
COMPANY INFORMATION

Organization's full legal name Established/Founded (Year)

Senior physician executive name and title (America's Physician Groups delegate)

Telephone Mobile Email

Senior administrative executive name and title (America's Physician Groups delegate)

Telephone Mobile Email

Chief Medical Officer/Medical Director name and title

Telephone Mobile Email

Government Affairs Contact (for advocacy purposes) name and title

Telephone Mobile Email

Organization's street address

City State Zip

Organization's web address

Main Telephone Number Main Fax Number

Name and title of individual to whom dues billing should be sent

Telephone Mobile Email

Address (if different from above)

DUES

MONTHLY DUES CALCULATION

America's Physician Groups monthly dues are based on your geographical location and business structure. Please complete ALL the sections below. Enter "0" if you do not have any lives in that category.

Section 1: Equivalent Lives

1. Total number of Commercial ACO lives _____ x 0.25 = _____
 2. Total number of Commercial HMO lives _____ x 1.0 = _____
 3. Total number of Commercial PPO lives _____ (FOR ADVOCACY ONLY)
 4. Total number of Duals (Medicaid/Medicare) lives _____ x 3.0 = _____
 5. Total number of Medicare ACO (All ACO Programs) lives _____ x 0.5 = _____
 6. Total number of Medicare Advantage HMO lives _____ x 3.0 = _____
 7. Total number of Medicare Advantage PPO lives _____ (FOR ADVOCACY ONLY)
 8. Total number of Managed Medicaid lives _____ x 0.5 = _____
 9. Total number of Cash/Uninsured lives _____ (FOR ADVOCACY ONLY)
- Total Equivalent lives (add 1 through 9) _____

Section 2: Physician FTEs

Total Number of FTEs (employed and contracted physicians) _____

Section 3: Monthly Dues

To complete this section, use tables below to determine your monthly dues \$ _____ .00

Dues Calculation Guide

Geographical/Business Structure	Reference	Use Column
Non-California IPA, MSO, CIN, ACO	Use Table 1	Equivalent Lives
Non-California Staff Model Medical Group	Use Table 1	Medical Groups FTEs
California IPA, Staff Model Medical Group, MSO, ACO, CIN	Use Table 2	Equivalent Lives
Multi-state Integrated Healthcare System	Use Multi-State	\$ 7,136

Table 1: Operating in non-California State(s)

Total Equivalent Lives	Medical Groups FTEs	Dues per Month
up to 10,000	up to 25	\$ 655
10,001 – 43,000	26 – 125	\$ 1,111
43,001 – 100,000	126 – 300	\$ 1,615
100,001 – 235,000	301 – 700	\$ 2,361
Over 235,000	Over 700	\$ 3,062

Table 2: Operating in California and other States*

Total Equivalent Lives	Dues per Month
up to 10,000	\$ 1,071
10,001 – 43,000	\$ 1,389
43,001 – 100,000	\$ 0.03333 per equivalent lives
100,001 – 235,000	\$ 0.03010 per equivalent lives
Over 235,000	\$ 7,136

Multi-State Integrated Healthcare Systems	Dues Per Month
Multi-State Integrated healthcare system is defined as an organization owning one or more hospitals, one or more medical groups, and operating in multiple states.	\$ 7,136

*dues include separate advocacy efforts in Sacramento, CA

PROFILE INFORMATION

1. Provide the number of employed and contracted physicians in each category:

a. Number of primary care physicians: Employed _____ Contracted _____
(includes pediatrics, family practice, internal medicine, OB/GYN, urgent care and general practice)

b. Number of specialist physicians: Employed _____ Contracted _____

2. Your organization: For profit Not-for-profit

3. Affiliation or ownership: Hospital-affiliated Health plan-affiliated Equity Partnership(s)

Other *(please specify)* _____

4. Indicate the business structure(s) that describe(s) your organization (check all that apply) *(for MSO, please attach a list of organizations)*:

Medical Group IPA MSO Medical Foundation Integrated Health System ACO

FQHC Clinically Integrated Network Other *(please specify)* _____

5. Does your organization use a management services organization (MSO) with defined services?

Yes No If yes, please identify the organization that provides these services:

6. Medical Groups only: Number of satellite offices *(please attach list of locations)* _____

7. Integrated Health Systems Only: # of hospitals _____ # of medical groups _____

8. Does your organization hold a partial or full insurance license (LKK, RKK)? _____

9. Please list the state(s) in which your organization is based:

For advocacy purposes, we need information on the Federal Programs in which you participate (questions 10 – 13).

10. Please check **ALL the CMS programs** in which you participate:

APM *(please specify)* _____ Bundles *(please specify)* _____

Commercial Health Plan DCE/ACO REACH Direct to Employers

Medicare ACO: MSSP ACO – Basic Track A or B MSSP ACO – Basic Track C, D, or E

MSSP ACO – Enhanced Track Other Medicare ACO: _____ MIPS

11. Please select **ALL the CMS Innovation Center Models** in which you participate:

ACO REACH – Global (for 2025) ACO REACH – Professional (for 2025) Primary Care First (PCF)

Kidney Care Choices (KCC) Bundled Payments for Care Improvement Advanced (BPCI-A)

Enhancing Oncology Model (EOM) (for 2025) Financial Alignment Initiative for Medicare-Medicaid Enrollees

Making Care Primary Model (for 2025) GUIDE Model (for 2025)

Other CMS Innovation Center Models *(please specify)* _____

12. **ACO REACH – Global (for 2025):** Please write the name(s) of this ACO here:

13. **ACO REACH – Professional (for 2025):** Please write the name(s) of this ACO here:

14. **APG members must meet substantially all of the below criteria.** Please read carefully and check the boxes below that are applicable to your organization.

- A demonstrated focus on addressing individual patients' health needs while also improving the overall health and well-being of the patient population, as measured by a commitment to improved health outcomes.
- A demonstrated focus on and awareness of the total costs of care for a population, inclusive of both direct health care outlays and indirect costs to individuals and society.
- Participation in risk-based care models and shared savings arrangements, and/or in alternative payment models such as those in Medicare (e.g., the Medicare Shared Savings Program or models created under the auspices of the Innovation Center at the Centers for Medicare & Medicaid Services) and Medicaid, as well as private accountable care organization arrangements with commercial payers. The care models in which APG members participate should reward quality, efficiency, and positive health outcomes rather than the volume of services provided.
- Competencies, either within an entity or by close affiliation with another organization, in the identification and management of clinical and financial risks.
- Aligned financial and other incentives so that all health care providers within or affiliated with an organization are motivated to provide high-quality, cost-effective care.
- Engagement in population health management strategies, including a focus on preventive measures, early detection of disease, and management of chronic conditions.
- A demonstrated commitment to the ongoing assessment of clinical practices and adherence to evidence-based clinical guidelines; to measurement of care outcomes, quality of care; and to continuous quality improvement.
- Coordination of care across different care settings and providers; attention to transitions of care; commitment to seamless communication between and collaboration among health care providers to ensure coordination and continuity of care.
- If the organization's focus is primarily primary care, acceptance of professional or global risk, and/or demonstration of the commitment and capability to coordinate care for its patients across care settings and/or primary and specialty integration. If the organization's focus is specialty or multispecialty care, it should also be at risk for the costs and quality of specialty care, and optimally for the continuum of outpatient and acute care.
- If the organization is solely or partly an enabler of participation in value-based care, rather than a direct care provider itself, its business model should be aligned with the cost and quality outcomes of its physician and other provider partners; it should be at risk with its provider partners in value-based arrangements; it should be focused on enabling

care delivery transformation rather than only providing administrative efficiencies, technology solutions, and/or financial services; and it must prioritize physician leadership and engagement, putting physicians and care teams at the center of value-based payment models.

- Technology integration and data-driven decision making: APG Organizational Members should demonstrate the careful and appropriate use of data analytics and technologies; continuous monitoring of performance metrics and adaptation based on real-time information; adoption of health information technologies for efficient data exchange and communication; and use of electronic health record technologies to support coordinated and comprehensive care, including through patient portals. The organization should also demonstrate the careful and appropriate use of technologies enabled by artificial intelligence, with appropriate disclosures to patients.
- A demonstrated patient-centered focus, with an emphasis on eliciting patients' preferences and involvement in decision-making; open communication with patients about treatment options, risks, benefits, and costs; the tailoring of care plans to meet patients' desired outcomes and health and social needs; and promotion of health literacy and patients' own roles in preserving and advancing their health.
- A demonstrated awareness of and focus on the social determinants of health and of meeting patients' main health-related social needs, either directly or through direct engagement with community organizations and partners.

HEALTHCARE INDUSTRY BUSINESS REFERENCES

Name (1) Title

Company name

Phone Email

Name (2) Title

Company name

Phone Email

APPLICATION SUBMISSION

Please sign and date application, then mail to America's Physician Groups, 611 N Brand Blvd, Ste 1300, Glendale, CA 91203 or email to Andres Rey at arey@apg.org. For more information, please contact us at (213) 624-2274. Completed applications will be submitted to the Board of Directors for approval. Dues will be invoiced the month following application approval.

Signature Date