



DEPARTMENT OF HEALTH & HUMAN SERVICES

*Centers for Medicare & Medicaid Services*

Center for Medicare

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DATE: November 22, 2011

TO: Medicare Shared Savings Program Applicants

FROM: Medicare Shared Savings Program

**RE: Additional Guidance for Completing the Application to Access CMS Computer Systems**

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This memo provides additional guidance on how to complete your application to Access CMS Computer Systems than the initial instructions included in your Notice of Intent (NOI) to Apply to the Medicare Shared Savings Program acknowledgement letter. These instructions were also discussed during the National Provider Call on November 15, 2011.

You may submit up to three (3) applications for a CMS User ID:

- 2 for information technology (IT) contacts and
- 1 for the person entering the electronic application if different than either of the IT contacts).

Each application should request an ID for a primary and a secondary IT contact who can test initial IT connectivity. We will not transfer PHI or PII data during testing.

### **Getting your CMS User ID**

You need a CMS User ID to apply for the Medicare Shared Savings Program ACO initiative (you may send in up to 3 applications).

Each application should list 2 information technology (IT) contacts. If the person filling out the electronic application is not one of your IT contacts, that person needs to submit a separate application. The steps below will walk you through the process:

#### **Section 1 - Type of Request:**

- Select "NEW (Issue a CMS UserID)
- Do NOT enter anything into the spaces labeled "USERID"

**Section 2 - User Information:** Note: This is a correction to the instructions provided in your acknowledgment letter.

- Select the 3<sup>rd</sup> check box “Medicare Advantage / Medicare Advantage with Prescription Drug / Prescription Drug Plan / Cost Contracts – **Using Other Systems**”
  - Enter your information in the next fields only:
  - First Name, MI, Last Name,
  - Company/Organization/Department Name
  - Mailing Address (include Suite/Mailstop)
  - City, State, ZIP Code
  - Office Telephone (include Extension), Company Telephone (if different), E-Mail address

**Section 3 - Workload Information:**

- Enter your ACO ID (Axxxx) under “Contract Number(s)”. Your ACO ID begins with a letter “A” followed by a four digit number and can be found in your NOI acknowledgment notification.
- Do NOT enter any other information in this section.

**Section 4 - Required Access:**

- Select the 3<sup>rd</sup> “Connect” check box, and after you print the document, clearly hand-write the job code, “HPMS\_P\_Comm1User”. (Note: all the characters will not fit into the text box if you try to type them).

**Section 5 - Justification:**

- Enter into the justification box – “I require a CMS User ID to access the Medicare Shared Savings Program ACO applications”

**Page 3 - Signature page:**

- Enter the requested information at the top of the page and sign and date the document at the bottom of the page.
  - Type your name (as you want it published); do not enter any information in the “CMS User ID box”
  - Social Security Number, Date of Birth
  - Do NOT enter anything into space labeled “CMS USERID”
  - Sign and date the application

Send your completed applications to CMS via tracked mail to:

ATTENTION: Gregory Buglio  
Centers for Medicare & Medicaid Services  
7500 Security Blvd  
Mailstop C4-18-13  
Baltimore, MD 21244

We encourage you to complete the CMS User ID applications as soon as you receive your NOI acknowledgement letter, but we must receive them no later than January 12, 2012 to begin the program on April 1, 2012.