

MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION PARTICIPATION AGREEMENT

(Agreement with Accountable Care Organization (ACO) Pursuant to Section 1899 of the Social Security Act and Title 42 Code of Federal Regulations (CFR) part 425)

AGREEMENT
between

THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)
and

[ACO legal entity name]

doing business as (DBA) [ACO tradename/DBA, if applicable]

In order to participate in the Medicare Shared Savings Program (Shared Savings Program) and receive payment under Title XVIII of the Social Security Act as an ACO, [ACO legal entity name] DBA [ACO tradename/DBA, if applicable] operating under [Insert track] agrees to comply with the provisions of section 1899 of the Social Security Act, Title 42 CFR part 425, and all other applicable provisions of law and regulation.

This agreement, upon submission by the ACO of acceptable assurance of compliance with Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, and section 1557 of the Affordable Care Act, and upon CMS' approval, shall be binding on the ACO.

TERM OF AGREEMENT: The start date for the Agreement is July 1, 2019, with a term of 5 years and 6 months, ending on December 31, 2024, unless terminated sooner in accordance with applicable regulations.

PERFORMANCE YEAR: The first performance year under this Agreement begins on July 1, 2019, and ends on December 31, 2019, for a duration of 6 months. Subsequent performance years for the duration of this Agreement shall each be of 12 months duration, beginning on January 1, 2020.

APPLICABLE LAWS:

Statutory and Regulatory Changes During Term of Agreement: The ACO is subject to all statutory changes that become effective during the term of this Agreement. The ACO is subject to all regulatory changes that become effective during the term of this Agreement, with the exception of the program areas set forth in 42 CFR § 425.212(a).

Compliance With Laws: The ACO agrees, and must require its ACO participants and ACO providers/suppliers, as defined under 42 CFR § 425.20, and other individuals or entities performing functions or services related to the ACO's activities, to agree to comply with all applicable laws including, but not limited to, the following:

- (1) Federal criminal law.
- (2) The False Claims Act (31 USC 3729 *et seq.*).
- (3) The anti-kickback statute (42 USC 1320a-7b(b)).
- (4) The civil monetary penalties law (42 USC 1320a-7a).
- (5) The physician self-referral law (42 USC 1395nn).

CERTIFICATIONS: The ACO agrees, as a condition of participating in the Shared Savings Program and receiving any shared savings payments, that an individual with the authority to legally bind the ACO will certify the accuracy, completeness, and truthfulness of any data or information requested by or submitted to CMS, including, but not limited to, this Agreement, the application form, and any quality data or other information on which CMS bases its calculation of shared savings payments and shared losses. All such certifications must meet the requirements set forth in 42 CFR § 425.302. In addition, the ACO certifies that the ACO, its ACO participants, and its ACO providers/suppliers have agreed to become accountable for the quality, cost, and overall care of the Medicare fee-for-service beneficiaries assigned to the ACO.

The ACO must provide a copy of this Agreement to all of its ACO participants, ACO providers/suppliers, and other individuals and entities involved in ACO governance.

The individual executing this Agreement on behalf of the ACO hereby certifies that he or she is authorized by the ACO to execute this Agreement and to legally bind the ACO and hereby certifies the accuracy, completeness, and truthfulness of the statements contained in this Agreement and the ACO's Shared Savings Program Application, including any supplemental submissions to that application.

ACCEPTED FOR THE ACCOUNTABLE CARE ORGANIZATION BY:

Name [Full name of ACO authorized contact logged in to sign]

Title [Title of ACO authorized contact logged in to sign]

Signature _____ Date [Date ACO signed in ACO-MS]

ACCEPTED FOR THE CENTERS FOR MEDICARE & MEDICAID SERVICES BY:

Name [Full name of CMS authorized contact logged in to sign]

Title Director, Performance-Based Payment Policy Group

Signature _____ Date [Date CMS countersigned in ACO-MS]