



# MEDICARE SHARED SAVINGS PROGRAM APPLICATION TASK LIST JANUARY 1, 2015, START DATE

**Ready, set, go!** With the announcement of the July 31, 2014, deadline for Medicare Shared Savings Program (MSSP) applications, the race is on to complete all essential tasks in a timely manner. The following task list is derived from the MSSP regulations, the application, and relevant Centers for Medicare and Medicaid Services (CMS) guidance.

Task	Target Date	Notes
Identify appropriate legal entity to serve as applicant accountable care organization (ACO)		ACO must be distinct legal entity comprised solely of ACO participants
Establish ACO governance structure		Governing body must (1) include one Medicare beneficiary serving as community representative; (2) be comprised of at least 75% ACO participants; (3) meet specific fiduciary duty requirements
Adopt board resolution to secure MSSP pre-application waivers of fraud and abuse laws		
Submit Notice of Intent to CMS	May 30 deadline	
Submit CMS User ID Form	June 9 deadline	Necessary to submit application electronically
Draft formal mission, vision, and values statement		
Draft conflict-of-interest policy and disclosure statement; obtain signed statements from ACO directors and officers		
Draft CEO job description		Not required to be a full-time position; must report directly to governing body
Draft CMO job description		Individual must be board-certified, state-licensed physician, regularly present at an ACO participant's care-delivery site  Not required to be a full-time position
Draft Compliance Officer job description		Not required to be a full-time position
Draft Quality Assurance and Improvement Director job description		Individual must be a credentialed healthcare provider  Not required to be a full-time position
Hire/contract for ACO officers and staff		
Finalize ACO organizational chart (governance and management)		
Identify initial set of quality and efficiency measures for ACO participants		Utilize 33 measures specified in MSSP regulations
Secure contractual commitment to participate in ACO activities in compliance with MSSP regulators from all ACO participants and providers/suppliers		Compile information required in MSSP application for all ACO participants and provider/suppliers (provider numbers, addresses, etc.)





Finalize ACO participant list; identify potential number of attributed lives		Minimum 5,000 beneficiaries; target at least 7,500
Draft ACO compliance program		Follow OIG compliance program guidance
Request and analyze CMS claims data sharing on Medicare attributed lives		Optional; must execute CMS Data Sharing Agreement to receive data
Draft narrative regarding ACO history and purpose		
Draft narrative regarding intended use of any shared savings (or other incentive payments)		Distribution of funds to participants and reinvestment in infrastructure (how such use furthers ACO's mission, vision, values)
Develop/implement quality assurance and improvement program (including remedial processes and penalties)		Program must address four processes listed in next four entries
Develop/implement evidence-based medicine processes		Subtask #1 of QA/QI program development: Processes should cover diagnoses with significant potential for quality improvement based on community served; Must include internal assessments to improve ACO participants' care practices
Develop/implement processes to promote patient engagement		Subtask #2 of QA/QI program development (five requirements): (1) Evaluate and plan to address community health needs, including partnerships with community stakeholders; (2) Incorporate patient education; (3) Establish shared decision-making; (4) Set standards for beneficiary communication, access to records; (5) Make internal assessment for improvement
Develop/implement internal reporting on cost/quality metrics		Subtask #3 of QA/QI program development: Include monitoring processes, feedback, performance evaluation and improvement
Develop/implement care-coordination process		Subtask #4 of QA/QI program development (five requirements): (1) Establish methods to coordinate care through episode of care and care transitions; (2) Develop individualized care plan (including sample plan) for high-risk/multiple chronic-condition patients; (3) Address community resources available to patients; (4) Identify target populations for care plans; (5) Make internal assessment for improvement
Identify and implement supporting technology for quality assurance/improvement program		
Governing-body approval of final draft of MSSP application; electronic submission to CMS; response to subsequent CMS inquiries	July 31 deadline for application submission; notification of participation in late 2014	

PYA can support your organization in completing any or all of these tasks in a timely and complete manner. Also, we can assist you in leveraging your organization to secure favorable private-pay contracts.

To discuss how PYA can support your organization in completing these tasks and submitting your MSSP application, please contact David McMillan or Martie Ross at (800) 270-9629.

