



Medicare Shared Savings Program
Managing your ACO Participant List and
ACO Participant Agreement Guidance

Version 3.5
June 2015

Revision History

#	Version	Guide Date	Revision/Change Description	Affected area
1	3.0	02/01/2015	Merged the HPMS Participant List Management System User Guide and ACO Participant Agreement Guidance and Annual Deadline For Existing ACOs documents.	Entire document
2	3.0	02/01/2015	Added bullet with instructions on deleting individual NPI	Section 6.7
3	3.0	02/01/2015	Added two helpful hints to the screenshots to provide information on how to select multiple records for addition. Added text concerning sole proprietors	Section 6.0
4	3.0	02/01/2015	Added text to reference section 6.0 for the screenshot that displays where to select multiple rows to be added for adding TIN+CCN, TIN+CCN+NPI, CCN, Organizational NPI, or Individual NPI.	Section 6.2, 6.3, 6.4, 6.5, and 6.6
5	3.0	02/01/2015	Added FAQ section and Appendix B	Section 13.0
6	3.0	04/06/2015	Updated screenshots for the 2015 release	Entire document
7	3.0	04/06/2015	Reorganized sections to match the order of the Participant List Management System navigation menu	Section 7.0, 8.0, and 9.0
8	3.0	04/15/2015	Updated section 7 to add review functionality	Section 7.0
9	3.0	4/15/2015	Updated reports to include Participant List Count Report	Section 10.2
10	3.5	6/23/2015	Updated throughout to address Applicant requirements	Entire document
10	3.5	6/23/2015	Updated Section 2 to modify Deadlines, Section 12 and Appendix A to address ACO Participant Agreement requirements	Section 2, 12, and Appendix A
11	3.5	7/20/2015	Removed confusing text from review schedule pertaining to performance year 2017	Section 2.2
12	3.5	10/20/2015	Corrected June 2015 display date	Cover Page

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1 Definitions

ACO Participant (42 C.F.R. §425.20) is an entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants.

ACO Provider/Supplier (42 C.F.R. §425.20) is a provider or supplier enrolled in Medicare, who bills for items and services it provides for Medicare fee-for-service beneficiaries during the agreement period under a Medicare billing number assigned to the TIN of an ACO participant in accordance with applicable Medicare regulations, and is included on the list of ACO providers/suppliers that is required under §425.118.

Agreement period (42 C.F.R. §425.20) means the term of the Participation Agreement, which is 3 performance years unless otherwise specified in the participation agreement..

ACO participant agreement (42 C.F.R §425.20) means the written agreement (as required at §425.116) between the ACO and ACO participant in which the ACO participant agrees to participate in, and comply with, the requirements of the Shared Savings Program.

Performance year (42 C.F.R. §425.20) means the 12-month period beginning on January 1 of each year during the agreement period. For an ACO with a start date of April 1, 2012 or July 1, 2012, the ACOs first performance year is defined as 21 months and 18 months, respectively.

2 Deadlines for 2016 ACO Participant List Change Requests

2.1 2016 Shared Savings Program Applicants

If you are applying to participate in the Shared Savings Program for the January 1, 2016 program start date (renewing and new applicants) refer to this schedule:

Application Review Process	ACO Response Due	Feedback
Application Submission	August 7, 2015 at 8:00 p.m. Eastern Time	<p>August 2015</p> <p>Receive deficiencies found with ACO Participants and ACO Participant Agreements, and your estimated beneficiary count.</p> <ul style="list-style-type: none"> • Add/Edit/Delete ACO Participants • Correct ACO Participant Agreements
Request For Additional Information	September 2015	<p>October 2015</p> <p>Receive deficiencies found with ACO Participants and ACO Participant Agreements.</p> <ul style="list-style-type: none"> • Final opportunity to edit ACO Participants • Delete ACO Participants • Correct ACO Participant Agreements
Second Request For Additional Information	October 2015	<p>November 2015</p> <p>Receive deficiencies found with ACO Participants and ACO Participant Agreements, and your estimated beneficiary count.</p> <ul style="list-style-type: none"> • Delete ACO Participants • Correct ACO Participant Agreements
Final Request For Additional Information	November 2015	<p>November 2015</p> <p>Receive deficiencies found with ACO Participants and ACO Participant Agreements.</p> <ul style="list-style-type: none"> • Final delete ACO Participants.

You must follow the deadlines listed on the [How to Apply](#) webpage in the 2016 Application Deadlines Table to submit your (initial or renewal) application. Review your Request for Information (RFI) letter carefully for your response deadline. Dates are subject to change. **We will not accept late submissions.**

We will review change requests to your ACO Participant List in conjunction with your entire application submitted in the CMS' Health Plan Management System (HPMS).

2.2 Currently Participating Shared Savings Program ACOs

If you are an approved Shared Savings Program ACO refer to this schedule:

If you submit your request...	You will receive a response by...	Feedback
January 1, 2015 through March 31, 2015	July 2015	<ul style="list-style-type: none"> One opportunity to correct agreement errors CMS will approve or deny all change requests submitted by March 31
April 1, 2015 through August 7, 2015	August 2015	<ul style="list-style-type: none"> Opportunity to correct agreement errors One opportunity to correct issues with TINs or CCNs (i.e., change requests for incorrect, non-enrolled, or overlapping TINs or CCNs)
August 8, 2015 through September 15, 2015	November 2015	<ul style="list-style-type: none"> Final opportunity to submit add/edit change requests One opportunity to correct agreement errors No opportunity to correct incorrect TINs or CCNs <p>CMS will approve or deny all change requests submitted between April 1 and September 15.</p>
For delete CRs only: November 4, 2015	November 2015	Final opportunity to delete a participant from 2016 ACO Participant Lists.

We will review change requests to your ACO Participant List in CMS' Health Plan Management System (HPMS) at three points in time during 2015; we will provide approvals and denials for change requests twice: once during summer 2015 and again during fall 2015, we will provide feedback on any issues we identify for requests we receive between April 1 and September 15, however *we will only provide final approvals and denials in fall 2015.*

We will review change requests submitted through the HPMS by **March 31, 2015, 8:00 p.m. Eastern Time**, and give your ACO one opportunity to correct *deficiencies* we find during the review process. We will provide a response to all ACOs who submitted change requests from January 1 through March 31 no later than July 2015.

We will review change requests submitted through the HPMS between **April 1 and August 7, 2015, 8:00 p.m. Eastern Time**, and give your ACO one opportunity to correct *deficiencies, including correcting executed agreement issues* we find during the review process. We will provide a response to all ACOs who submitted change requests from April 1 through August 7 no later than August 2015. This is your opportunity to learn if you have entered a TIN incorrectly or if there is overlap between the TIN you provided and another shared savings initiative. We will give a second opportunity to correct executed agreement issues only.

We will review change requests submitted through the HPMS between **August 8 and September 15, 2015, 8:00 p.m. Eastern Time**, and give your ACO one opportunity to correct *executed agreement issues* we find during the review process. We will provide a response to all ACOs who submitted change requests from April 1 through September 15, no later than November 2015. We will not accept any new change requests after September 15, 2015. Enter change requests carefully; you will not receive any additional opportunities to make corrections if you enter a TIN, CCN, or NPI incorrectly. These TINs and CCNs must receive approval to bill Medicare in PECOS no later than August 31, 2015. If they are approved in PECOS after August 31, the change request will not go through our screening process and cannot be considered for your 2016 ACO Participant List.

We will update the above chart when dates are available for the 2016 review cycle for 2017 ACO Participant List change requests.

3 How CMS Will Review Your ACO Participant List Change Request

We consider each ACO participant record that your ACO requests to add, edit, or delete individually. After screening the individual change request for data integrity, program integrity history (new ACO participants), and supporting documentation (new ACO participants or merged/acquired TINs), we will either approve or deny each change request.

We will send all Participant List Management module email notifications to the ACO Executive, CMS Liaison and Authorized to Sign contacts listed in HPMS. The Application (primary) and Application (secondary) contacts will also receive email notifications for ACOs applying to the Shared Savings Program.

If your change request to add or edit an ACO participant has a deficiency, we will send an email notification to the ACO Executive, CMS Liaison and Authorized to Sign contacts describing the deficiency, including any deficiency in your supporting documentation, and you will have the opportunity to correct and/or resubmit the change request. Read your emails carefully to determine the deadline for resubmission. We will not accept late submissions.

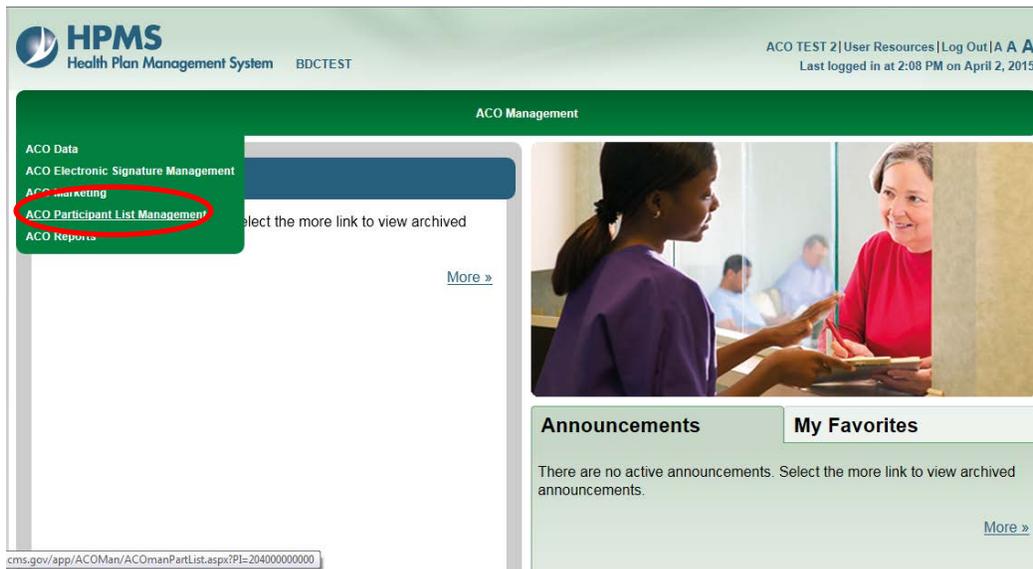
Applicants applying to the Shared Savings Program will receive their ACO Participant List deficiencies along with any additional application requests through your RFI. The ACO Executive, Application (primary) and Application (secondary) contacts will receive this via email notifications for ACOs. Read your emails carefully to determine the deadline for resubmission. We will not accept late submissions.

4 The Participant List Management System

The ACO Participant List Management module in the Health Plan Management System (HPMS) allows any Shared Savings Program HPMS user who is authorized to access an individual ACO's data to electronically manage their ACO Participant Lists. Once an ACO authorizes a user to access its data in HPMS, the user may also enter data in the ACO Participant List Management module. This User's Guide gives instructions for various actions that you as an HPMS user can take to manage your ACO Participant List.

Find the ACO Participant List Management module under the ACO Management tab.

Figure 1: HPMS Home Page



The ACO Participant List Management module navigation menu is on the right side of the screen. You can expand the menu by clicking on the plus sign or collapse the menu by clicking on the minus sign, as shown below in figures 2 and 3.

Figure 2: ACO Participant List Management Module Navigation (collapsed)

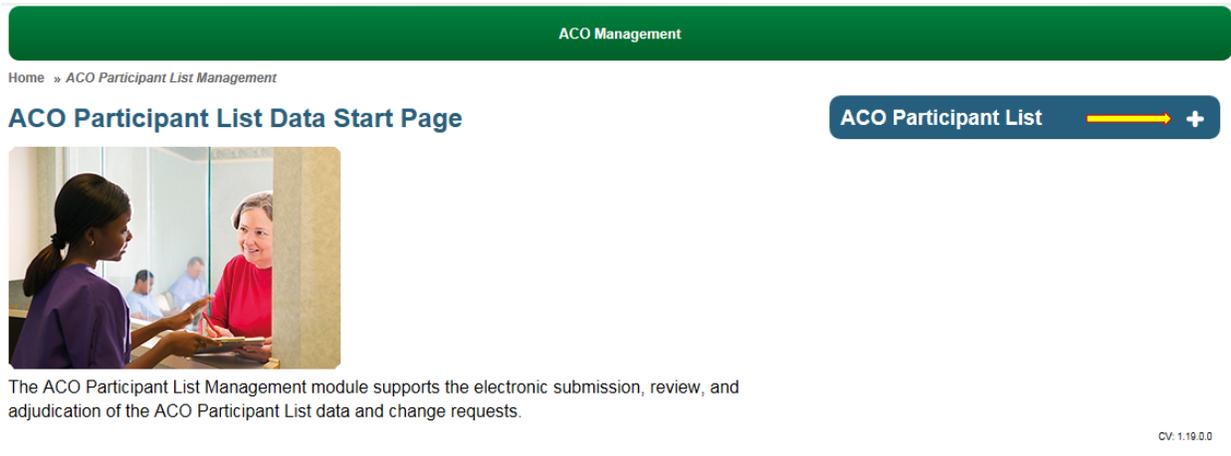
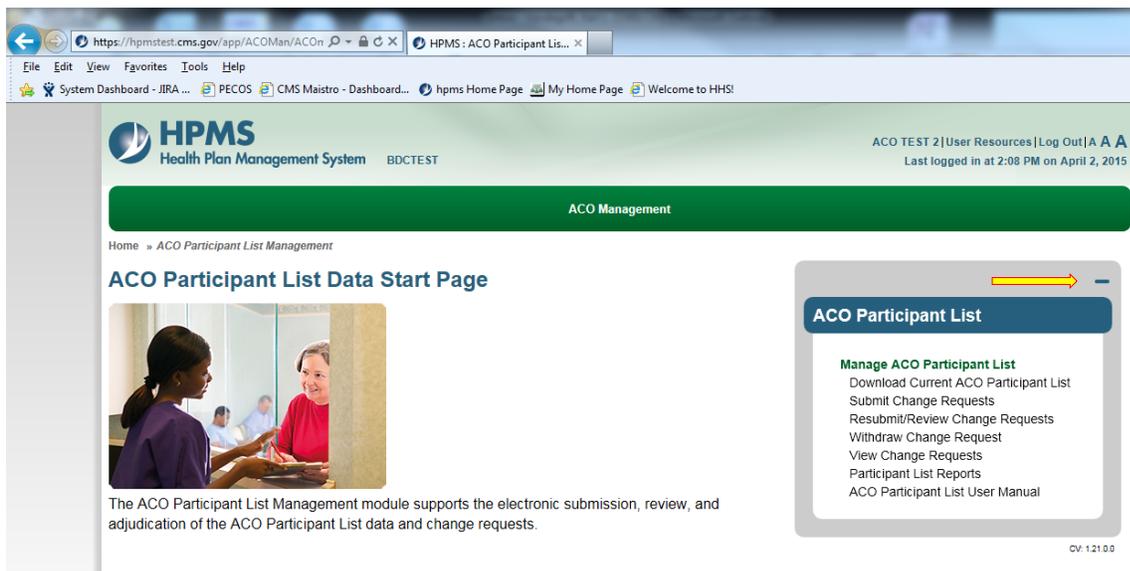


Figure 3: ACO Participant List Management Module Navigation (expanded)



5 5.0 Download Your Current ACO Participant List

Use this page to view all currently approved ACO participant records for a given performance year. You can view the ACO participant data online, create a PDF file, or extract the data to Excel, as seen below in figure 5.

For Shared Savings Program applicants, you can see each of your pending change requests by downloading your current ACO Participant List.

Figure 4: Download Current ACO Participant List

The screenshot shows a web application interface for ACO Management. At the top, there is a green header bar with the text "ACO Management". Below the header, a breadcrumb trail reads "Home » ACO Participant List Management » Download Current ACO Participant List". The main heading is "View ACO Current Participant List Data Report".

Under the heading, there is a "Selection Criteria" section. It includes a "Search ACO:" field with a text input box. Below that is a "Select an Agreement:" section with a large text area containing the placeholder text "Axxxx- ACO Name".

Further down is a "Select a Performance Year:" section with a dropdown menu. The dropdown menu is open, showing the options "All", "2016", and "2015".

At the bottom of the form, there are two buttons: "Back" and "Submit".

On the right side of the interface, there is a sidebar menu titled "ACO Participant List". The menu items are: "Manage ACO Participant List", "Download Current ACO Participant List", "Submit Change Requests", "Resubmit/Review Change Requests", "Withdraw Change Request", "View Change Requests", "Participant List Reports", and "ACO Participant List User Manual".

Figure 5: Current ACO Participant List

ACO Management

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

View ACO Current Participant List Data Report ACO Participant List +

Agreement: AXXXX [create PDF](#)

Performance Year: All

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

[Back](#) [Download to Excel](#)

5.1 5.1 Effective and Termination Dates

ACO participant records that were approved with your ACO’s application will have an effective date of the start of your ACO’s agreement period. ACO participant records added or deleted during a performance year will show an effective or termination date for the start of the following performance year. This is because changes to the ACO Participant List after the start of the agreement period will take effect at the start of the next performance year for most program operations.

Review the guidance [Changes in ACO participants and ACO providers/suppliers during the Agreement Period](#) for more information about how and when changes to ACO participants will affect program operations.

6 Submit Change Requests

Use this page to submit change requests to your currently approved ACO Participant List. This page allows you to **ADD** new ACO participant records, **DELETE**, or **EDIT** existing ACO participant records, and **Upload New Executed Participant Agreement**.

Please use the [ACO Participant List Worksheet](#) prior to accessing this page in HPMS. For instructions, see [How to Complete Your ACO Participant List Worksheet](#). We strongly encourage initial applicants to use this worksheet to develop your ACO Participant List.

Figure 6: Add Change Request

Follow the instructions below to **ADD**, **DELETE** or **EDIT** ACO participant records.

There are 6 options available to **ADD** ACO participant records to your ACO. Always use the first option (Add New TIN) to add ACO participants or merged/acquired TINs unless your ACO includes one of the following types of providers that require additional information:

- Federally Qualified Health Center (FQHC)
- Rural Health Center (RHC)
- Critical Access Hospital (CAH) billing under method II
- Electing Teaching Amendment (ETA) hospital

6.1 Add New TIN

Applicants and currently participating ACOs, use this option to submit a new TIN that is not an FQHC, RHC, CAH or ETA hospital. Most ACOs will use this option.

- Under “Select an Action,” select “Add: New TIN.” You can only add one record at a time for this option.
- Click **Submit**.
- Enter the requested information. See [6.10 ACO Participant Data Requirements](#) below for more information about what data to enter.
- Click **Next**.
- Upload the required supporting documentation. See [6.11 Supporting Documentation Requirements](#) below for more information about what documentation to upload. You must upload the documentation in one .zip file that is not password-protected. Please use the naming conventions specified in [6.11](#).
- Read the certification and check the box if you agree.
- Click **Submit**.

If the TIN belongs to a sole proprietor, verify whether the individual submits Medicare claims with his/her social security number (SSN) or an employer identification number (EIN). If he/she bills Medicare using an EIN you must add two records in The Participant List Management System. Add the sole proprietor’s SSN as one change request and submit a second change request containing his/her EIN. Submit the participant’s first and last name as their legal business name for both his/her SSN and EIN.

6.2 Add TIN+CCN (CAH, ETA hospital)

Applicants and currently participating ACOs, use this option to add a new CAH or ETA hospital if the TIN doesn’t already exist on your current ACO Participant List.

- Under “Select an Action,” select “Add: New TIN+CCN.” You can add more than one record at a time if all the new records have the same TIN.
- If you have more than one CCN to associate with a single TIN, enter the total number of records (CCNs) you want to add. See **Figure 6: Add Change Request** above for screenshot with helpful hint.
- Click **Submit**.

- Enter the requested information. See [6.10 ACO Participant Data Requirements](#) below for more information about what data to enter.
- If you have additional CCNs to add for a single TIN, you can add rows by entering a numerical value in the text box and selecting “Modify Number of Rows,” see **Figure 7: Modify Number of Rows** below with helpful hint.
- Click **Next**.
- Upload the required supporting documentation. See [6.11 Supporting Documentation Requirements](#) below for more information about what documentation to upload. You must upload the documentation in one .zip file that is not password-protected. Please use the naming conventions specified in [6.11](#).
- Read the certification and check the box if you agree.
- Click **Submit**.

6.3 Add TIN+CCN+NPI (FQHC, RHC)

Applicants and currently participating ACOs, use this option to add a new FQHC or RHC if the TIN doesn’t already exist on your current ACO Participant List.

- Under “Select an Action,” select “Add: New TIN+CCN+NPI.” You can add more than one record at a time if all the new records have the same TIN.
- If you have more than one CCN or NPI to associate with a single TIN, enter the total number of records (NPIs) you want to add. See **Figure 6** above for screenshot with helpful hint.
- Click **Submit**.
- Enter the requested information. See ACO Participant Data Requirements below for more information about what data to enter.
- If you have additional CCNs and/or NPIs to add for a single TIN, you can add rows by entering a numerical value in the text box and selecting “Modify Number of Rows.” See **Figure 7: Modify Number of Rows** below with helpful hint.
- Click **Next**.
- Upload the required supporting documentation. See [6.11 Supporting Documentation Requirements](#) below for more information about what documentation to upload. You must upload the documentation in one .zip file that is not password-protected. Please use the naming conventions specified in [6.11](#).
- Read the certification and check the box if you agree.
- Click **Submit**.

If you have a single Participant TIN with an FQHC and a CAH method II, add a TIN+CCN+NPI and select the total number of records to enter (all of the NPIs associated with the FQHC plus one record for the CAH) you can still use this selection to enter the CAH even though we do not collect CAH NPIs on the ACO Participant List.

6.4 Add CCN (to selected TIN)

Currently participating ACOs, use this option to add an FQHC, RHC, CAH or ETA hospital to an existing TIN. **Do not** use this option, if you are an applicant.

- Highlight the existing TIN that is affiliated with the new CCN you want to add.
- Under “Select an Action,” select “Add: CCN (to selected TIN).” You can add more than one record at a time if all the new records are for the same selected TIN. See **Figure 6** above for screenshot with helpful hint.
- Click **Submit**.
- Enter the requested information. See [6.10 ACO Participant Data Requirements](#) below for more information about what data to enter.
- If you have additional CCNs to add for a single TIN, you can add rows by entering a numerical value in the text box and selecting “Modify Number of Rows.” See **Figure 7: Modify Number of Rows** below with helpful hint.
- Click **Next**.
- Read the certification and check the box if you agree.
- Click **Submit**.

6.5 Add Organizational NPI (to selected CCN)

Currently participating ACOs, use this option to add a new Organizational NPI for an FQHC or RHC to an existing TIN-CCN combination. **Do not** use this option, if you are an applicant.

- Highlight the existing TIN and CCN that are affiliated with the new organizational NPI you want to add.
- Under “Select an Action,” select “Add: Organizational NPI (to selected CCN).”
 - You can add more than one record at a time if all the new records are for the same selected TIN-CCN combination. See **Figure 6** above for screenshot with helpful hint.
- Click **Submit**.
- Enter the requested information. See [6.10 ACO Participant Data Requirements](#) below for more information about what data to enter.
- If you have additional NPIs to add for a single TIN, you can add rows by entering a numerical value in the text box and selecting “Modify Number of Rows,” see **Figure 7: Modify Number of Rows** below with helpful hint.
- Click **Next**.
- Read the certification and check the box if you agree.
- Click **Submit**.

6.6 Add Individual NPI (to selected Organizational NPI)

Currently participating ACOs, use this option to add a new physician to an existing FQHC or RHC (existing TIN-CCN-Organizational NPI combination). **Do not** use this option, if you are an applicant.

- Highlight the existing TIN, CCN and Organizational NPI that are affiliated with the new individual NPI you want to add.
- Under “Select an Action,” select “Add: Individual NPI (to selected Organizational NPI).”
 - You can add more than one record at a time if all the new records are for the same selected TIN-CCN-Organizational NPI combination. See **Figure 6** above for screenshot with helpful hint.
- Click **Submit**.
- Enter the requested information. See [6.10 ACO Participant Data Requirements](#) below for more information about what data to enter.
- If you have additional NPIs to add for a single TIN, you can add rows by entering a numerical value in the text box and selecting “Modify Number of Rows” See **Figure 7: Modify Number of Rows** below with helpful hint.
- Click **Next**.
- Read the certification and check the box if you agree.
- Click **Submit**.

Figure 7: Modify Number of Rows

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+CCN+NPI
Contract=

Helpful Hint: Add additional rows by entering a positive number into the text box. Remove extra rows by entering a minus “-” in front of a number into the text box.

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 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	Organizational NPI
1		111111111	Legal Name	First	Last	Yes <input type="checkbox"/>	No <input type="checkbox"/>	111111	Legal Name	F <input type="checkbox"/>	11111

Back Next

6.7 Delete

Currently participating ACOs, use this option to delete an existing ACO participant record (TIN/CCN/NPI combination). **Do not** use this option, if you are an applicant.

- Highlight the existing TIN, CCN (if applicable) and Organizational NPI (if applicable) for the participant record you would like to delete.

- Under “Select an Action,” select delete.
- Click **Submit**.
- Check the delete box next to the record you would like to delete.
- Enter the date your ACO Participant Agreement ends with the ACO participant.
- Click **Next**.
- Read the certification and check the box if you agree.
- Click **Submit**.
- To retrieve and delete an **individual NPI(s)**, highlight the organizational NPI, select **Delete**, then click **Submit**. The next screen will display the listing of associated individual NPIs for you to select for deletion.

ACOs must notify CMS within 30 days of a change to the ACO Participant List. The participant agreement between the ACO and the ACO participant may end prior to the end of the performance year, you should provide the date in which the agreement ends within 30 days of the termination of the agreement. ACO participants who leave their ACO during a performance year will continue to be used in that performance year’s assignment, sampling for quality reporting, financial reconciliation, and quarterly and annual reports.

6.8 Edit

Currently participating ACOs, use this option to edit ACO participant information for an existing **approved** record. **Do not** use this option, if you are an applicant.

You cannot submit a change request to edit a TIN, CCN, or NPI record if the TIN is in **pending** status (has an open change request waiting for CMS review). Shared Savings Program ACOs submitting a renewal application form, use this feature to edit approved TINs, see section 7.0 to edit TINs in pending status. Applicants cannot successfully use this feature, please see section 7.0 if you are an applicant and need to edit a change request.

- Highlight the existing TIN, CCN (if applicable) and Organizational NPI (if applicable) for the participant record you would like to edit.
- Under “Select an Action,” select the type of data field you would like to edit.
- Click **Submit**.
- Enter the requested information. See [6.10 ACO Participant Data Requirements](#) below for more information about what data to enter.
- Click **Next**.
- Depending on the type of edit you wish to make, you may be required to upload supporting documentation. Upload the required supporting documentation. See [6.11 Supporting Documentation Requirements](#) below for more information about what documentation to upload. You must upload the documentation in one .zip file that is not password-protected. Please use the naming conventions specified in [6.11](#).
- Read the certification and check the box if you agree.
- Click **Submit**.

6.9 Upload New Executed Participant Agreement

Currently participating ACOs, use this page to upload new TIN-level executed ACO Participant Agreements. **Do not** use this option, if you are an applicant.

You must upload the documentation in one .zip file that is not password-protected. Use the naming conventions specified in [6.11 Supporting Documentation Requirements](#).

Figure 8: Upload New Executed Participant Agreement

The screenshot shows a web application interface for ACO Management. At the top, there is a green header with the text "ACO Management". Below the header, a breadcrumb trail reads "Home » ACO Participant List Management » Submit Change Requests". The main heading is "Participant List Management" in blue, with a sub-heading "Confirm ACO Participant List Change Request" in black. On the right side, there is a blue button labeled "ACO Participant List" with a plus sign. The form content includes: "Action=Upload New Executed Participant Agreement", "Contract=", and a paragraph stating: "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." Below this is a text input field with a "Browse..." button. The section "ACO Participant List Change Request Certification:" follows, with a paragraph: "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." Below that is a note: "Change Request submission: By selecting the check box below, you are certifying the request." and another note: "Note: We will not process your request if this selection is not complete." At the bottom of the form is a checkbox labeled "I agree." and two buttons: "Back" and "Submit".

6.10 ACO Participant Data Requirements

Follow these instructions to submit your ACO Participant List Change Requests accurately.

Please use the [ACO Participant List Worksheet](#) prior to accessing the ACO Participant List Management module in HPMS. For instructions, see [How to Complete Your ACO Participant List Worksheet](#). We strongly encourage initial applicants to use this worksheet to develop your ACO Participant List.

1. TIN: TIN must be 9-digit number, without dashes, spaces or other non-numeric values.
2. TIN Legal Name: Enter the TIN's legal business name as it is registered in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS).
3. TIN Authorized First Name: Enter the first name of the person who signed the ACO Participant Agreement, as it appears on the signature page. If the TIN is merged or acquired, leave this field blank.

4. TIN Authorized Last Name: Enter the last name of the person who signed the ACO Participant Agreement, as it appears on the signature page. If the TIN is merged or acquired, leave this field blank.
5. TIN Medicare Enrolled Flag: Identify whether the TIN is enrolled in Medicare by selecting “yes” or “no”
6. TIN Merged or Acquired Flag: Identify whether the TIN is a merged or acquired TIN by selecting “yes” or “no”.
 - Under certain circumstances, a merged or acquired TIN may be included on the ACO Participant List.

The following fields only apply to Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Method II Critical Access Hospitals (Method II CAHs), and Electing Teaching Amendment Hospitals (ETAs).

7. CCN: If the participant is a FQHC, RHC, CAH Method II or ETA, enter the Centers for Medicare & Medicaid Services Certification Number (CCN) also known as the Online Survey, Certification, and Reporting (OSCAR.) CCNs must be 6-digit numbers, without dashes, spaces, or non-numeric values.
8. CCN Legal Name: Enter the CCN Legal Name as it is registered in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS).
9. CCN ID Code: Select the appropriate CCN Identification Code for the CCN:
 - a. F= FQHC
 - b. R= RHC
 - c. C= Method II CAH
 - d. T= ETA

If the code is F or R, you must also provide information in the following fields.

10. Organizational NPI: Enter Organizational NPI for FQHCs and RHCs. NPIs must be a 10-digit number, without any dashes, spaces, or other non-numeric values.
11. Organizational NPI Name: Enter the Organizational NPI name.
12. Individual NPI: Enter an individual NPI for each physician who directly provides primary care services in an FQHC or RHC. By including an individual NPI, the ACO attests to CMS that the NPI is a physician who directly provides patient primary care services in an FQHC or RHC.
13. Individual First Name: Enter the first name of the physician from the corresponding individual NPI
14. Individual Last Name: Enter the last name of the physician from the corresponding individual NPI

6.11 Supporting Documentation Requirements

See [Section 12](#) for additional guidance for ACO Participant Agreements.

1. ACO Participant Agreement documentation: If you are adding a new ACO participant TIN, changing the legal name of an ACO participant TIN, or changing the TIN authorized signatory, then you must provide the first page and the signature page of the executed Participant Agreement.
2. Use the naming convention Axxxx _ExeAgmt_[TINName]_mmddyy.pdf and then save it in a zip file to upload the ACO Participant Agreement first page and signature page.
3. Merged/acquired TIN documentation: If you are adding a new merged/acquired TIN or changing a current participant to a merged/acquired TIN, submit the following documentation.
 - a. An attestation indicating the following:
 - Which ACO Participant merged with or acquired the TIN.
 - All ACO providers/suppliers that previously billed under the acquired TIN have reassigned their billings to the TIN of the identified ACO Participant.
 - The acquired TIN is no longer in use.
 - b. Supporting documentation demonstrating that the TIN was acquired by an ACO participant through a sale or merger.
4. Use the naming convention Axxxx _MergAcqTIN_[TINName]_mmddyy.pdf and then save it to a zip file to upload supporting documentation for merged/acquired TINs.

7 Edit Change Requests

This feature is only available to Shared Savings Program applicants and ACOs submitting a renewal application.

During the Shared Savings Program application and renewal application review process, you will receive three opportunities to make changes to your pending ACO participant list data. You will receive email notifications identifying any deficiencies we identify during the review process. If applicable, these RFI emails will also provide instructions for correcting the deficiencies. Use this feature to edit pending change requests or upload new supporting documentation.

Figure 9: Edit Change Request

ACO Management

Home » ACO Participant List Management » Edit Change Requests

ACO Participant List +

Select an Action Below

Search ACO:

Select an Agreement:

- Z0001 - EXAMPLE CONTRACT 1
- Z0002 - EXAMPLE CONTRACT 2
- Z0003 - EXAMPLE CONTRACT 3
- Z0004 - EXAMPLE CONTRACT 4
- Z0005 - EXAMPLE CONTRACT 5
- Z0006 - EXAMPLE CONTRACT 6
- Z0007 - EXAMPLE CONTRACT 7
- Z0008 - EXAMPLE CONTRACT 8

Select Change Request(s) (CR) to Edit

Edit	Agreement	Request ID(s)	Request Description	Last Uploaded File (Select to download)	Last Upload Date
<input type="radio"/>	Z0003	14802	Add New TIN 111111123	View File	June 11, 2015 03:52:50 PM
<input checked="" type="radio"/>	Z0003	14803	Add New TIN 222222232 and CCN(s)	View File	June 11, 2015 03:53:48 PM
<input type="radio"/>	Z0003	14926	Add New TIN 758964123	View File	June 16, 2015 10:15:55 AM
<input type="radio"/>	Z0003	14927	Add New TIN 965231425 and CCN(s) and NPI(s)	View File	June 16, 2015 10:18:50 AM

Back Next

Figure 10: Edit Change Request Text

ACO Management

Home » ACO Participant List Management » Edit Change Requests

Participant List Edit Change Requests

ACO Participant List +

Update

Use the right or left arrow key to view content.

Action=Add New TIN+CCN (no NPI)
Contract=Z0003

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	CCN	CCN Legal Name	CCN ID Code
1		222222232	Test	<input type="text"/>	<input type="text"/>	Yes ▾	Yes ▾	021398	Test	C

- Select the radio dial of the change request you want to edit, you can only select one change request at a time. See **Figure 9: Edit Change Request**
- Click **Next**.
- Enter edits to Authorized Signatory name, Medicare enrolled flag, Merged/Acquired flag, or NPI name.
 - If there is an error with the TIN, CCN, or NPI numerical data, withdraw the change request.
 - If you have a question about the TIN or CCN legal business name, contact your application reviewer. (See Figure 10: Edit Change Request Text)
- Click **Next**.
- Upload your required supporting documentation (it may be the same documentation submitting with your initial change request if you are not correcting a deficiency). See [6.11 Supporting Documentation Requirements](#) below for more information about what documentation to upload.
 - You must upload the documentation in one .zip file that is not password-protected using the file naming conventions specified in [Section 6.11](#).
- Read the certification and check the box if you agree.
- Click **Submit**.

8 Resubmit/Review Change Requests

This feature is only available for approved ACOs currently participating in the Shared Savings Program.

CMS may request that you resubmit a change request if there is a deficiency with ACO participant data or the supporting documentation originally provided. You will have **5 business days** after HPMS sends an email notification to you about the deficiency. During that window you can gather the correct pending participant data or supporting documentation and resubmit the change request. If you cannot get the correct supporting documentation or you need more time than 5 days, CMS will deny the submitted change request after the window closes and you can create a new change request when you have the correct information.

CMS may also enter a change request on behalf of your ACO. If CMS enters a change request you will receive an email notification instructing you to upload the corresponding supporting documentation and concur with the change request. If the change request is incorrect you can choose to withdraw it. You will have **5 business days** after HPMS sends an email notification to concur with the change request, if you do not concur with the change request it will be withdrawn.

8.1 Resubmit a Change Request

After you receive an email notification from HPMS, use this option to resubmit a change request.

- Under “Resubmit Change Requests (CR) Required by CMS,” select one change request radio button under “Resubmit”. You can only select one change request at a time.
- Click **Next** (Resubmit).
- Enter the corrected information. See [6.10 ACO Participant Data Requirements](#) below for more information about what data to enter. CMS may correct your TIN Legal Business Name, CCN Legal Business Name, or Organizational NPI Legal Business Name to match PECOS on behalf of your ACO. As a result you cannot change these fields but you will need to upload corrected supporting documentation to reflect the correct Legal Business Name.
- Click **Next**.
- Upload the required supporting documentation. See [6.11 Supporting Documentation Requirements](#) below for more information about what documentation to upload. You must upload the documentation in one .zip file that is not password-protected. Please use the naming conventions specified in [6.11](#).
- Read the certification and check the box if you agree.
- Click **Submit**.

8.2 Review Change Request Submitted by CMS

After you receive an email notification from HPMS, use this option to review a change request submitted by CMS on behalf of your ACO.

- Under “Review Change Requests (CR) Submitted on your behalf by CMS (Concur and Upload Documentation or Withdraw),” select one change request radio button under “Concur/Withdraw.” You can only select one change request at a time.
 - Click **Next** (Concur) if you agree with the change request as submitted.
 - Click **Next** (Withdraw) if you do not agree with the change request as submitted.
- If you concur, upload the required supporting documentation. See [6.11 Supporting Documentation Requirements](#) for more information about what documentation to upload.
 - You must upload the documentation in one .zip file that is not password-protected. Please use the naming conventions specified in [6.11](#).
- Read the certification and check the box if you agree.
- Click **Submit**.

Figure 11: ACO Participant List Resubmit/Review

ACO Management

Home » ACO Participant List Management » Resubmit/Review Change Requests

ACO Participant List Resubmit/Review Change Request

ACO Participant List
+

Select an Action Below

Resubmit Change Requests (CR) Required by CMS

Resubmit	Agreement	Request ID(s)	Request Description	Resubmit Type	Deadline for Re-submission	Last Uploaded File (Select to download)	Last Upload Date
C	Z0001	14001	Add New TIN 555555555 and CCN(s) and NPI(s)	Resubmit Data Change AND Documentation	April 8, 2015 08:00:00 PM	View File	April 1, 2015 12:55:13 PM
C	Z0002	14002	Add New TIN 963741258	Resubmit Data Change AND Documentation	April 8, 2015 08:00:00 PM	View File	April 1, 2015 10:58:41 AM
C	Z0003	14003	Add CCN(s) to existing TIN 111111111	Resubmit Data Change ONLY	April 6, 2015 08:00:00 PM		
C	Z0004	14004	Add CCN(s) to existing TIN 111111111	Resubmit Data Change ONLY	April 9, 2015 08:00:00 PM		
C	Z0005	14005	Add New TIN 789456831 and CCN(s) and NPI(s)	Resubmit Data Change AND Documentation	April 9, 2015 08:00:00 PM	View File	April 2, 2015 10:25:42 AM

Next (Resubmit)

Review Change Requests (CR) Submitted on your behalf by CMS (Concur and Upload Documentation or Withdraw)

Concur/Withdraw	Agreement	Request ID(s)	Request Description	Review Type	Deadline for Review	Last Uploaded File (Select to download)	Last Upload Date
C	Z0001	14006, 14007 14008, 14009	Add New TIN 101010101 and CCN(s) and NPI(s)	Review CMS Data Change AND Submit Documentation	April 10, 2015 08:00:00 PM	View File	April 3, 2015 10:01:12 AM
C	Z0002	14010	Add New TIN 111222555	Review CMS Data Change AND Submit Documentation	April 10, 2015 08:00:00 PM	View File	April 3, 2015 09:54:20 AM
C	Z0006	14011	Add New TIN 666333669 and CCN(s)	Review CMS Data Change AND Submit Documentation	April 9, 2015 08:00:00 PM	View File	April 2, 2015 10:28:28 AM
C	Z0007	14012	Change TIN Legal Business Name for TIN 111111111	Review CMS Data Change AND Submit Documentation	April 9, 2015 08:00:00 PM	View File	April 2, 2015 10:30:36 AM
C	Z0008	14013	Add New TIN 798987987	Review CMS Data Change AND Submit Documentation	April 9, 2015 08:00:00 PM	View File	April 2, 2015 10:31:19 AM
C	Z0009	14014	Add New TIN 988798465 and CCN(s) and NPI(s)	Review CMS Data Change AND Submit Documentation	April 9, 2015 08:00:00 PM	View File	April 2, 2015 10:34:04 AM

Next (Concur)
Next (Withdraw)

Back

9 Withdraw Pending Change Requests

This page allows you to withdraw a submitted Participant List change request. Only pending requests will be available for the ACO user to withdraw.

A couple examples of when you may want to remove a pending change request:

- Change request entered in error
- Contains an incorrect TIN, CCN, or NPI

Figure 12: Withdraw Change Request

ACO Management

Home » ACO Participant List Management » Withdraw Change Request

Withdraw ACO Participant List Change Requests ACO Participant List +

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

Withdraw	Agreement	Request #	Request Detail	Request Date	Effective Date	Termination Date	Request Status
<input type="checkbox"/>	AXXXX	7175	Add New TIN	January 21, 2015 01:43:20 PM	January 1, 2016		Pending

10 View Change Requests

Use this page to view a history of the change requests you have submitted through HPMS. You can view all the change requests or request to only view certain types of change requests in the drop down fields. As soon as you submit a change request on the Submit Change Request page, you can come to this page to view the pending change request.

At the bottom of this screen, you can also see the number of change requests your ACO has pending, the unique number of TINS, CCNs, and NPIs contained across all of your pending change requests. This may help you determine whether you have entered all of your ACO participant data for a designated ACO Participant List change request review period (see **Figure 12: Participant List Counts**).

Figure 13: View Change Request

ACO Management

Home > ACO Participant List Management > View Change Request

View ACO Participant List Change Request Report

ACO Participant List +

Selection Criteria

Requests Made In Year:
All

Search ACO:

Select one or more Agreements:
All Agreements

Select one or more Request IDs:
All

Request Type:
All

Request Status:
Pending

Back Submit

11 View Participant List Reports

This page allows you to view two HPMS Participant List Management System related reports: Participant List Email Report and Participant List Count Report.

11.1 ACO Participant List Email Report

This feature is for currently participating ACOs. This report displays the email history related to your change requests.

The email history includes email notifications that:

- ACO submitted change request
- CMS requested concurrence of a change request entered on your behalf
- Includes disposition on a change request, and/or a requested resubmission of the supporting the documentation
- Includes applicable errors found with the submitted change request

11.2 Participant List Count Report

This report displays your approved and pending change requests. The first half of the report displays the unique counts of approved TINs, CCNs, and NPIs found on your ACO Participant List (approved ACO

Participants). Click the “Display Detail” check box to see the detail of each approved ACO Participant. The bottom half of the report displays your pending change request details and unique counts of TINs, CCNs, and NPIs contained in your pending change requests.

Figure 14: Participant List Counts



12 ACO Participant Agreement Guidance

Your ACO may not include an ACO participant on its ACO Participant List unless the ACO participant has signed an ACO Participant Agreement. ACOs must submit supporting documentation that an agreement is in place between your ACO and each ACO participant. The ACO Participant Agreement must contain the required elements listed below. We have also listed separately below the optional elements for your consideration.

Use the [ACO Participant Agreement Template](#) to tell us where you state the requirements in your ACO Participant Agreement sample. For instruction, see [How to Complete the ACO Participant Agreement Template](#). Two tables are available for you (Table A and Table B). Review the following information to determine the correct table to populate for your sample:

- **Table A** is applicable for performance years 2012-2016. **Table B** is applicable for performance years 2017 and beyond.
- Either worksheet (**Table A** or **Table B**) is acceptable for your application for the January 1, 2016 program start date. **Table B** is not required, but optional for performance year 2016.

You must select only the table that corresponds to your ACO Participant Agreement sample (**Table A** or **Table B**). You **must** include the ACO Participant Agreement Worksheet when you submit an ACO Participant Agreement Sample for CMS approval. All applicants (initial and renewing) **must** submit their ACO Participant Agreement Sample with their application.

12.1 Information to Include in the ACO Participant Agreement

We will ask you to re-execute the ACO Participant Agreement if it is missing one or more of the required elements specified below.

- You must clearly identify the parties and terms of your agreement.
 - Each agreement should clearly identify the parties entering into the agreement, the agreement date, and length of agreement.
 - The correct legal business name of both the ACO and ACO participant is used and must be used consistently throughout the document.
 - If an agreement period is stated in the ACO Participant Agreement, then the agreement period must be at least one year.
- Agreements must show a direct agreement between the ACO and ACO participant. The agreement may not have a 3rd party intermediary. For example, the agreement may not be between the ACO and another legal entity such as an IPA or management company who in turn has an agreement with the ACO participant.
- Agreements must show that the ACO participants and ACO providers/suppliers rights and obligations in and representation by the ACO.
- Agreements must have an explicit requirement that the ACO participant and the ACO provider/supplier will comply with the requirements and conditions of the Medicare Shared

Savings Program (42 C.F.R. Part 425), including, but not limited to, those specified in the participation agreement with CMS.

- Agreements must show how the opportunity to get shared savings or other financial arrangements will encourage ACO participants and ACO providers/suppliers to follow the quality assurance and improvement program and evidence-based clinical guidelines.
- Agreements must show how remedial measures will apply to ACO participants and ACO providers/suppliers who don't follow the requirements of their agreement with the ACO.
- Agreements must show an explicit requirement that the ACO participants and ACO providers/suppliers agree to be accountable for the quality, cost, and overall care of Medicare fee-for-service beneficiaries under their care.
- Agreements must show an explicit requirement that the ACO participants and ACO providers/suppliers will comply with all applicable laws including but not limited to federal criminal law, False Claims Act, anti-kickback statute, civil monetary penalties law, and physician self-referral law.
- Agreements must show that the ACO is also responsible for ensuring that all ACO providers/suppliers that bill through the TIN of the ACO participant have also agreed to participate and follow program regulations. The ACO may ensure this by having direct agreements with each ACO provider/supplier or it may ensure this indirectly through its agreement with the ACO participant. If the ACO chooses to contract directly with the ACO providers/suppliers, the agreement must meet the same requirements as the agreements with ACO participants. Remember, even if an ACO chooses to contract directly with the ACO providers/suppliers, it must still have the required agreement with the ACO participant.

We strongly recommend you also include the following information in your ACO Participant Agreement to ensure each ACO participant and provider/supplier understands how participating in an ACO may impact them. If this information is not included in your ACO Participant Agreement, it should be clearly discussed with each ACO participant before they sign the ACO Participant Agreement as part of the ACOs education and onboarding process.

- Agreements should include a statement that ACO participants and ACO providers/suppliers agree to work with the ACO to meet the quality reporting standards of the Shared Savings Program. Complete and accurate reporting of quality data each reporting period by the ACO will qualify ACO participants with Physician Quality Reporting System (PQRS) eligible professionals to earn a PQRS incentive payment and to avoid the PQRS payment adjustment, and will satisfy the requirements of some other Medicare quality reporting initiatives. The ACO's failure to completely and accurately report quality data will have consequences including the inability to share savings and the application of the PQRS payment adjustment, which will affect Medicare payment amounts for eligible professionals billing through your ACO participant TIN(s).
- Agreements should include a statement that the ACO participants and ACO providers/suppliers

will comply with all relevant statutory and regulatory provisions regarding the appropriate use of data including the HIPAA Privacy Rule, HIPAA Security Rule and the terms of the ACO's Data Use Agreement (DUA) with CMS.

- Agreements should include a statement that requires the ACO participant to update its [Medicare] enrollment information, including the addition and deletion of ACO professionals and ACO providers/suppliers billing through the TIN of the ACO participant, on a timely basis in accordance with Medicare program requirements and to notify the ACO of any such changes within 30 days after the change.
- Agreements should be for a term of at least one performance year and should articulate potential consequences for early termination from the ACO.

Agreements should require completion of a close-out process upon termination or expiration of the agreement that requires the ACO participant to furnish all data necessary to complete the annual assessment of the ACO's quality of care and addresses other relevant matters.

12.2 What to Include on the ACO Participant Agreement Signature Page

Each ACO Participant Agreement must include a signature page that is signed by individuals who have the legal authority to bind the party on whose behalf they are signing the agreement. The person signing on behalf of the ACO must be currently listed in HPMS as the ACO Executive or Authorized to Sign contact roles. The signature page must reflect information for both the ACO and the ACO participant and should be consistent with the legal entity names listed on the first page of the ACO Participant Agreement. Information other than the signature should be typed for easy reference and readability. We strongly encourage you to include the information indicated and format referenced in Appendix A.

12.3 Executed Agreement Requirement for ACOs Renewing their agreement with CMS

ACOs renewing their agreement with CMS, must also renew your agreements with each of your ACO participant TINs. We require ACOs to obtain signature confirmation that the ACO participant agrees to participate with your ACO for an additional 3 years. You can submit documentation of this agreement in the form of a newly executed ACO Participant Agreement or an addendum to the initial ACO Participant Agreement that includes a "wet signature" and a signature date.

- Please note that we refer to "wet signatures" as original hand written signatures (e.g. not stamped, not electronic signature, etc.). CMS may request the original wet signature executed agreement.
- We must receive a .pdf of each executed agreement that includes a hand written signature by both the ACO and ACO participant.

If we approve your renewal application, your ACO will also be required to sign a new 3-year agreement with CMS.

It is important that each participant TIN is aware that your ACO is pursuing another agreement with CMS and commits to do the same. We understand that some ACOs have "evergreen agreements" with your participant TINs, which are effective for the life of the agreement between your ACO and CMS. Because

the agreement between CMS and your ACO is only effective for 3 years, your ACO must obtain newly executed or addendums for each Participant Agreements as well.

We continue to have issues where participant TINs sign an agreement with more than one ACO for the same agreement period, or the providers/suppliers that bill through each participant TIN are not aware that the TIN signed an agreement with an ACO to participate in the Shared Savings Program. ACOs are required to make available provider/supplier agreements if we ask for them as stated in our [2011 Final Rule](#) 425.204(c)(1):

As part of its application, an ACO must submit to CMS the following supporting materials to demonstrate that the ACO satisfies the eligibility requirements set forth in subpart B of this part: Documents (for example, participation agreements, employment contracts, and operating policies) sufficient to describe the ACO participants' and ACO providers/suppliers' rights and obligations in and representation by the ACO, including how the opportunity to receive shared savings or other financial arrangements will encourage ACO participants and the quality assurance and improvement program and evidenced-based clinical guidelines.

13 Common Errors to Avoid when Adding an ACO Participant to your ACO Participant List

For your convenience, we have provided a list of several common errors to avoid to help you to successfully submit a change request to add a new ACO participant to your ACO Participant List.

13.1 Inclusion of Program Requirements

- Include all mandatory information described in [Section 12.1](#) in your ACO Participant Agreement.
- Make sure you upload the correct supporting documentation for the correct ACO participant.
- If the ACO participant is a sole proprietor with both an SSN and EIN enrolled with CMS, the agreement should identify both TINs, if TIN is an identifier used on your agreements. Only one ACO Participant Agreement sample is required for solo practitioners. See [Section 14](#) for additional information on sole proprietors.

13.2 Identifying Parties to the Agreement

- Provide the correct ACO legal business name on your executed agreements. We check HPMS to verify the legal business name of the ACO.
- Provide the correct ACO participant legal business name. Be sure to include any name extensions such as "LLC," "Incorporated," "M.D.," or "P.A."
- Confirm the ACO participant legal business name is listed correctly in PECOS. Ask your ACO participant to provide you a screen shot from PECOS to ensure their legal business name is correct. We check PECOS to verify the legal business name of the ACO participant.
- Provide the correct ACO participant TIN. Be sure the TIN doesn't have any transposed numbers. We check PECOS to verify the TIN matches the ACO participant legal business name.
- Confirm the ACO participant is a Medicare-enrolled TIN. Ask your ACO participant to provide you a screen shot from PECOS to ensure they have a valid Medicare enrollment.

- If the ACO participants TIN is listed in the ACO Participant Agreement make sure it is listed correctly and **doesn't** have any transposed numbers.
- Make sure the name of the person signing the ACO Participant Agreement on behalf of the ACO participant **is** correctly entered in the change request in HPMS.

13.3 Executed Agreement Signatures

- Make sure the person signing the ACO Participant Agreement on behalf of the ACO is currently listed in HPMS as the ACO Executive or Authorized to Sign contact roles.
- Make sure the ACO **and** the ACO participant have each signed the signature page of the ACO Participant Agreement.
- If there are any changes to the ACO Participant Agreement, make sure **both** the ACO and the ACO participant initial **each** change to signify agreement to the change.

14 Additional Resources and Frequently Asked Questions

To learn more about how changes to your ACO Participant list and ACO Provider/Suppliers impact your ACO, refer to our Changes in ACO participants and ACO providers/suppliers during the Agreement Period guidance document located [here](#).

To learn more about ACO Participants with merged or acquired TINs, review our FAQ memo located [here](#).

14.1 Overlapping Participants

Q1: How do I resolve overlap between an ACO Participant change request I have submitted and the same Participant aligned with another Shared Savings Program ACO or another Medicare shared savings initiative?

A1: Generally speaking, CMS will not intervene in contract disputes between an ACO and its ACO participants. It is the ACO participant's responsibility to discuss and resolve such contractual matters with its ACO. If there are ACO participants that you wish to add to your ACO Participant List and they are already on another ACO's Participant List, you will have to work with the other ACO to have them removed from the other ACO's list. In order for these ACO participants to be successfully added to your ACO Participant List, all requirements must be met (such as properly executed ACO Participant Agreement and the correct legal business name in PECOS, etc) and the other ACO must submit a change request in HPMS to delete the overlapping ACO participant from its list no later than the deadline described in Section 2.

14.2 PECOS Enrollment

Q1: When does a MAC need to approve a provider enrollment record in PECOS in order for CMS to consider the enrollment record during the change request review process?

A1: The enrollment data you enter into a change request must be approved in PECOS by the change request submission deadlines found in Section 2 of this document. If a change request is entered for the fall review round (due September 8, 2015), the PECOS enrollment must receive approval by August 31, 2015. If the record is not approved in PECOS, we will not approve the change request to add the

participant for the 2016 performance year. Q2: How do I confirm an ACO Participant's Medicare-Enrolled Legal Business Name?

A2: An ACO participant can view its legal business name by either logging into PECOS or contacting its Medicare Administrative Contractor (MAC). See [Appendix B](#) for step by step instructions how an ACO participant can view its legal business name in PECOS. The ACO participant can also contact its MAC to validate its legal business name. MACs will release enrollment information to the ACO participant's authorized/delegated official, contact person or surrogate. For MAC contact information, see the Medicare Provider-Supplier Enrollment web page [here](#).

Q3: How do I learn more about provider enrollment in PECOS?

A3: Refer to the Basics of Internet-based PECOS for Physicians and Non-Physician Practitioners fact sheet, located [here](#).

Q4: Who to Contact for Assistance with PECOS

A4: Questions related to PECOS can be directed to External User Services (EUS) or the ACO participant's MAC. You can find contact information [here](#) under the "Downloads" section including a matrix titled "Who Should I Call" that helps users identify which CMS organization to contact regarding situations they are encountering while using PECOS and a contact list for each CMS organization noted within the matrix.

14.3 Sole Proprietors

Q1: What is the difference between an "enrollment TIN" and a "billing TIN"?

A1: Sole proprietors enroll in Medicare using their social security number (SSN). The enrollment TIN is the SSN they use to enroll. They have the option of using the SSN as their identifier when billing Medicare; however, many sole proprietors choose to obtain an employer identification number (EIN) to bill Medicare rather than using their SSN, due to privacy concerns. The billing TIN is the EIN that some sole proprietors use to bill Medicare instead of using their SSN.

Q2: Do all sole proprietors have both an enrollment TIN and a billing TIN?

A2: Not necessarily. Some sole proprietors use their SSN to bill Medicare. In that case, the same number—the SSN—is used for both enrollment and billing. If your ACO participant is a sole practitioner that uses the SSN for billing as well as enrollment, you will only need to put one TIN on your ACO Participant List.

Q3: Why does the Shared Savings Program need both the enrollment and billing TINs?

A3: All ACO participants must be enrolled in Medicare. CMS uses the enrollment TIN to verify the ACO participant's enrollment in Medicare and, thereafter, to monitor them. The billing TIN is used by the Medicare Administrative Contractors (MACs) to identify claims and to make claim payments. The Shared Savings Program uses the enrollment TIN to identify and screen the sole practitioner and the billing TIN to identify claims for beneficiary assignment.

14.4 Sample Agreement

Q1: My sample ACO Participant Agreement has changed, how do I submit an updated sample agreement?

A1: Submit your new sample agreement to your ACO Coordinator. Include a description identifying whether the new agreement replaces your old sample agreement for all of your ACO participants, or if the new agreement will be in use for participants newly joining your ACO.

14.5 General

Q1: What do I need to do when CMS submits a change request on my ACO's behalf?

A1: CMS may submit a change request on ACO's behalf to institute a necessary change to your Participant List. You must take at least one action in the HPMS Participant List Management module to either (1) concur the change and provide any requested documentation (e.g. executed agreement), or if you do not agree to the change, withdraw the change request.

Q2: I submitted a change request but later realized I made a mistake; what can I do now?

A2: You may be able to withdraw the change request if it has not been adjudicated. If you got an email approving the change request, you can submit a subsequent change request to edit or delete the change request with the mistake. If you got an email denying the change request, you do not need to do anything to account for the mistake.

Appendix A: Sample ACO Participant Agreement and Addendum

For your convenience, we have included a sample ACO Participant Agreement that includes a sample introductory paragraph of the first page and a sample signature page. Additionally, we've included a sample ACO Participant Agreement Addendum for ACOs renewing their agreements with their ACO participants. This information is provided as a sample only.

ACO Participant Agreement (SAMPLE)

Sample Introductory Paragraph:

This ACO Participant Agreement (“**Agreement**”) is by and between Accountable Care Organization of ABC, LLC DBA ABC ACO (“**ACO**”), and XYZ Group Practice P.C. (“**ACO Participant**”) and is effective [Month, Day, Year] (“**Effective Date**”).

<Body of Agreement>

Sample Signature Page:

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by the duly authorized representatives as of the dates below.

<u>For the ACO</u>	<u>For the ACO Participant</u>
_____ Legal Entity Name	_____ Legal Entity Name
_____ DBA Name	_____ DBA Name
_____ Signature (on behalf of the ACO)	_____ Signature (on behalf of the ACO Participant)
_____ Name	_____ Name
_____ Title	_____ Title
_____ Date	_____ Date
_____ Address	_____ Address
_____ City, State Zip Code	_____ City, State Zip Code
_____ Business Phone	_____ Business Phone

Addendum to ACO Participant Agreement (SAMPLE)

Sample Introductory Paragraph:

This Addendum to ACO Participant Agreement (“**Addendum**”) by and between Accountable Care Organization of ABC, LLC DBA ABC ACO (“**ACO**”), and XYZ Group Practice P.C. (“**ACO Participant**”) is effective [Month, Day, Year] (“**Effective Date**”).

WHEREAS, the **ACO** and **ACO Participant** previously entered into an ACO Participant Agreement on or about [Month, Day, Year] (the “Agreement”); and both parties mutually agree to continue the Agreement by way of this Addendum.

NOW, THEREFORE, in reliance on the mutual agreements contained herein, the parties agree as follows:

<Body of Agreement>

Sample Signature Page:

IN WITNESS WHEREOF, the parties have caused this Addendum to be executed by the duly authorized representatives as of the dates below.

<u>For the ACO</u>	<u>For the ACO Participant</u>
_____ Legal Entity Name	_____ Legal Entity Name
_____ DBA Name	_____ DBA Name
_____ Signature (on behalf of the ACO)	_____ Signature (on behalf of the ACO Participant)
_____ Name	_____ Name
_____ Title	_____ Title
_____ Date	_____ Date
_____ Address	_____ Address
_____ City, State Zip Code	_____ City, State Zip Code
_____ Business Phone	_____ Business Phone

Appendix B: How to View an ACO Participant's Legal Business Name in PECOS

An ACO participant can follow these steps to view their legal business name in PECOS.

1. Log into PECOS (*Figure 1*)
2. Click “My Enrollments” (*Figure 2*)
3. The “Existing Associates” section will display the organization legal business name (*Figure 3*)
4. Select “View Enrollments” to display the legal business name above all of your existing enrollments (*Figure 4*)

Figure 1

The screenshot shows the Medicare Enrollment for Providers and Suppliers login page. At the top, there is a blue header with the text "Medicare Enrollment for Providers and Suppliers". Below this, a blue banner reads "Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)". A red asterisk indicates a required field. An "IMPORTANT:" notice states: "NPPES data is updated to PECOS periodically throughout the day. If you have recently created your NPPES User ID and Password, or changed any data, please allow couple of hours to one day for your login changes to take effect." Below the notice, there is a section for "USER LOGIN" with fields for "User ID" and "Password", and a "LOG IN" button. To the right, there is a section for "BECOME A REGISTERED USER" with a "Register for a user account" link and a "Note" stating: "Note: if you are a Medical Provider or Supplier, you must register for an NPI before enrolling with Medicare."

Figure 2

The screenshot shows the "Manage Medicare and Account Information" page. There are two main sections: "MY ENROLLMENTS" and "ACCOUNT MANAGEMENT". The "MY ENROLLMENTS" button is highlighted with a red box. Below the "MY ENROLLMENTS" button, there are three bullet points: "Enroll in Medicare for the first time", "View and update existing Medicare information", and "Continue working on saved applications". Below the "ACCOUNT MANAGEMENT" button, there are two bullet points: "Update your user account information, request or remove access to organizations" and "Manage access to Medicare enrollments".

Figure 3

Existing Associates

In order to view Medicare applications and enrollments for an associate, please click on the "View Enrollments" button next to an associate listed below.

Individuals

Name: JOHN PROVIDER NPI: XXXXXXXX [VIEW ENROLLMENTS](#)

Organizations

Name: UNIVERSITY OF MARYLAND PHYSICIANS, P.A. TIN: XXXXXXXX [VIEW ENROLLMENTS](#)

Figure 4

Name: UNIVERSITY OF MARYLAND PHYSICIANS, P.A. TIN: XXXXXXXX

Existing Enrollments

Contractor: NOVITAS SOLUTIONS, INC.
 Enrollment Type: 855B
 Type/Specialty: CLINIC / GROUP PRACTICE
 Medicare ID: XXXXXXXX [View Medicare ID Report](#)
 State: MARYLAND
 Status: APPROVED [View Approved Enrollment Record](#)

Current ADI Accreditation? Yes Revalidation Status: COMPLETE

Active Reassignments: 345
 Pending Reassignments Applications: 0
[View/Manage Reassignments](#)

Details of the open application for enrollment

Type of Update	Status	Tracking ID	Action
Change of Information	EDIT View Edit Application	T032 XXXXXXXX	VIEW MORE OPTIONS

Contractor: NORIDIAN HEALTHCARE SOLUTIONS [VIEW](#)
 Enrollment Type: 855B [MORE OPTIONS](#)
 Type/Specialty: PUBLIC HEALTH/WELFARE AGENCY
 State: CALIFORNIA
 Status: DEACTIVATED [View Deactivated Enrollment Record](#)

Current ADI Accreditation? No