



**Medicare Shared Savings Program
Accountable Care Organizations:
Application Submission Review for ACOs not Currently Participating in the Program
(Initial Applicants)**



*Presented by:
Centers for Medicare & Medicaid
Services*

June 7, 2016

Disclaimer

This presentation is current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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Introduction

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Agenda

- Application Cycle, Key Deadlines, and Upcoming Webinars – Jonathan Blanar
- Application Toolkit – Jonathan Blanar
- Responding to Application Questions and Sections of the Application - Karmin Jones and Jennifer Bates
- Recap and References – Jonathan Blanar

Note – Today's webinar will not focus on the Skilled Nursing Facility (SNF) 3-Day Waiver application – please attend the June 13th webinar

Application Cycle: Notice of Intent to Apply (NOIA) Process and Deadlines

NOIA Process	Deadlines ¹
NOIA Memo Posted on CMS Website	April 1, 2016
NOIA Submission Period	May 2, 2016 – May 31, 2016
NOIA Deadline	May 31, 2016, at 5:00 p.m. Eastern Time (CLOSED)
CMS User ID Forms Submission Period (New users only)	May 5, 2016 – June 3, 2016 (CLOSED)

¹All deadline dates are subject to change.

Application Cycle: Application Submission Deadlines

Application Process	Deadlines ¹
2017 Application Form Posted on CMS Web site (Sample only - for all applications ²)	Spring 2016
Applications Submission Period (For all applications ²)	July 1, 2016 – July 29, 2016
Applications Due (For all applications²)	July 29, 2016, at 5:00 pm Eastern Time
First Request for Information (RFI-1) Response Due from Applicants	September 6, 2016
Second Request for Information (RFI-2) Response Due from Applicants	October 5, 2016
Third Request for Information (RFI-3) Response Due from Applicants	October 26, 2016
Application Approval or Denial Decision Sent to Applicants	Late Fall 2016
Reconsideration Review Deadline	15 Days from Notice of Denial

¹All deadline dates are subject to change.

²The SNF 3-Day Waiver application is available to ACOs not currently participating in the program (initial applicants), currently participating ACOs with a 2014 start date that intend to renew (renewal applicants), and currently participating ACOs. Your ACO must be applying for the two-sided risk model under Track 3 or currently participating in Track 3 to be eligible to apply for the SNF 3-Day Waiver.

Request for Information (RFI)

- **RFI 1 Response Due from Applicants – September 6, 2016**
 - RFI letter will contain application and Participant List deficiencies and your estimated beneficiary assignment for the three prior benchmark years
 - Add, delete, modify participants from your Participant List **(last opportunity to add participants)**
 - Add and modify executed Participant List Agreements
 - Correct deficiencies identified in your application and Participant List
- **RFI-2 Response Due from Applicants – October 5, 2016**
 - RFI letter will contain application and Participant List deficiencies and your estimated beneficiary assignment for the three prior benchmark years
 - Delete participants from your Participant List
 - Modify executed Participant List Agreements
 - Correct deficiencies identified in your application and Participant List
- **RFI-3 Response Due from Applicants – October 26, 2016**
 - RFI letter will contain application and Participant List deficiencies and your estimated beneficiary assignment for the three prior benchmark years
 - Delete participants from your Participant List **(last opportunity to delete participants)**
 - Modify executed Participant List Agreements
 - Correct deficiencies identified in your application and Participant List

Upcoming Application Calls

Upcoming calls for ACOs who submit a NOIA (invitation only):

- June 13: SNF 3-Day Waiver Application Submission Review
- July 7: Training on the Health Plan Management System (HPMS) Application Module
- July 14: ACO Application Question & Answer Session
- Aug 25: How to Respond to Your First Request for Information
- Sept 29: How to Respond to Your Second Request for Information
- Nov 7: 2017 Initial and Renewal Application Training on the HPMS Electronic Signature Management Module

Dates are subject to change. We will send direct emails through HPMS to announce the details of these calls.

Step 1 –Notice of Intent to Apply

- The **first step** in the application process was to submit your NOIA to the Shared Savings Program.
- The NOIA submission period closed May 31, 2016, at 5:00 p.m. Eastern Time.
- If you need to make a correction to the information you provided in your NOIA, contact the application mailbox at SSPACO_Applications@cms.hhs.gov.

Step 1 - Notice of Intent to Apply

- You received an e-mail acknowledgement letter containing your ACO ID and instructions on how to complete the CMS User ID application.
- Submitting a NOIA **does not** require you to submit an application for the 2017 cycle.
- Without an ACO ID and CMS User ID, you can't access the appropriate modules in HPMS to complete the 2017 application.

Step 2 – Get a CMS User ID to Submit the Application

- Your NOIA confirmation email includes instructions on how to get a CMS User ID.
- If you have not already done so, send the completed CMS User ID form via tracked mail (e.g. FedEx) **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 2017 Sample Applications is posted on the How to Apply Application forms include:
 - Initial and Renewal Application for the Shared Savings Program
 - SNF 3-Day Waiver Application (Track 3 ACOs only)
- All 2017 applications are accepted July 1 through July 29, 2016. The deadline is at 5:00pm Eastern Time on July 29th.
- Track 2/3 applicants must execute a repayment mechanism as part of the application process and finalize before your application approval.
- Applications must be submitted through the Health Plan Management System (HPMS). Paper applications are not submitted.
- The answers from your NOIA will be pre-populated in Section 1 and Section 2 of your application in HPMS
- If any of the pre-populated information changes or is incorrect, you must e-mail a change request to the Application mailbox at SSPACO_Applications@cms.hhs.gov.

Application Toolkit

- The Application Toolkit is a one stop shop for all guidance related to completing your application.
- The Application Toolkit contains various documents, including but not limited to:
 - Applications
 - Application Reference Manual
 - CMS Form 588, Electronic Funds Transfer Authorization Agreement
 - Governing Body Template and Instructions
 - Participant List and Participant Agreement Guidance
 - Participant Agreement Template and Instructions
 - SNF 3-Day Waiver Guidance (optional, for Track 3 applicants only), Agreement Templates and Instructions
 - Repayment Mechanism Guidance
 - Reconsideration Guidance

Application Reference Manual

The Application Reference Manual 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.

Application Toolkit Webpage Example

The screenshot shows the CMS.gov website with the following elements:

- Header:** CMS.gov logo, "Centers for Medicare & Medicaid Services", navigation links (Home, About CMS, Newsroom, FAQs, Archive, Share, Help, Print), and a search bar with the text "Learn about [your health care options](#)".
- Navigation Bar:** Seven yellow buttons: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education.
- Breadcrumb:** Home > Medicare > Shared Savings Program > 2017 Medicare Shared Savings Program Toolkit.
- Left Sidebar:** A blue header "Shared Savings Program" followed by links: ACOs in Your State, News and Updates, How to Calculate Your Primary Service Areas, How to Apply, Shared Savings Program ACO Agreement, Financial and Beneficiary Assignment Methodology, Quality Measures, Reporting and Performance Standards, Statutes/Regulations/Guidance, Frequently Asked Questions, and Contact Us.
- Main Content Area:**
 - 2017 Medicare Shared Savings Program Toolkit**
 - Application Resources**
 - [How to Complete Your Application](#)
 - [Requests for Additional Information](#)
 - [Request to Withdraw a Pending Application](#)
 - [Application Determination Reconsideration Review Process](#)
 - [Who to Contact for Assistance](#)
 - Resources for Initial and Renewal Applicants**
 - [How to Complete Form CMS-588 Electronic Funds Transfer \(EFT\) Authorization Agreement](#)
 - [How to Complete the Governing Body Template](#)
 - [How to Complete the ACO Participant List](#)
 - [How to Complete the ACO Participant Agreement Template](#)
 - Resources for SNF 3-Day Waiver Applicants (only available to Track 3 ACOs)**
 - [How to Complete the SNF Affiliate List](#)
 - [How to Complete the SNF Affiliate Agreement Template](#)

The Application Toolkit is available at: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/sharesavingsprogram/mssp-toolkit.html>

Responding to Application Questions and Sections of the Application

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Responding to Application Questions

- Attestation questions: Yes, No or Not Applicable (N/A)
- Uploads:
 - Templates
 - Narratives
- Participant List Submission:
 - We will discuss this item in detail during the HPMS training session in July.

Application Uploads

- Applicants are required to upload supporting documents for some of the attestation questions.
- All documents must include the ACO legal entity name and ACO ID.
- Use the naming conventions provided for the individual documents and the zip files.
- Each individual narrative must be provided in a separate document for each response. Then saved in a zip file by application section and uploaded separately into the HPMS Application module.

Sections of the Initial Application

The Shared Savings Program 2017 Shared Savings Program Initial 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 below contacts in HPMS prior to submitting an application.
- The contacts shown with an asterisk (*) are required to electronically sign documents on your ACO's behalf in the HPMS Electronic Signature Management (ESM) module. This action is performed only if your application is approved.
- Additional contacts are required upon application approval.
- This section also contains other information such as your type of entity, mailing address, public reporting webpage.
- Reminder that this section is pre-populated in HPMS for you based on your NOIA response.

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

Section 2 – General Information about Your ACO

We pre-populated your application in HPMS with the information you gave us in your NOIA. You cannot change the following information yourself in HPMS:

- ACO TIN
- ACO Legal Entity Name
- ACO Entity
- Medicare Shared Savings Program Track
- Date of Formation
- 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 to 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 entity name submitted in your NOIA.
- Identify the information as it currently appears in HPMS; provide the corrected information and an explanation for the requested change.

Section 2 – Repayment Mechanism

You will select your Medicare Shared Savings Program 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 select a two-sided model (Track 2 or Track 3), you must select a Repayment Mechanism type in your application (you can select a combination):

- 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

- Track 2 and Track 3 applicants should begin discussions now with your financial institution regarding your repayment mechanism. Review the Repayment Mechanism Arrangements Guidance for additional assistance.
- Track 2 and Track 3 applicants will receive your repayment amount estimate and instructions for submitting documentation of your arrangement with your first Request for Information (RFI-1).
- We must receive original repayment mechanism documentation, not copies. Do not submit these documents in HPMS – you will receive instructions during RFI 1 on how to submit documentation.

Section 2 – SNF 3-Day Waiver (Track 3 only)

- If you selected Track 3, you must indicate if you will be applying for the Skilled Nursing Facility (SNF) 3-Day Waiver
- If you intend to apply for the SNF 3-Day Waiver, you must complete a separate SNF 3-Day Waiver Application

Section 3 – Antitrust Agencies and “Newly Formed”

- ACOs that have signed or jointly negotiated any contracts with private payors **after March 23, 2010**, must agree to allow 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:

SCENARIO 1: Traditional ACO (ACO Tax Identification Number (TIN) and ACO Participant TINs are different; multiple ACO participant TINs)

SCENARIO 2A: Single TIN Entity ACO (ACO TIN and sole ACO Participant TIN are the same; all practitioners billing through the ACO TIN are employed)

SCENARIO 2B: Single TIN Entity ACO (ACO TIN and sole ACO Participant TIN are the same; all practitioners billing through the ACO TIN are contracted)

SCENARIO 2C: Single TIN Entity ACO (ACO TIN and sole ACO Participant TIN are the same; practitioners billing through the ACO TIN are both contracted or employed)

SCENARIO 3: Single TIN Entity ACO Structured as a Traditional ACO (ACO TIN and sole ACO Participant TIN are different)

OTHER: Must specify your unique ACO structure

Section 4 – Your ACO's Legal Entity

This chart gives initial applicants the appropriate responses 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	Must submit sample ACO participant agreement	YES	Must submit executed agreements for each ACO participant
2 A Single TIN ACO * (employed TINs)	NO	N/A	NO	YES – must submit copy of employment agreement	N/A - SKIP	N/A	N/A - SKIP
2B Single TIN ACO * (contracted TINs)	NO	N/A	NO	NO	Must submit sample ACO provider/supplier agreement	YES	N/A - SKIP
2C Single TIN ACO * (employed & contracted TINs)	NO	N/A	NO	YES – must submit copy of employment agreement	Must submit sample ACO provider/supplier agreement	YES	N/A - SKIP
3 Single TIN ACO set up as Traditional ACO	NO	N/A	YES	N/A	Must submit sample ACO participant agreement	YES	Must submit executed agreements for the sole 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 upload your ACO's organizational chart showing the flow of responsibility, including committees and the name of each committee member, as well as the senior administrative and clinical leaders of your ACO.
- You must Submit a narrative giving us a brief overview of your ACO's history, mission and organization, including your ACO's affiliations.
- For your reference, we provide an example of an acceptable organizational chart in our Application Reference Manual.
- Other organizational chart formats are acceptable as long as they meet the application 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.
- ACO participants control at least 75% of the governing body.
- You have at least one Medicare beneficiary on the governing body who is not an ACO participant
- Your governing body has a conflict of interest policy that can be sent to us, if requested.

Section 5 – Your ACO's Governing Body

Please use the How to Complete the Governing Body Template to submit your Governing Body to us using the Governing Body Template. You must submit via the template:

- All governing body members
- Title or position each member holds on the governing body
- Voting power of each governing body member
- Indicate the legal entity name with 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 clinical management and oversight managed by a senior-level medical director, who is a board-certified physician and licensed in a State in which your ACO operates.
- Has a compliance plan that you can provide to CMS upon request with the required elements as referenced in the 2017 Application Reference Manual.

Section 7 – Participation in Other Initiatives

- ACO participants cannot participate in multiple Medicare initiatives involving shared savings, including:
 - Coordinated ESRD Care (CEC) Program
 - Independence at Home Demonstration with a shared savings arrangement (ACA Sec. 3024)
 - Multi-Payer Advanced Primary Care Practice Demonstration *
 - Next Generation ACO Model demonstration
 - Other ongoing demonstrations involving Medicare shared savings
- Additional programs, demonstrations, or models with a Medicare shared savings component may be introduced in the Medicare program in the future.

* Only contracts with shared savings arrangements

Section 8 – Manage Shared Savings

ACOs selecting to participate under the two-sided model (Track 2 and 3) must choose Minimum Loss Rate (MLR)/ 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 variable MLR/MSR (based on the number of beneficiaries assigned to the ACO)

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 and a corresponding lower threshold to meet before 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. This selection may not be changed during the course of the agreement period.

See the Shared Savings and Losses and Assignment Methodology Specifications, Version 4 for more details on MLR/MSR.

Section 8 – Banking Information

- Establish a valid **checking** account.
- Use the ACO's legal entity name and TIN.
- You **will only** receive your electronic funds transfer (EFT) if this information is complete and accurate.
- Submit CMS Form 588 to:
Centers for Medicare & Medicaid Services
CM/PBPPG, Mail Stop: C5-15-12
7500 Security Blvd.
Baltimore, MD 21244-1850
ATTENTION: Jonnice McQuay, Desk Location: C4-02-02

ACO Participant List Management and Agreements

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Section 9 – ACO Participant List Management

Required fields for most ACO participants:

- ACO participant TIN
- ACO participant legal entity name (verified by PECOS)
- Merged or acquired TIN? Y or N

Additional fields for method II Critical Access Hospitals (CAHs) and Electing Teaching Amendment (ETA) Hospitals:

- CCN
- CCN legal business name (verified by PECOS)
- CCN identification code: C or T

Additional fields for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs):

- CCN
- CCN legal entity name (verified by PECOS)
- CCN identification code: F or R
- Organizational NPI
- Organizational NPI legal business name (verified by PECOS)
- Attestation List:
 - Individual **physician** NPI (physician specialty verified by PECOS)
 - Individual NPI first and last name

Reminder: all NPIs billing through a TIN on your Participant List are included in your ACO.

Section 9 – ACO Participant List Management

Meaningful Commitment

- ACOs will certify that their ACO participants and ACO providers/suppliers have meaningful commitment to the mission of the ACO.
- According to 42 CFR §425.108(d)(1) and (2)
 - (1) Meaningful commitment may include, for example, a sufficient financial or human investment (for example, time and effort) in the ongoing operations of the ACO such that the potential loss or recoupment of the investment is likely to motivate the ACO participant and ACO provider/supplier to achieve the ACO's mission under the Shared Savings Program.
 - (2) A meaningful commitment can be shown when an ACO participant or ACO providers/suppliers agrees to comply with and implement the ACO's processes required by §425.112 and is held accountable for meeting the ACO's performance standards for each required process.

Section 9 – ACO Participant List Management

Merged and Acquired TIN

- Not required on the ACO Participant List.
- Optional to include for retrospective beneficiary assignment and benchmarking purposes.
- Submit other supporting documentation, such as a Bill of Sale.

HPMS

- *HPMS SSP ACO Participant List Management Module User Guide* is available in HPMS under the User Manual section of the **SSP ACO Participant List Management Module**.
- We will provide more instructions on how to enter your ACO Participant List into HPMS during the HPMS Application Module Training webinar.

Section 9 – ACO Participant Agreement Sample and Template

- **Participant Agreement Sample** – developed by the ACO as your model agreement that you will execute with your participants. Submit with your application.
- **Participant Agreement Template** – developed and made available by CMS for the ACO to submit with its application. The ACO will use this template to identify where in its sample agreement each agreement requirement is found. Submit with your application.

Section 9 – ACO Participant Agreement Sample and Template

Upload the ACO Participant Sample Agreement (developed by the ACO) through the HPMS Application module 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 Application module as supporting documentation for Question 27b.

- All columns must be filled out completely.

Section 9 – ACO Executed Agreements

- You must submit the first page and the signature page of the executed ACO Participant Agreements between your ACO and ***all*** ACO participants. These must be submitted as part of your Participant List change requests as an upload.
- You must obtain “wet signatures” for all executed agreements
- Executed agreements must clearly identify both parties that includes the ACO and ACO Participant legal business name.
- If we identify deficiencies in our review of your Sample Participant Agreement, you will be required to update it and re-execute all of your Participant Agreements. Please ensure your Sample Participant Agreement meets all requirements and guidance to save you from having to re-execute agreements.

Responding to Application Questions and the Application Process

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Centers for Medicare & Medicaid Services



Section 10 – Data Sharing

- You need to certify that you are requesting the following minimum necessary data: name, date of birth, sex and Health Insurance Claim Number (HICN), etc.
- If your ACO is approved, we will share certain data with you. You must keep this data private and secure in terms of:
 - 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 – Clinical Processes and Patient Centeredness

You must certify and explain through narrative uploads into HPMS how 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

Section 12 – Certify Your Application

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

- You **must** select “I agree” in HPMS for us to process your application.
- If you select “I disagree” or do not select “I agree,” you cannot hit “Final Submit” and we cannot process your application.
- HPMS is programmed to recognize errors and prompt you to correct those errors before you are allowed to successfully click “Final Submit”.
- CMS will hold HPMS training in July to walk you through how to successfully submit your attestation responses, upload your templates, and submit your ACO Participant List.

Application: Request for Additional Information

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

- Do not use the RFI submission period to complete your application. **Your application submission in July must be complete.**
- Responses are due by the date 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 approval or denial letter via email.

- If your application is approved, you will receive additional instructions to accept participation.
- If your application is denied, you will be informed in your denial letter of your right to request a CMS reconsideration review.
 - We must receive your reconsideration request within 15 days of the date on your denial letter.
 - See the Reconsideration Review Guidance

About the Application Process

- Questions on the application process?
Contact
SSPACO_Applications@cms.hhs.gov
- We will not accept late applications.
- The next opportunity to apply for the Shared Savings Program is for program year 2018.

Recap and References

Jonathan Blanar

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Recap

Application Questions

- For question 1 — 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

- ACO governing body must be separate and unique to the ACO, and its members have a responsibility for oversight and strategic direction of the ACO and a fiduciary duty to the ACO.
- Comply with the 75% ACO participant requirement in terms of shared governance.
- The beneficiary representative on the governing board cannot be an ACO participant.

Recap

ACO Participants

- Only include ACO participant TINs that have agreed to 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.

Other Initiatives

- Reminder that there are many initiatives available through various models at CMS, particularly in the Innovation Center, and that our exclusivity requirements may have an impact on participant recruitment efforts. Given such, we recommend having conversations early about SSP program participation.

Additional Information and Guidance

Application Teleconferences and Events: See the Shared Savings Program Applications Teleconferences and Events page for a history of calls, including presentation materials and transcripts.

- **April 5, 2016 - Preparing to Apply for 2017:** Information on ACOs, ACO organizational structure and governance, application key dates, NOIA submission, and the first steps in submitting an application.
- **April 19, 2016 - Application Process-ACO Agreements, Participant List, and Assignment:** Information on how to submit an acceptable ACO Participant List, Sample ACO Participant Agreement, Executed ACO Participant Agreements, and Governing Body Template.
- **Instructions and Guidance:** Application Toolkit

Upcoming Application Calls

Upcoming calls for applicants & those who have submitted a NOIA (invitation only):

- June 13: SNF 3-Day Waiver Application Submission Review
- July 7: Training on the HPMS Application Module
- July 14: ACO Application Question & Answer Session
- Aug 25: How to Respond to Your First Request for Information
- Sept 29: How to Respond to Your Second Request for Information
- Nov 7: 2017 Initial and Renewal Application Training on HPMS' Electronic Signature Management Module

We will announce the details of these calls in direct emails sent through HPMS.

Contacts for Assistance

- Shared Savings Program Application Web site
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Application.html>
- For NOIA submission and application questions:
SSPACO_Applications@cms.hhs.gov
- For help with Form CMS-20037 and CMS User ID (e.g. new access to HPMS, trouble finding the HPMS Web site):
HPMS_Access@cms.hhs.gov or (800) 220-2028
- For password resets and if your account is locked:
CMS_IT_Service_Desk@cms.hhs.gov or 1-800-562-1963
- For help using HPMS and technical assistance:
HPMS@cms.hhs.gov or (800) 220-2028

Medicare Access and CHIP Reauthorization Act of 2015

- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
 - To learn more or submit comments to the proposed rule, please visit:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program.html>

Question & Answer Session