

Advance Payment ACO Model Application Worksheet Instructions

Updated: 02/16/2012

ACO Participants Tab:

INSTRUCTIONS: complete this tab first. Data from the “ACO Participants” tab will populate into the subsequent tab. ACO participants listed on this worksheet should match exactly the list of participants, identified by Tax ID Number (TIN), submitted in the ACO's application to the Shared Savings Program. Unlike the Shared Savings Program application, this application does not ask you to provide the actual TINs, only the names affiliated with those TINs. Please be sure that each name matches the name provided in your Shared Savings Program application.

Revenue Tab:

INSTRUCTIONS: Fill out the Revenue tab of the worksheet in order to calculate the answers to questions D-1 and D-2 of the Advance Payment Model application. The worksheet will automatically calculate the responses to these questions in cells B5, B6, E4, E5, and E6.

COLUMN A: ACO Participant Name

This column will automatically populate with the ACO participants entered in the first tab. Applicants must also add the names of any organization(s) with an ownership stake of 5 percent or more in the ACO or any of its participants. If one of the ACO participants has an ownership stake of 5 percent or more in the ACO or any of its participants it is not necessary to list that organization more than once.

COLUMNS B, F, & J: Total Revenue Source

These columns indicate the financial records from which you have drawn the values provided in Columns C, G, &K. If the value can be drawn from a federal tax return or audited financials, it should be. If that value is for some reason not available from those sources, or is not accurate, a written explanation of why another source is being used. Such a description will be necessary for each instance that “Other (please explain)” is selected, and will be uploaded as part of the Application in question D-3.

COLUMNS C, G, &K: Total Revenue

The values in these columns represent the total revenue expressed net of contractual allowances and bad debts (but not charges) for the TIN during the indicated calendar year. Total revenue includes all revenue sources, not just Medicare revenue. Revenue must be reported for each TIN for each year unless that TIN had no revenue.

COLUMNS D, H, & L: Total Patient Revenue (OPTIONAL)

The values in these columns represent the total revenue of the TIN derived directly from patient care during the indicated calendar year. These values will be used to calculate the percentage of patient revenue derived from Medicaid. This is an OPTIONAL field. For each organization listed total revenue may be used as a proxy for total patient revenue for the purposes of calculating percentage of patient revenue derived from Medicaid. To exercise this option, leave the total patient revenue field for a given year BLANK and the worksheet will automatically use total revenue for that year to derive the Medicaid

percentage. This proxy option can be used in some years and not others, even for the same organization.

COLUMNS E, I, &M: Medicaid Patient Revenue

The values in these columns represent the patient revenue derived from Medicaid. This figure should sum patient revenue received from direct payments from state Medicaid programs and from Medicaid managed care organizations, as applicable.

Rural Location Tab:

For the purposes of selecting ACOs to participate in the Advance Payment ACO Model, additional points will be awarded to ACOs that have 65% or more of their providers and suppliers practicing in rural areas. Applying ACOs are not required to detail the locations of all of their providers, and suppliers if they do not believe they will meet this criterion.

INSTRUCTIONS: This worksheet tab will determine the percentage of ACO providers, and suppliers with practice locations in rural areas. Cell B4 will automatically calculate the percentage based on the applicant's responses provided in Column E. If you answer 'Yes' to E-1, the percentage in B4 must match your response to question E-2. If you answer 'No' to E-1, you are not required to complete this tab.

COLUMN A: Provider/Supplier Name

Applicants must list all ACO providers/suppliers, meaning the names of all NPIs billing under the participating TINs. Please note that this tab is distinct from the 'ACO Participants' tab in which you are not required to list individual providers.

COLUMN B: Zip Code

For each ACO provider/supplier, list the 5-digit zip code for the provider or supplier's practice location.

COLUMN C: Metropolitan County

Is the practice location of the ACO provider/supplier located in a metropolitan county? Yes or No. This can be determined at: <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx>

COLUMN D: RUCA Code

Column D only needs to be completed if the value in Column C is "yes." The RUCA Code is the practice location's Rural Urban Commuting Area Code, which can be determined at: <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx>

COLUMN E: Rural Status

The value in Column E is where the applicant attests to the rural status of the practice location for that provider/supplier. Column E must be filled out manually by the applicant. The value in Column E is dependent upon the values in Columns C and D.

- If Column C is "No" then Column E should be "Rural."
- If Column C is "Yes" and Column D is 4 or above, then Column E should be "Rural."
- If Column C is "Yes" and Column D is less than 4, then Column E should be "Non-Rural."