MEDICARE SHARED SAVINGS PROGRAM

Initial Application | Phase 2 | Agreement Period Beginning on January 1, 2022

Please refer to the Application Toolkit for instructions and eligibility requirements for completing this application.

PAPER APPLICATIONS ARE NOT ACCEPTED. USE THIS DOCUMENT TO PREPARE YOUR RESPONSES. SUBMIT YOUR APPLICATION ONLINE VIA THE ACO MANAGEMENT SYSTEM (ACO-MS).

SECTION 1 – ACO INFORMATION

1. Complete the following information in ACO-MS:

   - ☐ Date of formation
   - ☐ Legal entity type (i.e., sole proprietorship, partnership, publicly traded corporation, privately held corporation, limited liability company, or other)
   - ☐ Tax status (i.e., for-profit or not-for-profit)

2. Was your ACO newly formed after March 23, 2010, as specified in 42 CFR § 425.202(a)(3)? An ACO is not newly formed if it is comprised solely of providers and suppliers that signed or jointly negotiated any contracts with a private payer(s), on or before March 23, 2010. If the ACO includes any providers or suppliers that were not part of the prior joint negotiation or joint contracting, it is newly formed.

   - ☐ Yes
   - ☐ No

   If you select **Yes**, you understand and agree that the Centers for Medicare & Medicaid Services (CMS) will share a copy of your application, including all information and documents submitted with the application, with the Federal Trade Commission (FTC) and the Antitrust Division of the Department of Justice (DOJ).

3. For a reentering ACO, CMS will identify whether your ACO has a history of noncompliance with the requirements of the Medicare Shared Savings Program (Shared Savings Program). This includes, but is not limited to:

   a. Pattern of failure to meet the quality performance standard
   b. Failed to repay shared losses in a timely manner
   c. Generated losses outside its negative corridor for 2 or more years
   d. Voluntarily or involuntarily terminated from the Shared Savings Program

   CMS has identified your ACO as having a history of noncompliance. Upload a narrative that demonstrates your ACO has corrected the deficiencies that caused any noncompliance, and how it will remain in compliance with the terms of the new participation agreement as specified in 42 CFR § 425.224.

ACO Public Reporting Webpage

4. Provide the URL address of your ACO's public reporting webpage, as required under 42 CFR § 425.308.

Organization Contacts

5. Review and update information on your ACO's contacts in ACO-MS: name, title, mailing address, phone number, and email address. Note that some contact information in this section of ACO-MS has been pre-populated.

Required contacts:

- ☐ ACO Executive
- ☐ CMS Liaison
- ☐ Application Contact (primary)
- ☐ Information Technology (IT) Contact (primary)
- ☐ Financial Contact
- ☐ Compliance Contact
- ☐ Authorized to Sign (primary)
- ☐ Data Use Agreement (DUA) Requestor
- ☐ DUA Custodian
- ☐ Medical Director

Additional required contacts (not required for application submission, but must be entered before the first day of the first performance year):

- ☐ Authorized to Sign (secondary)
- ☐ Quality Contact (primary and secondary)
- ☐ Marketing Contact (primary and secondary)
- ☐ Public Contact

Optional contacts:

- ☐ Application Contact (secondary)
- ☐ Information Technology (IT) Contact (secondary)

SECTION 2 – PROGRAM PARTICIPATION

Skilled Nursing Facility (SNF) 3-Day Rule Waiver (if SNF affiliates were submitted during Phase 1)

The SNF 3-Day Rule Waiver is only applicable to ACOs applying to a two-sided model (Levels C, D, or E of the BASIC track or the ENHANCED track)

6. Complete your SNF 3-Day Rule Waiver application (refer to separate application).

Beneficiary Incentive Program (BIP)

The BIP is applicable only to ACOs applying to a two-sided model (Levels C, D, or E of the BASIC track or the ENHANCED track).

7. Select Yes to apply to establish and operate a BIP as described in 42 CFR § 425.304(c).

- ☐ Yes

If you select **Yes**, you must complete a separate BIP application in addition to this application.

SECTION 3 – LEADERSHIP AND GOVERNANCE

8. Submit an organizational chart for your ACO.

ACO Governing Body

9. Enter your ACO's governing body members in ACO-MS. Include:
    a. All governing body members (include first and last name)
    b. Title/position
    c. Voting power (Enter voting power as either a number or percentage, not both. Enter "0" for non-voting members.)
    d. Membership type (i.e., ACO Participant Representative, Medicare Beneficiary Representative, Community Stakeholder Representative, Other)
    e. ACO participant taxpayer identification number (TIN) legal business name (For ACO participant representatives, type the ACO participant TIN legal business name exactly as it appears on the ACO Participant List, including any name extensions (e.g., LLC, Incorporated, M.D., P.A., etc.). Do not include the ACO participant TIN's DBA name. For Medicare fee-for-service (FFS) Beneficiary and Community Stakeholder Representatives, type N/A.)

10. Do your ACO participants have at least 75 percent control of your ACO's governing body?
    ☐ Yes
    ☐ No

    If you select **No**, submit a narrative explaining why you seek to differ from this requirement and how your ACO will involve ACO participants in ACO governance in innovative ways.

11. Does your governing body include at least one Medicare FFS beneficiary who is served by the ACO, is not an ACO provider/supplier, does not have a conflict of interest with your ACO, and has no immediate family members with a conflict of interest with your ACO?

    ☐ Yes
    ☐ No

    If you select **No**, submit a narrative explaining why you seek to differ from this requirement and how your ACO will provide for meaningful representation of Medicare FFS beneficiaries in ACO governance.

SECTION 4 – ACO PARTICIPANT LIST AND AGREEMENTS

12. Provide a narrative disclosing whether your ACO, its ACO participants, or its ACO providers/suppliers have participated in the Shared Savings Program under the same or a different name, or are related to or have an affiliation with another Shared Savings Program ACO (42 CFR § 425.204(b)).

13. If your ACO providers/suppliers are employed by the ACO legal entity, are they required to participate in the Shared Savings Program as a condition of employment?

    ☐ Yes
    ☐ No
    ☐ N/A

13.1. I attest that if accepted into the program, my ACO will notify each of the employed ACO provider/supplier(s) of their participation in the Shared Savings Program.

    ☐ Yes

SECTION 5 – CERTIFICATIONS

14. I certify to the best of my knowledge, information, and belief that my ACO agrees to meet all applicable Shared Savings Program requirements in 42 CFR part 425, including but not limited to the following:

    - ☐ 42 CFR § 425.104 (Legal entity)
    - ☐ 42 CFR § 425.106 (Shared governance)
    - ☐ 42 CFR § 425.108 (Leadership and management)
    - ☐ 42 CFR § 425.112 (Required processes and patient-centeredness criteria)
    - ☐ 42 CFR § 425.116(a) and (b) (Agreements with ACO participants and ACO providers/suppliers)
    - ☐ 42 CFR §§ 425.204(a), (c)(1), (d), and (f) (Content of the application)
    - ☐ 42 CFR § 425.300 (Compliance plan)

    - ☐ Yes

15. I certify that I am requesting the following minimum necessary data per 42 CFR § 425 Subpart H:

    a. The name, date of birth, sex, and Health Insurance Claim Number (HICN) of beneficiaries
    b. Demographic data
    c. Health status information
    d. Utilization rates
    e. Expenditure information

    For ACOs participating under prospective assignment as specified under 42 CFR § 425.400(a)(3), such data is limited to the ACO's prospectively assigned beneficiaries. For ACO's participating under preliminary prospective assignment with retrospective reconciliation under 42 CFR § 425.400(a)(2), such data is limited to beneficiaries who have received a primary care service during the previous 12 months from an ACO participant that submits claims for primary care services used to determine the ACO's assigned population under 42 CFR § 425 Subpart E.

    I further certify my ACO is requesting the minimum necessary data as a HIPAA-covered entity and as the business associate of my ACO's ACO participants and ACO providers/suppliers in order to conduct health care operations per 45 CFR § 164.501. Such minimum necessary data may include, but are not limited to, the data elements as defined in 42 CFR § 425.706.

    I certify that my ACO is requesting the data per 42 CFR § 425.704 to:

    a. Evaluate the performance of ACO participants and ACO providers/suppliers;
    b. Conduct quality assessment and improvement activities; and
    c. Conduct population-based activities to improve the health of the ACO's assigned beneficiary population.

    I acknowledge and accept that if my ACO is approved to participate in the Shared Savings Program, my ACO will be required to submit a DUA prior to receiving any data.

    - ☐ Yes

SECTION 6 – CERTIFY YOUR APPLICATION

*CMS will not process your application if you do not complete this certification in ACO-MS. This page will appear at the end of your application. You certify your application when you select “I agree.”

I certify that I am legally authorized to execute this document on behalf of the ACO. By my signature, I certify that the information contained herein is true, accurate, and complete to the best of my knowledge, information, and belief, and I authorize CMS to verify this information. If I become aware that any information in this application is not true, accurate, or complete, I agree to notify CMS of this fact immediately and to provide the relevant complete and corrected 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 Federal Trade Commission and the Department of Justice.

☐ I agree