Medicare Shared Savings Program, National Provider Call: HPMS Training

July 8, 2014
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Performance Based Payment Policy Group

Agenda

This presentation will cover:

- Application Submission Process

- Narrative and Upload Response Options

- User ID Guidance

- HPMS Walk-through for Application Submission

Application Cycle: Deadlines to Apply for Program Year 2015

Notice of Intent to Apply Process	Deadlines
NOI Memo Posted on CMS Web site	April 1, 2014
NOI Form Posted on CMS Web site	May 1, 2014
NOI Accepted **(closed)**	May 1, 2014 – May 30, 2014
NOI Due (closed)	**May 30, 2014 at 8:00 pm Eastern Time**
CMS User ID Forms Accepted	May 6, 2014 – June 9, 2014

Application Process	Deadlines
Application Posted on CMS Web site	May 30, 2014
Applications Accepted	July 1, 2014 – July 31, 2014
Applications Due	**July 31, 2014 at 8:00 pm Eastern Time**
Application Approval or Denial Decision Sent to Applicants	Fall 2014
Reconsideration review deadline	15 Days from Notice of Denial

About the Application Process

- CMS will not process applications received after the deadline of July 31, 2014 at 8:00pm Eastern Time.

- CMS will update the Application Web site with news, information and key dates for future application cycles.

- If you miss the deadline for the 2015 Shared Savings Program start, your next opportunity to apply will be for the 2016 cycle.

Application Package

- The complete application package includes the following documents:

  - Application
  - Toolkit:
    - Application Reference Manual
    - CMS Form 588, Electronic Funds Transfer Authorization Agreement
    - Governance Body Template
    - ACO Participant List Template
    - ACO Participant Agreement Template

- Application information is available at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Application.html

- The Application Toolkit is available at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/MSSP-Toolkit.html

Application: Narratives

- For the 2015 application cycle, applicants are required to upload all narratives using the naming conventions provided in the [2015 Application Reference Manual](#).

- Each individual narrative must be saved in a zip file and uploaded *separately* into the appropriate section of HPMS.

CMS User ID Guidance

- Your NOI confirmation email included instructions on how to get a CMS User ID.

- For additional guidance, see the 2015 Application Reference Manual.

- If you have not already done so, send the completed CMS User ID form via tracked mail (e.g. FedEx) to CMS **immediately** to:

  Centers for Medicare & Medicaid Services
  Attention: Adam Foltz, Mail Stop: C4-18-13
  7500 Security Boulevard
  Baltimore, MD 21244

- Allow 3-4 weeks to process your request. If you have questions after this time, send an email to HPMS_Access@cms.hhs.gov.

- If you have questions about your consultant authorization letter, send an email to HPMSConsultantAccess@cms.hhs.gov.

HPMS ACO Application Training

July 8, 2014

Greg Buglio
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HPMS Team
Division of Plan Data

Agenda

- HPMS Homepage
- ACO Agreement Management Start Page
- User Manuals and Guides
- Basic Agreement Data
- Contact Data
- Online Application
- Enter Attestation Data
- Download Application File
- ACO Participant List File
- Final Submit
- Contact Information

HPMS Homepage

HPMS Homepage: Content

- User Resources located upper right next to user's name
  - HPMS FAQ's – self-explanatory, good first place for questions/issues with HPMS
  - User account maintenance – update your HPMS contact information

- To access the application, go to ACO Management > ACO Data

ACO Agreement Management Start Page

- After selecting your agreement number from the Select Agreement number screen, you will be sent to the main ACO Agreement Management Page.

- This is the page from which you navigate to the different sections that you need to complete within the ACO Module.

- "Breadcrumbs" at top (Home -> ACO Data) continue as you navigate through the module

ACO Agreement Management Start Page (cont.)

HPMS
Health Plan Management System

Health Plan Management System
Home

Home » ACO Data

ACO Agreement Management Start Page

Agreement: Z0001
Start Date: January 1, 2015
Application Status: Pending
Agreement Status: Pending

The ACO Management module supports the electronic submission and review of the ACO online application, related agreement data, and the ACO participant list.

Agreement Selection
Select Agreement Number

General Information
Basic Agreement Data

Contact Information
Contact Data

Online Application
Submit Application Data

Agreement Uploads
Provider/Supplier List

Documentation
ACO Module User's Manual

Top of Page

Back

User Manuals and Guides

- Under Documentation, you will find the ACO Module User's Manual link, which launches the guide
  - This quick reference guide provides all of the information for navigating through the ACO Application.
- **NOTE**: Download the ACO Application Tool Kit PRIOR to completing any of the ACO application. The Tool Kit contains links to instructions, templates, and other documents you will need to complete your application. We will discuss how to access the Tool Kit shortly.

Basic Agreement Data: ACO Agreement Management Page

Basic Agreement Data (cont.)

- Notice "breadcrumbs" at top as you navigate further
- Some information is already present - imported from the NOI process
- ACO applicants cannot update the following fields, established via the NOI:

  - Medicare Shared Savings Program Track
  - Your Business Structure
  - ACO Legal Entity Name
  - CMS Coordinator
  - Data Use Agreement (DUA) Number

- However, these fields may be edited by the ACO at any time:

  - Trade Name/DBA
  - ACO Web Page
  - Street Address
  - City
  - State
  - Zip
  - Tax Status
  - Description of Other Business Structure

NOTE: To change locked fields, please contact the ACO Application team at: Sspaco_Applications@cms.hhs.gov.

Basic Agreement Data: Screen

Contact Data

- Contacts Required With Application Submission:

ACO Executive (Authorized Official)	Authorized To Sign Contact
CMS Liaison	DUA Requestor
Application Contact Primary	DUA Custodian
Information Technology (IT) Contact	
Financial Contact	
Compliance Contact	

- Contacts Optional With Application Submission:

Secondary Application Contact	Marketing Contact (Secondary)**
Secondary IT Contact	Public Contact**
Authorized to Sign (Secondary)**	
Quality Contact**	
Quality Contact (Secondary)**	
Marketing Contact**	

** Denotes contacts which are optional at time of application, but must be entered prior to Agreement Approval

NOTE: All required fields for each contact must be entered at one time. All fields marked with a red asterisk are required.

Contact Data Screen

Online Application

- From the main page, select "Submit Application Data" to get to the Online Application
- To complete the online application, the applicant must:
  - Enter Attestation Data
  - Download Application File (Application Tool Kit)
  - Upload Application Files, by section (see Tool Kit)
  - Upload ACO Participant List File
- Final Submit

Online Application (cont.)

Enter Attestation Data

HPMS
Health Plan Management System

Health Plan Management System
Home

Home » ACO Data » Application Attestation

Enter Application Attestation Data for Z0001

Respond to all attestation questions. Please note that some questions may require the upload of additional supporting documentation.

Item #	Description	Response	Upload May Be Required (*)
	Section 1 - Give us your contact information		
	Section 2 - Tell us some general information about your ACO		
	Section 1 and 2 are pre-populated on the 'Basic Agreement Data' screen with the information you submitted in your Notice of Intent to apply (NOI). If any information on the 'Basic Agreement Data' screen is different than what is in HPMS, send an email to the application mailbox: SSPACO_Applications@cms.hhs.gov. Follow the instructions in the Application Reference Guide. • ACO Entity • Medicare Shared Savings Program Track • Applicant Legal Entity Name and address • ACO Taxpayer Identification Number (TIN) • Date of Formation • Your business structure • Tax Status • Repayment Mechanism		*
	Section 3 - Tell us if your ACO meets the Antitrust Agencies definition of newly formed		
1	**Jointly Negotiated Contracts with a private payor(s)** Is the ACO 'newly formed'? An ACO is not 'newly formed' if it is comprised solely of providers who jointly negotiated or jointly signed any contracts with a private payor(s), on or before March 23, 2010. If the ACO includes any providers who were not part of the prior joint negotiation or joint contracting, it is newly formed. If you answered **YES**, you understand and agree that we will share a copy of your application (including all information and documents submitted with the application) with the Federal Trade Commission (FTC) and the Antitrust Division of the Department of Justice (DoJ).	○ Yes ○ No	

Enter Attestation Data (cont.)

- It is important to note that attestation answers are evaluated electronically and edits exist to ensure that conflicting answers are flagged.

  Note: Upon Final Submit, you will receive error messages if any attestation answers are in conflict with edit rules.

- One answer may be limited by another answer.

- Uploads are REQUIRED when an * is in the "Upload May Be Required Column"

- See examples of the above on next screen.

- ALL attestations must be completed.

Enter Attestation Data: Example

	Section 4 - Tell us about your ACO's legal entity		
2	Submit a narrative giving us a brief overview of your ACO's history, mission, and organization, including your ACO's affiliations.		*

3	Your ACO is a recognized legal entity formed under applicable State, Federal, or Tribal law and authorized to conduct business in each State in which it operates.
	
	By selecting **YES**, you certify that your ACO legal entity can:
	
	  a. Receive and distribute shared savings.
	  b. Repay shared losses or other monies determined to be owed to CMS.
	  c. Establish, report, and ensure provider compliance with health care quality criteria, including quality performance standards.
	  d. Fulfill other ACO functions identified in 42 CFR Part 425.
		○ Yes	

4	Is your ACO formed among multiple, otherwise independent ACO participants? **Note:** If your ACO is formed by a subset of the TINs that participate in an organization such as an integrated health delivery system or independent physician association, we consider your ACO to be formed by multiple independent TINs. Accordingly, these entities must answer **YES** to this question.	○ Yes ○ No	
5	If you answered **YES** to question 4, do you certify that your ACO is a legal entity separate from any of the ACO participants and comprised only of ACO participants? If you answered **NO** to question 4, select N/A.	○ Yes ○ No ○ N/A	
6	If you answered **NO** to question 4, your ACO is not required to have a separate legal entity. However, please indicate whether your ACO has chosen to have a legal entity separate from the single ACO participant to allow the addition of ACO participants in the future. If you answered **YES** to question 4, select N/A.	○ Yes ○ No ○ N/A	
7	You have available all documents (e.g., charters, by-laws, articles of incorporation, etc.) that effectuate the formation and operation of the ACO.	○ Yes	*
8	Submit your ACO's organizational chart showing the flow of responsibility. Include committees and key leadership personnel on each committee.		*
	Section 5 - Tell us about your ACO's governing body		

9	Your ACO has an identifiable governing body with authority to execute the functions of your ACO as defined in the Medicare Shared Savings Program regulations at 42 CFR 425.
	
	By selecting **YES**, you certify that:
	
	  a. The governing body has responsibility for oversight and strategic direction of the ACO, holding ACO management accountable for the ACO's activities as described in 42 CFR 425;
	  b. The governing body has a transparent governing process;
	  c. The governing body members have a fiduciary duty to the ACO and will act consistent with that fiduciary duty; and
	  d. The governing body of the ACO is separate and unique to the ACO in cases where the ACO comprises multiple, otherwise independent ACO participants, or if the ACO is an existing entity, the ACO governing body may be the same as the governing body of that existing entity, provided it satisfies the other governing body requirements in a, b and c.
		○ Yes	

Download Application File: Online Application

Download Application File: Online Application (cont.)

- Click the link to download the .zip file containing the Application File or MSSP Toolkit
- The MSSP Toolkit is the central reference point for all information related to completion of the ACO Application and contains links to download all of the necessary templates for the application uploads, the ACO Participant List, and directions for completing and uploading these materials.

Download Application File: MSSP Toolkit

How to Complete Your Application

Follow the link you got in your CMS User ID notice to access the Health Plan Management System (HPMS), our on-line application system.

Your application is pre-populated with the information you gave us on your NOI. If you find an error in any pre-populated information, send an email with the change request and correct information to SSPACO_Applications@cms.hhs.gov. In the subject line, include your ACO ID and the words "Request to Change Pre-populated Information."

Use the 2015 Application Reference Manual for Applicants [PDF, 293KB] as a guide as you complete your application in HPMS. Be sure to use the required templates, correct file format(s), and follow required naming conventions specified in the MSSP Reference Table.

Uploading Supporting Application Materials: Online Application

Uploading Supporting Application Materials: Online Application (cont.)

- The Upload Application file(s) is the link you will use to upload ALL supporting documentation (except for the ACO Participant List) affiliated with your application. The Tool Kit will provide more detail on what is required.
- Use the supplied templates, via the Tool Kit, when required.
- File Naming conventions are also indicated in the Tool Kit.
- ALL supporting files (except the ACO Participant List) must be zipped into one upload file.

NOTE: You can <u>not</u> Final Submit your application until these materials are successfully uploaded.

Uploading Supporting Application Materials: Online Application (cont.)

ACO Participant List File: Online Application

ACO Participant List File: Template and Instructions

- Applicants MUST use the ACO Participant List Template provided in the Toolkit.

- Applicants MUST follow the validation and edit rules found in the ACO Participant List Template instructions in the Toolkit.

ACO Participant List File: Upload and Validation

- Download the ACO Participant List File Excel Template.
- Complete the template in Excel.
- When completed, save the ACO Participant List as a tab delimited (.txt.) file.
- Zip the .txt file prior to upload. Be sure to follow naming convention indicated in the Tool Kit.
- HPMS will validate your ACO Participant List according to the requirements in the "How to complete ACO Participant List Template" (link found on page one of the Toolkit)

NOTE: You CANNOT Final Submit until your participant list has been successfully validated.

ACO Participant List File: Upload and Validation (cont.)

ACO Participant List File: Validation

- After uploading the zipped ACO Participant List text file, the next screen is an error report for all rows that don't meet the validation requirements.

  NOTE: All errors must be corrected to Final Submit the ACO application.

ACO Participant List File: Validation (cont.)

Final Submit: Application Data Screen

Final Submit

- Once the attestations have been completed with no errors, additional application materials uploaded, and ACO Participant List successfully validated, the applicant must Final Submit the entire package.

- You must check the "I Agree" checkbox (not checked by default) and click "Submit"

  NOTE: If there are any issues with the validation of the ACO Participant List or answering of the attestation questions, the next screen will be an error report of that information. **Again, these issues must be corrected in order to successfully Final Submit the entire package.**

Final Submit: Errors

Contact Information

- For assistance with ACO Application Policy and Procedure:
  SSPACO_Applications@cms.hhs.gov

- For technical assistance with the HPMS ACO Management Module/Online Application (non-policy related questions):
  - Greg Buglio at 410-786-6562, gregory.buglio@cms.hhs.gov; or
  - Adam Foltz at 410-786-0408, adam.foltz@cms.hhs.gov (backup)

- For general technical assistance using HPMS and upload validation: 1-800-220-2028, HPMS@cms.hhs.gov

- For questions related to HPMS user access: HPMS_Access@cms.hhs.gov

- Consultant access letters must be sent to: HPMSConsultantAccess@cms.hhs.gov

Resources for the Application Process

- Application deadline: **July 31, 2014 at 8:00pm Eastern Time**

- Health Plan Management System (HPMS)
  - For technical assistance submitting your application online through HPMS:
  - Email: HPMS@cms.hhs.gov
  - Call: 1-(800)-220-2028

- Questions related to the application process
  - Email: SSPACO_Applications@cms.hhs.gov
  - Call: (410) 786-8084

- CMS User ID Password Reset

  - Email: CMS_IT_SERVICE_DESK@cms.hhs.gov

  - Call: 1-(800)-562-1963

Question and Answer Session