

Medicare Shared Savings Program Application Review

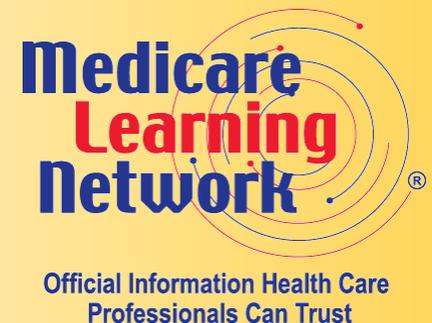
June 20, 2013
Presented by CMS



Medicare Learning Network

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Agenda

- Application submission process
- Changes to the 2014 Medicare Shared Savings Program (Shared Savings Program) application
- Required templates
- Narratives
- Participant list issues
- Track 2, Repayment Mechanism
- Application review and determination process



Shared Savings Program Application

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CMS



2014 Application Cycle – Key Dates

Start Date	January 1, 2014
2014 applications posted on CMS Web site	June 2013
Notice of Intent to Apply (NOI) forms accepted	CLOSED
CMS User ID forms accepted	Submit immediately, if you have not already done so.
2014 applications accepted	July 1, 2013 – July 31, 2013
2014 application approval or denial decision	Fall 2013
2014 application reconsideration review deadline	Fall 2013

Shared Savings Program: Application Submission Process



About the Application Process

- CMS will not process applications received after July 31, 2013 for the January 1, 2014 program start date.
- CMS will continually update the [Application](#) website with news, information, and key dates for future application cycles.



Notice of Intent to Apply

- NOIs were due May 31, 2013. This period is now closed for the January 1, 2014 program start date.
- Monitor the [Application](#) Web site for key dates for future application cycles.
- CMS sent NOI acknowledgement emails containing your Accountable Care Organization (ACO) ID and instructions on how to complete the CMS User ID application.
 - If you did not receive this email, please contact us at SSPACO_Applications@cms.hhs.gov
- Submitting an NOI **does not** require you to submit an application. However, without an ACO ID and CMS User ID you will not be able to access the appropriate modules in the Health Plan Management System (HPMS) to complete the required 2014 application.



CMS User ID Guidance

- CMS User ID forms were due to CMS by June 10, 2013.
- If you have not submitted your CMS User ID request, please submit your Form CMS 20037 **immediately**.
- CMS guidance is available on the [Application](#) Web site.
- Send the completed CMS User ID form by tracked mail (e.g. FedEx) to CMS at:
 - Centers for Medicare & Medicaid Services
 - Attention: Adam Foltz
 - Mail Stop: C4-18-13
 - 7500 Security Boulevard
 - Baltimore, MD 21244
- If you've submitted your form, please allow 3-4 weeks to process your request.



Application Package

- The complete application package includes the following documents:
 - Application
 - Toolkit:
 - Application Reference Guide
 - CMS Form 588, Electronic Funds Transfer Authorization Agreement
 - Governing Body Template
 - ACO Participant Agreement Template
 - ACO Participant List Template
- The application package is available on the [Application](#) Web site.



Application Submission

- **You must submit your application electronically through HPMS.**
 - Access the [Application Form](#) to begin to prepare your responses.
 - The questions from the NOI will be pre-populated in HPMS for Section 1 and Section 2.
 - If any of the pre-populated information changes, you must email a change request to SSPACO_Applications@cms.hhs.gov.
 - On the Subject Line include your ACO ID and the words “Change to NOI Information”
 - In the body, include your ACO ID, ACO Legal Name, and the corrected information.
 - This request must be received from the Application Contact (primary or secondary) or the ACO Executive.
- CMS **will not** process applications received after July 31, 2013 for the January 1, 2014 program start date.



Application



CMS

MEDICARE SHARED SAVINGS PROGRAM 2014 APPLICATION

PAPER APPLICATIONS WILL NOT BE ACCEPTED. THE DOCUMENT IS ONLY TO HELP YOU GET STARTED PREPARING YOUR RESPONSE. SUBMIT YOUR APPLICATION ONLINE.

Some of this information is pre-populated in HPMS. Complete any fields that are blank online.

SECTION 1 – Give us your contact information

ACO ADDRESS

Legal Entity Name
Tax ID Number/ EIN (if Applicable)
Mailing Address

ORGANIZATION CONTACTS

ACO EXECUTIVE (AUTHORIZED OFFICIAL) REQUIRED

Last Name, First Name
Title
Mailing Address
Phone Number (including area code) | Email Address

CMS LIAISON (PRIMARY CONTACT) REQUIRED

Last Name, First Name
Title
Mailing Address
Phone Number (including area code) | Email Address

APPLICATION CONTACT (PRIMARY) REQUIRED

Last Name, First Name
Title
Mailing Address
Phone Number (including area code) | Email Address

APPLICATION CONTACT (SECONDARY) OPTIONAL

Last Name, First Name
Title
Mailing Address
Phone Number (including area code) | Email Address

IT CONTACT (PRIMARY) REQUIRED

Last Name, First Name
Title
Mailing Address
Phone Number (including area code) | Email Address

IT CONTACT (SECONDARY) OPTIONAL

Last Name, First Name
Title
Mailing Address
Phone Number (including area code) | Email Address

1

Changes to the 2014 Application

- Added 8 new contacts and an ACO Webpage Address field in Section 1.
- Moved the Repayment Mechanism question to Section 2.
- Added two (2) new questions: Q18-Past Participation, Section 7; and Q34 Accountability for Beneficiaries, Section 11.
- Added text boxes for narrative submissions. Each question requiring a narrative response will now be typed into the text box found in HPMS. You will no longer submit your narratives as a separate upload document. An upload option is available for additional documentation to support your narrative, if needed.
- Modified the ACO Participant List Template to include the person authorized to sign the ACO Participant Agreement.
- Removed the Executed Agreement Template. This information is now included on the ACO Participant List.



Toolkit: Reference Guide

Medicare Shared Savings Program
2014 Application Reference Table

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Supporting Doc. Required	Narrative Response Required	Naming Convention
-	Sect. 1 – Contact Information: ACO Address	<p>Confirm your ACO legal entity name, Trade name or DBA, if applicable and your mailing address.</p> <p>This field is pre-populated in HPMS from your NOI. If you wish to change this information, you must contact CMS before submitting your application.</p>	N/A	N/A	No	No	N/A
-	Sect. 1 – Contact Information: Organizational Contacts	<p>Enter on the Contact Screen in HPMS the name, title, address, email, phone and fax numbers for the following required contacts at the time of application: ACO's Executive Officer, CMS Liaison, Application Contact (Primary), IT Contact (Primary), Financial, Compliance and Authorized to Sign.</p> <p>Application Contact (Secondary) and IT Contact (Secondary) are optional.</p> <p>The following contacts are optional at the time of application but required upon CMS approval into the MSSP: Quality (Primary &</p>	N/A	N/A	No	No	N/A

Sections of the Application

Section 1 – Give us your contact information

Section 2 – Tell us some general information about your ACO

Section 3 – Tell us if your ACO meets the Antitrust Agencies' definition of “newly formed”

Section 4 – Tell us about your ACO's legal entity

Section 5 – Tell us about your ACO's governing body

Section 6 – Tell us about your ACO's leadership and management

Section 7 – Tell us about your participation in other Medicare initiatives involving shared savings

Section 8 – Tell us how you plan to manage shared savings

Section 9 – Tell us about your ACO participants

Section 10 – Tell us about data sharing

Section 11 – Tell us about your clinical processes and patient centeredness

Section 12 – Certify your application



Banking Information

BANKING INFORMATION

22. You must establish a relationship with a banking partner that meets the Internal Revenue Service (IRS) requirements (a bank, insurance company or other entity) as set out in the Treasury Reg. Secs. 1.408-2(e)(2) through (e)(5).

This checking account is associated with the TIN designated for the ACO. Shared savings will be deposited directly to the account you indicated.

- a. Complete the Electronic Funds Transfer (EFT) Authorization Agreement Form CMS 588. Use this [Form CMS 588 tutorial](#) for further guidance.
- b. We will not consider your application complete until we get this form. Send your completed Form CMS 588, with your original signature and a voided check using tracked mail, such as certified mail, Federal Express or United Parcel Service, to:

Centers for Medicare & Medicaid Services
CM/PBPPG, Mailstop C5-15-12
7500 Security Blvd.
Baltimore, MD 21244-1850
Attention: Jonnice McQuay,
Desk Location: C4-02-02

Certification

SECTION 12 – Certify your application

** We will not process your application if you do not complete this certification in HPMS. This page will appear at the end of your application. Select I agree, or I disagree. By selecting I agree, you are certifying your application.*

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 to 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.

Shared Savings Program: Required Templates



Templates for 2014 Application

- For the 2014 Application, you will need to submit three templates:
 - Use the [Governing Body Instructions](#) to submit your [Governing Body Template](#). This template tells us about the composition of your Governing Body. See [here for FAQs](#).
 - Use the [ACO Participant List Instructions](#) to submit your [ACO Participant List Template](#). Your ACO Participant List will include information about the ACO Participants that make up your ACO. Include the legal name, transaction identification number (TIN), CMS Certification Number (CCN) and other information. See [here for FAQs](#).
 - Use the [ACO Participant Agreement Template Instructions](#) to submit your [ACO Participant Agreement Template](#). This template identifies where the program requirements are located in your agreements.



The Governing Body Template

14. Please use the Governing Body Template to identifying the following:
- All governing body members
 - Position each member holds on the governing body
 - Voting power of each governing body member
 - Indicate which ACO participant the governing body member represents; or indicate if the governing body member is a Medicare beneficiary representative, community stakeholder representative, or other.

Medicare Shared Savings Program - Governing Body Template					
ACO ID:					
ACO Legal Name:					
Member Last Name	Member First Name	Member Title/Position	Member's Voting Power	Membership Type: ACO Participant Representative, Medicare Beneficiary Representative, Community Stakeholder Representative or Other (describe)	ACO Participant TIN Legal Name <i>(For ACO Participant Representative only. Enter N/A for Medicare Beneficiary or Community Stakeholder Representative)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
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The ACO Participant List Template

ACO PARTICIPANTS

23. You must submit a list of ACO participant Taxpayer Identification Numbers (TINs). If your ACO contains FQHC or RHC participants, you may be required to submit additional ACO provider/supplier information. The ACO participant TINs submitted on this list are the ACO participants that have joined together to form the ACO and have agreed to become accountable for the quality, cost, and overall care of beneficiaries assigned to the ACO and to comply with all requirements of the program under 42 CFR Part 425. DO NOT submit any ACO participant TINs that have not signed an ACO Participant Agreement with the ACO.

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

The ACO Participant Agreement Template

ACO PARTICIPANT AGREEMENT

27. Submit a sample of the agreements you are currently using between the ACO and ACO Participants (Taxpayer Identification Number (TINs), ACO providers/suppliers, other individuals and other entities performing functions or services related to ACO activities. All ACO providers/suppliers (NPIs) that have reassigned their billings to the TIN of an ACO participant must also agree to participate in the ACO and to comply with all applicable laws and regulations, including the regulations in 42 CFR Part 425?

Submit the ACO Participant Agreement Template to identify the location of the following in your agreements:

a. An explicit requirement that the ACO participant or the ACO provider/supplier will comply with the requirements and conditions of the Medicare Shared Savings Program (42 CFR Part 425), including, but not limited to, those specified in the participant agreement with CMS.

b. The ACO participant ACO.

c. How the opportunity for participants and ACOs to share savings and evidence-based

d. Remedial measures that will apply to ACO participants and ACO providers/suppliers in the event of non-compliance with the requirements of their agreements with the ACO.

Medicare Shared Savings Program - ACO Participant Agreement Template

ACO ID:

ACO Legal Name:

ACO Participant Agreement Required Element	Agreement contains this element (YES or NO)	ACO Participant Agreement Section	ACO Participant Agreement Page Number
1 An explicit requirement that the ACO participant or the ACO provider/supplier will comply with the requirements and conditions of the Medicare Shared Savings Program (42 CFR Part 425), including, but not limited to, those specified in the participation agreement with CMS.			
2 The ACO participants' and ACO providers'/suppliers' rights and obligations in and representation by the ACO.			
3 How the opportunity to get shared savings or other financial arrangements will encourage ACO participants and ACO providers/suppliers to adhere to the quality assurance and improvement program and evidence-based clinical guidelines.			
4 Remedial measures that will apply to ACO participants and ACO providers/suppliers in the event of non-compliance with the requirements of their agreements with the ACO.			

Shared Savings Program: Narratives



Narratives

- CMS added text boxes for narrative submissions in the 2014 application to make the process easier for both applicants and reviewers.
- Each question requiring a narrative response will now be typed directly into the text boxes found in HPMS.
- 4,000 character length limit for each text box.
- Do not include the following characters: greater than (>), less than (<) or semicolon (;)
- You will no longer submit your narratives as separate upload documents.
 - However, an upload option is available for additional documentation to support your narrative, if needed.



Narratives

SECTION 8 – Tell us how you plan to manage shared savings

SHARED SAVINGS

21. Please describe in a narrative how you plan to use shared savings payments, including:
- a. How you intend to share savings with ACO participants and ACO providers/suppliers, or to use the shared savings to reinvest in the ACO's infrastructure, redesigning care processes, etc.
 - b. The percentage of savings you intend to distribute to each category. If you intend to distribute shared savings among ACO participants and ACO providers/suppliers, please describe the criteria you intend to use for distributing those payments.
 - c. Describe how this plan will achieve the specific goals of the Shared Savings Program and how this plan will achieve the general aims of better care for individuals, better health for populations, and lower growth in expenditures.

Shared Savings Program: ACO Participant List Issues



ACO Participant List Template

TIN	TIN Legal Business Name	Medicare Enrolled TIN (Y/N)	Merged or Acquired TIN (Y/N)	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

Additional information is required if the ACO participant is a:

- Federally Qualified Health Center (FQHC): CCN and National Provider Identifiers (NPIs)
- Rural Health Center (RHC): CCN and NPIs
- Critical Access Hospital (CAH) billing under method II: CCN only
- Electing teaching amendment hospital: CCN only



ACO Participant List Evaluation

- CMS evaluates the ACO Participant List to:
 - Verify that your ACO would have at least 5,000 assigned beneficiaries in each of the benchmark years.
 - Verify that ACO participants meet program requirements:
 - TIN is enrolled in Medicare in the Provider Enrollment, Chain and Ownership System (PECOS)
 - Information matches Medicare enrollment information
 - TIN is not participating in another Medicare initiative involving shared savings
 - Screen the ACO participants and ACO providers/suppliers for program integrity history.
- ACO participants should check now to make sure their Medicare enrollment in [PECOS](#) is up to date.



Opportunity to Resubmit ACO Participant List

- Applicants will receive a report that includes the number of preliminarily assigned beneficiaries and results of screening.
 - Sent by email with an encrypted zip file attachment.
 - Many applicants' firewalls block emails with encrypted attachments.
 - **Take steps now to make sure this does not happen to you.**
- Applicants will have an opportunity to resubmit their ACO Participant List, if needed, based upon a timeframe designated by CMS.



Submitting the ACO Participant List

- Upload required before finalizing the application through the HPMS.
- Must meet basic formatting requirements.
 - See [instructions](#) for the [ACO Participant List](#) in the [Toolkit](#).
- If there are formatting errors, HPMS will not accept the upload and requires you to correct the errors.
 - Carefully review the formatting errors identified on the screen in HPMS, and make your corrections.



Shared Savings Program: Track 2, Repayment Mechanism



Track 2 Applicants: Repayment Mechanism

- If you've selected Track 2, you must provide Repayment Mechanism documentation. **This does not apply to Track 1 applicants.**
- You will receive from CMS your ACO-specific repayment mechanism amount estimate early in the application review period.
- Submit to CMS documentation establishing your repayment mechanism arrangement **after** you've received your repayment mechanism amount estimate.



Track 2 Applicants: Repayment Mechanism

- CMS will review documents and make determination of adequacy:
 - The arrangement is adequate as is;
 - Clarification of or revision to the documentation is needed;
 - The arrangement may be disapproved altogether.
- If CMS cannot confirm that your ACO's repayment mechanism is adequate, you will not qualify to participate in Track 2. CMS will continue processing your application as a Track 1 applicant.
- **Act Early:** identify your preferred arrangement and begin working with your selected institution to establish your repayment mechanism arrangement **before** the close of the application period.
 - [Repayment Mechanism Guidance](#)



Shared Savings Program: Application Review & Determination Process



Requests for Information

- Each applicant will receive one Request for Information (RFI) letter early in the review process via email to the ACO Executive, the Application Contact (primary and secondary).
- The initial RFI includes:
 - Your primary Application Reviewer name and contact information.
 - Repayment Mechanism estimate, if you are Track 2.
 - Count of preliminarily prospectively assigned beneficiaries.



Requests for Information

- If a Reviewer needs additional information, you will receive additional RFI letters.
- Responses are due within a short period from the date of the letter. If you fail to provide the necessary information within those cycles, you may be denied.
- Submit responses through HPMS.
- You will have opportunity to add TINs if you are below the minimum threshold of 5,000 beneficiaries.



Notice of Acceptance or Denial

- You will get an approval or denial letter via email to the ACO Executive, the Application Contact (primary and secondary), and the CMS Liaison.
- If approved, you are not obligated to participate in the Shared Savings Program.
- Certain issues are not subject to judiciary or administrative review, for example the 5,000 beneficiary threshold.
- If your application is denied, you may request a CMS reconsideration review. You will be informed of your right to request a reconsideration review in your denial letter.
 - We must receive your request within 15 days of the date on your denial letter.



How to Withdraw a Pending Application

- To withdraw your application, submit a request by email that includes:
 - ACO's legal entity name
 - ACO ID number
 - Complete address
 - Point of contact information
 - Reason for the withdrawal
- Be sure to include on the subject line of the email the ACO ID, ACO Legal Name and "Request to Withdraw."
- Submit the request in PDF format via email to:
SSPACO_Applications@cms.hhs.gov .



Lessons Learned

- Have your ACO Participant Agreements and required processes in **place prior to submitting an application.**
- Start early. We will not process applications received after July 31, 2013.
- If you are a Track 2 applicant, start to prepare your repayment mechanism immediately.
- Carefully review all of the guidance documents on our website as well as the Reference Guide. You should reference the Toolkit and Reference Guide when completing each question on your application.



Lessons Learned

- Pay close attention to the regulations as they relate to legal structure, governing body and agreements between the ACO and its ACO participants.
- Ensure the beneficiary on the governing body does not have a conflict of interest, for example, the beneficiary **must not be an ACO participant**.
- Specifically address the remedial processes your ACO will levy if an ACO participant is non-compliant with the requirements.
- Ensure your ACO complies with shared governance requirements, for example, that the governing body is 75% under the control of ACO participants.



Resources and Contacts

- Shared Savings Program [Application](#) Web site
- For NOI or application questions:
[SSPACO Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov) or (410) 786-8084
- For help with Form CMS-20037 or CMS User ID:
[HPMS Access@cms.hhs.gov](mailto:HPMS_Access@cms.hhs.gov) or (800) 220-2028
- For password resets or if your account is locked:
[CMS IT SERVICE DESK@cms.hhs.gov](mailto:CMS_IT_SERVICE_DESK@cms.hhs.gov) or (800) 562-1963
- For problems using HPMS and technical assistance:
HPMS@cms.hhs.gov or (800) 220-2028



Questions?



Evaluate Your Experience with Today's National Provider Call

To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.

To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.

All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.

We appreciate your feedback.



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Thank You

For more information about the MLN, please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>

For more information about the National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>



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