How to complete the 2016 ACO Participant List Worksheet

Use the ACO Participant List Worksheet to tell us about your ACO Participants in response to Section 9, Question 23 for initial applicants and Section 6, Question 9 for renewing applicants.

We make this worksheet available primarily for initial applicants to provide guidance around ACO Participant List submissions. You must enter all ACO participants into the ACO Participant List Management Module located in the Health Plan Management System (HPMS), for evaluation and approval.

- **DO NOT UPLOAD THIS DOCUMENT INTO HPMS.**
- This worksheet is optional and is not required.
- We highly recommend use of this worksheet for initial applicants as it helps you clearly identify the information required for each ACO participant prior to entering the participants into the HPMS Participant List Management Module.
- Renewing ACOs are familiar with this process and may not need to use this worksheet.

Leave fields in columns G through N blank if those columns do not apply to your organization.

Refer to the end of this document for sample entries.

GUIDANCE

For further guidance, see:
- ACO Participant List FAQs,
- Managing Your ACO Participant List and ACO Participant Agreement Guidance

INSTRUCTIONS

1. Column A - **TIN**: Enter an ACO participant's Tax Identification Number (TIN); one entry per row.
   - Every row must include a TIN
   - Enter TIN as a 9-digit number, without dashes, spaces or other non-numeric values.

2. Column B - **TIN Legal Business Name**: Enter the TIN's legal business name as it is registered in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS).

3. Column C – **Medicare Enrolled TIN**: Identify whether the TIN is enrolled in Medicare by entering "Y" for Yes or "N" for No.

4. Column D – **Merged or Acquired TIN:** Identify whether the TIN is a merged or acquired TIN by entering "Y" for Yes or "N" for No.
    - Under certain circumstances, a merged or acquired TIN may be included on the ACO Participant List. See "Further Guidance" section of this document.

5. Column E – **First Name of Person Authorized to Sign ACO Participant (TIN) Agreement:** Enter the first name of the Authorized Signer for the ACO Participant.

6. Column F – **Last Name of Person Authorized to Sign ACO Participant (TIN) Agreement:** Enter the last name of the Authorized Signer for the ACO Participant.

Columns G through I apply only to Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Method II Critical Access Hospitals (Method II CAHs), and Electing Teaching Amendment Hospitals (ETAs). Do not provide this information for other types of providers. Leave these columns blank if they are not applicable.

7. Column G - **CCN**: If the participant or other entity is a FQHC, RHC, Method II CAH, or ETA, enter the Centers for Medicare & Medicaid Services Certification Number (CCN) also known as the Online Survey, Certification, and Reporting (OSCAR).

    - CCNs must be 6-digit numbers, without dashes, spaces, or non-numeric values.

8. Column H – **CCN Legal Name**: Enter the CCN Legal Name as it is registered in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS). Do not use abbreviations.

9. Column I – **CCN Identification Code**: If you entered a CCN in Column D, enter the CCN Identification Code for each CCN:
    F= FQHC
    R= RHC
    C= Method II CAH
    T= Electing Teaching Amendment Hospital

Columns J through N apply only to Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs). Do not provide this information for Method II CAHs, Electing Teaching Amendment Hospitals, or other types of providers. Leave these columns blank if they are not applicable.

10. Column J – **Organizational NPI**: Enter the Organizational National Provider Identification (NPI) for FQHCs and RHCs.

    - The Organizational NPI must be a 10-digit number, without any dashes, spaces, or other non-numeric values.

11. Column K – **Organizational NPI Name**: Enter the Organizational NPI name
    - The Organizational NPI Name must be entered as it is registered in the Medicare Provider Enrollment, Chain, and Ownership System

12. Column L – **Individual NPI**: Enter an individual NPI for each physician who directly provides patient care services primary care in the FQHC or RHC.
    - The Individual NPI must be a 10-digit number, without any dashes, spaces, or other non-numeric values

    - An applicant including FQHC/RHC participants attests to CMS that the NPIs included in Column L are physicians who directly provide patient primary care services in the FQHC or RHC.

13. Column M – **Individual NPI First Name**: Enter the corresponding first name of the Individual NPI.

14. Column N – **Individual NPI Last Name**: Enter the corresponding last name of the Individual NPI.
    - Both the first and last names provided in Columns M and N should be the names recorded in PECOS and the National Plan and Provider Enumeration System (NPPES)

Sample Entries

Row 2 - Sample entry for provider types requiring TINs only, Merged TIN indicated

Row 3 - Sample entry for CCN identified as FQHC

Row 4 - Sample entry for CCN identified as FQHC

Row 5 - Sample entry for CCN identified as RHC

Row 6 - Sample entry for CCN identified as Method II CAH

Row 7 - Sample entry for CCN identified as Electing Teaching Amendment Hospital

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	TIN	TIN Legal Business Name	Medicare Enrolled TIN	Merged or Acquired TIN	First Name Authorized to Sign for the ACO Participant	Last Name Authorized to Sign for the ACO Participant	CCN	CCN Legal Name	CCN Identifi-cation Code	Organiza-tional NPI	Organization al NPI Name	Individual NPI	Individual NPI First Name	Individual NPI Last Name
2	546204121	Granite Valley Doctors	Y	N	Ann	Smith								
3	061617979	Saint XYZ Regional Medical Center	Y	N	David	Long	451866	Saint XYZ Regional Medical Center	F	9790294755	Saint XYZ Regional Medical Center	8372351731	John	Smith
4	061617979	Saint XYZ Regional Medical Center	Y	N	David	Long	451866	Saint XYZ Regional Medical Center	F	9790294755	Saint XYZ Regional Medical Center	1635739064	William	Kennedy
5	702407801	ABC Regional Health Center	Y	N	Robert	Johnson	453924	ABC Regional Health Center	R	7715471360	ABC Health Center	4728197659	Brent	Howard
6	079309300	Y2K Memorial Hospital	Y	N	Michael	Jones	451398	Y2K Memorial Hospital	C					
7	354874344	EFG County Hospital	Y	N	Bee	Hill	490235	University Hospital	T					