

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services**

**MEDICARE WAIVER  
DEMONSTRATION  
APPLICATION**

**Home Health Pay-For-Performance  
Demonstration**



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**DISCLOSURE STATEMENT:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0880. The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

# MEDICARE WAIVER DEMONSTRATION APPLICANT DATA SHEET

Applicant Legal Name		Date Submitted
Address		Date Received by CMS
City	County	State ZIP Code

Name, telephone number, address, fax number (if available) and email address (if available) of person to be contacted on matters involving the application:

Descriptive Title of Applicant's Project	Project Duration (mm/dd/yyyy)
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## MEDICARE HOME HEALTH PAY FOR PERFORMANCE (HHP4P) DEMONSTRATION

From **1/1/2008 To 12/31/2009**

Proposed Project

**Payment Methodology & Budget Neutrality Participation in the Medicare Home Health Pay for Performance (HHP4P) demonstration. Agencies will be randomly assigned to treatment or control group. Total Medicare costs for patients served by treatment agencies will be compared to those served by control group agencies; any savings identified will be used to fund an incentive payment pool. Agencies in treatment group will be scored on selected OBQI outcome measures, and incentive payments (if any) will be distributed to high performers and qualified high improvers, according to the demonstration protocol as described in the attached Terms and Conditions.**

Type of Applicant

- Academic Institution                       Individual                       Profit Organization  
 Not for Profit Organization     Other, please specify \_\_\_\_\_

Areas Affected by Project (cities, counties, states) **(Enter HHA service area:)**

Applicant's Medicare Provider Number(s)	Applicant's Employer Identification Number
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Is The Applicant a Medicare Provider/Organization in Good Standing?

- Yes  No (If No, attach an explanation)

To the best of my knowledge and belief, all data in this application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the terms and conditions of the award and applicable Federal requirements if awarded.

Type Name and Title of Authorized Representative	Telephone Number (include area code)
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Signature of Authorized Representative	Date Signed (mm/dd/yyyy)
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## MEDICARE WAIVER DEMONSTRATION APPLICATION

This application provides an opportunity for eligible organizations to apply to participate in Medicare-waiver-only demonstrations sponsored by the Centers for Medicare & Medicaid Services (CMS).

CMS conducts Medicare-waiver-only demonstrations to test innovations that have been shown to be successful in improving access and quality and/or lowering health care costs. These demonstrations may involve new benefits, fee-for-service or Medicare Advantage payment methodologies, and/or risk sharing arrangements that are not currently permitted under Medicare statute.

Section 402 of Public Law 92-603 grants CMS the authority to waive Medicare payment and benefit statutes to conduct these demonstrations. Demonstrations may also be initiated as a result of Congressional mandate.

### **BUDGET NEUTRALITY**

Medicare-waiver-only demonstrations must be budget neutral. Budget neutrality means that the expected costs under the demonstration cannot be more than the expected costs were the demonstration not to occur. Applicants must supply information and assumptions supporting budget neutrality that CMS will use in preparing a waiver package for submission to the President's Office of Management and Budget (OMB). OMB must approve Medicare waivers before implementing the demonstration. (CMS has already submitted the HHP4P Demonstration waiver package to OMB and OMB has already approved the Demonstration. Applicants need not submit any addition information.)

### **DUE DATE – SEE SOLICITATION FOR SPECIFIC INSTRUCTIONS**

Applications will be considered timely if we receive them on or before NOVEMBER 30, 2007. Applications must be received by 5 P.M EST/EDT on the due date. Only applications that are considered "timely" will be reviewed and considered.

### **APPLICATION SUBMISSION – SEE SOLICITATION FOR SPECIFIC INSTRUCTIONS**

An original signed application must be submitted. The original APPLICATION should be MAILED to the following address:

*Home Health Pay-for-Performance Demonstration  
Abt Associates Inc., Attn. Candis Joseph  
55 Wheeler Street  
Cambridge, MA 02138*

*We can accept applications by facsimile (FAX) transmission to (617) 386-7695 (backup fax: 617-349-2675), or electronic copies (PDF) by email to <hhp4p@abtassociates.com>, but the original signed hardcopy must also be submitted.*

### **FOR FURTHER INFORMATION – SEE SOLICITATION FOR SPECIFIC INSTRUCTIONS**

Please contact the project officer listed in the demonstration solicitation and/or visit the demonstration website at <http://www.hhp4p.info>. Additional information about the demonstration, for example, fact sheets, design reports, solicitations, application materials, press releases, and question and answer documents will be periodically posted on the website. Be sure to check the website frequently if applying for a demonstration to be sure you have the most current information available.