

Medicare Shared Savings Program and Advance Payment Model Application Process National Provider Call

March 1, 2012
Presented by CMS



Agenda

This presentation will cover:

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



Accountable Care Organizations

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Centers for Medicare & Medicaid Services



Accountable Care Organizations

Accountable Care Organizations (ACOs) are a new approach to healthcare 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



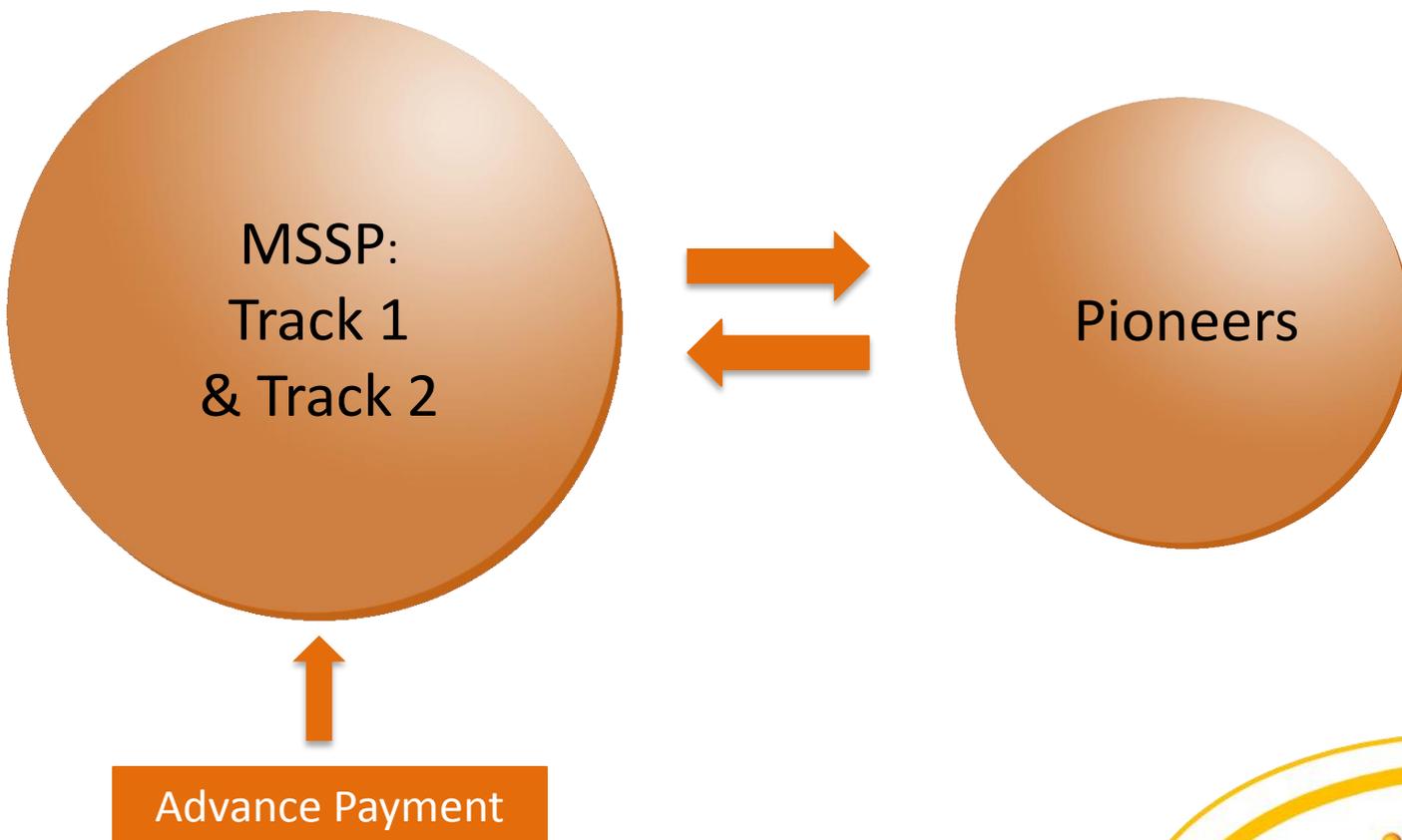
Different Paths Toward ACOs

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



CMS's ACO Strategy:

Creating Multiple Pathways with Constant Learning and Improving



Medicare Shared Savings Program Application



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



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 27, 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

NOI for January 2013 are due by June 15, 2012.

CMS will issue dates for this application cycle in Spring 2012

Steps to the Shared Savings Program 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 memo 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 June 15, 2012** for the January 1, 2013 program start date (the NOI submission date for the July 1, 2012 start date closed on February 17, 2012).
- 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 or 2013. 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 or 2013 application.
- We will only accept NOIs submitted electronically. We strongly encourage you to submit your NOI early.

Step 3-Obtaining a CMS User ID

- CMS issued additional guidance for completing the CMS User ID. Please follow the instructions to successfully submit your User ID request. This memo is also available on our Web site at:

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

- Send the completed CMS User ID form by tracked mail (e.g. FedEx) to CMS. The due date for the July 1, 2012 program start date was February 27, 2012. Continue to monitor the website for updated information for the January 1, 2013 start date.

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

The complete application package includes all of the following documents:

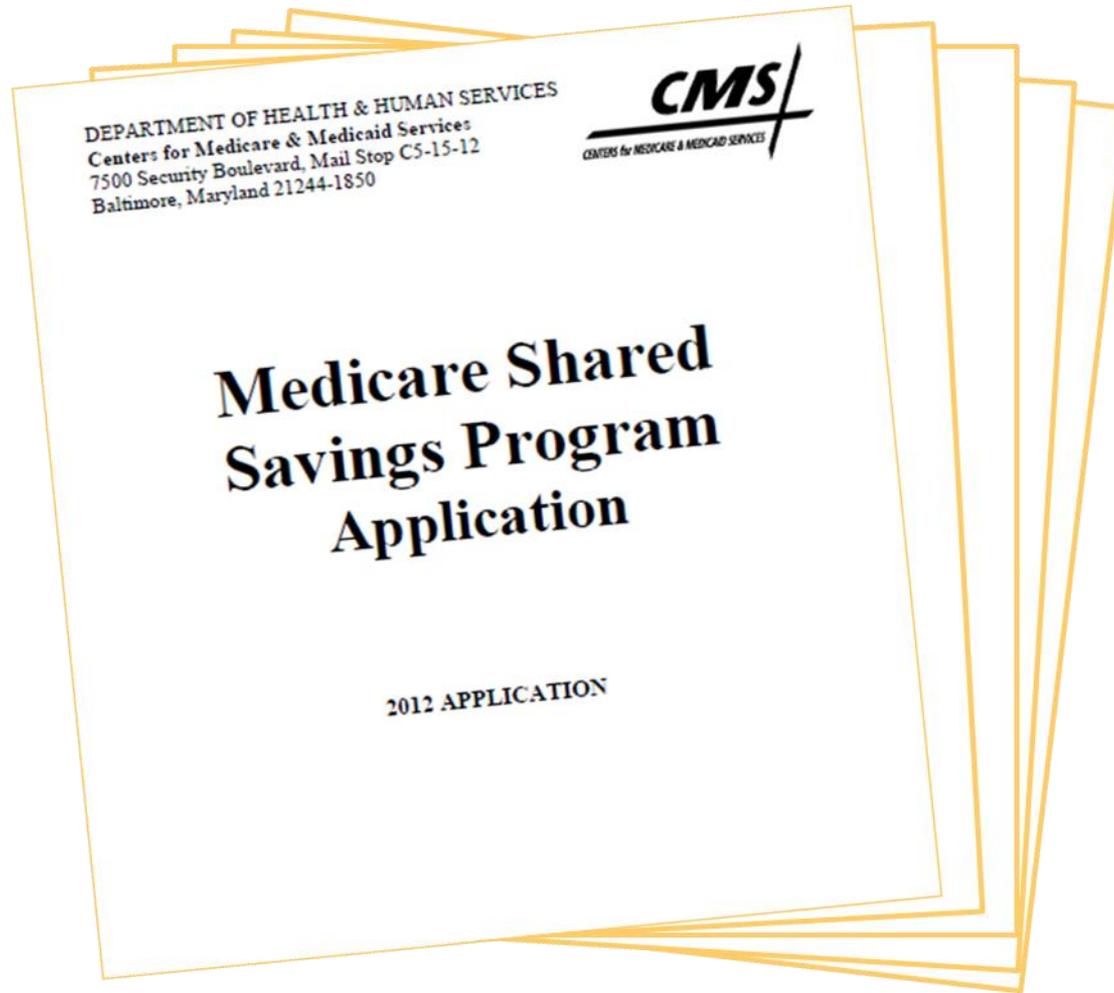
- Application
- CMS Form 588—Appendix A
- ACO Participant and Other Entities List and Instructions – Appendix B
- CMS Data Use Agreement (DUA)—Appendix C
- Application Reference Guide—Appendix D
- Governance Body Template—Appendix E

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

Appendix D-Application Reference Guide (4).xlsx 1 of 11

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

Appendix D-Application Reference Guide (4).xlsx 11 of 11

Application

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Application

Leadership and Management

20. 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.

21. 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.

22. 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

23. 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

Banking Information

34. 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.highmarkmedicareservices.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

Participation Agreements

35. 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. All contracts or arrangements between or among the ACO, its ACO participants, ACO provider/suppliers and other individuals or entities performing functions or services related to ACO activities 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 to:

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 _____
Account Holder's State _____
Account Holder's Zip Code _____
Tax Identification Number (Indicate TIN or EIN) _____
Medicare Billing Plan Number, or Special Enrollment Number _____
National Provider Identifier (NPI) _____
Financial Institution Name _____
Financial Institution City/Town _____
Financial Institution Telephone Number _____
Financial Institution State _____
Financial Institution Contact Person _____
Type of Account (check one)
 Checking Account Savings Account

Include a confirmation of account information on bank letterhead or a voided check. When submitting authorization, 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.

CONTACT PERSON

Print Name _____
Print Telephone Number _____
Print Contact Person's Title _____
Print Contact Person's E-mail Address _____

MAILING YOUR APPLICATION TO THIS ADDRESS WILL SIGNIFICANTLY DELAY PROCESSING.

DO NOT MAIL THIS FORM TO THIS ADDRESS. If you mail this form to the address above, your application will be delayed. Please mail your application to the address on the back of this form.

FORM CMS-588 (05/12)

7500 Security Blvd, Baltimore, Maryland

credit entries, and in accordance with the terms of the account credit and/or debit the same to the designated fee-for-service provider of services hereby authorized to be paid to the Chain Home Office. The legal business Name of the account referenced said provider or supplier are main in full force and effect and such manner as I will continue to send the information to change the financial information. I agree to submit to CMS my signed Official Telephone Number and signed Official E-mail Address. I agree to the collection of this information. I agree to transfer (EFT) at the time of payment change request; and I agree to the Medicare Claims Records, - and Federal Register Privacy Act. I agree to the release of information from the Act of 1988, permits the use of computer matches.

Information unless it designates a valid reason for not providing the information. To complete the information, please refer to the privacy policy of the time activated or

Application & Appendix B

ACO Participant and Other Entities List

ACO ID: _____ ACO NAME: _____

ACO TIN: _____ (TIN for Shared Savings Payment)

Please provide a list of all the ACO Participant TINs and ACO provider/supplier

TIN	TIN Legal Business Name <small>*Required Must be the legal business name associated with the TIN</small>	Medicare Enrolled TIN <small>Enter Yes or No</small>	CCN <small>6 digit numeric, no spaces or dashes</small>	CCN Legal Name
546204121	Granite Valley Doctors	Yes	451866	Saint XYZ
061617979	Saint XYZ Regional Medical C	Yes	451866	Saint XYZ
061617979	Saint XYZ Regional Medical C	Yes	453924	ABC Reg
702407801	ABC Regional Health Center	Yes	451398	Y2K Me
079309300	Y2K Memorial Hospital	Yes	457012	EFG Ho
552720631	EFG Hospital	Yes		

ACO Participants

36. 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)

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.

G. DATA SHARING

37. Will you request the name, DOB, sex, and HICN of beneficiaries used to generate the ACO's benchmark?

Yes No

38. Will you request beneficiary identifiable Part A, B and/or D claims data?

Yes No

39. 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?

Yes No

40. If you selected YES to any of the questions in this section, describe in a narrative the following:

- How you will ensure privacy and security of data,
- How you intend to use this data
 - to evaluate the performance of ACO participants, and ACO providers/suppliers,
 - to conduct quality assessment and improvement activities, and
 - to conduct population-based activities to improve the health of your assigned beneficiary population.

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)

Application & Appendix C

ACO Participants

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Yes No

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- How you intend to use this data
 - to evaluate the performance of ACO participants, and ACO providers/suppliers,
 - to conduct quality assessment and improvement activities, and
 - to conduct population-based activities to improve the health of your assigned beneficiary population.

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)

14. The User has...

5. The following CMS data...

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

DATA USE AGREEMENT

(AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA CONTAINING INDIVIDUAL IDENTIFIERS)

Form Approved
OMB No. 0938-0134

DUA # []

Form of Record

N/A
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IDR
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1. This Agreement is by and between the Centers for Medicare & Medicaid Services (CMS), a component of the U.S. Department of Health and Human Services (DHHS), and [] hereinafter termed "User."

2. This Agreement addresses the conditions under which CMS will disclose and the User will obtain, use, reuse and disclose the CMS data file(s) specified in section 5 and/or any derivative file(s) that contain direct individual identifiers or elements that can be used in concert with other information to identify individuals. This Agreement supersedes any and all agreements between the parties with respect to the use of data from the files specified in section 5 and preempts and overrides any instructions, directions, agreements, or other understanding in or pertaining to any grant award or other prior communication from the Department of Health and Human Services or any of its components with respect to the data specified herein. Further, the terms of this Agreement can be changed only by a written modification to this Agreement or by the parties adopting a new agreement. The parties agree further that instructions or interpretations issued to the User concerning this Agreement or the data specified herein shall not be valid unless issued in writing by the CMS point-of-contact or the CMS signatory to this agreement shown in section 20.

3. The parties mutually agree that CMS retains all ownership rights to the data file(s) referred to in this Agreement, and that the User does not obtain any right, title, or interest in any of the data furnished by CMS.

4. The User represents, and in furnishing the data file(s) specified in section 5 CMS relies upon such representation, that such data file(s) will be used solely for the following purpose(s):

Project: []
No. of applicable: []

5. The User represents further that the facts and statements made in any study or research protocol or project plan or project plans, that have been approved by CMS or other appropriate entity as CMS may determine, to this Agreement or except as CMS shall authorize in writing or as otherwise required by law, will be used for the purposes stated in this section. The User agrees that, to the minimum amount of data and minimum number of individuals necessary to achieve the purposes stated in this section, the organization and the organization of its agents, access to the data covered by this Agreement shall be on a need-to-know basis.

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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.

Signature CEO/ Executive Director

Date (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 **March 30, 2012** for the July 1, 2012 program start date.
- Zip your supporting documentation on an encrypted CD or DVD. Please continue to use the file naming convention provided in the Appendix D—Application Reference Guide; [Example: Axxxx_Provider-ParticipantList_mmddyy.xls].
- Send the password for the encrypted CD or DVD to the application mailbox at: SSPACO_Applications@cms.hhs.gov

Subject line: ACO ID, Application Submission

Body: Include the ACO ID, ACO Legal Name, mailed date, and password

- Send the completed application package with ORIGINAL signature and supporting documentation (on a CD or DVD) by tracked mail (FedEx) to:

Centers for Medicare and Medicaid Services

Attn: Kari Vandegrift

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

- Responses are due within five (5) days of the date of the request through HPMS or by tracked mail or as otherwise requested
 - 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: Kari Vandegrift
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](mailto:SSPACO_Applications@cms.hhs.gov).
- Applications received after the closure dates will not be processed for the July 1, 2012 program start date.



Resources

Website for the Medicare Shared Savings Program:

<http://www.cms.gov/sharedsavingsprogram/>

E-mail questions to:

SSPACO_Applications@cms.hhs.gov



Advance Payment Model

Maria Alexander

Advance Payment Lead

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
- Request for Public Comment released in May, 2011
- Federal Register Notice posted in October, 2011



Program Details

- Participating ACOs will receive three types of payments:
 - An upfront, fixed payment of \$250,000
 - An upfront, variable payment equal to \$36 per preliminarily, prospectively assigned beneficiary
 - A monthly payment of varying amount depending on the size of the ACO equal to \$8 per preliminarily, prospectively assigned beneficiary (through June 2014)



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
- Total revenue means all revenue expressed net of contractual allowances and bad debts (but not charges) of each ACO participant and any organization that has an ownership stake of 5% or more in the ACO or any of its participants. Total revenue includes all revenue sources, not just Medicare 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 separate Notice of Intent or a CMS User ID
- April 1, 2012 start date
 - Applications period closed on February 1, 2012
- July 1, 2012 start date
 - Applications accepted between March 1 and March 30, 2012 (consistent with Shared Savings Program)



Application Process

- Applications must be completed and submitted through an online application web tool
- Application template and required Application Worksheet are posted on the Advance Payment Model website at <http://innovations.cms.gov/initiatives/ACO/Advance-Payment/Advance-Payment-Model-Application-page.html>
- To gain access to the online application, organizations should send an email request to advpayaco@cms.hhs.gov



Additional Resources

Website for the Advance Payment Model:

<http://innovations.cms.gov/initiatives/ACO/Advance-Payment/index.html>

Send questions to:

advpayaco@cms.hhs.gov



Questions?



Evaluate Your Experience with Today's National Provider Call

To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.

To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.

All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.

We appreciate your feedback!

