

## A Guide to Submitting Model Requests for Other Payer Advanced APM Determinations for Eligible Clinicians and APM Entities

### Eligible Clinician Initiated Submission Form

#### Purpose

Through the Eligible Clinician Initiated Submission Form (the “Form”), the Centers for Medicare & Medicaid Services (CMS) will collect information and documentation to determine whether payment arrangements will qualify as Other Payer Advanced Alternative Payment Models (APMs) under the Quality Payment Program (QPP). This process is called the “Eligible Clinician Initiated Other Payer Advanced APM Determination Process” (Eligible Clinician Initiated Process). More information about QPP is available at <http://qpp.cms.gov/>.

**The purpose of this document is to guide Clinicians and APM Entities through the Form for ease of submission and to facilitate accurate determinations by CMS.** Please use this document together with the following resources:

- [Salesforce Portal](#)
- [Glossary for Additional Definitions](#)
- [QPP All-Payer Frequently Asked Questions](#)

#### Overview of Eligible Clinician and APM Entities Initiated Process


Eligible clinicians and APM Entities with Commercial or Medicare Advantage payment arrangements may submit Other Payer Advanced APM determination requests for those payment arrangements. Each different payment arrangement from a single payer must be submitted through a separate Form.

For the 2019 Qualifying APM Participant (QP)<sup>1</sup> Performance Period, Eligible Clinicians may submit requests between **August 1 and November 1, 2019**. Eligible clinicians who submit requests by **September 1** will have their reviews fast tracked for a response by **November 1**.

For the 2019 QP Performance Period, CMS has posted on the QPP website (<https://qpp.cms.gov/>) a list of payment arrangements from the Payer Initiated process that were determined to be Other Payer Advanced APMs. The following documents can be accessed through the QPP resource library to check the approved list of payment arrangements.

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<sup>1</sup> Qualifying APM Participant is an eligible clinician determined by CMS to have met or exceeded the relevant QP payment amount or QP patient count threshold for a year based on participation in an Advanced APM Entity including participation in Other Payer Advanced APMs.

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- a) 2019 Medicaid Other Payer Advanced APMs in Quality payment Program
  - b) 2019 List of Medicare Health Plans Other Payer APM
  - c) 2019 QPP Multi-payer Other Payer Advanced APMs

If CMS has not already determined that a payment arrangement is an Other Payer Advanced APM under the Payer Initiated Process, those payment arrangements will not be included in the list posted the QPP website. The eligible clinicians (or APM Entities on their behalf) have the option to submit information about their payment arrangement(s) using the current process.

CMS will review the payment arrangement information submitted in this Form to determine whether the payment arrangement meets the Other Payer Advanced APM criteria. If an Eligible Clinician submits incomplete information within the Form and/or CMS requires more information to make a determination, CMS will notify the submitter and request the additional information that is needed. Eligible clinicians must return the requested information no later than **15 business days** from the notification date for CMS to make a determination. If the Eligible Clinician does not submit sufficient and relevant information within this time period, CMS will not make a determination regarding the payment arrangement. As a result, the payment arrangement would not be considered an Other Payer Advanced APM for the performance year. These determinations are final and not subject to reconsideration.

## The Form

The Eligible Clinician Initiated Submission Form (the Form) will be submitted electronically through an online Salesforce portal. All relevant documentation should be electronically attached to the submission and thoroughly referenced. Examples of relevant documentation include contracts, excerpts of contracts, CMS Memoranda of Understanding, and participant agreements. Each different payment arrangement must be submitted through a separate form with its own documentation.

For payment arrangement submissions through Salesforce, the first step is to register for a CMS QPP All-Payer Submission Form login. To do so, you will need to create a password. The password must be at least 8 characters, use a mix of numbers, uppercase and lowercase letters, and include at least one of the following special characters: ! # \$ % - \_ = + < >.

Save all work in Salesforce before navigating away from each page, as any unsaved work will be lost. Note that the application will time out after 30 minutes of inactivity. Please contact the Salesforce help desk ([CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov)) for assistance with access or use issues.

The Form contains the following sections, which are described in detail in the following pages:

- Eligible Clinician Identifying Information (Submitter type) – The purpose of this section is to identify the type of submitter, whether an Eligible Clinician or an APM Entity and collect other identifying information about the submitting entity.
- Supporting Documentation – The purpose of this section is to allow the submitting eligible clinician or APM Entity to upload supporting documentation.

- Payment Arrangement Information – The purpose of this section is to collect the details of the payment arrangement. References to supporting documentation are required.
- Availability of Payment Arrangement – The purpose of this section is to inform CMS of the locations where the payment arrangement is available. This section also requests information on whether the same payment arrangement is available through other lines of business.
- Information for Other Payer Advanced APM Determination – The purpose of this section is to collect information needed for CMS to determine whether the payment arrangement qualifies as an Other Payer Advanced APM.
- Certification Statement – This section requires the authorized individual submitting information to certify to the best of his or her knowledge that all information submitted to CMS is true, accurate, and complete.

For questions about Form content or Other Payer Advanced APM policy, please contact the QPP All Payer help desk ([QPP\\_APM\\_AllPayer@cms.hhs.gov](mailto:QPP_APM_AllPayer@cms.hhs.gov)). For technical questions about Salesforce, please contact the Salesforce help desk ([CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov)).

## Eligible Clinician Identifying Information

The purpose of this section is to collect information about the submitting eligible clinician or APM Entity.

### Submitter Type

Use the check box to identify whether this Form is being submitted by an APM Entity or an eligible clinician. Then continue to add information on the Eligible Clinician or APM Entity by clicking on 'Add' button.

**APM Entity or Eligible Clinician Identifying Details**

*\*\*\*Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity\*\*\**

\* Indicates a required field.

**Submitter Type**

\* Select one of the following:

APM Entity  
APM Entity means an entity that participates in an APM or payment arrangement with a non-Medicare payer through a direct agreement or through Federal or State law or regulation.

Eligible Clinician(s)  
Eligible clinician means "eligible professional" as defined in section 1848(k)(3) of the Act, as identified by a unique TIN and NPI combination and, includes any of the following:

- i. A physician.
- ii. A practitioner described in section 1842(b)(18)(C) of the Act.
- iii. A physical or occupational therapist or a qualified speech-language pathologist.
- iv. A qualified audiologist (as defined in section 1861(l)(3)(B) of the Act).

**Add Eligible Clinician**

Eligible Clinician Name	NPI	Action
No Eligible Clinicians have been added		

Showing 0 to 0 of 0 entries Previous Next

**Save** **Save & Continue** **Cancel**

If reporting as an APM Entity, you will be asked to fill out contact information for that Entity. The APM Entity contact does not need to be the Contact Person. If reporting as an eligible clinician, you will be asked to fill out the name and National Provider Identifier (NPI) for that for that eligible clinician.

## Add Eligible Clinician



\* Indicates a required field.

### Eligible Clinician Information

\*Eligible Clinician Legal Entity Name

\*First Name

\*Last Name

\*National Provider Identification (NPI)

Doing Business As (DBA) Name

Save

Save & New

Close

\*\*\*Save your progress\*\*\*

## Supporting Documentation

The purpose of this section is for the eligible clinician to upload all relevant documentation supporting answers provided in the Form. All relevant documentation must be uploaded to this section. Relevant supporting documentation includes contracts, excerpts of contracts, Memorandum of understanding, and participation agreements.

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### Supporting Documentation

**\*\*\*Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity\*\*\***

\* Indicates a required field.

Please attach documentation that supports responses to the questions asked in the Information for Other Payer Advanced APM Determination of this Form. Supporting documents may include contracts or excerpts of contracts between you and the health plan, or alternative comparable documentation that supports responses to the questions asked in sections below.

Note: Please upload all documents that you will reference when completing this submission to the Supporting Documentation section of this Form, and label each document for reference throughout the Form.

[Upload Document](#)

File Name	Description	Action
No uploaded documents		

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[Continue](#)

If you have multiple documents, or multiple excerpts of documents, you may want to name them intuitively for ease of reference throughout the form. For example, if you upload the specific section of the contract regarding Certified Electronic Health Record Technology (CEHRT) use, name the document "PAYMENT ARRANGEMENT\_CEHRT" so as not to confuse it with the document referencing risk arrangements. Names can be up to 100 characters long.

You are not required to upload separate documentation for each topic. If one contract covers all relevant information needed to support an Other Payer Advanced APM determination for the payment arrangement, it can be uploaded in full. Each file can be up to 25MB in size. To facilitate accurate evaluation, please be specific in your citations directing CMS to the location of the information you intend to reference in your response to each question.

\*\*\*Save your progress\*\*\*

## Payment Arrangement Information

The purpose of this section is to report the details of the payment arrangement. References to supporting documentation uploaded in the previous section are required.

<p>Home</p> <p>APM Entity or Eligible Clinician Identifying Details</p> <p>Supporting Documentation</p> <p><b>Payment Arrangement Information</b></p> <p>Information for Other Payer</p> <p>Advanced APM Determination</p> <p>CEHRT</p> <p>Quality Measures</p> <p>Financial Risk Standards</p> <p>Certification Statement</p>	<h3>Payment Arrangement Information</h3> <p><i>***Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity***</i></p> <p>* Indicates a required field.</p> <p>This section includes commercial and private payment arrangements.</p> <p>* 1. Payment Arrangement Name (e.g. [Payer Name] ACO Model), or terminology used to refer to the payment arrangement:</p> <input type="text"/> <p>* 2. Contact Person for this payment arrangement: If questions about the payment arrangement arise during the processing of this request, CMS may contact this person for clarification.</p> <p>a. First Name <input type="text"/></p> <p>b. Last Name <input type="text"/></p> <p>c. Title <input type="text"/></p> <p>d. Phone Number <input type="text"/></p> <p>e. Email Address <input type="text"/></p> <p>f. State the health insurance company name under which this payment arrangement was implemented. <input type="text"/></p> <p>* 3. Location where this Payment Arrangement will be available: <input type="text" value="--None--"/></p> <p>* 4. Is this payment arrangement available through other lines of business? <input type="text" value="--None--"/></p>
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\* 5. Who participates in this payment arrangement (e.g., primary care physicians, specialty group practices)?

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\* 6. Does the payer request that CMS make a multi-year determination for this payment arrangement?

\* 7. Is this payment arrangement open to all provider types or limited to certain specialties?

\* 8. Select the QP Performance Period(s) for which this payment arrangement determination is being requested.


\* 9. Payment arrangement documentation is required to support the answers provided above. Please note the attached document(s) and page number(s) that contain this information.


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Cancel





**Question 1**, please provide the name of the payment arrangement. If there is potential uncertainty over the name, include any terms that can help identify the payment arrangement. The payment arrangement name or the terminology used to refer to the payment arrangement should be consistent across contracts that include the payment arrangement. The purpose of this information is to allow CMS and eligible clinicians to correctly identify the payment arrangement when evaluating the Other Payer Advanced APMs in which eligible clinicians participate.

**Question 2**, please provide a “Contact Person.” The Contact Person is the individual CMS will contact with any questions about the payment arrangement and its operations.

**Question 3**, please select the states where the payment arrangement is available for participation by eligible clinicians.

**Question 4**, answer “Yes” if the payment arrangement is available through other lines of business. “Other lines of business” refers to payment arrangements that are also offered by another type of payer (e.g., a payment arrangement being offered by both Medicaid and a commercial payer as part of a CMS Multi-Payer model).

**Question 5** is an open text box to list every one who participates in the payment arrangement.

**Question 6** asks if a multi-year determination for your payment arrangement.

**Question 7**, use the dropdown menu to note if there are any limitations on the types of physician or practitioner specialties that may participate in the payment arrangement. If yes, there will be a list of pre-specified options, please select all physician and practitioner specialties that may participate in the payment arrangement.

**Question 8**, select the QP performance period for which this determination is being requested.

**Question 9**, please include citations to all referenced documents. Please cite the specific sections/pages CMS should refer to when evaluating information you submit through this Form.

\*\*\*Save your progress\*\*\*

## Information for Other Payer Advanced APM Determination

The purpose of this section is to collect information needed to determine whether a payment arrangement is an Other Payer Advanced APM.

### Certified Electronic Health Record Technology (CEHRT)

There is one question on use of CEHRT; this response requires supporting documentation to verify the yes or no response. \* Note that a payment arrangement must include this CEHRT element in order to be considered an Other Payer Advanced APM.\*

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### Certified Electronic Health Record Technology (CEHRT)

\*\*\*Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity\*\*\*

\* Indicates a required field.

#### Certified Electronic Health Record Technology (CEHRT) ?

\* 1. Does the payment arrangement require at least 50 percent of participating eligible clinicians in each APM Entity (or each hospital if hospitals are the APM participants) to use CEHRT as defined in 42 CFR 414.1305? ?

--None--

\* 2. Does this payment arrangement require you to use CEHRT as defined in §414.1305 to document and communicate clinical care?

--None--

\* 3. List the attached document(s) and page numbers that provide evidence of the information required in this section.

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Beginning in 2019, the 2015 Base EHR Edition that has been certified will be required to meet this criterion.<sup>2</sup>

Answer “Yes” or “No” to indicate whether the payment arrangement meets the CEHRT use criterion. To meet this criterion, the payment arrangement must require at least 50% percent of eligible clinicians in each participating APM Entity group (or each hospital, if hospitals are the APM Entities) to use CEHRT to document and communicate clinical care.

Please provide a reference to the requirement in the submitted documentation (e.g., document name and relevant page numbers).

<sup>2</sup> For purposes of this Form, CEHRT is defined at 42 CFR § 414.1305.

## Quality Measure Use<sup>3</sup>

This section requests information regarding the quality measures used in the payment arrangement, including details on specific measures. Documentation and references are required.

**Quality Measures**

*\*\*\*Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity\*\*\**

\* Indicates a required field.

In order to satisfy the Quality Measure Use Criterion and to be determined an Other Payer Advanced APM, the arrangement must include a minimum of one quality measure that meets the criteria in question 1 below ( §414.1420(c)(2)) and one outcomes measure, if there is an applicable outcome measure on the MIPS quality measure list. 🗨

\* 1. Does the payment arrangement tie payments to one or more quality measures at least one of which meets the following criteria (42 CFR 414.1420(c))?

a. Does at least one quality measure have an evidence-based focus, is it reliable and valid, and does it meet at least one of the following criteria?

- i. Any of the quality measures included on the proposed annual list of MIPS quality measures;
- ii. Quality measures that are endorsed by a consensus-based entity (e.g., NQF);
- iii. Quality Measures that are developed under section 1848(s) of the Act.
- iv. Quality Measures submitted in response to the MIPS Call for Quality Measures under section 1848 (q)(2)(D)(ii) of the Act;
- v. Any other quality measures that CMS determines to have an evidence-based focus and are reliable and valid.

--None--

\* 2. Please provide the following information for each quality measure included in the payment arrangement that you wish for CMS to consider for purposes of satisfying this criterion.

**Add Measure**

Measure Title	Outcome Measure	Action
No measures have been added		

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\* 3. Are any of the above measures outcome measures? A minimum of one quality measure that meets the above criteria and is an outcome measure is required in order to satisfy the Quality Measure Use criterion.


--None--

\* 4. List the attached document(s) and page numbers that provide evidence of the information required in this section.

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<sup>3</sup> The Other Payer Advanced APM criteria for quality measures is at 42 CFR § 414.1420(c).



**Question 1** asks if the payment arrangement ties the payment to quality measures that meet CMS criteria for quality measures. The measures that are to be included must meet the following criteria:

- a) included in the proposed list of MIPS measures;
- b) endorsed by a consensus based entity;
- c) developed under Section 1848(s) of the Act;
- d) measures submitted under response for CMS call for quality measures under section 1848(9)(2)(D)(ii) of the Act;
- e) measures that CMS determines to be evidence focused and are reliable and valid.

**Question 2** requests information on each quality measure included in the payment arrangement that should be considered by CMS. Click “Add Measure” to include the measures that are part of the payment arrangement.

**Question 3** asks if one of the measures used under the payment arrangement is an outcome measure. An outcome measure assesses healthcare results experienced by patients, such as well-being, ability to perform daily activities. . An intermediate outcome measure assesses a factor or short-term result that contributes to an ultimate outcome, such as having an appropriate cholesterol level. If there is at least one outcome measure used under the payment arrangement, then answer “Yes” and provide more information about the outcome measure.

Use the open text field in question 4 to list all attached documents and page numbers that provide evidence of the information required in this section.

## Add Measure

\* Indicates a required field.

\* a. Measure Title

\* b. Is the measure an outcome measure?

\* c. Describe how the measure has an evidence-based focus, is reliable and valid, by meeting one the following criteria:

- i. Any of the quality measures included on the proposed annual list of MIPS quality measures;
- ii. Quality measures that are endorsed by a consensus-based entity;
- iii. Quality Measures that are developed under section 1848(s) of the Act.
- iv. Quality Measures submitted in response to the MIPS Call for Quality Measures under section 1848 (q)(2)(D)(ii) of the Act;
- v. Any other quality measures that CMS determines to have an evidence-based focus and are reliable and valid;

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d. MIPS measure identification number

e. National Quality Forum (NQF) number

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Provide the following information on at least one measure tied to payments. You must include at least one outcome measure on the MIPS quality measure list and one quality measure that is MIPS-comparable; these may be the same measure if the outcome measure also has an evidence-based focus and is reliable and valid.

- a. Measure title
- b. Outcome measure (Yes/No)?
- c. How was this measure validated? Cite all relevant evidence and/or clinical practice guidelines in support of the measure.
- d. National Quality Forum (NQF) number, if applicable.
- e. MIPS measure identification number, if applicable.

Please explain and provide citations to supporting documentation to support your answers. Provide references to all relevant documentation, noting specific pages or sections.

If there is no applicable outcome measure, respond “No,” and also respond to the pop-up box asking if there are any outcomes measures.<sup>4</sup>

Information on quality measures should also be entered by selecting the “Add Measure” button. Information can be added for as many measures as are used in the payment arrangement.

\*\*\*Save your progress\*\*\*

## Generally Applicable Financial Risk Standard

The purpose of this section is to collect information needed to determine whether the payment arrangement meets the generally applicable financial risk standard. To support this determination, this section requests information about payment withholds or repayment requirements for APM Entities under the payment arrangement. For purposes of this form, the APM Entity is the practitioner or group of practitioners that participates in the payment arrangement.

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### Financial Risk Standards

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\* Indicates a required field.

#### Generally Applicable Financial Risk Standards


\* 1. Does the payment arrangement require the participating APM Entity or eligible clinician to bear financial risk if actual aggregate expenditures exceed expected aggregate expenditures (i.e. benchmark amount)?

\* 2. Is this payment arrangement a full capitation arrangement?

\* 3. Payment arrangement documentation is required to support the answers provided above. Please note the attached document(s) and page number(s) that contain this information.

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<sup>4</sup> Please note that if there is no available or applicable outcome measure on the MIPS measure list, the Eligible Clinician or APM Entity must certify that there is no available or applicable outcome measure on the MIPS measure list per 42 CFR § 414.1445(c)(3).



**Question 1**, is an yes or no question on financial risk. Answer “yes” if the payment arrangement requires participating eligible clinicians or APM entity (or groups of eligible clinicians) to bear financial risk if actual expenditures are higher than expected expenditures (i.e., a benchmark amount). Expected expenditures refers to the beneficiary or patient expenditures for which an APM Entity is responsible under the payment arrangement. For episode payment models, expected expenditures typically refers to the episode target price.

If the answer to question 1 is “Yes,” then provide more detail on any consequential actions that will be taken by the payer if actual expenditures exceed expected expenditures. Check the box next to each of the actions the payment arrangement employs and then describe the actions that are taken in detail in the text box. Use direct citations to uploaded documentation.


**Question 2**, regarding capitation arrangements, is a yes or no question that requires documentation. For the purposes of this question, full capitation is defined as a payment arrangement where a per capita or otherwise predetermined payment is made under the payment arrangement for all items and services furnished to a population of beneficiaries during a fixed period of time, and no settlement is performed for the purpose of reconciling or sharing losses incurred or savings earned by the participant. For purposes of Other Payer Advanced APM determinations, payment arrangements directly between CMS and Medicare Advantage Organizations under the Medicare Advantage program (42 U.S.C. 422) are not automatically considered capitation arrangements. These payment arrangements must meet the same criteria as other payment arrangements in order to be considered full capitation models. Provide citations to all relevant documentation, noting specific pages or sections.


## Generally Applicable Nominal Amount Standard

### Generally Applicable Nominal Amount Standard

- \* 4. Please briefly describe the payment arrangement's risk methodology. Note the risk rate(s), expenditures that are included in risk calculations, circumstances under which an APM Entity is required to repay or forego payment, and any other key components of the risk methodology.

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- \* 5. Is the marginal risk an APM Entity or eligible clinician potentially owes or foregoes under the payment arrangement at least 30 percent? 

- \* 6. Is the minimum loss rate with which an APM Entity or eligible clinician operates under the payment arrangement no more than 4 percent? 

- \* 7. Is the total amount an APM Entity or eligible clinician potentially owes or foregoes under the payment arrangement at least:

- a. 8 percent of the total revenue from the payer of providers and suppliers participating in each APM Entity or eligible clinician in the payment arrangement if financial risk is expressly defined in terms of revenue?

- b. 3 percent of the expected expenditures for which an APM Entity or eligible clinician is responsible under the payment arrangement?

- \* 8. List the attached document(s) and page numbers that provide evidence of the information required in this section.

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**Question 4** requires a detailed description of the payment arrangement's risk methodology. Include all information to explain what the payment arrangement requires of the APM Entity in terms of risk. Relevant details include risk rates, expenditures that are included in risk calculations, circumstances under which an APM Entity is required to repay or forego payment, and any other key components of the risk methodology. Cite all relevant documentation in support of the description.

**Question 5**, answer "Yes" if the marginal risk rate is at least 30 percent. Marginal risk means the percentage of the amount by which actual expenditures exceed expected expenditures for which an APM Entity would be liable under the payment arrangement. If actual expenditures are higher than expected (higher than the benchmark), the APM Entity may only be liable for a percentage of the difference. The percentage for which the APM Entity is liable is the marginal risk. If marginal risk is equal to or above 30 percent, describe and cite documentation to show the marginal risk rate and the consequential action the payment arrangement requires if actual expenditures are higher than expected.

**Question 6**, answer "Yes" if the minimum loss rate is no more than 4 percent. In the case where actual expenditures are higher than expected, the APM Entity may not be subject to financial risk if the difference is small. The minimum loss rate is the percentage by which actual expenditures may exceed expected expenditures without triggering consequential actions. Describe and cite documentation to show the minimum loss rate and any consequential action the payment arrangement requires.

**Question 7**, answer "Yes" to the questions on total risk. The total risk can be expressed in terms of revenue or expected expenditures, and either standard will fulfill the criteria so long as the minimum percentages are met. The total amount at risk for the APM Entity must be at least:

- 8 percent of the total revenue from the payer of providers and suppliers participating in each APM Entity, or
- 3 percent of the expected expenditures for which an APM Entity is responsible under the payment arrangement. Expected expenditures means the beneficiary or patient expenditures for which an APM Entity is responsible under the payment arrangement.

**Question 8**, please support these answers with explanations of how risk is defined in terms of revenue or how expected expenditures are calculated. For these purposes, total revenue means the total combined revenue from the payer to providers and suppliers participating in the APM Entity. Provide references to all relevant documentation, noting specific pages or sections.

\*\*\*Save your progress\*\*\*

## Certification Statement

In this section the Eligible Clinician or authorized individual submitting the information on behalf of the Eligible Clinician or APM Entity will certify that the information provided is accurate and complete to the best of his or her knowledge. Please contact the QPP All-Payer help desk ([QPP\\_APM\\_AllPayer@cms.hhs.gov](mailto:QPP_APM_AllPayer@cms.hhs.gov)) with any questions prior to submission.

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### Certification Statement

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\* Indicates a required field.

#### Eligible Clinician

I have read the contents of this submission. By submitting this Form, I certify that the information contained herein is true, accurate, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this Form is not true, accurate, or complete, I will notify CMS of this fact immediately. I understand that any person who knowingly files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a criminal act punishable under Federal and state law and may be subject to civil penalties.

\* I agree

\* Authorized Individual Name

\* Title

\* Applicant Name

#### Third Party Submitting on Behalf of Eligible Clinician

I have read the contents of this submission. By submitting this Form, I certify that I am legally authorized to submit this Form on behalf of each EC specified in APM Entity or Eligible Clinician Information of this Form. I further certify that the information contained herein is true, accurate, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this Form is not true, accurate, or complete, I will notify CMS of this fact immediately. I understand that any person who knowingly files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a criminal act punishable under Federal and state law and may be subject to civil penalties.

\* I agree

\* Authorized Individual Name

\* Title

\* Applicant Name