

Pioneer ACO Application

Applicant organizations must complete the 2011 Pioneer ACO Application as instructed. All documents must clearly identify the Pioneer ACO applicant. In preparing a response to the prompts throughout this application, the Applicant organization must mark "Yes" or "No" in sections organized with that format. By responding "Yes", the Applicant organization is responding that it will be compliant as of the date of the Pioneer Agreement, unless it is stated in the attestation or application that it requires an earlier compliance date. Throughout this application, Applicant organizations are asked to provide various documents, which should be attached as separate files.

CMS may verify an Applicant's **readiness** to participate in the Pioneer ACO Model and compliance with Medicare requirements through on-site visits at the Applicant organization's facilities as well as through other program monitoring techniques throughout the application process, as well as at any time both prior to and after the start of the contract year. Failure to meet the requirements represented in this application and to operate the Pioneer ACO consistent with the applicable statutes, regulations, the Pioneer ACO Agreement, and other CMS guidance could result in **termination from the Pioneer ACO Model**.

Instructions for Application Submission

Applicant organizations must submit this application form and all attachments on an encrypted C.D. as well as one signed paper copy of the application form. Attachments should only be submitted as electronic documents on the C.D. All applications must be postmarked on or before July 18, 2011 and sent to:

Pioneer ACO Model
c/o Maria Alexander
Center for Medicare and Medicaid Innovation
CMS
Mail Stop S3-13-05
7500 Security Boulevard
Baltimore, MD 21244

Please note that this form will not allow you to save any data you enter. Please be sure to print the completed form.

In all instances when an attachment is requested, please use the following format in the header of each document as well as for the document name on the C.D.:

Header: Applicant Organization Name_SectionXX_QuestionXX

Document Name: Applicant Organization Name_Section XX_Question XX

Example: Applicant Organization Name_B_8 in both the header and document name to attach description of Applicant organization's legal structure.

Any questions regarding the Pioneer ACO Model or application process should be submitted by email to:

PioneerACO@cms.hhs.gov

Section A: Organizational Background

1. Applicant organization (ACO) Trade Name

DBA if different than Applicant organization (ACO) Trade Name

2. *Application Contact Person at Applicant organization*

Name

Street

Address 2

City

State

Zip Code

Email

Telephone

Fax

3. *Type of Applicant organization (Check only one)*

- Medical group practice
- Network of individual practices (e.g., IPA)
- Hospital system(s)
- Integrated delivery system
- Partnership of hospital system(s) and medical practices
- Other, please describe

4. Does the Applicant organization include any of the following? (check all that apply)

- Federally qualified health centers
- Other community health centers
- Critical access hospital
- Other rural hospital
- Hospital(s) receiving disproportionate share payments from Medicare or Medicaid
- Psychiatric hospital or other mental or behavioral health facility
- Medicare Part D Drug Plan

5. Percentage of Applicant organization's member providers (physicians, nurse practitioners, physician assistants) who work in medical groups of fewer than 50 providers %

6. Please attach an Excel spreadsheet including names, NPIs, TINs, CCNs for all providers and member organizations of the Applicant organization.

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

Please attach a completed [Electronic Funds Transfer \(EFT\) Authorization Agreement Form CMS-588](#).

Section B: Legal Background Information

8. Please attach description of the Applicant organization's formal legal structure, including all suppliers, providers, joint ventures, partnerships, etc. that constitute the Applicant organization.

9. Please attach a certificate of incorporation or other documentation that the Applicant organization is recognized as a legal entity by the state in which it is located.

10. Will the Applicant organization or any of its member providers be participating in a Medicare demonstration or program involving shared savings as of September 1, 2011?

Yes No

11. If yes to #10, please indicate which programs the Applicant organization or its members are or will be participating in as of September 1, 2011, and attach the NPIs and TINs of the providers involved.

- [Independence at Home Demonstration](#)
 Yes No
- [Physician Group Practice Transition](#)
 Yes No
- [Multi-Payer Advanced Primary Care Practice Demonstration](#)
 Yes No
- Other shared savings programs?
 Yes No

Please Describe:

12. Does the Applicant organization or any of its member providers participate in other Medicare integrated care demonstrations or pilots? (check all programs that apply)

- [FQHC Advanced Primary Care Practice Demonstration](#)
- [Medicare Acute Care Episode \(ACE\) Demonstration](#)
- Other

Please Describe:

13. This question is applicable only to Applicant organizations formed after March 23, 2010 that are collaborations of independent providers, and is not applicable to fully integrated entities. As described in the Federal Trade Commission and the Department of Justice Proposed Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Programs ("Antitrust Policy Statement"), does the Applicant organization's share of any common service, where two or more of its participants are providing that service to patients from the same Primary Service Area, exceed 50%? To calculate the PSA, please access <http://www.cms.gov/apps/files/aco/application-zipcodes.zip>

- Yes No N/A

If the answer is yes, provide the following documents and information. ¹ ***CMS will keep documents and information confidential to the extent permitted by law, but may share them with the Department of Justice and the Federal Trade Commission. Documents and information will be used solely to evaluate the competitive implications of the proposed ACO.***

Please note that the list of documents and information set forth below does not apply to mergers. Merger transactions, including transactions that meet the criteria set forth in Section 1.3 of the *Competitor Collaboration Guidelines*,² will be evaluated under the Agencies' *Horizontal Merger Guidelines*.³

- Documents showing the formation of any ACO or ACO participant that was formed in whole or in part , or otherwise affiliated with the ACO, after March 23, 2010
- Documents or agreements relating to the ability of the ACO participants to compete with the ACO (that is, because the ACO participant is not exclusive to the ACO), either individually or through other ACOs or entities, or to any financial or other incentives to encourage ACO participants to contract with CMS or commercial payers through the proposed ACO
- Documents discussing the ACO's business strategies or plans to compete in the Medicare and commercial markets and the ACO's likely impact on the prices, cost, or quality of any service the ACO will provide to Medicare beneficiaries, commercial health plans, or other payers

¹ The ACO must represent in writing that it has undertaken a good faith search for the documents and information specified in this list and, where applicable, provided all responsive material. The Agencies reserve the right to request additional documents and information where necessary to evaluate the competitive effect of the ACO.

² U.S. Dep't of Justice & Fed. Trade Comm'n, *Antitrust Guidelines for Collaborations Among Competitors* § 1.3 (2000), available at <http://www.ftc.gov/os/2000/04/ftcdoiguidelines.pdf>.

³ U.S. Dep't of Justice & Fed. Trade Comm'n, *Horizontal Merger Guidelines* (rev. ed. 2010), available at <http://www.justice.gov/atr/public/guidelines/hmg-2010.pdf>.

Information sufficient to show the following:

- Restrictions that prevent ACO participants from obtaining information regarding prices that other ACO participants charge commercial payers that do not contract through the ACO
- The identity, including points of contact, of the five largest commercial health plans or other payers, actual or projected, for the ACO's services
- The identity of any other existing or proposed ACO known to operate, or known to plan to operate, in any PSA in which the ACO will provide services

14. If "yes", please attach a file containing the Applicant organization's calculated PSA shares above 50%.

15. Is the Applicant organization willing to agree not to engage in any of the five types of conduct set forth in [Section IV.C of the Proposed Antitrust Policy Statement](#) ?

Yes No NA

16. Please attach a file listing members of the Applicant organization's Governing Body, specified in the following format.

Example:

Name:

Title

Expertise

Patient? Y/N

Consumer Advocate? Y/N

17. Please list the Applicant organization's Leadership Team, including but not limited to key executive, finance, clinical improvement, compliance officers, and information systems leadership. Please also include the person responsible for maintenance and stewardship of clinical data.

Name

Title

Expertise

Name of Member Organization within the ACO

Email

Street Address

Address 2

City State Zip Code

Fax

Telephone

Name

Title

Expertise

Name of Member Organization within the ACO

Email

Street Address

Address 2

City State Zip Code

Telephone

Fax

Name

Title

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Address 2

City State Zip Code

Telephone

Fax

Name

Title

Expertise

Name of Member Organization within the ACO

Email

Street Address

Address 2

City State Zip Code

Telephone

Fax

If there are additional members of the Applicant organization's Leadership Team, please attach their names in the previously specified format.

18. Please attach a description of the history of the Applicant organization and its major member organizations, their prior business relationships, and any prior collaboration between members on care improvement efforts. Include how responsibilities will be spread across governance structure in the Applicant organization including project management responsibilities and design to ensure accountability (maximum of 2 pages single spaced).

19. Please attach a written agreement, signed by an executive with the authority to bind the Applicant organization's members, that all member organizations in the Applicant organization agree for the ACO entity to receive shared savings payments and pay CMS shared overspending according to CMS guidelines if they participate in the Pioneer Model. Specifically, the Applicant organization must obtain a letter of credit executable by CMS for the total amount of its potential financial liability for a given performance period under the Pioneer Model.

Section C: Financial Background and Information

20. What percentage of the Applicant organization's total revenues in the last fiscal year were derived from the following sources (applicants may approximate this by summation of the revenues for the Applicant organization's major member organizations):

Medicare fee-for-service	<input type="text"/>	Patients who are dually eligible for Medicare and Medicaid	<input type="text"/>
Medicare Advantage	<input type="text"/>	Other (e.g., local uncompensated care funds)	<input type="text"/>
Commercial health plans	<input type="text"/>		
Medicaid	<input type="text"/>		
Self-pay patients	<input type="text"/>		

Please describe any additional sources of funding:

21. Indicate the Medicaid utilization rate in the last fiscal or calendar year for each hospital that is a member of the Applicant organization (Number of Medicaid inpatient days/total number of inpatient days). Series of two fields, for hospital name and numeric field for Medicaid utilization rate

Hospital Name	<input type="text"/>	Medicaid Utilization Rate	<input type="text"/>
Hospital Name	<input type="text"/>	Medicaid Utilization Rate	<input type="text"/>
Hospital Name	<input type="text"/>	Medicaid Utilization Rate	<input type="text"/>
Hospital Name	<input type="text"/>	Medicaid Utilization Rate	<input type="text"/>
Hospital Name	<input type="text"/>	Medicaid Utilization Rate	<input type="text"/>

If there are additional hospitals within the Applicant organization, please attach their names and Medicaid utilization rate in the previously specified format.

22. Experience with financial risk sharing

- Number of covered lives in risk sharing arrangements with any of the Applicant organization's member organizations for each of the past three fiscal years. *Risk sharing arrangements are those in which revenues received by the Applicant organization and its providers are contingent upon the providers achieving prospectively-established cost control targets.

2008:

- Shared savings only
- Shared savings and loss

2009:

- Shared savings only
- Shared savings and loss

2010:

- Shared savings only
- Shared savings and loss

- Percentage of the Applicant organization's revenues in the last fiscal year derived from risk sharing contracts

% from shared savings only

% from shared savings and loss

- Degree of risk sharing in the Applicant organization's two largest contracts (or those of its largest member organization)

Purchaser Name

Percentage of risk sharing

Purchaser Name

Percentage of risk sharing

- Please attach a description of Applicant organization's financial performance under prior or current risk sharing arrangements, if any (maximum of 1 page, single spaced).

Section D: Market Context

An important component of the Innovation Center's plans for evaluating the Pioneer ACO Model is examination of the impact of the Model on local health care markets, and the mechanisms of those effects, if any. CMS therefore requests background information on the market context of applicant organizations in order to inform the design of the evaluation.

23. Please attach a description of the Applicant organization's relationship (geographic, relative age, relative dominance in major areas of service delivery, etc.) to other health care providers in its market. Include information on what other organizations are its main competitors, and the Applicant organization's market position (if applicable) in terms of hospital admissions (maximum 1 page, single spaced).

24. Is there a multi-purchaser coalition in the Applicant organization's community?

Yes No

If yes, provide name of the multi-purchaser coalition

NA

25. Has the Applicant organization engaged in care improvement efforts with the multi-purchaser coalition?

Yes No

If yes please describe

25. Please attach a description of the history of collaboration among major stakeholders in the community being served and commitment from relevant community stakeholders to achieve seamless care (maximum 1 page, single spaced).

Section E: ACO Motivation and Capabilities

27. Please attach a narrative explanation of why the Applicant organization wishes to participate in the Pioneer Model. Include information on how such participation relates to the organization's overall strategic planning (maximum 2 pages, single spaced).

28. Please attach a narrative description of the strength of the Applicant organization's primary care infrastructure. Include information on the number and types of primary care providers, and the degree to which these providers have demonstrated advanced patient centered primary care capabilities such as (but not limited to) the criteria developed by the National Committee for Quality Assurance (maximum 1 page, single spaced).

29. Please attach a narrative description of the Applicant organization's ability to accomplish the items below. The narrative should include the ability to achieve the goals and objectives of the Pioneer Model as it relates to patient centeredness (maximum 1 page, single spaced):

- Promotion of evidence based medicine, such as through the establishment and implementation of evidence based guidelines at the organizational or institutional level. A genuine evidence-based approach would also regularly assess and update such guidelines
- Applicant organization's process to ensure patient/caregiver engagement, and shared decision making processes employed by Pioneer ACO professionals that takes into account the beneficiaries' unique needs, preferences, values, and priorities. Measures for promoting patient engagement include, but are not limited to, the use of decision support tools and shared decision making methods with which the patient can assess the merits of various treatment options in the context of his or her values and convictions. Patient engagement also includes methods for fostering what might be termed "health literacy" in patients and their families.
- Coordination of care and care transitions (e.g. sharing of electronic summary records across providers, telehealth, remote patient monitoring, other enabling technologies)
- Providing beneficiaries access to their own medical records and to clinical knowledge so that they may make informed choices about their care
- Ensuring individualized care, such as through personalized care plans
- Routine assessment of beneficiary and caregiver and/or family experience of care and seek to improve where possible
- Providing care that is integrated with community resources beneficiaries require.

30. Percentage of Applicant organization's primary care providers that will attest to meaningful use of electronic health records in order to receive HITECH (Health Information Technology for Economic and Clinical Health Act) incentive payments by the end of 2012?

%

31. Please attach a narrative description of Applicant organization's ability to accomplish the items below. The narrative should include the ability to achieve the goals and objectives of the Pioneer Model as it relates to patient centeredness (maximum 1 page, single spaced):

- Participation and experience with health information exchanges,
- Participation and experience with electronic health records (EHRs), including whether the EHRs have,
- Patient-level health information and the ability to record and exchange this data in structured format (such as medications, orders, and clinical notes),
- Results management (such as results from lab tests, radiology studies, and other tests in structured format),
- Order entry management (such as orders for lab tests, radiology studies, and other tests),

- Decision support (such as knowledge sources, drug alerts, reminders, and clinical guidelines and pathways),
- Participation and experience with disease registries,
- Development of a data warehouse,
- Percentage of providers that will have direct access to key health information technology
- Plans to expand the network of providers capable of plugging into such information sharing capabilities (both within and beyond the ACO network),
- Training programs to ensure that providers are taking full advantage of information available to them, and
- Description of the staff and other resources (e.g., service organizations, consultants, etc) available to assist with data analytics.

32. Please attach a description of any formal, third-party assessments within the past 2 years of the Applicant organization's performance on quality of care metrics relative to peers. Acceptable third parties include such organizations as the National Committee for Quality Assurance or regional multi-payer collaboratives (maximum 0.5 page, single spaced).

33. All Pioneer ACOs will be expected to participate in shared learning activities, both with other Pioneer ACOs and with ACOs participating in the Shared Savings Program. CMS requests information on applicants' experience in teaching and training others in care improvement in order to best align shared learning activities. Please attach a description of relevant experience that the Applicant organization or its executives have with teaching or training others in systematic care improvement efforts (maximum 1 page, single spaced).

34. Please attach a narrative description and quantitative documentation of at least one illustrative instance in which the Applicant organization has designed, implemented, and assessed the effectiveness of specific care improvement interventions. Include information on how the problem(s) was identified, why and how the intervention(s) was selected and designed, how progress (or lack thereof) was measured, and any corrective action or adjustments made (maximum 5 pages, single spaced).

Section F: Improvement and Compliance Plans

35. Please attach a narrative description of the Applicant organization's compliance plan (maximum 2 pages, single spaced). A compliance plan should include at least the following elements:

- A designated compliance official who is not legal counsel and who has the ability to report directly to the Applicant organization's governing body,
- Mechanisms for identifying and addressing compliance problems related to the Applicant organization's operations and performance,
- A method for employees or contractors of the Applicant organization or its members to report suspected problems related to the Applicant organization,
- Compliance training of the Applicant organization's employees and contractors, and
- A requirement to report suspected violations of law, including fraud and abuse laws, to an appropriate enforcement agency.

36. Please attach a narrative description of its plan for improving three-part aim outcomes for its aligned Medicare beneficiaries upon selection into the Pioneer Model. Include information on how the Applicant organization intends to identify and prioritize areas for improvement, the range of specific improvement strategies being contemplated, how the Applicant would allocate staff and other resources to implement these strategies, and how the Applicant organization wishes to interact with CMS in order to optimize continuous performance. This section should include a list of the specific performance interventions the Applicant organization is planning to implement and their inter-dependencies if known at this time (maximum 6 pages, single spaced). For example:

- Ensure all physician practices and care managers have linkages to prescription fill data in their EHRs
- Implement new hospital discharge plans, with X, Y, Z elements (date/milestone)
- Implement or optimize clinical decision support tools in 100% hospital and physician setting (date/milestone)
- Give providers timely access to performance reports (date/milestone)
- Expand the use of registries for patients at risk for complications (date/milestone)
- Patient engagement/education for X patients (date/milestone)
- Establish shared care managers in X long-term care or SNF organizations to establish better transitions and reduce harmful readmissions (date/milestone)
- Embed detailed care plans in EHRs and PHRs
- Develop home monitoring activities to help reduce avoidable hospital readmissions for chronic patients (date/milestones)

37. What is the Applicant organization's preference for the timing of beneficiary alignment?

- Prospective
- Retrospective

38. Please attach a narrative description of the Applicant organization's plan for engaging aligned Medicare beneficiaries and other patients in its care improvement efforts. CMS encourages Pioneer ACOs to consider ways to raise beneficiary literacy in improving health status and navigating health system resources, especially through the use of technology tools (maximum 2 pages, single spaced).

39. Please attach a narrative description of and justification for how any shared savings will be distributed among its members. In addition, the Applicant organization should indicate how the distribution plan supports the three-part aim of better health, better health care, and lower per-capita costs. Similarly, the Applicant organization should include an explanation of how it plans to ensure payment to Medicare of its share of any overspending relative to expenditure targets that fall short of attachment points for provider excess insurance (such as through surety bonds, escrow accounts, or other means) (maximum 2 pages, single spaced).

40. Please attach a narrative description of how the Applicant organization plans to reassure CMS that it will not use its existing or enhanced market leverage to raise its commercial reimbursements rates at levels significantly disproportionate to rises in Medicare reimbursement rates (maximum 1 page, single spaced).

41. Parameters of the Applicant organization's current and planned outcomes based contracts with non-Medicare purchasers:

Purchaser name

Percentage of Applicant organization's total revenues accounted for by all contracts with that Purchaser %

Percentage of Applicant organization's total revenues accounted for by outcomes based contracts with that Purchaser %

Start date (including anticipated date for future contracts)

Expected length of contract

Please provide description of the shared savings and/or risk sharing arrangement, and of the magnitude and type of quality/patient experience performance incentives

42. Please attach a description of the Applicant organization's business plan for converting the preponderance of its revenues to outcomes based contracts, if not already the case (maximum 1 page, single spaced).

NA

43. Please attach a Letter of Purchaser Verification and Support for each payer with whom the Applicant organization has or intends to pursue an outcomes based contract. These letters should be submitted as a single PDF file. The letters should include contact information for the CEO and network executive (if applicable), and information on the Applicant organization's financial and quality performance if the outcomes based contract has been active for at least one year.

44. Applicants are encouraged to submit proposals for alternative payment models as described in Section A, Part C of the Request for Applications. Please attach descriptions of suggested models, with attention to the requirement that the model includes escalating financial accountability and a transition from FFS to population payments by the third performance period (maximum 2 pages, single spaced).

I certify that all information and statements made in this application are true, complete and current to the best of my knowledge and belief and are made in good faith.

Signature of CEO or Executive Director

Date