

Application-Related Requests for Information in ACO-MS

INTRODUCTION

Requests for information (RFIs) give applicants the opportunity to correct application deficiencies, make modifications to the ACO Participant List and/or Skilled Nursing Facility (SNF) Affiliate List, make updates or corrections to repayment mechanism documentation (if applicable), and make other modifications as described in the [RFI Response Actions and Deadlines](#) document. RFIs are issued in the [ACO Management System](#) (ACO-MS), and ACOs must respond to RFIs in ACO-MS.

REVIEWING DEFICIENCIES

- Application Contacts (primary and secondary), the ACO Executive, Authorized to Sign Contacts (primary and secondary), and the CMS Liaison will receive emails notifying them that CMS has issued an RFI. Contacts must log into ACO-MS to view deficiencies and make corrections. Each RFI will appear in the Task widget on your Dashboard.



Tip

In ACO-MS, use the filters in the Task widget to keep track of all your tasks.

- Filter by ACO** if you have multiple ACOs to understand how many updates you will need to make for each application.
- Filter by Status** to make sure all tasks are marked complete before the RFI deadline.
- Filter by Description** to view tasks of a certain type; for example, RFI tasks associated with change requests or your ACO's repayment mechanism.

- All deficiencies for the initial or renewal/early renewal applications will be within a single task in the Task widget on your Dashboard. Deficiencies related to ACO participants, SNF affiliates, the repayment mechanism, SNF 3-Day Rule Waiver applications, and Beneficiary Incentive Program (BIP) applications will be listed in separate tasks. As shown below, the first two or three characters of the task ID indicate the type of RFI:

TASK ID	TYPE OF RFI
IA	Initial Application
RA	Renewal/Early Renewal Application
RM	Repayment Mechanism
CR	ACO Participants/SNF Affiliates and Executed Agreements
SN3	SNF 3-Day Rule Waiver Application
BPC	BIP Application

- Clicking the application RFI task displays the application; any deficiencies and comments from CMS appear after the affected question.

- After you make and review all corrections, click “Submit.” **Please note that when you click “Submit,” your application will be sent to CMS for review, and you will not be able to make additional changes once submitted.**

 **Important**

If your ACO’s application does **NOT** have any deficiencies, your ACO will still receive an RFI task and may make changes to the application, if desired, as described in the [RFI Response Actions and Deadlines](#) document. If your ACO’s application does **NOT** have any deficiencies, you **still need to click “Submit” in ACO-MS to respond to the RFI.**

REPAYMENT MECHANISM RFI

- All repayment mechanism deficiencies will be within a single task in ACO-MS. Your ACO can respond to the RFI from this task.
- With each RFI, CMS provides an estimate of your ACO’s repayment mechanism amount and the calculation used. This information is available in the Application Cycle subtab (refer to Figure 1 below) by clicking on the repayment amount hyperlink.
 - From the My ACOs tab, select your ACO. On your ACO’s page, select the Application Cycle subtab.

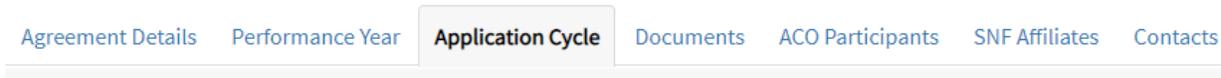


Figure 1. View of Application Cycle subtab in ACO-MS

REVIEWING OTHER INFORMATION ISSUED WITH RFIs

CMS issues information about your ACO with each RFI, including:

- An estimated number of assigned beneficiaries based on both prospective assignment and preliminary prospective assignment with retrospective reconciliation for three benchmark years (2017, 2018, and 2019);
- Information about ACO participants’ prior participation in the Shared Savings Program (>50% check);
- Information about ACO participants’ experience with risk, used to determine whether the ACO is inexperienced/experienced with performance-based risk Medicare ACO initiatives (40% check);
- Information on whether the ACO is a high revenue ACO or low revenue ACO;
- Eligibility for track selections and model options; and
- Agreement period that the ACO is entering for purposes of applying program requirements that phase-in over time.

This information is summarized in ACO-MS in the Application Cycle subtab and also detailed in the *Participation Options Report* (as described below).

 **Important**

The values listed above may change with each RFI depending on changes made to your ACO Participant List.

Participation Options Report

CMS provides additional details about the information listed above in the *Participation Options Report* (refer to Figure 2 below) available in the Reporting tab.

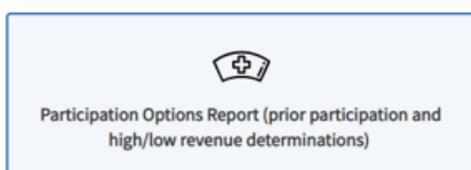


Figure 2. View of Participation Options Report

- Download the report with each RFI period to view the most recent data.
- Make sure to select your ACO from the drop-down menu.
- Ensure the format is set to .xlsx.
- Select the correct application cycle from the program year drop-down menu.

- The *Participation Options Report* has multiple tabs.
 - **50% ACO Composition:** Includes the total percentage of ACO participants that participated in the same ACO for each of the previous five performance years. This tab also shows the ACO ID in which each ACO participant TIN participated in each of the previous five performance years.
 - **40% Risk Check:** Includes each ACO participant TIN and its participation in a performance-based risk Medicare ACO initiative in the previous five performance years, along with the total percentage of ACO participants that participated in a performance-based risk Medicare ACO initiative in each of the previous five performance years.
 - **Estimate of High or Low Revenue:** Includes information used to calculate the ACO's estimated repayment mechanism amount (if applicable) and an estimate of whether the ACO is a high revenue ACO or low revenue ACO.
 - **ACO Summary:** Summarizes the information contained in the tabs listed above. This tab also shows the estimated number of assigned beneficiaries based on both prospective assignment and preliminary prospective assignment with retrospective reconciliation for three benchmark years, the agreement period into which the ACO is entering, and the track and level options available to the ACO based on the eligibility checks reflected in the report. This summary information is also included in the Application Cycle subtab (previously described).

WITHDRAWING AN APPLICATION

To withdraw an application, applicants must submit a written request on their ACO’s letterhead, signed by the ACO Executive, and the letter must include:

- The organization’s legal entity name;
- ACO ID;
- Complete address;
- Point of contact information (phone number and email address); and
- Statement indicating the ACO’s request to withdraw.

Send the request to withdraw as a PDF to SSPACO_Applications@cms.hhs.gov with the ACO ID and the phrase “Withdrawal Request” in the subject line of the email. ACOs that decide to withdraw should do so as soon as possible to allow for ACO participants and ACO providers/suppliers to participate in other Medicare shared savings initiatives.

RESOURCES FOR RESPONDING TO RFIs

GUIDANCE	VIDEO
Application Toolkit	How to Respond to RFIs in ACO-MS (located on ACO-MS Contact Us/FAQ page)

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