



MLN Connects™

National Provider Call

Medicare Shared Savings Program Accountable Care Organization: Application Submission Process

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Agenda

- This presentation will cover:
 - Medicare Shared Savings Program Application Process
 - Differences between previous applications and the 2015 application
 - Application Reference Manual
 - Required Templates
 - Narratives and Uploads
 - Lessons Learned

Application Cycle: Deadlines to Apply for Program Year 2015

Notice of Intent to Apply Process	Deadlines
NOI Memo Posted on CMS Web site	April 1, 2014
NOI Form Posted on CMS Web site	May 1, 2014
NOI Accepted (closed)	May 1, 2014 – May 30, 2014
NOI Due (closed)	May 30, 2014 at 8:00 pm Eastern Time
CMS User ID Forms Accepted	May 6, 2014 – June 9, 2014

Application Process	Deadlines
Application Posted on CMS Web site	May 30, 2014
Applications Accepted	July 1, 2014 – July 31, 2014
Applications Due	July 31, 2014 at 8:00 pm Eastern Time
Application Approval or Denial Decision Sent to Applicants	Fall 2014
Reconsideration review deadline	15 Days from Notice of Denial



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Steps to the Shared Savings Program Application Process



Application Submission

- **You must submit your application electronically through CMS' Health Plan Management System (HPMS)**
- Access the 2015 Application form at:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/MSSP-ApplicationForm-2015.pdf>
- The questions from your Notice of Intent to Apply (NOI) will be pre-populated in Sections 1 and Section 2.
- If any of the pre-populated information changes, you must e-mail a change request to the Application mailbox at [SSPACO Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov).

Step 1 – Submit a Notice of Intent to Apply

- The **first step** in the application process is to submit your NOI to the Shared Savings Program.
- The NOI submission period closed May 30, 2014 at 8:00 p.m. Eastern Time.

Notice of Intent to Apply - Process

- You will get an acknowledgement letter via e-mail containing your ACO ID and instructions on how to complete the CMS User ID application.
- Submitting an NOI **does not** require you to submit an application for the 2015 cycle. However without an ACO ID and CMS User ID, you will not be able to access the appropriate modules in HPMS to complete the 2015 application.

Step 2 – Get a CMS User ID to Submit the Application

- Your NOI confirmation email includes instructions on how to get a CMS User ID
- For additional guidance, see the [2015 Application Reference Manual](#).
- If you have not already done so, send the completed CMS User ID form via tracked mail (e.g. FedEx) to CMS **immediately** to:

**Centers for Medicare & Medicaid Services
Attention: Adam Foltz
Mail Stop: C4-18-13
7500 Security Boulevard
Baltimore, MD 21244**

- If you have questions about your CMS User ID request, send an email to HPMS_Access@cms.hhs.gov.
- If you have questions about your consultant authorization letter, send an email to HPMSConsultantAccess@cms.hhs.gov.

Step 3 – Complete Your Application

- The complete application package includes the following documents:
 - Application
 - Toolkit:
 - Application Reference Manual
 - CMS Form 588, Electronic Funds Transfer Authorization Agreement
 - Governance Body Template
 - ACO Participant List Template
 - ACO Participant Agreement Template
- Application information is available at:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Application.html>
- The application Toolkit is available at:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/MSSP-Toolkit.html>

Application Reference Manual

The Shared Savings Program [2015 Application Reference Manual](#) provides the following:

- Step-by-step guidance on how to respond to each application question,
- Links to program rules,
- File naming conventions for each application upload,
- How to submit your responses in HPMS,
- How to respond to Requests for Information (RFI), and
- How to withdraw a pending application.

Application: Sections of the Application

The Shared Savings Program [2015 Application Form](#) includes the following sections:

- **Section 1** – Give us your contact information _____ P. 01
- **Section 2** – Tell us some general information about your ACO _____ P. 04
- **Section 3** – Tell us if your ACO meets the Antitrust Agencies’ definition of “newly formed” _____ P. 05
- **Section 4** – Tell us about your ACO’s legal entity _____ P. 05
- **Section 5** – Tell us about your ACO’s governing body _____ P. 06
- **Section 6** – Tell us about your ACO’s leadership and management _____ P. 07
- **Section 7** – Tell us about your participation in other Medicare initiatives involving shared savings_ P. 08
- **Section 8** – Tell us how you plan to manage shared savings _____ P. 09
- **Section 9** – Tell us about your ACO participants _____ P. 10
- **Section 10** – Tell us about data sharing _____ P. 11
- **Section 11** – Tell us about your clinical processes and patient centeredness _____ P. 12
- **Section 12** – Certify your application _____ P. 13

Application: Narratives

- For the 2015 application cycle, applicants are required to upload all narratives using the naming conventions provided in the [2015 Application Reference Manual](#).
- Each individual narrative must be saved in a zip file and uploaded separately into HPMS.

Application: Banking Information

We will not consider your application complete until we receive your Electronic Funds Transfer [Form CMS 588](#) that includes:

- An active checking account associated with the ACO's TIN.
- Either a bank printed voided check or a signed letter from your bank/financial institution that includes the account and routing numbers. **Starter checks are not accepted.**
- ACO's legal business name and TIN must match CMS program information in HPMS. This is the information you gave us on your NOI.
- The form must include the original signature by the ACO Executive or the Authorized to Sign contact.
- Send the completed [Form CMS 588 ACO Cover Sheet](#), Form [CMS-588](#), and any supporting documentation via tracked mail (e.g. FedEx, UPS, etc) to:
 - Centers for Medicare & Medicaid Services
 - Attention: Jonnice McQuay
 - Desk Location: C4-02-02
 - Mail Stop: C5-15-12
 - 7500 Security Blvd.
 - Baltimore, MD 21244-1850
- For further guidance, see [Form CMS 588 ACO Cover Sheet](#), [Form CMS-588 EFT FAQs](#), [ACO Banking Form Guidance \[PDF, 346KB\]](#).

Application: Governing Body Template

The Governing Body Template is available at:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/Governing-Body-Template.zip>

- All columns must be filled out completely.
- See [How to complete the Governing Body Template \[PDF, 102KB\]](#) for instructions on how to complete the template.
- For additional guidance, see Governing Body [FAQs](#).
- Use the following naming convention:
(Your ACOID)_S5_Q14_GovBody_mmddyy.pdf
Example: A0001_S5_Q14_GovBody_070114.pdf

Note: *The date at the end of the file name reflects the date you finalized your file. It can also be the date you submit your file to CMS through HPMS.*

Application: ACO Participant List Template

The ACO Participant List Template is available at:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-Participant-List-Template.zip>

- All columns must be filled out completely according to the instructions.
- For instructions how to complete this template, see [How to complete the ACO Participant List Template \[PDF, 290KB\]](#).
- For additional guidance, see [ACO Participant Agreement Guidance and ACO Participant List Guidance for Applicants \[PDF, 320KB\]](#) and [ACO Participant List FAQs](#).
- Use the following naming convention:
(Your ACOID)_S9_Q23_ParList_mmddyy.pdf
Example: [A0001_S9_Q23_ParList_070114.pdf](#)

Note: *The date at the end of the file name reflects the date you finalized your file. It can also be the date you submit your file to CMS through HPMS.*

Application: ACO Participant Agreement Templates

The ACO Participant Agreement Template is available at:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-Participant-Agreement-Template.zip>

- All columns must be filled out completely
- For instructions how to complete this template, see [How to complete the ACO Participant Agreement Template \[PDF, 38KB\]](#).
- For additional guidance, see [ACO Participant Agreement Guidance and ACO Participant List Guidance for Applicants \[PDF, 320KB\]](#) and [Additional Guidance for Medicare Shared Savings Program Accountable Care Organization \(ACO\) Applications \[PDF, 295KB\]](#)
- Use the following naming convention:
(Your ACOID)_S9_Q27a_AgmtSamp_mmddyy.pdf
Example: A0001_S9_Q27a_AgmtSamp_070114.pdf

Note: The date at the end of the file name reflects the date you finalized your file. It can also be the date you submit your file to CMS through HPMS.

Application: Certification

After completing all of the attestation questions, uploading all narratives and supporting documents, you must certify your application.

- You **must** select “I agree” in HPMS in order for us to process your application.
- If you select “I disagree” or do not select “I agree” you cannot hit “Final Submit” and, therefore we cannot process your application.

Application: Request for Additional Information

In review of your application, we may send you a Request for Additional Information (RFI)

- Do not use the RFI submission period to complete your application.
- Responses are due within the number of business days provided in your RFI.
- Submit responses through HPMS.
- If you don't provide the additional information by the date requested, your application may be denied for the current application cycle.

Notice of Acceptance or Denial

You will get an approval or denial letter via e-mail.

- If your application is approved, you will receive additional instructions to accept participation.
- 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 reconsideration request within 15 days of the date on your denial letter.
- See the [2015 Application Reference Guide](#) for further Guidance.

About the Application Process

- Questions on the application process?
Contact [SSPACO Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov).
- Applications received after 8:00 pm Eastern Time on July 31, 2014 will not be accepted.
- The next opportunity to apply for the Shared Savings Program will be for program year 2016.

Lessons Learned

- **Application Teleconferences and Events**

- See the [Shared Savings Program Applications Teleconferences and Events](#) page for a history of calls held to date including presentation materials and transcripts.
- [April 8, 2014](#) - **Preparing to Apply for 2015:** Information on ACOs, ACO organizational structure and governance, application key dates, the Notice of Intent to Apply (NOI) submission, and the first steps in submitting an application
- [April 22, 2014](#) - **Application Process:** Information on how to submit an acceptable ACO Participant List, Sample ACO Participant Agreement, Executed ACO Participant Agreements, and Governing Body Template

- **Instructions and Guidance**

- Follow the instructions provided for completing each template completely to avoid errors with your submission.
- Pay close attention to the regulation and guidance references as they relate to legal structure, governing body and agreements between the ACO and its participants.
- Review the [2015 Application Reference Guide](#) for step-by-step instructions on how to submit your application, including templates and supporting documentation.

Lessons Learned

- **Application Questions**
 - For question 1 — Jointly Negotiated Contracts with Private Payor(s), if you answer “Yes”, we will share your information with the Federal Trade Commission (FTC) and Department of Justice (DOJ).
- **Governing Body**
 - Comply with the 75% ACO participant requirement in terms of shared governance.
 - Realize that the beneficiary representative on the governing board cannot be an ACO participant.

Lessons Learned (cont.)

- **ACO Participants**
 - Only include ACO participant TINs who have agreed to join your ACO.
 - All ACO participants included on your ACO Participant List must have a corresponding executed agreement between the ACO and the ACO participant.
 - Review [ACO Participant Agreement Guidance and ACO Participant List Guidance for Applicants \[PDF, 320KB\]](#) and ACO Participant List [FAQs](#).
- **ACO Participant Agreements**
 - Have all executed ACO Participant Agreements and processes in place prior to submitting an application.
 - Executed agreements must match the ACO Participant Agreement Sample provided in your Application.
 - Review [ACO Participant Agreement Guidance and ACO Participant List Guidance for Applicants \[PDF, 320KB\]](#)
 - Review [Additional Guidance for Medicare Shared Savings Program Accountable Care Organization \(ACO\) Applications \[PDF, 295KB\]](#)

Upcoming Application Calls

Save the date:

- July 8: Training on HPMS Application Module Submission
- July 15: ACO Application Question & Answer Session
- Aug 26: Request for Information 1, Question & Answer Session
- Sept 30: Request for Information 2, Question & Answer Session
- Nov 19: Training on Electronic Signature Management

Contacts for Assistance

- Shared Savings Program Application Web site
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Application.html>
- For NOI submission and application questions:
SSPACO_Applications@cms.hhs.gov
- For help with Form CMS-20037 and CMS User ID (e.g. new access to HPMS, trouble finding the HPMS Web site):
HPMS_Access@cms.hhs.gov or (800) 220-2028
- For password resets and if your account is locked:
CMS_IT_Service_Desk@cms.hhs.gov or 1-800-562-1963
- For help using HPMS and technical assistance:
HPMS@cms.hhs.gov or (800) 220-2028

Question and Answer Session

Evaluate Your Experience

- Please help us continue to improve the MLN Connects National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call.
- Evaluations are anonymous, confidential, and voluntary.
- All registrants will receive a reminder email about the evaluation for this call. Please disregard the email if you have already completed the evaluation.
- We appreciate your feedback.

Thank You

- For more information about the MLN Connects National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>
- For more information about the Medicare Learning Network (MLN), please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>