Medicare Shared Savings Program

Medicare Shared Savings Program Application:

HPMS Training

Presented by:

Centers for Medicare & Medicaid Services

July 7, 2015

Disclaimer

This presentation was 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.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Introduction

Karmin Jones

Division of Application, Compliance & Outreach

Performance-Based Payment Policy Group

Centers for Medicare & Medicaid Services

Agenda

- Application Submission Process

- Application Reference Manual

- User ID Guidance

- HPMS Walk-through for Application Submission

- Participant List Management Module

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 **(closed)**
NOI Due	May 29 2015 at 8:00 p.m. Eastern Time **(closed)**
CMS User ID Forms Accepted (new users)	May 6, 2015 – June 9, 2015 **(_extended, submit immediately_)**

Application Process	Deadlines
Sample Applications on CMS Web site	Now
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

About the Application Process

- The 2016 Medicare Shared Savings Program application submission period is now open from **Wed July 1 through Friday August 7, 2015**.

- CMS will not process applications received after the deadline of **August 7, 2015 at 8:00pm Eastern Time.**

- Applications must be received through the Health Plan Management System (HPMS). **Paper applications are not accepted**.

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

- If you miss the deadline for the 2016 Shared Savings Program start, your next opportunity to apply will be for the 2017 cycle.

Application Package

The complete application package includes the following documents:

- Application Forms
  - ➢ 2016 Shared Savings Program Application Form form for new Applicants
  - ➢ 2016 Shared Savings Program Renewal Application Form for ACOs renewing their agreement with the Shared Savings Program.
- Toolkit:
  - ➢ Application Reference Manual
  - ➢ CMS Form 588, Guidance, and Cover sheet
  - ➢ Governance Body Template
  - ➢ ACO Participant List Worksheet
  - ➢ ACO Participant Agreement Template

- Application Forms 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 Reference Manual, Appendix B and C

- 2016 Initial Applicants or Initials - Appendix B.

- 2016 renewing ACOs - Appendix C.

- The appendices explain each application question, providing additional guidance to assist you in answering questions accurately and completely.

- All documents you upload in HPMS must include your ACO legal business name and ACO ID according to the instructions found in this reference manual.

- Use the zip file naming conventions that we provide for each upload section of the application. All documents included in the zip file must follow the file naming conventions provided in the reference manual.

Application Reference Manual, Appendix B and C (cont.)

Application Reference Table Layout:

- Column 1: Tells you the application question number (Q#) and space provided so you may check-off completed items.
- Column 2: Gives you instructions about how to answer questions and what type of document you need to upload.
- Column 3: List the regulation reference from the Final Rule published on June 9, 2015.
- Column 4: Tells you if supporting documents or a narrative is required; tells you the file naming convention you use for uploads.

Application Reference Manual

	Section 4 – Your ACO's legal entity		
Q#	Description /Instructions	Regulation Reference	Support Documents / Narrative Required
8	Legal Entity: Organizational Structure – Upload your ACO's leadership and organizational charts using the naming conventions indicated. We are not providing a template for this information. You must use the organizational chart this is established by your ACO. See Appendix A-Organization Chart Samples for reference.	§425.204 (c)(1)(iii)	Yes, required. Name your file: Axxxx_S4_Q8_OrgChart_mmddyy.pdf

Medicare Shared Savings Program Track Selection

- New in 2016, you must choose your ACO's Track **in the application** rather than in the NOI.
- In Section 2 of applications you are instructed to select your Shared Savings Program Track
  - Track 1 (one-sided model, shared savings only),
  - Track 2 (two-sided models, shared savings and shared losses), or
  - Track 3 (two-sided models, shared savings and shared losses)

- You will make this selection on the Basic Agreement Data Page.
- If you choose a two-sided model (Track 2 or 3), you will also be required to choose a repayment mechanism:
  - Funds placed in escrow
  - Surety bond
  - Line of credit the Medicare program can draw upon, as evidenced by a letter of credit

Medicare Shared Savings Program Track Selection (cont.)

- You have **only one** opportunity to make your Track selection.

- Once you select and submit your Track, you must contact CMS to make the change:

  - An authorized ACO contact (ACO Executive, Authorized to Sign (primary or secondary), CMS Liaison, or Application Contact (primary or secondary) must send a request for CMS to make the change.

  - 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 Track"

  - In the body of the email, include your ACO ID and the ACO Legal Business Name submitted in your NOI.

  - Identify the Track as it currently appears in HPMS; provide the corrected Track and the repayment mechanism, if applicable.

Application: Narratives

- For the 2016 application cycle, applicants are required to upload all narratives using the naming conventions provided in the <u>2016 Application Reference Manual</u>.

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

- Applicants renewing for another 3-year agreement period must attest the to Questions 15 and 16 but do not need to upload narratives.

CMS User ID Guidance

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

- For additional guidance, see the 2016 <u>Application Reference Manual</u>

- 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

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

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

HPMS ACO Application Submission Training

Greg Buglio and Adam Foltz

HPMS Team

Division of Plan Data

Centers for Medicare & Medicaid Services

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
- HPMS 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

HPMS Homepage: Content (cont.)

ACO Agreement Management Start Page

ACO Agreement Management Start Page (cont.)

- After selecting your agreement number (ACO ID) 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

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 Toolkit PRIOR to completing any of the ACO application. The Toolkit contains links to instructions, templates, and other documents you will need to complete your application.*

Basic Agreement Data: ACO Agreement Management Page

HPMS
Health Plan Management System

ACO Management

Home » ACO Data » Basic Agreement Data

Basic Agreement Data

ACO Management ➕

Update for Z0001

* Required fields are marked with an asterisk.

☐ **You attest that the Medicare Shared Savings Program Track below is what you are applying for in your ACO renewal application effective January 1, 2016?**
Note: You have one opportunity to change your Medicare Shared Savings Program Track below. Please change the Track or leave it the same. You will not be able to change this again and must contact CMS if it changes.

Application Type:	Renewing Medicare Shared Savings Program Applicant
ACO Entity:	Partnerships or joint venture arrangements between hospitals and ACO professionals
Proposed Medicare Shared Savings Program Track for 2016	Track 1 (one-sided model: shared savings)
Current Medicare Shared Savings Program Track for 2015	Track 1 (one-sided model: shared savings)

ACO Applicant Legal Entity Demographics

ACO Legal Entity Name:	Example Legal Entity Name
Trade Name/DBA:	
ACO Web Page:	www.test.com
*Address 1:	123 Main Street
Address 2:	Suite 100
*City:	Springfield
*State:	Virginia
*ZIP/Postal Code:	22314
ACO Taxpayer Identification Number (TIN):	111111111 Note: This is the TIN established for the ACO as a legal entity. Shared savings payments are made to this TIN.
Date of Formation (MM/DD/YYYY):	10/20/2010
Tax Status:	
Your business structure:	Limited Liability Company
Beneficiary Identifiable Data Sharing Allowed:	Yes
CMS Coordinator:	
Data Use Agreement (DUA) Number:	23510

[Back] [Next]

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Basic Agreement Data (cont.)

- Notice "breadcrumbs" at top as you navigate further.
- Some information is already present – imported from the NOI process and information on file for renewing ACOs.
- ACOs can edit the following information:
  - Medicare Shared Savings Program Track (initial selection)
  - ACO Trade Name or DBA
  - ACO Web Page
  - ACO Address, City, State, and Zip Code
  - ACO Tax Status
- Information that can only be edited by CMS.
  - Application Type
  - ACO Entity Type
  - Medicare Shared Savings Program Track (after ACO's initial selection)
  - ACO Tax Identification Number (ACO TIN)
  - ACO Legal Entity Name
  - Date of Formation
  - ACO Business Structure
  - Beneficiary Identifiable Data Sharing Allowed Indication
  - CMS Coordinator
  - Data Use Agreement (DUA) Number
- If you identify an error in information you can not edit, follow the instructions in the Application Reference Manual to request a change to pre-populated information.

Basic Agreement Data: Error Found

ACO Management

Home » ACO Data » Basic Agreement Data

Basic Agreement Data

ACO Management +

Update for Z0001

* Required fields are marked with an asterisk.

Error: You must check the renewal application attestation check box and confirm your track for the renewal application you have applied for.

☐ You attest that the Medicare Shared Savings Program Track below is what you are applying for in your ACO renewal application effective January 1, 2016?

Note: You have one opportunity to change your Medicare Shared Savings Program Track below. Please change the Track or leave it the same. You will not be able to change this again and must contact CMS if it changes.

Application Type:	Renewing Medicare Shared Savings Program Applicant
ACO Entity:	Partnerships or joint venture arrangements between hospitals and ACO professionals
Proposed Medicare Shared Savings Program Track for 2016	Track 1 (one-sided model: shared savings)
Current Medicare Shared Savings Program Track for 2015	Track 1 (one-sided model: shared savings)

ACO Applicant Legal Entity Demographics

ACO Legal Entity Name:	Example Legal Entity Name
Trade Name/DBA:	
ACO Web Page:	www.test.com
*Address 1:	123 Main Street
Address 2:	Suite 100
*City:	Springfield
*State:	Virginia
*ZIP/Postal Code:	22314

ACO Taxpayer Identification Number (TIN):	111111111 Note: This is the TIN established for the ACO as a legal entity. Shared savings payments are made to this TIN.
Date of Formation (MM/DD/YYYY):	10/20/2010
Tax Status:	

Basic Agreement Data: Error Checked

Contact Data

- **Contacts Required With Application Submission:**

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

- **Contacts Required Upon Application Approval:**

Authorized to Sign (Secondary)	Marketing Contact (Secondary)
Quality Contact (Secondary)	Public Contact
Quality Contact	Marketing Contact

- **Optional Contacts**

Secondary Application Contact	Secondary IT Contact

NOTE: All fields indicated on the Contact Data Screen with a red asterisk (*) are required and must be entered at one time

Contact Data Screen

Online Applications

Online Applications (cont.)

- 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 Toolkit)

  - ➤ Upload Application Files, by section (see Toolkit)

- Final Submit

ACO Application Management

Download Application File

- Click the link to download the .zip file containing the Application File or Shared Savings Program Application Toolkit

- The Application Toolkit is the central reference point for all information necessary to complete the ACO Application. It also contains links to download all of the required templates for the application uploads and directions for completing and uploading these materials.

Download Application File: Toolkit

CONTENTS

Web Page: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/MSSP-Toolkit.html

How to Complete Your Application

Use the 2016 Application Reference Guidance [PDF, 1MB] as a guide as you complete your Initial Application or Renewal Application in the Health Plan Management System (HPMS). Be sure to use the required templates, correct file format(s), and follow required naming conventions specified in the MSSP Reference Table. Please do not upload the application form samples. Paper applications are not accepted.

Follow the link you received in your CMS User ID notice to access the HPMS, our on-line application system.

Your application is pre-populated with the information you gave us in your Notice Of Intent

33

ACO Application Management

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	

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

35

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	

Uploading Supporting Application Materials

Uploading Supporting Application Materials

- The Upload Application file(s) is the link you will use to upload ALL supporting documents with your application. The Toolkit will provide more detail on what is required.

- Use the supplied templates, via the Toolkit, when required.

- File Naming conventions are also indicated in the Application Reference Manual (Appendices B and C) in the Toolkit.

- ALL supporting files must be zipped into one upload file.

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

Uploading Supporting Application Materials

Final Submit

Final Submit Application Data Page

HPMS
Health Plan Management System

Health Plan Management System

Home

Home » ACO Data » Application Final Submit

Final Submit Application Data for Z0001

To ensure your application to CMS is complete, you must have answered all questions and uploaded the required supporting documentation. For detailed guidance on submitting your supporting documentation, refer to the 'Application Toolkit' located in the ACO download templates link entitled 'Download Application File.'

Once you select the Submit button, you will not be able to modify your responses or upload additional supporting documentation.

Application Certification:

I have read the contents of this application. I certify that I am legally authorized to execute this document and to bind my ACO to comply with the applicable laws and regulations of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify CMS of this fact immediately and provide the correct and/or complete information. If my ACO is newly formed according to the definition in the Antitrust Policy Statement, I understand and agree that CMS will share the content of this application, including all information and documents submitted with this application, with the Federal Trade Commission and the Department of Justice.

Electronic submissions: By selecting the check box below, you are certifying the application.

Note: We will not process your application if this certification is not complete.

☐ I agree.

[Back] [Submit]

Go To: HPMS Home | ACO Application Management Start Page

Final Submit

- Once the attestations have been completed with no errors, required documents are uploaded, and ACO Participant List in the Participant List Management System are 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. **Again, these issues must be corrected in order to successfully Final Submit the entire package.**

Final Submit: Errors

Home » ACO Data » Application Final Submit

Final Submit Application Data

Error: For the Application Attestation data question 5 must be Yes or No if question 4 is Yes. Go to the Enter Attestation Data link to complete the required data entry.
Error: For the Application Attestation data question 6 must be N/A if question 4 is Yes. Go to the Enter Attestation Data link to complete the required data entry.
Error: For the Application Attestation data question 15a must be entered if question 15 is No. Go to the Enter Attestation Data link to complete the required data entry.
Error: The last uploaded Participant List file had errors when the file was unloaded. Go to the Upload Participant List File link to upload the required file.

To ensure your application to CMS is complete, you must have answered all questions and uploaded the required supporting documentation. For detailed guidance on submitting your supporting documentation, refer to the 'Application Toolkit' located in the ACO download templates link entitled 'Download Application File.'

Once you select the Submit button, you will not be able to modify your responses or upload additional supporting documentation.

Application Certification:

I have read the contents of this application. I certify that I am legally authorized to execute this document and to bind the ACO to comply with the applicable laws and regulations of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify CMS of this fact immediately and provide the correct and/or complete information. If my ACO is newly formed according to the definition in the Antitrust Policy Statement, I understand and agree that CMS will share the content of this application, including all information and documents submitted with this application, with the Federal Trade Commission and the Department of Justice.

Electronic submissions: By selecting the check box below, you are certifying the application.

Note: We will not process your application if this certification is not complete.

☑ I agree.

[Back] [Submit]

Go To: HPMS Home | ACO Application Management Start Page

44

HPMS ACO Participant List Management Module Training

Kari Vandegrift

Division of Shared Savings Program

Performance-Based Payment Policy Group

Centers for Medicare & Medicaid Services

Application: ACO Participant List Management

Participant List Management Module

ACO Management

Home » *ACO Participant List Management*

ACO Participant List Data Start Page

The ACO Participant List Management module supports the electronic submission, review, and adjudication of the ACO Participant List data and change requests.

ACO Participant List

Review ACO Participant List Changes
Download Current Participant List Data
Submit Change Requests
Edit Change Requests
Review Proposed Changes
Review Proposed Changes Many
Update Participant List Data
View Participant List Change Requests
Administrative Data
Participant List Reports

CV: 1.22.0.0

Submit Change Requests

48

Add ACO Participant

ACO Management

Home » ACO Participant List Management » *Submit Change Requests*

Participant List Management

ACO Participant List +

Change ACO Participant List Data

Action=Add New TIN

Contract= Axxxx

Locked Records: If any other change request is Pending for selection, existing record is locked.

#	Locked	TIN	TIN Legal Name	TIN Authorized Signatory First Name	TIN Authorized Signatory Last Name	TIN Medicare Enrolled Flag	TIN Merged or Acquired Flag
1		123456789	Legal Business Name	John	Doe	Yes	No

Back Next

Supporting Documentation & Certification

Action=Add New TIN

Contract= Axxxx

#	Locked	TIN	TIN Legal Name	TIN Authorized Signatory First Name	TIN Authorized Signatory Last Name	TIN Medicare Enrolled Flag	TIN Merged or Acquired Flag
1		123456789	Legal Business Name	John	Doe	Y	N

To ensure your request to CMS is complete, you must upload the required supporting documentation. You must place ALL required supporting documents into ONE zipped file, and then upload that zipped file. Do not encrypt any of the documents or the zip file with a password.

To upload your supporting documentation, select the Browse button and choose the file to upload. You must upload a valid .zip file.

[   ] Browse...

ACO Participant List Change Request Certification:

By submitting this change request, I certify that the information contained herein is true, correct, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this request is not true, correct, or complete, I agree to notify CMS of this fact immediately and to provide the correct and/or complete information.

Change Request submission: By selecting the check box below, you are certifying the request.

Note: We will not process your request if this selection is not complete.

☐ **I agree.**

Back   Submit

Adding CCNs and NPIs

FQHC/RHC/ETA/CAH Method II Participants

Participant List Management

ACO Participant List +

Change ACO Participant List Data

Action=Add New TIN+CCN+NPI

Contract=

Enter an individual NPI for each physician who directly provides patient care services primary care in the FQHC or RHC.

Locked Records: If any other change request is Pending for selection, existing record is locked.

Modify Number of Rows   1   (Select this option to add the number of rows entered to the table below.
Note: you can enter a negative number to Drop rows also. A maximum of 50 rows is allowed.)

#	Locked	TIN	TIN Legal Name	TIN Authorized Signatory First Name	TIN Authorized Signatory Last Name	TIN Medicare Enrolled Flag	TIN Merged or Acquired Flag	CCN	CCN Legal Name	CCN ID Code	Organi NPI
1		111111111	Legal Name	First	Last	Yes	No	111111	Legal Name	F	11111

Back   Next

RFI Process: Edit Change Requests

Edit Change Requests

Withdraw Change Requests

ACO Management

Home » ACO Participant List Management » *Withdraw Change Request*

Withdraw ACO Participant List Change Requests

ACO Participant List +

Select Pending Participant List Change Reqests below to Withdraw (note the withdrawal cannot be revoked once made):

Withdraw	Agreement	Request #	Request Detail	Request Date	Effective Date	Termination Date	Request Status
☐	AXXXX	7175	Add New TIN	January 21, 2015 01:43:20 PM	January 1, 2016		Pending

Back   Next

View Change Requests

ACO Management

Home » ACO Participant List Management » *View Participant List Change Requests*

View Participant List Change Requests

ACO Participant List ✚

create PDF

Requests Made in Year: All
Request Type: All
Request Status: Pending

ACO ID, TIN, Request #, Request Date	Request Detail	Supporting Documentation	Effective Date, Termination Date	Data Integrity Review Detail	Request Status
AXXXX 123456789 12345 July 1, 2015 06:30:01 PM	Add New TIN	View File	January 1, 2016		Pending

1 = Total Number of Requests

Back   Download to Excel

Participant List Count Report

View Participant List Count

Agreement:

Current Participant List Data

TIN	TIN Legal Business Name	Medicare Enrolled TIN	Merged or Acquired TIN	First Name of Person Authorized to Sign ACO Participant (TIN) Agreement	Last Name of Person Authorized to Sign ACO Participant (TIN) Agreement	CCN	CCN Legal Name	CCN Identification Code	Organizational NPI	Organizational NPI Name	Individual NPI	Individual NPI First Name	Individual NPI Last Name	Effective Date
111111111	tin upload test	Y	Y											July 1, 2012
333333789	TestTIN	Y	N	Test	Test									January 1, 2016

[Download to Excel]

10 = Total Number of Participants

6 = Total Number of Unique TINs
4 = Total Number of Unique CCNs
3 = Total Number of Unique Organization NPIs
7 = Total Number of Unique Individual NPIs

Download Current Participant List

ACO Management

Home » ACO Participant List Management » *Download Current ACO Participant List*

View ACO Current Participant List Data Report

ACO Participant List +

create PDF

Agreement: AXXXX

Performance Year: All

TIN	TIN Legal Business Name	Medicare Enrolled TIN	Merged or Acquired TIN	First Name of Person Authorized to Sign ACO Participant (TIN) Agreement	Last Name of Person Authorized to Sign ACO Participant (TIN) Agreement	CCN	CCN Legal Name	CCN Identification Code	Organizational NPI	Organizational NPI Name	Individual NPI	Individual NPI First Name	In N
111111111	test name	Y	Y										

Back | Download to Excel

Introduction

Karmin Jones

Division of Application, Compliance & Outreach

Performance-Based Payment Policy Group

Centers for Medicare & Medicaid Services

Additional Information and Guidance

- Read the <u>2016 Application Reference Manual</u> for step-by-step instructions on how to respond to each question in the application, submission examples, instructions on how to submit your supporting documentation and how to respond to requests from CMS.

- Pay close attention to the regulation and guidance references as they relate to legal structure, governing body and agreements between the ACO and its ACO participants.

- Follow the instructions provided in the Application Toolkit to complete each template and worksheet completely to avoid errors with your submission.

- Submit your application timely. Late submissions are not accepted.

Upcoming Application Calls

- Tuesday, July 21, 2015 we will host the ACO Application Question & Answer Session

- For more information about this call, go to our Teleconference and Event Page on our Web site

Contacts for Assistance

- Shared Savings Program Application How to Apply 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