MLN Connects®

National Provider Call

Medicare Shared Savings Program ACO: Completing the 2018 Application Process

Presented by:

The Centers for Medicare & Medicaid Services

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CPT Disclaimer – American Medical Association (AMA) Notice

Acronyms in this Presentation

- ACO: Accountable Care Organization
- AMA: American Medical Association
- CAH: Method II Critical Access Hospital
- CCN: CMS Certification Number
- CMS: Centers for Medicare & Medicaid Services
- CR: change request
- DBA: doing business as
- EIN: Employer Identification Number
- ETA: Electing Teaching Amendment
- FFS: Fee-For-Service
- FQHC: Federally Qualified Health Center
- HIPAA: Health Insurance Portability and Accountability Act
- HPMS: Health Plan Management System

Acronyms in this Presentation

- LBN: Legal Business Name
- MAC: Medicare Administrative Contractor
- MLR: Minimum Loss Rate
- MSR: Minimum Savings Rate
- NOIA: Notice of Intent to Apply
- NPI: National Provider Identifier
- PCS: primary care services
- PECOS: Provider Enrollment, Chain, and Ownership System
- RFI: Request for Information
- RHC: Rural Health Clinic
- SNF: Skilled Nursing Facility
- SSN: Social Security Number
- TIN: Taxpayer Identification Number

Agenda

- Highlights from the April 6, 2017 MLN Connects Call
- Shared Savings Program, SNF 3-Day Rule Waiver, and Track 1+ Model Applications
- ACO Participant List
- ACO Participant Agreement
- SNF Affiliate List
- SNF Affiliate Agreement
- Beneficiary Assignment
- Question & Answer Session

Highlights from the April 6, 2017 MLN Connects Call

Introduction to the Medicare Shared Savings Program

- The Medicare Shared Savings Program (Shared Savings Program) was established by Section 3022 of the Affordable Care Act
- Eligible Medicare-enrolled providers/suppliers may participate in the program by creating or participating in an Accountable Care Organization (ACO)
- The program rewards ACOs that lower their growth in health care costs while meeting a quality performance standard
- ACOs select a track and participate either in a one-sided model, in which they may share in savings but not losses, or a two-sided model in which they share in savings and losses

ACO Applicant Cohorts

Cohort	Definition
Currently Participating ACOs	ACOs currently participating in the Shared Savings Program not yet eligible to renew their participation agreement
Initial Applicants	ACOs not currently participating in the Shared Savings Program
Renewal Applicants	ACOs currently participating in the Shared Savings Program with a 2015 start date that intend to renew their Shared Savings Program participation agreement with CMS
SNF 3-Day Rule Waiver Applicants	ACOs applying for a Skilled Nursing Facility (SNF) 3-Day Rule Waiver (applicable to initial and renewal Track 3 applicants, all Medicare ACO Track 1+ Model applicants, currently participating Track 3 ACOs, and currently participating ACOs that renewed their participation agreement in 2017 and were approved to defer by one year their entrance into Track 3 beginning January 1, 2018)
Medicare ACO Track 1+ Model Applicants (Track 1+ Model)	ACOs currently participating in, or applying to the Shared Savings Program, under Track 1, and applying to the Medicare ACO Track 1+ Model

Application Submission Process

- Step 1 – Submit Your Notice of Intent to Apply (NOIA)
  - Resources: NOIA Guidance Document
- Step 2 – Obtain a CMS User ID
  - Resources: NOIA Guidance Document, NOIA confirmation email and the HPMS User ID Process webpage
- Step 3 – Submit Your Application via the Health Plan Management System (HPMS)
  - Resources: The 2018 Application Toolkit and sample applications will be posted on the How to Apply webpage on June 1, 2017
- Step 4 – Mail Your Form CMS-588 to CMS
  - Resources: Medicare Shared Savings Program Banking Form Guidance for ACOs; Form CMS-588

NOIA Key Dates

NOIA Step	Date(s)*
NOIA Guidance Document posted on CMS website (provides detailed information on the requirements for submitting a NOIA)	April 2017
NOIA submission period	May 1, 2017 – May 31, 2017
NOIA due	**May 31, 2017, at 12 pm (noon) ET**

*All dates subject to change.

Application Submission Key Dates

Application Step	Date(s)*
2018 Application Form posted to CMS website (all applicants)	June 2017
Application submission period	July 1 – July 31, 2017
Application due (all applicants)	**July 31, 2017 at 12 pm (noon) ET**
Requests for Information (RFI) • ACO response to RFI-1 due	August 30, 2017 at 12 pm (noon) ET
• ACO response to RFI-2 due	September 26, 2017 at 12 pm (noon) ET
• ACO response to RFI-3 due	October 20, 2017 at 12 pm (noon) ET
Application approval or denial decision sent to applicants	Late fall 2017

*All dates subject to change.

Shared Savings Program, SNF 3-Day Rule Waiver, and Track 1+ Model Applications

Shared Savings Program Initial Application

- The initial application is the most robust application and requires applicant ACOs to:
  - Attest that the ACO meets all program eligibility requirements
  - Submit narratives to further explain how the ACO meets program eligibility requirements
  - Submit additional supporting documentation
  - Submit a repayment mechanism for ACOs applying to a two-sided risk model (Track 2, Track 3, or Track 1+ Model)

Shared Savings Program Renewal Application

- The renewal application is an abbreviated version of the initial application and requires eligible ACOs to:
  - Attest to meeting program requirements, instead of submitting narratives and supporting documentation
  - Submit additional supporting documentation
  - Submit a narrative describing any substantive changes to your organization and/or affiliations since the approval of the initial application
  - Submit a repayment mechanism for ACOs applying to a two-sided risk model (Track 2, Track 3, or Track 1+ Model)

SNF 3-Day Rule Waiver Application

- The SNF 3-Day Rule Waiver application requires eligible ACOs to, at a minimum:
  - Attest and submit narratives demonstrating that the ACO meets eligibility requirements
  - Submit a SNF Affiliate List that includes SNF affiliates with whom the ACO will partner
  - Submit SNF Affiliate Agreements at the Taxpayer Identification Number (TIN) level for each SNF affiliate that appears on the SNF Affiliate List
  - Submit documentation showing a rating of three or higher on the CMS 5-Star Quality Rating System, as reported on the Nursing Home Compare website

Track 1+ Model Application

- The Track 1+ Model application requires eligible ACOs to, at a minimum:
  - Submit attestations concerning ACO legal entity for determining the ACO's eligibility for the Model
  - Attest to the ownership/operational interests of the ACO participants as necessary for determining loss sharing limit (the maximum level of loss liability)
  - Select symmetrical Minimum Savings Rate (MSR)/Minimum Loss Rate (MLR) that would apply for the ACO's agreement period
  - Demonstrate that the ACO has established an adequate repayment mechanism

ACO Participant List

ACO Participant List Background

- What is the ACO Participant List, and how does CMS use it?
  - The ACO Participant List includes information about the ACO participants and, in some cases, ACO providers/suppliers.
  - An ACO participant is an entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare. A participant alone or together with one or more other ACO participants compose an ACO, and must be included on the list of ACO participants that is required under 42 CFR § 425.118.
  - CMS uses the ACO Participant List to:
    - Assign beneficiaries to the ACO
    - Establish the historical benchmark
    - Perform financial reconciliation
    - Determine a sample of beneficiaries for quality reporting
    - Coordinate participation in CMS quality reporting initiatives under the Shared Savings Program
    - Monitor the ACO for program integrity issues

ACO Participant List Evaluation

- CMS evaluates the ACO Participant List to:
  - Verify that the ACO would have at least 5,000 assigned beneficiaries in each of the benchmark years
  - Verify that ACO participants meet program requirements:
    - TIN is enrolled in Medicare
    - Information matches Medicare enrollment information
    - TIN is not participating in another Medicare initiative involving shared savings and does not overlap with another ACO in the Shared Savings Program
  - Screen the ACO participants and ACO providers/suppliers for program integrity history

ACO Participant List Requirements

- What are the ACO Participant List requirements?
  - An ACO must submit to CMS an ACO Participant List and an ACO Provider/Supplier List before the start of an agreement period, before each performance year thereafter, and at such other times as CMS specifies
    - Refer to ACO Participant List and Participant Agreement Guidance in the Application Toolkit, § 425.118, and § 425.302(a)(2)
  - All Medicare-enrolled individuals and entities that have reassigned their right to receive Medicare payment to the TIN of the ACO participant must:
    - Be included on the ACO Provider/Supplier List
    - Agree to participate in the ACO and comply with the requirements of the Shared Savings Program before the ACO submits the ACO Participant List and the ACO Provider/Supplier List

ACO Provider/Supplier List Background & Requirements

- What is the ACO Provider/Supplier List?
  - The ACO Provider/Supplier List is a list of all providers/suppliers billing through the approved ACO participants.
  - In order for providers/suppliers to be considered for the Shared Savings Program, they must appear on the certified ACO Provider/Supplier List.
- What are the ACO Provider/Supplier List requirements?
  - The ACO must submit to CMS an ACO Provider/Supplier List before the start of an agreement period, before the start of each performance year thereafter, and at other times CMS specifies.
  - The ACO must certify the ACO Provider/Supplier List in accordance with § 425.302(a)(2) and § 425.118.
  - CMS generates an ACO Provider/Supplier List that reflects Provider Enrollment, Chain, and Ownership System (PECOS) reassignments from a single point in time, and provides ACOs an opportunity to electronically add or delete providers/suppliers from the list provided via HPMS.
    - ACOs must modify the CMS-generated list, as needed, and attest to its accuracy. This occurs during the Annual Certification process.

Resources for Building & Confirming ACO Participant & Provider/Supplier Lists

- ACOs are responsible for ensuring that all participants, providers/suppliers are enrolled in Medicare (§ 425.20)
- The following resources are available to ACO participants to assist ACOs in validating the ACO Participant List information:
  - PECOS: The application that supports the Medicare provider/supplier enrollment process by capturing provider/supplier information
  - Medicare Revalidation Lookup Tool: The tool that allows users to search for a provider/supplier by last name, first name, organization name, or NPI, or download a list of revalidation dates
  - CMS Revalidation Webpage: Information about the revalidation process

ACO Participant List & Medicare Identification Numbers

Identifier	Uses
ACO Participant TIN	• Identify claims from qualifying physician and non-physician practitioner practices

CMS Certification Number (CCN)	• Identify the following entities in claims:
	  • Federally Qualified Health Centers (FQHCs)
	  • Rural Health Clinics (RHCs)
	  • Critical Access Hospitals (CAHs) that bill under Method II
	  • Electing Teaching Amendment (ETA) hospitals

Organizational National Provider Identifiers (NPI) and Individual NPIs	• Needed for FQHCs and RHCs • Submit NPIs for physicians providing direct Primary Care Services (PCS) • Any Doctor of Medicine or Doctor of Osteopathic Medicine specialty may be submitted

ACO Participant List Required Fields

Type	Required Fields
All ACO Participants	• ACO participant TIN • ACO participant Legal Business Name (LBN) (as shown in PECOS) • Merged or acquired TIN? Y or N
CAH and ETA Hospital ACO Participants	• CCN • CCN LBN (as shown in PECOS) • CCN identification code: C or T

FQHC and RHC ACO Participants	• CCN
	• CCN LBN (as shown in PECOS)
	• CCN identification code: F or R
	• Organizational NPI
	• Organizational NPI LBN (as shown in PECOS)
	• Attestation List:
	  • Individual physician NPI (physician specialty verified by PECOS)
	  • Individual NPI first and last name

C = CAH ; T = ETA ; F = FQHC ; R = RHC

Preparing the ACO Participant List

- ACOs must communicate with participants on their participation in the program and should do the following:
  - Collect all ACO participant TIN information
    - Any participants that are CAHs or ETA hospitals will require both TIN and CCN information.
    - Any participants that are FQHCs or RHCs will require TIN, CCN, Organizational NPI, and Individual NPI information
  - Identify any sole proprietor ACO participants enrolled in Medicare under Social Security number (SSN) and billing Medicare under separate Employer Identification Number (EIN); both SSN and EIN must be submitted with the ACO Participant List in these cases
  - Confirm with participants that all of this information is correct and matches PECOS.
  - Understand ACO participants may be communicating with multiple ACOs about participating in the program
- Please refer to the SSP ACO Participant List Management Module User Guide available in the SSP ACO Participant List Management module in HPMS*

*You must have HPMS access to view this document.

ACO Participant List & Sole Proprietors

- For any sole proprietor ACO participants enrolled in Medicare under SSN and billing Medicare under separate EIN, both SSN and EIN must be submitted with ACO Participant List.
  - It is the responsibility of the ACO to communicate with each of its ACO participants to understand how the ACO participant is enrolled in and billing Medicare.
  - ACO participants should contact their Medicare Administrative Contractor (MAC) with any questions with regard to their Medicare enrollment.
  - EIN without an SSN: CMS will attempt to assist the ACO in identifying and rectifying this situation.
  - SSN without an EIN: If an SSN is submitted by the application submission deadline, CMS will identify this error and the ACO will have an opportunity to submit the EIN prior to the final deadline to add or modify data on the ACO Participant List. If an SSN is submitted after the application submission deadline, but the EIN is not submitted, ACOs have no opportunities to add the EIN for the upcoming performance year. The Change Request (CR) to add the SSN would be denied without the accompanying EIN, unless CMS verifies through its own data that there is no EIN associated with the sole proprietor.

Updating the ACO Participant List During the Application Process

- After the application deadline, ACOs will have **only one opportunity** (in response to RFI-1) to submit additional ACO participants and correct any incorrect digits or incorrectly typed TIN/CCN/NPI information
- CMS **strongly** suggests that all TIN/CCN/NPI information be submitted by the application deadline
- If erroneous TIN/CCN/NPI information is submitted in response to RFI-1, ACOs **cannot** correct those errors. Any incorrect TINs/CCNs/NPIs will be denied
  - Any corrections to any digits in a TIN, CCN, NPI are considered additions to the ACO Participant List and will not be allowed after RFI-1

ACO Participant List & Merged or Acquired TINs

- ACOs have the option to indicate TINs that have merged with or been acquired by ACO participant TINs that are on the ACO Participant List.
- ACOs may request consideration of claims billed under merged and acquired Medicare-enrolled TINs in accordance with the process set forth at § 425.204(g).
- ACO participants must have acquired the TIN through purchase or merger
  - The ACO participant must have subsumed the acquired entity's TIN in its entirety, including all the ACO providers/suppliers who billed under that TIN.
  - All the ACO providers/suppliers who billed through the acquired TIN must reassign their billing to the surviving ACO participant TIN. The ACO participant can verify this information in PECOS.
  - The acquired TIN must no longer be used to bill Medicare.
- Merged or acquired TINs are not ACO participants.
  - A merged or acquired TIN cannot execute a participant agreement with the ACO since the entity no longer exists.

Track 1+ Model Participant List Requirements

- Among other factors, the applicant's ACO Participant List will be used to determine eligibility for Track 1+ Model
  - An ACO is not eligible for the Model if 40 percent or more of its ACO participants had participation agreements with an ACO that was participating in a performance-based risk Medicare ACO initiative in the most recent prior performance year
    - Performance-based risk Medicare ACO initiatives include Shared Savings Program Track 2 or Track 3, Pioneer ACO Model, and Next Generation ACO Model
- Ownership/operational interests of ACO participants determine the loss sharing limit that applies to Track 1+ Model ACOs

ACO Participant Agreement

ACO Participant Agreement Background

- What is the ACO Participant Agreement, and why is it important?
  - An agreement directly between the ACO and the ACO participant
  - Important because it demonstrates the ACO participant agrees to participate in the Shared Savings Program and comply with all program requirements
  - ACO Participant Agreements must meet all Shared Savings Program requirements
- Refer to § 425.116, § 425.204, § 425.210
- Reference ACO Participant List and Participant Agreement Guidance in the Application Toolkit*

*The 2017 Application Toolkit is available on the Shared Savings Program website for reference. The 2018 Application Toolkit will be posted later this spring

ACO Participant Agreement Requirements

#	Brief Description*
1	Include only ACO and ACO participant as parties to the agreement
2	Signed by individuals authorized to bind ACO and ACO participant
3	Require ACO participant and provider/supplier to agree to participate and comply with requirements and all other applicable laws and regulations
4	Set forth ACO participant rights and obligations in, and representation by the ACO
5	Describe how opportunity for shared savings or other financial arrangements will encourage ACO participant to adhere to ACO's improvement programs
6	Require ACO participant to update enrollment information on a timely basis
7	Permit ACO to take remedial action against ACO participant, and require ACO participant to take remedial action against its providers/suppliers, to address noncompliance
8	Indicate agreement term of at least one year, and articulate consequences for early termination
9	Require completion of close-out procedures upon termination or expiration

*Table summarizes the requirements. Refer to ACO Participant List and Participant Agreement Guidance, § 425.116, and § 425.304(c) for detailed requirements and exclusions.

ACO Participant Agreement Suggested Elements

- CMS strongly encourages ACOs to include the following in ACO Participant Agreements:
  - Statement to comply with all relevant statutory and regulatory provisions regarding the appropriate use of data including the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, HIPAA Security Rule, and the terms of the ACO's Data Use Agreement with CMS
  - Statement that the ACO is responsible to report on quality measures on behalf of its ACO participants (and by extension the providers/suppliers that bill through the ACO participant)
  - Statement that the ACO participant must confirm its information in PECOS is correct and current

Submitting ACO Participant Agreements

- Each ACO must submit:
  - A sample ACO Participant Agreement that meets all Shared Savings Program requirements
  - A completed ACO Participant Agreement Template that identifies the section and page number of the sample agreement that meets each program requirement
  - An executed ACO Participant Agreement (first page and signature page) for each ACO participant
- It is very important to develop a compliant sample agreement **before** executing agreements
  - ACOs will need to correct and resubmit deficient sample agreements and executed agreements in accordance with CMS established application deadlines

Amending ACO Participant Agreements

- To amend a previously executed ACO Participant Agreement, ACOs submit:
  - The full amendment with the sample ACO Participant Agreement and completed template
  - The first page and signature page of the executed agreement
  - The executed amendment
- The amendment must:
  - Clearly state its purpose
  - Identify the specifics of the executed agreement that the amendment corresponds to
  - Identify any information within the executed agreement that the amendment is changing

Executed ACO Participant Agreement Guidelines

- Agreement must be between the ACO legal entity and ACO participant legal entity.
  - Must be **direct** (no third party intermediary)
  - Letters of intent are not acceptable
  - Should clearly identify the parties (i.e., the ACO and the ACO participant) entering into the agreement, the agreement date, and duration of the agreement
- ACO must confirm that **all** ACO providers/suppliers have agreed to participate
- Do not include ACO participant TINs on the ACO Participant List without a signed ACO Participant Agreement

Tips for Executed Participant Agreements

- Confirm the sample ACO Participant Agreement meets Shared Savings Program requirements before executing agreements with participants
- Confirm the executed agreements match the compliant sample agreement submitted with the application
- Confirm the ACO's start date in the Shared Savings Program is correct
  - If the ACO's start date is January 1, 2018, the agreement should refer to a January 1, 2018 ACO start date
- Confirm the ACO LBN matches the name in the Basic Agreement Data page in HPMS
- Confirm the ACO participant LBN matches the LBN in PECOS
  - Medicare Fee-For-Service (FFS) Public Provider Enrollment Data is now available

Tips for Executed Participant Agreements

- Confirm that the ACO participant TIN is correctly presented on the executed agreement, if included
- Confirm the individual who signs for the ACO is listed in the Contact Data page in HPMS as the ACO Executive, Authorized to Sign Primary, or Authorized to Sign Secondary
- Confirm any changes to the executed agreement include both parties' initials
- Do not submit agreements that were executed or have an effective date more than one year before the CR was entered into HPMS
  - **Example:** If the ACO Participant Agreement effective date is August 1, 2016 the CR must be submitted by July 31, 2017

ACO Participant Agreement Examples

Correct: A large group practice decides to participate in an ACO. Its owner signs an agreement on behalf of the practice to participate in the program and follow program regulations. Also, all practitioners that have reassigned their billings to the TIN of the large group practice have also agreed to participate and follow program regulations.

Incorrect: A large group practice decides to participate in an ACO. Its owner signs an agreement to participate in the program and follow program regulations. However, not all practitioners that have reassigned their billings to the TIN of the large group practice have agreed to participate and follow program regulations.

Incorrect: Several practitioners in a large group practice decide to participate in an ACO. However, the group practice as a whole has not agreed to participate in the program.

ACO Participant List Common Errors to Avoid

Common Errors	Details
Incorrect ACO LBN	• Include any name extensions (LLC, Inc., etc.) • Must match the LBN on the signature page
Incorrect ACO participant legal name	• Include any name extensions (LLC, Inc., MD, PA, etc.) • Confirm the ACO participant's LBN matches PECOS
Missing signatures	• Confirm both the ACO and the ACO participant have signed the agreement • CMS only accepts "wet" signatures (digital signatures are prohibited) • Any changes must be initialed by both parties
Incorrect participant TIN	• If included in the agreement, the participant TIN must be correct • Sole proprietors should include the enrollment TIN and billing TIN (if different)

Key Points for ACO Participant List & ACO Participant Agreements

- Each proposed ACO participant:
  - Must be Medicare-enrolled
  - Have a valid ACO Participant Agreement with the ACO
- Each executed ACO Participant Agreement must match the approved sample ACO Participant Agreement and be signed by individuals who have the legal authority to bind the ACO participant and ACO
- LBNs, “doing business as” (DBAs), TINs, CCNs, and NPIs included in the ACO Participant List and Agreements must be accurate
- ACOs will have only one opportunity during RFI-1 to add participants to their list, including correcting transposed TINs/CCNs/NPIs
  - We **strongly** suggest that all TIN/CCN/NPI information be submitted by the application deadline

SNF Affiliate List

SNF Affiliate List Background

- What is the SNF Affiliate List, and how does CMS use it?
  - The SNF Affiliate List is the list of all SNF affiliates the ACO plans to partner with in utilizing the SNF 3-Day Rule Waiver (only applicable to Track 1+ Model ACOs and Track 3 ACOs)
  - CMS uses the SNF Affiliate List to:
    - Identify SNF affiliate claims
    - Monitor for program integrity
    - Review for compliance with SNF 3-Day Rule Waiver requirements

SNF Affiliate List Eligibility

- SNF affiliates:
  - Must be Medicare-enrolled
  - Are not required to be ACO participants
  - May partner as SNF affiliates with more than one Shared Savings Program ACO and across multiple shared savings initiatives
- SNFs do not automatically qualify for the SNF 3-Day Rule Waiver
  - A SNF must appear on the certified SNF Affiliate List and have an executed SNF Affiliate Agreement with the ACO, and meet all other requirements, in order to be eligible for the SNF 3-Day Rule Waiver

SNF Affiliate List & Agreement Requirements

- ACOs are required to submit executed SNF Affiliate Agreements for each SNF affiliate
- CMS requires the following information to be included in those agreements:
  - TIN
  - TIN LBN and DBA Name
  - CCN
  - CCN LBN and CCN DBA Name

Updating the SNF Affiliate List During the Application Process

- After the first application deadline, ACOs will have **one opportunity** (in response to RFI-1) to submit additional SNF affiliates and correct any incorrect digits or incorrectly typed TIN/CCN information
- CMS **strongly** suggests that all TIN/CCN information be submitted by the application deadline. While there will be another opportunity to add TIN/CCN information, there may not be an opportunity to correct certain deficiencies, such as a transposed or mistyped TIN/CCN
- If TIN/CCN information is submitted in response to RFI-1, ACOs **cannot** correct those TIN/CCN digits, if there are any errors. Any incorrect TINs/CCNs will be denied
  - Corrections to transposed TINs/CCNs are considered additions to the SNF Affiliate List and will not be allowed after RFI-1

SNF Affiliate Agreement

SNF Affiliate Agreement Background

- What is the SNF Affiliate Agreement, and why is it important?
  - A SNF Affiliate Agreement is a contractual agreement directly between the ACO and the SNF affiliate's Medicare-enrolled TIN that binds the SNF affiliate to participate in a SNF 3-Day Rule Waiver and to comply with all program requirements regarding the waiver.
  - In order for the SNF affiliate to be eligible for a waiver, ACOs must execute a SNF Affiliate Agreement with each SNF on its SNF Affiliate List.
- ACOs must submit the executed agreements to CMS for review. Letters of Commitment are not acceptable.
- The Medicare-enrolled TIN signs the SNF Affiliate Agreement on behalf of the SNF affiliates.

SNF Affiliate Agreement Requirements

#	Brief Description*
1	Include only ACO and SNF affiliate as parties to the agreement
2	Signed by individuals authorized to bind ACO and SNF
3	Require that the SNF affiliate agrees to the requirements and conditions of the SNF 3-Day Rule Waiver
4	Include the effective dates of the SNF Affiliate Agreement
5	Require the SNF affiliate to implement and comply with the ACO's Beneficiary Evaluation and Admission Plan and the Care Management Plan
6	Require the SNF affiliate to validate the eligibility of a beneficiary to receive covered SNF services in accordance with the waiver prior to admission
7	Include remedial processes and penalties that may apply for noncompliance with the requirements and conditions of the Shared Savings Program and the SNF Affiliate Agreement, or in the case of other program integrity issues identified by CMS

*Table summarizes the requirements. Please refer to § 425.612 for detailed requirements and exclusions.

Executed SNF Affiliate Agreement Guidelines

- ACOs must submit executed agreements to CMS via the HPMS SNF Affiliate List Management Module
- The executed SNF Affiliate Agreement must:
  - Be directly between the ACO and the SNF affiliate (no third party agreements)
  - Be signed by individuals authorized to sign on behalf of the ACO and the SNF affiliate (CMS only accepts “wet” signatures, no electronic signatures)
  - Include the first page and signature page of each agreement
  - Include the legal entity names of the parties which match those provided in HPMS on the SNF Affiliate List

Executed SNF Affiliate Agreement Guidelines

- The signature page of the SNF Affiliate Agreement must include:
  - Information consistent with the legal entity names listed on the first page of the SNF Affiliate Agreement.
  - SNF affiliate's CCN, CCN LBN, and CCN DBA for each SNF affiliate under the Medicare-enrolled TIN that agreed to be SNF affiliates with the ACO
  - A statement that the Medicare-enrolled TIN, along with all SNF affiliates, agrees to the terms and conditions of the SNF Affiliate Agreement on behalf of each CCN listed
- Review the SNF 3-Day Rule Waiver Guidance for additional information

Sample SNF Affiliate Agreements

- ACOs must submit a sample of the SNF Affiliate Agreement that complies with requirements of § 425.612 along with the SNF Affiliate Agreement Template for CMS approval
  - If the ACO has multiple ACO SNF Affiliate Agreement samples, it must populate and submit one template for each SNF sample agreement
- If CMS identifies any deficiencies, the ACO must:
  - Modify the sample agreement
  - Re-execute conforming agreements with each proposed SNF affiliate
- Each executed agreement must match the approved sample SNF Affiliate Agreement

Tips for Executed SNF Affiliate Agreements

- Confirm the sample SNF Affiliate Agreement meets Shared Savings Program requirements before executing agreements with SNF affiliates.
  - If deficient sample agreement is used to execute agreements, ACO will need to re-execute all agreements with SNF affiliates.
- Check spellings of the names and correctness of TINs/CCNs. Agreements with misspelled names and incorrect TINs/CCNs will be rejected.
- ACOs choosing to include their communication plan, beneficiary evaluation and admission plan, and care management plan as an appendix to their agreements or by reference, must update their SNF Affiliate Agreements whenever those documents are revised to ensure that SNF affiliates are aware of all the modifications.
- ACOs must list the SNF affiliate's CCN, CCN LBN, and CCN DBA name for each SNF affiliate under the Medicare-enrolled TIN. This must be accurate and match information entered in HPMS.

Tips for Executed SNF Affiliate Agreements

- Any changes to the signed SNF Affiliate Agreement must be initialed by both the ACO and the SNF affiliate
- The ACO and the SNF affiliate must sign the signature page within 12 months of the date the agreement was entered in HPMS
- The individual who signs for the ACO must be listed in the Contact Data page of HPMS as the ACO Executive, Authorized to Sign Primary, or Authorized to Sign Secondary
- Make sure the copy of the agreement is legible
- Please refer to other tips and common errors in the Participant Agreement section of this presentation

Key Points for SNF Affiliate List & SNF Affiliate Agreements

- Each proposed SNF affiliate must be:
  - Medicare-enrolled
  - Have a valid SNF Affiliate Agreement with the ACO
  - Have an overall quality rating of three or more stars under the CMS 5-Star Quality Rating System which is available through the Nursing Home Compare website
- Each executed SNF Affiliate Agreement must match the approved sample SNF Affiliate Agreement and be signed by individuals who have the legal authority to bind the SNF affiliate or ACO

Key Points for SNF Affiliate List & SNF Affiliate Agreements

- LBNs, DBAs, CCNs, and TINs included in the SNF Affiliate List and Agreements must be accurate
- ACOs will have only one opportunity during RFI-1 to add SNF affiliates to their list, including correcting transposed TINs/CCNs
  - We **strongly** suggest that all TIN and CCN information be submitted by the application deadline

Beneficiary Assignment

Beneficiary Assignment Background

- In the Shared Savings Program, beneficiaries are assigned to ACOs using a claims-based attribution methodology
- In order to be in the Shared Savings Program, an ACO needs to have at least 5,000 preliminarily assigned beneficiaries in each of the three years preceding the start of the agreement period

Beneficiary Eligibility

- A beneficiary is eligible to be assigned to an ACO if the following criteria are satisfied during the assignment window. The beneficiary must:
  - Have a record of Medicare enrollment
  - Have at least one month of Part A and Part B enrollment, and cannot have any months of only Part A or only Part B
  - Not have any months of Medicare group (private) health plan enrollment
  - Reside in the United States, including Puerto Rico and US Territories
  - Have a PCS with a qualified physician at the ACO
    - ACO physician used in assignment
    - A physician on FQHC/RHC Attestation List

Professionals Used in Assignment – Step 1

- Primary Care Physicians
  - Internal Medicine
  - Family Practice
  - General Practice
  - Geriatric Medicine
  - Pediatric Medicine
- Selected non-physician practitioners
  - Nurse Practitioner
  - Clinical Nurse Specialist
  - Physician Assistant

Professionals Used in Assignment – Step 2

- Cardiology
- Osteopathic manipulative medicine
- Neurology
- Obstetrics/gynecology
- Sports medicine
- Physical medicine and rehabilitation
- Psychiatry
- Geriatric psychiatry
- Pulmonary disease
- Nephrology
- Endocrinology
- Multispecialty clinic or group practice
- Addiction medicine
- Hematology
- Hematology/oncology
- Preventive medicine
- Neuropsychiatry
- Medical oncology
- Gynecology/oncology

FQHC/RHC Physician Attestation

- 1899(c) of the Social Security Act requires assignment to be based on services furnished by physicians.
- FQHC/RHC claims contain limited data on the type of practitioner providing a service. CMS knows who is responsible for the overall care, not necessarily who provided the care.
- CMS uses the ACO Participant List in combination with claims data to identify the provider who furnished services.

Attestation List

- Required only for FQHCs and RHCs that belong to ACOs
- The list is comprised of physicians who deliver direct PCS at FQHCs and RHCs
- Should include not only physicians who currently provide PCSs but also those who delivered PCSs during the assignment window
  - For new ACO applicants, the assignment period is the three benchmark years prior to the July application period
  - For all other assignment runs, the assignment period is the preceding 12 months

Definition of Primary Care Services

- Evaluation & Management Services provided at:
  - Office or other outpatient settings (CPT 99201-99215)
  - Nursing facility care settings (CPT 99304 -99318, excluding claims that have the POS 31 modifier)
  - Domiciliary, rest home, or custodial care settings (CPT 99324-99340)
  - Home services (CPT 99341-99350)
  - Chronic care management services (CPT 99490)
  - Transitional care management services (CPT 99495-99496)
  - Hospital outpatient clinics (G0463) for ETA hospitals only
- Wellness visits (HCPCS G0402, G0438, G0439)
- Clinic visits at RHCs or by their providers in selected settings (UB revenue center codes 0521, 0522, 0524, 0525)

Prescreening Assignment Estimates

- Assignment numbers during the first three prescreening rounds are estimates and may change across rounds and with final assignment. An ACO may be above or below 5,000 during the early rounds, but either fall below or climb above the threshold during final assignment.
- Some reasons for assignment numbers changing include, but are not limited to:
  - ACOs adding or removing overlapping TINs or CCNs
  - TINs and CCNs need to be enrolled in Medicare to be included in assignment. If a TIN/CCN is not enrolled, it will not be included in assignment. If a TIN/CCN gains enrollment it would then be included. A TIN/CCN's enrollment status may change in between prescreening rounds.
  - ACOs in competing markets adding or removing TINs will impact other ACOs in that same market
  - Changes in participants and beneficiaries to other SSP programs

Resources

Resource	Description
Shared Savings Program How to Apply webpage	For guidance, regulations, and important deadlines for the application process
Shared Savings Program Statutes/Regulations/Guidance webpage	For statutes, regulations, and guidance
Medicare Revalidation Lookup Tool	For searching for a provider/supplier by last name, first name, organization name, National Provider Identifier (NPI), or download a list of revalidation due dates.
SSPACO_Applications@cms.hhs.gov*	For NOIA submission and application questions
HPMS_Access@cms.hhs.gov* Phone: 800-220-2028	For help with Form CMS-20037 and CMS User ID (e.g., new access to HPMS, trouble finding the HPMS website)
CMS_IT_Service_Desk@cms.hhs.gov* Phone: 800-562-1963	For password resets and if your account is locked

*Include the ACO ID number and LBN on all correspondence to CMS.

Question & Answer Session

Evaluate Your Experience

- Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today's call
- To complete the evaluation, visit http://npc.blhtech.com and select the title for today's call

Thank You

- For more information about the MLN Connects® National Provider Call Program, visit https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html
- For more information about the Medicare Learning Network®, visit https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Index.html