share a copy of their application with the Antitrust Agencies.</p> <p>This field is either pre populated from the NOI or must be filled in on the paper applications to be consistent with the NOI you submitted. If you wish to change this information, you must contact CMS before submitting your application.</p>	67977	§425.202(a)(3)	No	N/A	N/A
Private Payors	<p>Indicate whether ACO has entered into any contracts with private payors prior to March 23, 2010. ACOs who HAVE NOT signed or jointly negotiated any contracts with private payor(s) prior to March 23, 2010, must agree to permit CMS to share a copy of this application with the Antitrust Agencies.</p>	67977-78	§425.202(a)(3)	No	N/A	N/A
Type of Entity	<p>Select one of the following: sole proprietorship, partnership, publicly-traded corporation, privately-held corporation, limited liability company or indicate other.</p>	67975	§425.102	No	N/A	N/A
Organizational Contacts	<p>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.</p>	67976	§425.108	No	N/A	N/A

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<b>B. Legal Requirements</b>						
Certificate of Incorporation	Indicate if the ACO meets the definition of a legal entity, according to the Shared Savings Program regulations. If the ACO is formed among multiple, independent ACO participants, the ACO's TIN must be separate from any of the ACO participant TINs.	67975	§425.104	No	N/A	N/A
Formation	<p>Indicate if documentation is available effectuating formation and operation of ACO. You must retain this documentation and be able to provide it to CMS upon request.</p> <p>This field is either pre populated from the NOI or must be filled in on the paper applications to be consistent with the NOI you submitted. If you wish to change this information, you must contact CMS before submitting your application.</p> <p>Indicate whether the ACO signed or jointly negotiated any contracts with a private payor(s) or whether the ACO comprise only the same or a subset of the same providers that signed or jointly negotiated any contracts with a private payor(s), on or before March 23, 2010.</p>	67978 & the Antitrust Policy Statement	§425.204(c)(2) & the Antitrust Policy Statement	No	N/A	N/A
<b>C. Governance/Leadership</b>						
Organization Structure	Submit the ACO's leadership and organizational charts.	67978	§425.204(c)(1)(iii)	Yes	1	Axxxx_Org-OrgChart_mmddyy.pdf
Organization Structure	Submit a list of the ACO's committees and structure, including names/roles of committee members.	67978	§425.204(c)(1)(iii)	Yes	2	Axxxx_OrgGov-Committees_mmddyy.pdf
Organization Structure	Submit a job description for each of the ACO's senior administrative and clinical leaders.	67978	§425.204 (c)(1)(iii)	Yes	3	Axxxx_OrgGov-JobDescr_mmddyy.pdf
Governing Body	Submit the names, titles, and responsibilities for all members of the governing body.	67981	§425.308(c)(3)	Yes	4	Axxxx_OrgGov-Board_mmddyy.pdf

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Governing Body	<p>Indicate whether your ACO participants have at least 75% control of the governing body.</p> <p>If <b>NO</b>, 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>	67978	§425.204(c)(1)(iv)	Dependent upon your response to the application question	5	Axxxx_OrgGov-BoardPar_mmddyy.pdf
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 <b>NO</b>, 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>	67978	§425.204(c)(v)	Dependent upon your response to the application question	6	Axxxx_OrgGov-BoardBene_mmddyy.pdf
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>	67976	§425.106(d)	No	N/A	N/A
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 <b>NO</b>, 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>	67976	§425.108(b)	Dependent upon your response to the application question	7	Axxxx_OrgGov-Operations_mmddyy.pdf

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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 <u>NO</u>, describe your ACO's clinical management and oversight, and how this structure will be capable of accomplishing the ACO's mission.</p>	67976	§425.108( c)	Dependent upon your response to the application question	8	Axxxx_OrgGov-ClinicalMgt_mmddyy.pdf
Leadership and Management	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.	67976	§425.108(d)	No	N/A	N/A
Leadership and Management	Indicate whether the ACO has a compliance plan that includes the required elements specified in regulations.	67980	§425.300	No	N/A	N/A
<b>D. Participation in Other Medicare Initiatives Involving Shared Savings</b>						
Current Participation	Indicate whether your ACO or any ACO participants currently participate in any Medicare initiative involving a shared savings arrangement. If <u>YES</u> , mark all of the programs that apply and certify that participation in the program(s) will be complete by the start date for which you are applying. Applications containing ACO participants who will have concurrent participation in both the Shared Savings Program and another Medicare initiative involving shared savings will be denied.	67977	§425.114	No	N/A	N/A

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<b>E. Financial</b>						
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.	67978	§425.204(d)	Yes	9	Axxxx_Finance-ShareSav_mmddyy.pdf
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.	67978-79	§425.204(e)(2)(ii)	No	N/A	N/A
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>	67978-79	§425.204(f)	Dependent upon your response to the application question	10	Axxxx_Finance-Repay_mmddyy.pdf

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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 &amp; Medicaid Services 7500 Security Blvd OFM/FSG/DFSE Mail Stop N3 04 07 Baltimore, MD 21244-1850 Attention: Ed Berends</p>	N/A	N/A	Send via mail	N/A	N/A send by mail
<b>F. Provider Information</b>						
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>	67978	§425.204(c)(1)(i)	Upon Request	11	Axxxx_Provider-Agreement_mmddyy.pdf

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ACO Participant List	<p>The ACO must list all ACO participants. An ACO participant is an individual or group of ACO provider(s)/supplier(s) that is identified by a Medicare enrolled TIN, that alone or together with one or more other ACO participants comprise(s) an ACO. ACO providers/suppliers bills for items and services they furnish to Medicare fee-for-service beneficiaries through this TIN.</p> <p><b>Use the ACO Participant List Template</b> provided for you to complete this request.</p> <p>Note that FQHC and RHC ACO participants are also required to supply the National Provider Identifier and other identifying information for each physician that directly provides primary care services on behalf of the participating FQHC and RHC.</p>	67978 & 67979	§425.204(c)(5); §425.214(a)	Yes	12	Axxxx_Provider-TINNPI_mmdyy.xls
<b>G. Data Sharing</b>						
Data Sharing	<p>Indicate whether you will request beneficiary identifiable data.</p> <p>If <b>YES</b> to either question you must:</p> <ul style="list-style-type: none"> <li>certify that you are requesting this information as a HIPAA-covered entity or as a business associate of a HIPAA-covered entity,</li> <li>describe in a narrative how you will ensure the privacy and security of these data,</li> <li>describe in a narrative the other items listed on the application,</li> <li>sign and return a DUA if you are approved to participate in the program.</li> </ul>	67988-89	§425.700(b); §425.702; §425.704(d)(2); §425.708	Dependent upon your response to the application question	13	Axxxx_DataSharing_mmdyy.pdf

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<b>H. Required Clinical Processes and Patient Centeredness</b>						
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"> <li>• submit a narrative and/or supporting documentation as described under each section,</li> </ul>	67976	§425.112(a)(1)-(3)	As outlined below	N/A	As outlined below
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 and cost improvements, taking into account the circumstances of individual beneficiaries. 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>	67976 & 67978	§425.112(a)(3) & §425.204(c)(1)(ii)	Yes	14	Axxxx_Proces-EvidenceBased_mmddyy.pdf

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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"> <li>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;</li> <li>2. Communicating clinical knowledge/evidence-based medicine to beneficiaries in a way that is understandable to them;</li> <li>3. Beneficiary engagement and shared decision-making that takes into account the beneficiaries' unique needs, preferences, values, and priorities; and</li> <li>4. Written standards for beneficiary access and communication, and a process to access their medical records.</li> </ol> <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>	67976-77 & 67978	§425.112(b)(2) & §425.204(c)(1)(ii)	Yes	15	Axxxx_Proces-BeneEngage_mmddyy.pdf

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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>	67976-77 & 67978	§425.112(b) & §425.204(c)(1)(ii)	Yes	16	Axxxx_Proces-RptQuality_mmddyy.pdf
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"> <li>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</li> <li>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.</li> <li>3. Additional target populations that would benefit from individualized care plans.</li> <li>4. How individual care plans will take into account the community resources available to beneficiaries.</li> </ol> <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>	67976-77 & 67978	§425.112(b) & §425.204(c)(1)(ii)	Yes	17	Axxxx_Proces-CareCoor_mmddyy.pdf

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<b>I. Application Certification</b>						
<b>Application Certification</b>	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.	67977	§425.202(a)(2) & §425.202(a)(3)	No	N/A	N/A