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National Provider Call

Medicare Shared Savings Program ACO: Preparing to Apply for the 2018 Program Year

Presented by:

Centers for Medicare & Medicaid Services

U.S. Department of Justice

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Professionals Can Trust

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Acronyms in this Presentation

- ACO: Accountable Care Organization
- APMs: Alternative Payment Models
- CCN: CMS Certification Number
- CMS: Centers for Medicare & Medicaid Services
- DOJ: Department of Justice
- EC: Eligible Clinician
- EFT: Electronic Funds Transfer
- EIN: Employer Identification Number
- FFS: Fee-For-Service
- FQHC: Federally Qualified Health Center
- FTC: Federal Trade Commission
- HPMS: Health Plan Management System
- IRS: Internal Revenue Service
- LBN: Legal Business Name

Acronyms in this Presentation

- MACRA: Medicare Access and CHIP Reauthorization Act of 2015
- MIPS: Merit-based Incentive Payment System
- MLR: Minimum Loss Rate
- MSR: Minimum Savings Rate
- NOIA: Notice of Intent to Apply
- NPI: National Provider Identifier
- OIG: Office of the Inspector General
- QP: Qualifying APM Participant
- QPP: Quality Payment Program
- RHC: Rural Health Clinic
- SGR: Sustainable Growth Rate
- RFI: Request for Information
- SNF: Skilled Nursing Facility
- TIN: Taxpayer Identification Number

Agenda

- Introduction to the Medicare Shared Savings Program
- Program Requirements
- Participation Options
- Additional Program Considerations
- Preparing to Submit an Application
- Application Process
- Shared Savings Program Keys to Success
- Resources
- Question & Answer Session

Introduction to the Medicare Shared Savings Program

Overview

- The Medicare Shared Savings Program ([Shared Savings Program](#)) was established by Section 3022 of the Affordable Care Act
- Eligible Medicare enrolled providers and suppliers may participate in the program by creating or participating in an Accountable Care Organization (ACO)
- The program rewards ACOs that lower their growth in health care costs while meeting a quality performance standard
- ACOs select a track and participate either in a one-sided model, in which they may share in savings but not losses, or a two-sided model in which they share in savings and losses

Definitions

- **ACO:** A legal entity that is recognized and authorized under applicable State, Federal, or Tribal law, as identified by a Taxpayer Identification Number (TIN), and comprised of eligible groups of eligible providers and suppliers that work together to manage and coordinate care for Medicare Fee-For-Service (FFS) beneficiaries.
- **ACO Participant:** 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 that is required under § 425.118.

Definitions

- **ACO Provider/Supplier:** A provider or supplier that bills for items and services it furnishes to Medicare FFS beneficiaries under a Medicare billing number assigned to the TIN of an ACO participant in accordance with applicable Medicare regulations, and is included on the ACO provider/supplier list.
- **ACO Professional:** An individual who is Medicare-enrolled and bills for items and services furnished to Medicare FFS beneficiaries under a Medicare billing number assigned to the TIN of an ACO participant in accordance with applicable Medicare regulations and who is either of the following:
 - A physician legally authorized to practice medicine and surgery by the state in which he or she performs such function or action.
 - A practitioner who is one of the following: physician assistant, nurse practitioner, clinical nurse specialist.

ACO Applicant Cohorts

Cohort	Definition
Currently Participating ACOs	ACOs currently participating in the Shared Savings Program not yet eligible to renew their participation agreement.
Initial Applicants	ACOs not currently participating in the Shared Savings Program.
Renewal Applicants	ACOs currently participating in the Shared Savings Program with a 2015 start date that intend to renew their Shared Savings Program participation agreement with CMS.
SNF 3-Day Rule Waiver Applicants	ACOs applying for a Skilled Nursing Facility (SNF) 3-Day Rule Waiver (applicable to initial and renewal Track 3 applicants, all Medicare ACO Track 1+ Model applicants, currently participating Track 3 ACOs, and currently participating ACOs that renewed their participation agreement in 2017 and were approved to defer by one year their entrance into Track 3 beginning January 1, 2018).
Medicare ACO Track 1+ Model (Track 1+ Model) Applicants	ACOs currently participating in, or applying to the Shared Savings Program, under Track 1, and applying to the Track 1+ Model.

Vision for ACOs

- Promote seamless, coordinated care
- Put the beneficiary and family at the center of care
- Attend carefully to care transitions
- Manage resources efficiently and respectfully
- Coordinate the beneficiary's care proactively
- Evaluate data to improve care and patient outcomes
- Innovate to promote better health, better care, and lower growth in costs through improvement
- Invest in team-based care and workforce

Current Landscape

- As of January 1, 2017, there are 480 ACOs participating in the program
- Over 240,000 physicians participating in the Shared Savings Program (as of January 1, 2017)
- Participating ACOs serve over 9 million Medicare FFS beneficiaries in all 50 states, the District of Columbia, and Puerto Rico
- 42 ACOs participate in a two-sided model (Track 2 or Track 3)
- 26 Track 3 ACOs are approved to use the SNF 3-Day Rule Waiver
 - These ACOs partnered with a total of 425 SNF affiliates
 - These ACOs serve over 767,000 prospectively assigned beneficiaries

Program Requirements

Program Requirements

- Before you submit an application to the program, you should understand and consider the following:
 - Eligibility requirements
 - Interagency coordination and interactions
 - Antitrust issues
 - Other considerations that may impact your participation in the program

Eligibility Requirements

- [42 CFR Part 425](#) outlines the Shared Savings Program eligibility requirements. These requirements include, but are not limited to, the following. ACOs must:
 - Agree to participate in the program for at least a three-year period.*
 - Be a legal entity formed under State, Federal, or Tribal law.
 - Have a mechanism for shared governance and a leadership and management structure that includes clinical and administrative systems.
 - Have a formal legal structure to receive and distribute payments.
 - Have a sufficient number of primary care professionals for assignment of at least 5,000 beneficiaries in the three benchmark years preceding the ACO's start date in the program.

*Agreement periods are for 3 years. Track 1 ACOs may extend their participation in the program for a fourth year if they commit to move to a two-sided model for the following agreement period.

Eligibility Requirements

- To be eligible for participation, an ACO must also:
 - Define processes to:
 - Promote evidence-based medicine
 - Promote patient engagement
 - Internally report on quality and cost measures
 - Coordinate care
 - Demonstrate it meets patient-centeredness criteria
 - Have an ACO Participant Agreement with each ACO participant
 - Maintain, update, and submit to CMS an accurate and complete list of ACO participants and ACO provider/suppliers

Interagency Coordination

- Three interagency documents were issued with the Medicare Shared Savings Program Final Rule:
 - Federal Trade Commission (FTC) and Department of Justice (DOJ): [Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program](#)
 - Internal Revenue Service (IRS): [Tax-Exempt Organizations Participating in the Medicare Shared Savings Program through Accountable Care Organizations](#)
 - CMS: [Medicare Program; Waiver Designs in Connection With the Medicare Shared Savings Program and the Innovation Center](#)

Antitrust and ACOs

U.S. Department of Justice

*The views expressed do not necessarily reflect those of the U.S. Department of Justice, the Federal Trade Commission, or any Commissioner.

Key Antitrust Issues for ACOs

- Antitrust agencies recognize many ACOs are procompetitive and this environment may benefit patients by improving quality of care and lowering costs
- However, under certain conditions, ACOs may raise antitrust concerns, and participation in the Shared Savings Program does not confer antitrust immunity

Key Antitrust Issues for ACOs

- Price fixing:
 - Agreements among competing providers on price or other competitive terms not part of a legitimate provider joint venture
 - Improper sharing of competitively sensitive information among competing ACO participants could facilitate collusion in providing services outside of an ACO
- Monopolization:
 - Power profitably to raise prices above competitive level or reduce output, and exclusionary or other anticompetitive conduct to achieve or maintain power
- Mergers:
 - Consolidations that may lessen competition in a relevant market

FTC/DOJ Antitrust Enforcement Policy Statement

- Provides guidance to form procompetitive ACOs
 - Applies to collaborations among independent providers
 - Establishes rule-of-reason analysis for ACOs that use the same governance, leadership, clinical, and administrative processes for both the Shared Savings Program and for commercial business
 - Creates ACO Safety Zone
 - Includes guidance for ACOs outside Safety Zone
- Provides for 90-day, expedited voluntary review
- Policy statement and other guidance available at:
 - [FTC Accountable Care Organizations](#)
 - [DOJ Accountable Care Organizations](#)

Participation Options:

Track Selection, Track 1+ Model, and the SNF 3-Day
Rule Waiver Application

Participation Options

- ACOs can apply to participate under one of the following Shared Savings Program tracks:
 - Track 1: One-sided model; ACOs share in savings but not losses.
 - Renewing Track 1 ACOs may apply to continue under their first agreement for a fourth performance year, deferring by one year entry into their second agreement period under Track 2 or 3.
 - Track 2: Two-sided model; ACOs share in savings and losses.
 - Track 3: Two-sided model; ACOs share in savings and losses.
- Track 1+ Model (**new** for 2018 for eligible Track 1 ACOs): Two-sided model; ACOs share in savings and losses.
- The SNF 3-Day Rule Waiver is available to ACOs applying for participation in the Track 1+ Model or Track 3, and currently participating Track 3 ACOs.

Medicare ACO Track 1+ Model

Medicare ACO Track 1+ Model Background

- CMS Innovation Center Model designed based on feedback from stakeholders for options to facilitate ACOs' transition to performance-based risk
 - Lower levels of risk available to qualifying physician-only ACOs and/or ACOs that include small rural hospitals
- Model is based on Shared Savings Program Track 1, but tests a payment design that incorporates more limited downside risk compared to Tracks 2 and 3 as well as elements of Track 3 to help ACOs better coordinate care
- Available to eligible new Track 1 ACOs, renewing Track 1 ACOs and Track 1 ACOs within their current agreement period
- Expands opportunities for clinicians to participate in Advanced Alternative Payment Models (APMs) under the Quality Payment Program
 - Eligible clinicians in ACOs participating in the Track 1+ Model will have the opportunity to earn the Advanced APM incentive payment

Medicare ACO Track 1+ Model Eligibility

- Eligible ACOs for the 2018 start date in the Model include:
 - Track 1 ACOs within their current agreement period that started or renewed in 2016 or 2017
 - Track 1 ACOs with a 2015 start date renewing their participation agreement under Track 1
 - New applicants to Track 1 with a 2018 start date

Medicare ACO Track 1+ Model Ineligibility

- ACOs ineligible for Track 1+ Model participation include:
 - ACO legal entity that is owned or operated in whole or in part by a health plan
 - ACO that is the same legal entity that currently or previously participated in a performance-based risk Medicare ACO initiative
 - Forty percent or more of ACO's participants had participation agreements with an ACO that was participating in a performance-based risk Medicare ACO initiative in the most recent prior performance year
 - ACO that renewed for a second agreement period under Track 2 or Track 3 under the one year deferral option

SNF 3-Day Rule Waiver

SNF 3-Day Rule Waiver Background

- SNF 3-Day Rule
 - The Medicare SNF benefit is designed for beneficiaries who require a short-term intensive stay in a SNF, requiring skilled nursing and/or skilled rehabilitation care
 - Pursuant to Section 1861(i) of the Social Security Act, beneficiaries must have a prior inpatient hospital stay of no fewer than three consecutive days in order to be eligible for Medicare coverage of inpatient SNF care
- SNF 3-Day Rule Waiver
 - The SNF 3-Day Rule Waiver permits Medicare payment for otherwise covered SNF services when ACO providers/suppliers participating in an eligible Track 1+ Model ACO or Track 3 ACO admit a qualifying beneficiary to a SNF affiliate for skilled nursing and/or rehabilitation care without a three day prior inpatient hospitalization
 - The SNF 3-Day Rule Waiver for Track 3 ACOs under § 425.612; the SNF 3-Day Rule Waiver for Track 1+ Model is consistent with [§ 425.612](#)

SNF 3-Day Rule Waiver Background

- What the SNF 3-Day Rule Waiver **does**:
 - Waives the requirement for a 3-day inpatient hospital stay prior to a Medicare-covered, post-hospital, extended care service for eligible beneficiaries at an approved SNF affiliate facility
 - Provides approved ACOs participating with additional flexibility to increase quality and decrease costs
- What the SNF 3-Day Rule Waiver **does not do**:
 - Create a new benefit or expand Medicare SNF coverage
 - Change the SNF benefit
 - Restrict a beneficiary's choice of providers/suppliers

SNF 3-Day Rule Waiver Eligibility

- ACOs eligible to apply:
 - Track 1+ Model ACOs and Track 3 ACOs
- Medicare beneficiaries eligible for the waiver:
 - Aligned to a Track 1+ Model ACO or Track 3 ACO
 - Admitted to a SNF at the direction of a Track 1+ Model ACO or a Track 3 ACO provider/supplier who is a physician
 - Meet the regulatory requirements at [42 CFR 425.612\(a\)\(1\)\(ii\)](#)

SNF 3-Day Rule Waiver Eligibility

- SNFs eligible for the Waiver:
 - SNFs included on the ACO SNF Affiliate List who have agreed to partner with the ACO to implement the SNF 3-Day Rule Waiver by signing a SNF Affiliate Agreement
 - SNFs with a quality rating of three or more stars under the CMS 5-Star Quality Rating System as reported on the [Nursing Home Compare](#) website
 - SNF affiliates may partner with more than one Track 1+ Model ACO or Track 3 ACO
 - For detailed information about the SNF 3-Day Rule Waiver, see the [SNF 3-Day Rule Waiver Guidance](#)

Additional Program Considerations

Additional Program Considerations

- Based on the program track your ACO chooses (including the Track 1+ Model), consider the impacts to your ACO, such as:
 - Financial performance
 - Beneficiary assignment
 - Participation in the [Quality Payment Program](#)
- The following slide outlines the assignment and financial considerations based on track selection

Comparison of Performance Based Risk Models by Track

	One-Sided Risk Model	Two-Sided Risk Models		
	Track 1	Track 2	Track 3	Medicare ACO Track 1+ Model
Timing of Track Entry	ACOs entering the program may elect Track 1. Eligible ACOs may continue under the one-sided model for their second agreement period	ACOs entering the program or renewing their agreement may elect Track 2. Once elected, ACOs cannot go into Track 1 or Track 1+ for subsequent agreement periods	Same as Track 2	<ul style="list-style-type: none"> Existing Track 1 ACOs (remainder of current agreement period) ACOs entering the program or renewing their agreement (if previously participating in Track 1 or Track 1+) Once elected, ACOs cannot go into Track 1 for subsequent agreement periods
Assignment	Preliminary prospective assignment for reports; retrospective assignment for financial reconciliation	Same as Track 1	Prospective assignment for reports, quality reporting and financial reconciliation.	Same as Track 3
Final Sharing Rate	Up to 50% based on quality performance	Up to 60% based on quality performance	Up to 75% based on quality performance	Same as Track 1
Minimum Savings Rate (MSR)	2.0 to 3.9% depending on number of assigned beneficiaries	Choice of symmetrical MSR/MLR: <ul style="list-style-type: none"> 0% MSR/MLR; Symmetrical MSR/MLR in 0.5% increment between 0.5% - 2.0% Symmetrical MSR/MLR to vary based upon number of assigned beneficiaries (as in Track 1) 	Same as Track 2	Same as Track 2
Minimum Loss Rate (MLR)	N/A	See options under MSR	See options under MSR	See options under MSR

Comparison of Performance Based Risk Models by Track

	One-Sided Risk Model	Two-Sided Risk Models		
	Track 1	Track 2	Track 3	Medicare ACO Track 1+ Model
Performance payment limit	10%	15%	20%	Same as Track 1
Shared Savings	First dollar sharing once MSR is met or exceeded	Same as Track 1	Same as Track 1	Same as Track 1
Shared loss rate	N/A	<ul style="list-style-type: none"> 1 minus final sharing rate applied to first dollar losses once MLR is met or exceeded Shared loss rate may not be less than 40% or exceed 60% 	<ul style="list-style-type: none"> 1 minus final sharing rate applied to first dollar losses once MLR is met or exceeded Shared loss rate may not be less than 40% or exceed 75% 	Fixed 30%, regardless of quality performance. Applied to first dollar losses once MLR is met or exceeded.
Loss sharing limit <i>* Losses in excess of the annual limit would not be shared.</i>	N/A	Percent of the ACO's updated historical benchmark that phases in over three years: <ul style="list-style-type: none"> Year 1: 5% Year 2: 7.5% Year 3+: 10% 	15% of ACO's updated historical benchmark.	Based on ACO participant composition and the applicable performance year: revenue-based loss sharing limit (e.g., 8% of ACO participant Medicare FFS revenue in 2018) or benchmark-based loss sharing limit (4% of the ACO's updated historical benchmark).
SNF 3-Day Rule Waiver	N/A	N/A	ACOs may elect to apply for a SNF 3-Day Rule Waiver	ACOs may elect to apply for a SNF 3-Day Rule Waiver

Quality Payment Program

Participation in the QPP

- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) and authorized the QPP
- QPP policies will reform Medicare payments for more than 600,000 clinicians across the country and is a major step in improving care across the entire health care delivery system
- You can choose to participate in one of two QPP tracks:
 - Advanced Alternative Payment Models (APMs)
 - The Merit-based Incentive Payment System (MIPS)
- Track 1 of the Shared Savings Program does not meet the Advanced APM criteria. Eligible Clinicians (ECs) in Track 1 ACOs will be assessed under MIPS using the APM scoring standard

Participation in the QPP

- Certain Shared Savings Program tracks and Innovation Center* Models are considered Advanced APMs, including, but not limited to:
 - Track 2
 - Track 3
 - Track 1+ Model
- ECs who meet the Qualifying APM Participant (QP) threshold and participate in an Advanced APM will:
 - Be excluded from MIPS
 - Receive a 5 percent lump sum bonus
 - Receive a higher Physician Fee Schedule update starting in 2026
- QP determinations are made at the Advanced APM Entity (ACO) group level

*For a consolidated list of CMMI models eligible as Advanced APMs please visit the [Quality Payment Program website](#).

Quality Payment Program

- The following reporting requirements apply to all Shared Savings Program Tracks (including those designated as Advanced APMs)
- QPP MIPS APM scoring is indicated for ECs participating in Track 1

	Reporting Requirement	Performance Score	Weight
 Quality	✓ No additional reporting necessary - ACOs submit quality measures to the CMS Web Interface on behalf of their participating MIPS eligible clinicians	✓ The MIPS quality performance category requirements and benchmarks will be used to score quality at the ACO level	 50%
 Cost	✓ MIPS eligible clinicians will not be assessed on cost	✓ N/A	 0%
 Improvement Activities	✓ No additional reporting necessary	✓ CMS will assign a 100% score to each APM Entity group based on the activities required of participants in the Shared Savings Program	 20%
 Advancing Care	✓ Each ACO participant TIN in the ACO submits under this category according to MIPS reporting requirements	✓ All of the ACO participant TIN scores will be aggregated as a weighted average based on the number of MIPS eligible clinicians in each TIN to yield one APM Entity group score	 30%

Preparing to Submit an Application

Pre-Application Steps

- Become familiar with participation options
- Establish a legal entity and organizational structure
- Establish a governing body that meets program requirements
- Establish a compliance plan and procedures that meet program requirements
- Create Participant Agreements and SNF Affiliate Agreements that satisfy program requirements
- Establish a repayment mechanism if participating in a two-sided model (Track 1+ Model, Track 2, Track 3, and renewing Track 1 ACOs applying to defer entry into a risk track by 1 year)
- Start preparing application narratives
- Establish a checking account with a financial institution

Application Options by Cohort

- The table below outlines application options by ACO cohort

Application Type	Cohort		
	Initial Applicant	Renewal Applicant	Currently Participating ACO
NOIA	Yes	Yes	Yes
Initial Application	Yes	No	No
Medicare ACO Track 1+ Model Application* (<i>eligible Track 1 initial applicants, renewal applicants, current ACOs</i>)	Yes	Yes	Yes
Renewal Application	No	Yes	No
SNF 3-Day Rule Waiver Application** (<i>for Track 1+ Model and Track 3 applicants</i>)	Yes	Yes	Yes

*ACOs applying to the Track 1+ Model must also apply to Track 1 under the initial or renewal application as well to be considered for the Track 1+ Model.

**This includes renewing Track 1 ACOs that were approved to extend their current participation agreement by one year, and deferred by one year entering their second agreement period under a two-sided model (Track 2 or Track 3).

Narratives

- For program eligibility requirements, initial applicants should be prepared to submit narratives that describe:
 - ACO's history, mission, and organization
 - Distribution of savings
 - How the ACO will implement required processes and patient-centeredness criteria
 - How the ACO will ensure privacy and security of data and how it intends to use data
 - Exemptions to other program eligibility requirements
 - There are additional narratives required for the SNF 3-Day Rule Waiver application
- Review eligibility requirements included in the [Application Toolkit](#) and the 2017 Applications on the [How to Apply](#) webpage for more information on application narratives. The 2018 Application Toolkit will be available in June 2017.

Establish ACO Organizational Structure

- ACOs must submit materials with their application documenting the ACO's organization and management structure.

ACO Structure	Notes
Traditional ACO (Most Common ACO Structure)	<ul style="list-style-type: none">• Multiple ACO participants join to form the ACO• The ACO is a separate legal entity from the ACO participants• Submit sample ACO Participant Agreement and all executed ACO Participant Agreements
Single TIN ACO	<ul style="list-style-type: none">• The ACO is comprised of one ACO participant• The ACO and ACO participant are the same legal entity• This structure does not permit participation of other ACO participants• Submit sample employment agreement and/or sample ACO provider/supplier agreement
Single TIN ACO Set Up as a Traditional ACO	<ul style="list-style-type: none">• The ACO is comprised of one ACO participant• The ACO and ACO participant are different legal entities• This structure allows the ACO to add ACO participants in the future• Submit sample ACO Participant Agreement and executed ACO Participant Agreement

Establish a Governing Body

- The governing body has the ultimate authority to execute the functions of an ACO, and must:
 - Be the same as the governing body of the legal entity that is the ACO
 - Be separate and unique to the ACO
 - Have responsibility for oversight and strategic direction of the ACO
 - Have a transparent governing process
 - Have a fiduciary duty to the ACO

Establish a Governing Body

- The ACO must submit evidence* with their application that the governing body:
 - Is an identifiable body
 - Represents a mechanism for shared governance for ACO participants
 - Is composed of representatives of its ACO participants
 - Is at least 75 percent controlled by its ACO participants
 - Has at least one Medicare beneficiary representing patients' interests
 - Has a conflict of interest policy for the members

*In cases in which the composition of the ACO's governing body does not meet these requirements, the ACO must describe why it seeks to differ from these requirements and how the ACO will involve ACO participants in innovative ways in ACO governance or provide meaningful representation in ACO governance by Medicare beneficiaries.

Establish a Compliance Plan

- ACOs must maintain a compliance plan that adheres to program requirements and includes at least the following five elements:
 - A designated compliance official who is not legal counsel to the ACO and reports directly to the ACO's governing body
 - Mechanisms for identifying and addressing compliance problems related to the ACO's operations and performance
 - A method for individuals to anonymously report suspected problems related to the ACO to the compliance official
 - Compliance training for the ACO, the ACO participants, and providers/suppliers
 - A requirement for the ACO to report probable violations of law to an appropriate law enforcement agency

Create ACO Participant Agreements and SNF Affiliate Agreements

- In advance of submitting an application, ACOs will need to prepare the following:
 - Sample ACO Participant Agreement and, if applicable, a sample agreement for SNF affiliates that meets all Shared Savings Program requirements
 - Executed agreements with all ACO participants and, if applicable, SNF affiliates
- Ensure all ACO Participant Agreements (and, if applicable, the SNF Affiliate Agreements) meet requirements, are finalized, and are signed by both parties
- CMS will provide additional details in the April 19, 2017 call

Key Points for ACO Participant Agreements

- Prior to submitting an application, ACOs should:
 - Ensure the sample ACO Participant Agreement meets all program requirements
 - Ensure the compliant sample agreement is used to execute agreements with ACO participants, and have both parties sign with pen and ink (electronic signatures are not permitted)
 - Consult the ACO Participant Agreement Template which can be found in the 2018 Application Toolkit (will be available in June)

Key Points for ACO Participant List

- Prior to submitting an application, ACOs should:
 - Collect all ACO participant TIN information:
 - Any participants that are Critical Access Hospitals or Electing Teaching Amendment hospitals will require both TIN and CMS Certification Number (CCN) information.
 - Any participants that are Federally Qualified Health Centers or Rural Health Centers will require TIN, CCN, Organizational National Provider Identifier (NPI) and Individual NPI information.
 - Identify any sole proprietor ACO participants enrolled in Medicare under their Social Security Number and billing Medicare under a separate Employer Identification Number; both the Social Security Number and the Employer Identification Number must be submitted with the ACO Participant List in these cases.
- The [ACO Participant List and Participant Agreement Guidance](#) is available for reference.

Key Points for ACO Participant List

- After the first application deadline, ACOs will have **only one opportunity** (in response to the first Request for Information (RFI)) to submit additional ACO participants and correct any incorrect digits or incorrectly typed TIN/CCN/NPI information.
- We **strongly** suggest that all TIN/CCN/NPI information be submitted by the application deadline. While there will be another opportunity to add TIN/CCN/NPI information, there will not be an opportunity to correct certain deficiencies, such as a transposed or mistyped TIN/CCN/NPI.
- If TIN/CCN/NPI information is submitted in response to the first RFI, ACOs **cannot** correct those TIN/CCN/NPI digits, if there are any errors. Any incorrect TINs/CCNs/NPIs will be denied.

Repayment Mechanism

- ACOs applying to participate under a two-sided model (Track 2, Track 3, Track 1+ Model, and renewing ACOs applying to defer entry into an agreement under a two-sided model for one year) must establish a Repayment Mechanism to assure CMS that the ACO can repay losses
- The Repayment Mechanism must be equal to at least 1 percent of the ACO's total per capita Medicare Parts A and B FFS expenditures for its assigned beneficiaries based on expenditures used to calculate the ACO's benchmark
 - Amount estimated by CMS at the time of application or participation agreement renewal
- An ACO may demonstrate its ability to repay shared losses by:
 - Placing funds in escrow
 - Obtaining a surety bond
 - Establishing a line of credit

Checking Account

- You must establish a checking account with a banking partner that meets the Internal Revenue Service (IRS) requirements (bank, insurance company or other entity) according to the Treasury Regulations found at Secs.1.408-2(e)(2)-(e)(5)
- This account must be associated with the ACO's legal business name (LBN) and TIN or Employer Identification Number (EIN)
- Shared savings will be deposited directly into this account

Additional Documents

- CMS may request a copy of the following documents effectuating the ACO's formation and operation, including, the following:
 - Charters
 - By-laws
 - Articles of incorporation
 - Partnership agreement
 - Joint venture agreement
 - Management or asset purchase agreements
 - Financial statements and records
 - Resumes and other documentation required for leaders of the ACO

Application Process

Application Submission Process

- Step 1 – Submit Your Notice of Intent to Apply (NOIA)
- Step 2 – Obtain a CMS User ID
- Step 3 – Submit Your Application via the Health Plan Management System (HPMS)
- Step 4 – Mail Your Form CMS-588 to CMS

Step 1: Submit Your NOIA

- Each applicant to the program, applicant for the Medicare ACO Track 1+ Model, and applicant for the SNF 3-Day Rule Waiver must submit a NOIA in order to be eligible to submit an application.
- The [Program Year 2017 NOIA Memo](#) is available for reference. The NOIA Guidance Document will be available on the Shared Savings Program [How to Apply](#) webpage later this spring.
- Submitting a NOIA does not require you to submit an application for the 2018 program start date. However, you must submit a NOIA to submit an application.

NOIA Key Dates

NOIA Step	Date(s)*
NOIA Guidance Document Posted on CMS website (provides detailed information on the requirements for submitting a NOIA)	April 2017
NOIA Submission Period	May 1, 2017–May 31, 2017
NOIA Due	May 31, 2017, at 12:00 p.m. (noon) Eastern Time (ET)

*All dates are subject to change.

Step 2: Obtain a CMS User ID

- For systems access, a user must have a CMS User ID and the ACO must have at least four users with access to CMS systems
- The NOIA confirmation notice will include instructions on how to request a CMS User ID
- You should submit the form(s) immediately upon receiving the NOIA confirmation notice email, as it takes 3-4 weeks to process the requests
- The form is due no later than **June 8, 2017**
- For additional guidance about obtaining and maintaining a CMS User ID, see the [HPMS User ID Process](#) webpage

Step 3: Submit Your Application via HPMS

- The 2018 application materials will be posted on the [How to Apply](#) webpage in spring 2017. ACOs may review the 2017 application materials on this webpage for reference until the 2018 application materials are posted.
- Application forms include:
 - Initial application for the Shared Savings Program (available to ACOs not currently participating in the Shared Savings Program)
 - Renewal application for the Shared Savings Program (available to ACOs currently participating in the Shared Savings Program with a 2015 start date that intend to renew their participation agreement with CMS)
 - Application for the Track 1+Model (available to ACOs applying to, or currently participating under Track 1)
 - Application for the SNF 3-Day Rule Waiver (available to Track 1+ Model and Track 3 ACOs only)
- All 2018 applications are accepted July 1 through July 31, 2017. The deadline is at 12:00 p.m. ET.

Requests for Information (RFI)

- The 2018 application cycle will contain three RFIs for each application type
- For each RFI, CMS may ask applicants to correct certain application deficiencies, make certain modifications to the ACO Participant List and/or SNF Affiliate List (SNF 3-Day Rule Waiver applicants only), and other modifications outlined in the following slides
- CMS will send RFIs to the ACO Executive and the Application Contacts (primary and secondary) by email from SSPACO_Applications@cms.hhs.gov
- ACOs must submit the requested information by the date specified in the RFI notice for CMS to consider it as part of the application

RFI-1

- Final opportunity: Actions ACOs **can** take:
 - Add or modify ACO participants and SNF affiliates for the 2018 performance year. This includes TINs/CCNs/NPIs (NPIs are applicable to Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) only).
 - Change a digit(s) to a TIN, CCN, or NPI. Any change to a digit(s) is considered an addition to the ACO Participant List and/or SNF Affiliate List and is not permitted after RFI-1.
 - Change from a one-sided model (Track 1) to a two-sided risk model (Track 2, Track 3, or Track 1+ Model).
 - Apply to the SNF 3-Day Rule Waiver.
 - Apply to the Medicare ACO Track1+ Model.
 - Combine applications into one application or combine an application with a currently participating ACO.

RFI-1

- Other actions ACOs **can** take:
 - Correct application attestation responses and application supporting documentation
 - Correct ACO Participant and SNF Affiliate Agreements deficiencies
 - Edit, withdraw, or delete ACO participants and SNF affiliates for the 2018 performance year

RFI-2

- Actions ACOs **can** take:
 - Correct application attestation responses and application supporting documentation
 - Correct ACO Participant and SNF Affiliate Agreements deficiencies
 - Withdraw or delete ACO participants and SNF affiliates for the 2018 performance year
 - Change between a Shared Savings Program two-sided risk model (Track 2 to Track 3, or from Track 3 to Track 2)
 - Change between a two-sided risk model (from Track 1+ Model to Track 3, or from Track 1+ Model to Track 2)
 - Change from a two-sided risk model (Track 2, Track 3, or the Track 1+ Model) to a one-sided model (Track 1)

- Actions ACOs **cannot** take:
 - Add ACO participants or SNF affiliates for the 2018 performance year. This includes TINs/CCNs/NPIs (NPIs are applicable to RHC and FQHC only).
 - Change digit(s) for a TIN, CCN or NPI.
 - Change from a one-sided model (Track 1) to a two-sided risk model (Track 2, Track 3, or the Track 1 + Model).
 - Apply to the SNF 3-Day Rule Waiver.
 - Apply to the Track 1+ Model.
 - Combine applications into one application or combine an application with a currently participating ACO.

RFI-3

- Final opportunity: Actions ACOs **can** take:
 - Correct application attestation responses and application supporting documentation
 - Correct ACO Participant and SNF Affiliate Agreement deficiencies
 - Withdraw or delete ACO participants and SNF affiliates for the 2018 performance year
 - Change between a Shared Savings Program two-sided risk model (from Track 2 to Track 3, or from Track 3 to Track 2)
 - Change between a two-sided risk model (from Track 1+ Model to Track 3, or from Track 1+ Model to Track 2)
 - Change from a two-sided risk model (Track 2, Track 3, or the Track 1+ Model) to a one-sided risk track (Track 1)

RFI-3

- Actions ACOs **cannot** take:
 - Add ACO participants or SNF affiliates for the 2018 performance year. This includes TINs/CCNs/NPIs. (NPIs are applicable to RHC and FQHC only.)
 - Change digit(s) for a TIN, CCN or NPI.
 - Change from a one-sided model (Track 1) to a two-sided risk model (Track 2 or Track 3, or the Track 1 + Model).
 - Apply to the SNF 3-Day Rule Waiver.
 - Apply to the Track 1+ Model.
 - Combine applications into one application or combine an application with a currently participating ACO.

Application Submission Key Dates

Application Step	Date(s)*
2018 Application Form Posted to CMS Website (all applicants)	June 2017
Application submission period	July 1–July 31, 2017
Application due (all applicants)	July 31, 2017 at 12:00 p.m. (noon) ET
Requests for Information (RFI) <ul style="list-style-type: none">• ACO response to RFI-1 due	August 30, 2017 at 12:00 p.m. (noon) ET
<ul style="list-style-type: none">• ACO response to RFI-2 due	September 26, 2017 at 12:00 p.m. (noon) ET
<ul style="list-style-type: none">• ACO response to RFI-3 due	October 20, 2017 at 12:00 p.m. (noon) ET
Application approval or denial decision sent to applicants	Late fall 2017

Step 4: Mail Your Form CMS-588 to CMS

- In order to receive payments, ACOs must submit a completed [Form CMS-588 Electronic Funds Transfer \(EFT\) Authorization Agreement](#)
- CMS will use this information to establish vendor accounts for ACOs
- Complete the form with the checking account information established in the ACO's LBN and TIN/EIN
- Include supporting documentation in the form of a voided blank check or bank letter that confirms your account information
- Submit Form CMS-588 to:

Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop: C5-15-12
ATTENTION: Jonnice McQuay, Location: C4-02-02
Baltimore, MD 21244-1850

- **Applications are incomplete without Form CMS-588**

Tips & Reminders

- Act early, and do not wait until the deadlines
- Attend application calls for important information
- For the 2018 performance year, the application RFI-1 deadline is the **last opportunity to:**
 - Add or modify ACO participants and SNF affiliates for the 2018 performance year
 - Change a digit(s) to a TIN, CCN, or NPI
 - Change from a one-sided model (Track 1) to a two-sided risk model (Track 2, Track 3, or Track 1+ Model)
 - Apply to the SNF 3-Day Rule Waiver
 - Apply to the Medicare ACO Track1+ Model
 - Combine applications into one application or combine an application with a currently participating ACO
- Ensure ACO Participant Agreements and SNF Affiliate Agreements meet all requirements
- Never share CMS User IDs and passwords

Shared Savings Program Keys to Success

Terri Postma, MD, CHCQM

Medical Officer

Performance-Based Payment Policy Group

Centers for Medicare & Medicaid Services

ACO Pearls of Wisdom

- Identify and build on your organization's strengths
- Set clear priorities for performance year 1
- Select committed and mission-driven partners
- Understand your patient population
- Set short- and long-term quality improvement goals
- Promote transparency and good communication
- Engage physicians and clinic staff

Resources

Application Resources

- [Final Rule Issued in the Federal Register on June 10, 2016.](#)
- Visit the Shared Savings Program [How to Apply](#) webpage for key deadlines and additional resources to help complete the application.
- The 2017 [Application Toolkit](#) can be found on the [How to Apply](#) webpage. The 2018 Toolkit will be available in June. The Toolkit provides directions and examples for each application question. The toolkit includes:
 - Application Reference Manual
 - Regulation reference page, guidance, and [FAQs](#)
 - Link to Form CMS-20037 Application for Access to CMS Computer Systems
 - Link to Form CMS-588 EFT
 - Link to ACO Participant List and Participant Agreement Guidance
 - Templates

Application Resources

- [Skilled Nursing Facility 3-Day Rule Waiver Guidance](#)
- [New Accountable Care Organization Model Opportunity: Medicare ACO Track 1+ Model \(Fact Sheet\)](#)
- [ACO Participant List and Participant Agreement Guidance](#)
- [Repayment Mechanism Arrangements Guidance](#)

Application Webinars – April/May

Event Title	Date*	Time*
<p>Medicare Accountable Care Organization (ACO) Track 1+ Model</p> <p><i>Audience: Existing and prospective Medicare Shared Savings Program ACOs and other program stakeholders interested in the new Track 1+ Model opportunity.</i></p>	3/22/17	2:00 - 3:00 p.m. ET
<p><u>Medicare Shared Savings Program ACO: Completing the 2018 Application Process</u></p> <p><i>Audience: Potential 2018 Shared Savings Program initial, renewal, SNF 3-Day Rule Waiver, and Track 1+ Model applicants; registration required.</i></p>	4/19/17	1:30 - 3:00 p.m. ET
<p>Medicare Shared Savings Program ACO: Renewing Your Agreement, Applying to the SNF 3-Day Rule Waiver and Track 1+ Model</p> <p><i>Audience: Potential 2018 Shared Savings Program renewal, SNF 3-Day Rule Waiver, and Track 1+ Model applicants who are currently participating in the Shared Savings Program.</i></p>	5/9/17	1:00 - 3:00 p.m. ET

*All dates and times are subject to change.

Application Webinars – June/July

Event Title	Date*	Time*
<p>Medicare Shared Savings Program ACO: Application Submission Review for Initial Applicants</p> <p><i>Audience: Potential 2018 Shared Savings Program initial, SNF 3-Day Rule Waiver, and Track 1+ Model applicants.</i></p>	6/13/17	1:00 - 3:00 p.m. ET
<p>Medicare Shared Savings Program ACO: Application Submission Review for Currently Participating ACOs and Renewal Applicants</p> <p><i>Audience: Potential 2018 Shared Savings Program renewal, SNF 3-Day Rule Waiver, and Track 1+ Model applicants who are currently participating in the Shared Savings Program.</i></p>	6/14/17	1:00 - 3:00 p.m. ET
<p>Medicare Shared Savings Program ACO: Training on Health Plan Management System (HPMS) ACO Application Submission Modules</p> <p><i>Audience: 2018 Shared Savings Program initial, renewal, SNF 3-Day Rule Waiver, and Track 1+ Model applicants.</i></p>	7/6/17	1:00 - 3:00 p.m. ET
<p>Medicare Shared Savings Program ACO: ACO Application Q&A Session</p> <p><i>Audience: 2018 Shared Savings Program initial, renewal, SNF 3-Day Rule Waiver, and Track 1+ Model applicants.</i></p>	7/18/17	1:00 - 3:00 p.m. ET

*All dates and times are subject to change.

Contact Information

Contact Information	Type of Inquiry*
Shared Savings Program How to Apply webpage	For guidance, regulations, and important deadlines for the application process
SSPACO_Applications@cms.hhs.gov	For NOIA submission and application questions
HPMS_Access@cms.hhs.gov Phone: 1(800) 220-2028	For help with Form CMS-20037 and CMS User ID (e.g., new access to HPMS, trouble finding the HPMS website)
CMS_IT_Service_Desk@cms.hhs.gov Phone: 1(800) 562-1963	For password resets and if your account is locked
Shared Savings Program Statutes/Regulations/Guidance	For statutes, regulations, and guidance

*Include the ACO ID number and legal business name on all correspondence to CMS.

Question & 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

Thank You

- For more information about the MLN Connects® National Provider Call Program, visit <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html>
- For more information about the Medicare Learning Network®, visit <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Index.html>

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