



Medicare Shared Savings Program



Medicare Shared Savings Program Accountable Care Organization: Application Review Submission Process

Presented by:

Centers for Medicare & Medicaid
Services

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Introduction

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Agenda

- Medicare Shared Savings Program Application Process
- Responding to Application Questions and Uploads
- Application Review by Section
- Lessons Learned
- Upcoming Calls

Application Cycle: Deadlines*

* Dates Subject to Change

NOI Process	Deadlines
NOI Memo Posted on CMS Website	April 1, 2015
NOI Accepted (renewals through HPMS only)	May 1, 2015 – May 29, 2015
NOI Due	May 29 2015 at 8:00 p.m. Eastern Time
CMS User ID Forms Accepted (new users)	May 6, 2015 – June 9, 2015
Reconsideration Review Deadline	15 Days from Notice of Denial

Application Process	Deadlines
Sample Applications Posted on CMS Web site	Coming Soon
Applications Accepted	July 1, 2015 – August 7, 2015
Applications Due	August 7, 2015 at 8:00 pm Eastern Time
Application Approval or Denial Decision Sent to Applicants	Fall 2015
Reconsideration Review Deadline	15 Days from Notice of Denial

Application Review Cycle*

* Time frames subject to change.

Application Review Process	Response Due	Feedback Issued
Application Submission	August 7, 2015 at 8:00 p.m. Eastern Time	September 2015
Request Additional Information	September 2015	October 2015
Second Request For Additional Information	October 2015	October 2015
Final Request For Additional Information	November 2015	November 2015
Application Approval or Denial Decision	Fall 2015	Fall 2015

General Application Submission Information

- **You must submit your application electronically through CMS' Health Plan Management System (HPMS)**
- Access the 2016 Shared Savings Program Application
- The questions from your Notice of Intent to Apply (NOI) will be pre-populated in Sections 1 and Section 2.
- If any of the pre-populated information changes, you must e-mail a change request to the Application mailbox at SSPACO_Applications@cms.hhs.gov

Step 1 – Submit a Notice of Intent to Apply

- You submitted your NOI through CMS' Health Plan Management System (HPMS) to renew your three-year agreement period for the Medicare Shared Savings Program.
- The NOI submission deadline closed on May 29, 2015 at 8pm Eastern Time.

Step 1 – Submit a Notice of Intent to Apply (cont.)

- You received an e-mail acknowledgement letter containing your ACO ID and instructions on how to complete the CMS User ID application.
- Submitting an NOI **does not** require you to submit an application for the 2016 cycle. However without an ACO ID and CMS User ID, you will not be able to access the appropriate modules in HPMS to complete the 2016 application.

Step 2 – Get CMS User ID to Submit the Application

- Your NOI confirmation email includes instructions on how to get a CMS User ID
- For additional guidance, see the [Application Reference Guide](#)
- 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: HPMS Access
Mail Stop: C4-18-13
7500 Security Boulevard
Baltimore, MD 21244-1850

- If you have questions about your CMS User ID request, 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.

Step 3 – Complete and Submit your Application

- 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 Agreement Template
- Application information is available at: [2016 Shared Savings Program Application](#)
- The application Toolkit is available at: [2016 Application Toolkit and Reference Guide](#)

Application Reference Manual

The Shared Savings Program Application Reference Guide provides the following:

- Step-by-step guidance on how to respond to each application question,
- Links to program rules,
- File naming conventions for each application upload,
- How to submit your responses in HPMS,
- How to respond to Requests for Information (RFI), and
- How to withdraw a pending application.

Responding to Application Questions

- Attestation questions: Y/N/NA
- Uploads:
 - Templates
 - Narratives
- Participant List Submission
 - We will discuss this in detail during the HPMS training session in July

Application: Sections of the Application

The Shared Savings Program 2016 Shared Savings Program Application includes the following sections:

- **Section 1** – Give us your contact information
- **Section 2** – Tell us some general information about your ACO
- **Section 3** – Tell us if your ACO meets the Antitrust Agencies’ definition of “newly formed”
- **Section 4** – Tell us about your ACO’s legal entity
- **Section 5** – Tell us about your ACO’s governing body
- **Section 6** – Tell us about your ACO’s leadership and management
- **Section 7** – Tell us about your participation in other Medicare initiatives involving shared savings
- **Section 8** – Tell us how you plan to manage shared savings
- **Section 9** – Tell us about your ACO participants
- **Section 10** – Tell us about data sharing
- **Section 11** – Tell us about your clinical processes and patient centeredness
- **Section 12** – Certify your application

Section 1 – Give us Your Contact Information

- ACOs are required to identify and confirm the contacts listed in the table below prior to submitting your application.
- The contacts denoted with an asterisk (*) are required for Electronic Signature Management.
- Additional contacts are required upon application approval.

Contact Type	Contact Type
ACO Executive*	Application Contact (Primary)
CMS Liaison	Application Contact (Secondary) (Optional)
Authorized to Sign Contact (Primary)*	Information Technology (IT) Contact (Primary)
Financial Contact	Information Technology (IT) Contact (Secondary) (Optional)
Compliance Officer	DUA Custodian* (This person cannot be the same as the DUA Requestor.)
Medical Director (new)	DUA Requestor* (This person cannot be the same as the DUA Custodian.)

Section 2 – General Information about your ACO

We pre-populated your application in the HPMS with the information you gave us on your NOI to the Shared Savings Program. The ACO cannot change the following information:

- ACO TIN
- ACO Legal Entity Name
- ACO Entity Type
- Shared Savings Program Track
- Date of Formation (DOF)
- ACO Tax Status

If you find an error in any of the above pre-populated information, an authorized ACO contact (ACO Executive, CMS Liaison, or Application Contacts) must send a request for CMS to make the correction.

- Send an email to the Application Mailbox at SSPACO_Applications@cms.hhs.gov.
- In the subject line, include your ACO ID and the words “Request to Change Pre-populated Information.”
- In the body of the email, include your ACO ID and the ACO Legal Business Name submitted in your NOI.
- Identify the information as it currently appears in HPMS; provide the corrected information and an explanation for the requested change.

Section 2 – Track Selection & Repayment Mechanism Requirement

You will select your Track when you complete your application.

- Track 1 (one-sided model: shared savings)
- Track 2 (two-sided model: shared savings/losses)
- Track 3 (two-sided model: shared savings/losses)

You should begin discussions within your organization now to determine which track you will select.

If you selected a two-sided model (Track 2 or Track 3), you must provide Repayment Mechanism in your application:

- Funds placed in escrow
- Surety bond
- A line of credit the Medicare program could draw upon, as evidenced by a letter of credit.

Section 2 – Repayment Mechanism

- You should be working towards securing your repayment mechanism now. Review and reference the Repayment Mechanism Arrangements Guidance .
- You will receive your repayment amount estimate and instructions for submitting documentation of your arrangement with your first Request for Information.
- We must receive original repayment mechanism documentation.
- ACOs who are also applying to the ACO Investment Model (AIM) must establish and maintain **separate repayment mechanisms** for the AIM and the Shared Savings Program.

Section 3 – Antitrust Agency and “Newly Formed”

- ACOs who have signed or jointly negotiated any contracts with private payors **on or after March 23, 2010**, must agree to permit CMS to share a copy of this application with the Antitrust Agencies.
- An ACO is **not newly formed** if it is comprised solely of providers that signed or jointly negotiated contracts with private payors **on or before March 23, 2010**.
- Read the Federal Trade Commission (FTC) and Department of Justice’s (DOJ) Antitrust Policy Statement

Section 4 – Your ACO’s Legal Entity

Identify your ACO structure as one of the following:

- | | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <u>SCENARIO 1:</u>
participant | Traditional ACO (ACO TIN and ACO participant TINs are different; multiple ACO TINs) |
| <u>SCENARIO 2A:</u>
practitioners | Single TIN Entity ACO (ACO TIN and sole ACO Participant TIN are the same; all billing through the ACO TIN are employed) |
| <u>SCENARIO 2B:</u>
practitioners | Single TIN Entity ACO (ACO TIN and sole ACO Participant TIN are the same; all billing through the ACO TIN are contracted) |
| <u>SCENARIO 2C:</u>
practitioners employed) | Single TIN Entity ACO (ACO TIN and sole ACO Participant TIN are the same; billing through the ACO TIN are both contracted or |
| <u>SCENARIO 3:</u>
Participant TIN | Single TIN Entity ACO Structured as a Traditional ACO (ACO TIN and sole ACO are different) |
| <u>OTHER:</u> | Must specify your unique ACO structure |

Section 4 – Your ACO’s Legal Entity

The purpose of this chart is to provide initial applicants the appropriate response to application questions based on the most common ACO organization structures:

Q2a	Q4	Q5	Q6	Q26	Q27	Q28	Q29
1 - Traditional ACO	YES	YES	N/A	N/A	Submit sample ACO participant agreement	YES	Must submit executed agreements for each ACO participant
2 A- Single TIN ACO *	NO	N/A	NO	YES – submit copy of the employment agreement	N/A - SKIP	N/A	N/A - SKIP
2B - Single TIN ACO B*	NO	N/A	NO	NO	Submit sample ACO provider/supplier agreement	YES	N/A - SKIP
2C - Single TIN ACO B	NO	N/A	NO	YES – submit copy of the employment agreement	Submit sample ACO provider/supplier agreement	YES	N/A - SKIP
3 - Single TIN ACO set up as Traditional	NO	N/A	YES	N/A	Submit sample ACO participant agreement	YES	Submit executed agreements for each ACO participant. TIN Legal Name & ACO participant TIN on the ACO Participant List must be different

Section 4 – Your ACO’s Legal Entity

- You must submit an upload of your ACO’s leadership and organizational chart.
- We provide an example of an acceptable organizational chart in our 2016 Application Reference Guide for your reference.
- Please note that other organizational charts are acceptable as long as they meet our criteria.

Section 5 – Your ACO’s Governing Body

You must certify:

- Your ACO has an identifiable governing body with ultimate authority to execute ACO functions under the Medicare Shared Savings Program.
- Your ACO is comprised and controlled by the governing body on behalf of the ACO participants.
- At least 75% control of governing body by ACO participants.
- You have at least one Medicare beneficiary on the governing body.
- Your governing body has a conflict of interest policy that can be sent to us, if requested.

Section 5 – Your ACO’s Governing Body Template

Use the Governing Body Instructions to submit the Governing Body Template to identify:

- All governing body members,
- Title or position each member holds on the governing body,
- Voting power of each governing body member,
- Indicate the legal business name which the ACO participant is associated; or indicate the governing body Membership Type

Section 6 – ACO Leadership & Management

You must certify that your ACO:

- Is managed by qualified personnel as described in regulations at FR 425.108 and 425.204.
- Has a compliance plan that can be supplied to CMS, if requested, with the required elements as referenced in the 2016 Application Reference Guide

Section 7 – Participation in other Initiatives

- ACO participants cannot participate in multiple Medicare initiatives involving shared savings, including:
 - Independence at Home Medical Practice Demonstration (ACA Sec. 3024)
 - Medicare Healthcare Quality Demonstration (MMA Sec. 646)*
 - Multi-Payer Advanced Primary Care Practice Demonstration (MAPCP)*
 - Physician Group Practice Transition Demonstration
 - Pioneer ACO Model demonstration
 - Next Generation
 - Other ongoing demonstrations involving shared savings
- Additional programs, demonstrations, or models with a shared savings component may be introduced in the Medicare program in the future

* Only contracts with shared savings arrangements

Section 8 – Managing Shared Savings: Selecting a Threshold for Savings & Losses

ACOs selecting to participate under the two-sided model (Track 2 and 3) will need to choose a Minimum Loss Rate (MLN)/ Minimum Savings Rate (MSR) :

- 0.0% MLR/MSR
- 0.5% MLR/MSR
- 1.0% MLR/MSR
- 1.5% MLR/MSR
- 2.0% MLR/MSR
- Symmetrical MLR/MSR that varies based on the size of your ACO's assigned population according to the methodology established under the one-sided model: between 2.0 – 3.9%

A higher MLR/MSR gives an ACO protection of a higher threshold before liability for losses, but is a higher threshold to meet before being eligible to share in savings. A lower MLR/MSR gives less protection against liability for losses although results in a corresponding lower threshold for sharing in savings.

You must select the MLR/MSR prior to the start of each agreement period in which you participate under Track 2 or 3 and this selection may not be changed during the course of the agreement period.

Section 8 – Banking Information

- Establish a valid **checking** account
- Use the ACO's legal business name and TIN
- You **will only** receive your electronic funds transfer (EFT) if this information is complete and accurate
- Submit CMS Form 588 to:

CMS

7500 Security Blvd., Mail Stop: C5-15-12

ATTENTION: Jonnice McQuay, Location: C4-02-02

Baltimore, MD 21244-1850

- Applications are incomplete without CMS Form 588
- For further guidance, see [Form CMS 588 ACO Cover Sheet](#), [Form CMS-588 EFT FAQs](#), [ACO Banking Form Guidance \[PDF, 346KB\]](#).

Section 9 – ACO Participant List Management

- We will provide you with a Participant List Worksheet that you can begin to use now to build your list correctly.
- The Participant List worksheet is **not** uploaded into HPMS. This is simply a guide that will help you build a successful Participant List.
- We will walk you through ACO Participant Management in July during the HPMS training.

Section 9 – ACO Participant Agreement Sample & Template

Upload the ACO Participant Sample Agreement through HPMS as supporting documentation for question 27a. If your ACO has more than one sample agreement, you must upload complete versions of each sample.

Upload the ACO Participant Agreement Template through HPMS as supporting documentation for Question 27b.

- All columns must be filled out completely.
- We provide instructions for how to complete this template.
- We provide additional information regarding Managing Your ACO Participant List and Participant Agreement Guidance [PDF, 320KB] and Additional Guidance for Medicare Shared Savings Program Accountable Care Organization (ACO) Applications [PDF, 295KB]
- Use the following naming convention:
(Your ACOID)_S9_Q27a_AgmtSamp_mmddyy.pdf
Example: A0001_S9_Q27a_AgmtSamp_070114.pdf

Note: *The date at the end of the file name reflects the date you finalized your file. It can also be the date you submit your file to CMS through HPMS.*

Section 9 – ACO Executed Agreement Templates

- You must submit the first page and the signature page of the Executed Agreements between your ACO and *all* ACO participants.
- Use the Participant List worksheet to prepare to submit your Participant List
- HPMS is programmed to recognize errors and prompt you to correct those errors before you may hit “Final Submit.”

Section 10 – Data Sharing

If your ACO is approved, we will share certain data with you. You must certify that as a HIPAA-covered entity you will ensure the privacy and security of this data in terms of:

- Protecting beneficiary-identifiable Part A, B and/or D claims data.
- Evaluating the performance of the ACO participants, providers/suppliers,
- Conducting quality assessment and improvement, and
- Conducting population-based activities to improve the health of your beneficiary population.

Section 11 – Required Clinical Processes and Patient Centeredness

You must certify that your ACO will provide quality assurance and improvement programs for the following processes:

- Promoting evidence-based medicine
- Promoting beneficiary engagement
- Reporting internally on quality & cost metrics
- Coordinating care

Application: Uploads

- Applicants are required to upload supporting documents for some of the attestation questions.
- All documents must include the ACO legal business name and ACO ID.
- Follow the instructions in the [2016 Application Reference Guide](#) to answer all application questions.
- Use the naming conventions provided for the individual documents and the zip files.
- Each individual narrative must be saved in a zip file and uploaded separately into HPMS.

Section 12 – Certify Your Application

After completing all of the attestation questions, uploads and supporting documents, you must certify your application.

- You **must** select “I agree” in HPMS in order for us to process your application.
- If you select “I disagree” or do not select “I agree” you cannot hit “Final Submit” and, therefore, we cannot process your application.

Application: Request for Additional Information

During the application review process, we may send you a Request for Additional Information (RFI).

- Do not use the RFI submission period to complete your application. **Your initial application must be complete.**
- Responses are due within a specific number of business days provided in your RFI.
- Submit responses through HPMS.
- If you don't provide the additional information by the date requested, your application may be denied for the current application cycle.

Notice of Acceptance or Denial

You will get an application renewal approval or denial letter via e-mail.

- If your application is approved, you will receive additional instructions to accept participation.
- If your application is denied, you may request a CMS reconsideration review. You will be informed of your right to request a reconsideration review in your denial letter.
 - We must receive your reconsideration request within 15 days of the date on your denial letter.
- See the [2016 Application Reference Guide](#) for further information.

About the Application Process

- Questions about the application process?
Contact [SSPACO Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov).
- We will not accept late applications.
- The next opportunity to apply for the Shared Savings Program will be for program year 2017.

Lessons Learned

- **Application Questions**

- For question 1 in Section 3 — Jointly Negotiated Contracts with Private Payor(s), if you answer “Yes”, we will share your information with the Federal Trade Commission (FTC) and Department of Justice (DOJ).

- **Governing Body**

- Comply with the 75% ACO participant requirement in terms of shared governance.
- Realize that the beneficiary representative on the governing board cannot be an ACO participant.

Lessons Learned (Cont.)

- **ACO Participants**
 - Only include ACO participant TINs who have agreed to continue with or join your ACO.
 - All ACO participants included on your ACO Participant List must have a corresponding executed agreement between the ACO and the ACO participant.
 - Review [Managing Your ACO Participant List and Participant Agreement Guidance \[PDF, 320KB\]](#) and ACO Participant List [FAQs](#).
- **ACO Participant Agreements**
 - Have all executed ACO Participant Agreements and processes in place prior to submitting an application.
 - Executed agreements must match the ACO Participant Agreement Sample provided in your Application.
 - Review [Managing Your ACO Participant List and Participant Agreement Guidance \[PDF, 320KB\]](#)
 - Review [Additional Guidance for Medicare Shared Savings Program Accountable Care Organization \(ACO\) Applications \[PDF, 295KB\]](#)

Additional Information and Guidance

Application Teleconferences and Events

- See the [Shared Savings Program Applications Teleconferences and Events](#) page for a history of calls held to date including presentation materials and transcripts.
- **April 9, 2015 - Preparing to Apply for 2016:** Information on ACOs, ACO organizational structure and governance, application key dates, the Notice of Intent to Apply (NOI) submission, and the first steps in submitting an application
- **April 21, 2015 - Application Process:** Information on how to submit an acceptable ACO Participant List, Sample ACO Participant Agreement, Executed ACO Participant Agreements, and Governing Body Template
- **June 16, 2015 - Application Review:** Overview and update to the Shared Savings Program application process for the January 1, 2016 program start date.

Instructions and Guidance

- Follow the instructions provided for completing each template completely to avoid errors with your submission.
- Pay close attention to the regulation and guidance references as they relate to legal structure, governing body and agreements between the ACO and its participants.
- Review the [2016 Application Reference Guide](#) for step-by-step instructions on how to submit your application, including templates and supporting documentation.

Upcoming Application Calls

Upcoming calls for applicants & those who have submitted a Notice of Intent to Apply (invitation only):

- July 7: Training on HPMS Application Module Submission
- July 21: ACO Application Question & Answer Session
- September 2: Request for Information 1, Question & Answer Session
- October 13: Request for Information 2, Question & Answer Session
- November 2: Training on Electronic Signature Management

Contacts for Assistance

- Shared Savings Program Application website
 - Includes Application Deadlines and Toolkit
- Application Mailbox
 - For questions related to the renewal application process and the obtaining your CMS User ID
 - Email: SSPACO_Applications@cms.hhs.gov
- Health Plan Management System (HPMS)
 - For technical assistance submitting your renewal application online through HPMS
 - Email: HPMS@cms.hhs.gov
- CMS User ID Password Reset
 - Email: CMS_IT_SERVICE_DESK@cms.hhs.gov
 - Call: 1-(800)-562-1963

Question & Answer Session